MIHOPE CHECK-IN 32.5 YEAR OLD ASSESSMENT
MARCHFEBRUARY 20165

SC. SCREENER

PROGRAMMER BOX
IF RESPONDENT WAS PREGNANT AT THE TIME OF BASELINE SURVEY, SET SC0=1; IF RESPONDENT WAS NOT PREGNANT AT THE TIME OF BASELINE SURVEY, SET SC0=2.

CALL-IN
FILL RESPONDENT PHONE NUMBER AND EXTENSION FROM PRELOAD

MakeDialPhone.

PHONE NUMBER DETAILS:

PHONE NUMBER= [PHONE NUMBER]

EXTENSION= [EXTENSION]

AUTO DIAL...1   CallDialer

MANUAL DIAL...2   DialResult

QUICK EXIT...3   Finished

RESPONDENT CALLING IN...4   Hello1

FIELD INTERVIEWER CALLING IN...5   Hello1

MAKEDIALPHONE=1

CallDialer.

INTERVIEWER: PLEASE CLICK ON THE BUTTON IN THE FIELD WITH THREE DOTS TO MAKE THE CALL.

CALL OUT

DialResult.

INTERVIEWER: CODE RESULT OF DIALING

SOMEONE ANSWERS..1   Hello

NO ANSWER..2   LeaveCase

BUSY...3   LeaveCase

ANSWERING MACHINE..4   Verified

ANSWERING SERVICE...5   AnsService

PRIVACY MANAGER...6   Finished

PHONE/LINE PROBLEMS	7	PhoneProb
CHANGED TO NEW NUMBER	8	PhoneNumber

DIALRESULT=4

NAME FROM PRELOAD

Verified.

INTERVIEWER: DID RECORDING VERIFY [NAME] AT THIS NUMBER?

YES	1	Finished
NO	0	Finished

DIALRESULT=5

AnsService.

INTERVIEWER: IS THIS THE ANSWERING SERVICE FOR [NAME]?

YES, [NAME]'S ANSWERING SERVICE	1	Finished
NO, DEFINITELY NOT [NAME]'S ANSWERING SERVICE	2	Finished
DON'T KNOW, WOULDN'T SAY, NO NAME WAS GIVEN	3	AnsOther

ANSSERVICE=3

AnsOther.

INTERVIEWER: PLEASE ENTER WHAT WAS SAID

_____(STRING 100)   Finished
 AnsOther

DIALRESULT=7

PhoneProb.

INTERVIEWER: CODE PHONE PROBLEM

NOT IN SERVICE; DISCONNECTED; NOT WORKING	1	Finished
TEMPORARILY NOT IN SERVICE	2	Finished
CIRCUIT PROBLEMS; CIRCUITS OVERLOADED	3	Finished
FAST BUSY; FAST RING; NO RING	4	Finished
COMPUTER/FAX LINE	5	Finished

PAGER	6	Finished
CELL PHONE	7	Finished
OTHER PHONE DEVICE	8	Finished

DIALRESULT=1

Hello. **Hello, my name is [INTERVIEWER NAME]. I am calling on behalf of Mathematica Policy Research in Princeton, New Jersey. May I please speak to [NAME]?**

SPEAKING TO [NAME]	1	SampMemb
[NAME] COMES TO THE PHONE	2	SampMemb
PERSON ASKS WHAT CALL IS ABOUT	3	WhatAbout
[NAME] CAN BE REACHED AT ANOTHER NUMBER	4	PhoneNumber
[NAME] DOESN'T LIVE HERE/MOVED	5	NewCont
[NAME] HAS A HEALTH PROBLEM/ DECEASED	6	RespGone
[NAME] IS IN AN INSTITUTION/JAIL	7	Go to institution
[NAME] NOT AVAILABLE FOR NON-TEMPORARY REASON	8	RespGone
NOT AVAILABLE, NEED TO CALL BACK	9	CallBack
NEVER HEARD OF [NAME]/WRONG NUMBER	10	PhoneCheck
HUNG UP DURING INTRODUCTION	11	STATUS 640, Exit

MAKEDIALPHONE=4,5

Hello1. **Hello, my name is [INTERVIEWER NAME] from Mathematica Policy Research. May I ask your name?**

SPEAKING TO [NAME]	1	SC2
[NAME] CALLED TO MAKE APPOINTMENT	2	MAKE APPOINTMENT
[NAME] CALLED TO REFUSE	3	CODE REFUSAL BY R
SOMEONE ELSE CALLED TO REFUSE	4	CODE REFUSAL BY OTHER
SOMEONE ELSE CALLED TO SAY [NAME] DECEASED	5	RESPGONE
SOMEONE ELSE CALLED TO SAY CHILD DECEASED	6	Sorry

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HELLO=3

WhatAbout. **I'm calling to conduct a follow-up interview for the MIHOPE home visiting study. May I speak with her?** IF RE-ENTRY**: I'm calling to finish the interview we are conducting with [NAME] for the MIHOPE study. May I speak with her?**

[NAME] COMES TO THE PHONE..1   SampMemb

SUPERVISOR REVIEW..   Finished

[NAME] CAN BE REACHED AT ANOTHER NUMBER 3   PhoneNumber

[NAME] DOESN'T LIVE HERE/MOVED..4   NewCont

[NAME] HAS A HEALTH PROBLEM/ DECEASED...5   RespGone

[NAME] NOT AVAILABLE FOR NON-TEMPORARY REASON..........................6   RespGone

[NAME] IS IN AN INSTITUTION/JAIL...7   Go to institution

NOT AVAILABLE, NEED TO CALL BACK...8   CallBack

NEVER HEARD OF [NAME]/WRONG NUMBER..9   PhoneCheck

HUNG UP DURING INTRODUCTION..10   STATUS 640, Exit

HELLO = 7 OR WHATABOUT=7

Institution.   INTERVIEWER: ENTER TYPE OF INSTITUTION.

HOSPITAL...1   HomeSoon

NURSING HOME...2   RespGone

ASSISTED LIVING FACILITY...3   RespGone

GROUP HOME..4   RespGone

JAIL OR PRISON..5   RespGone,

(HELLO = 7 OR WHATABOUT=7) AND (INSTITUTION = 1)

HomeSoon. **Do you expect [NAME] to come home from the hospital within two to four weeks?**

YES ARRANGE CALLBACK..1   Go to Callback

NO...2   Go to RespGone

UNABLE TO RESPOND OVER THE TELEPHONE...3   Go to RespGone

WHATABOUT=1 OR HELLO=1,2 AND RE-ENTRY
IF HELLO = 1, OMIT FIRST SENTENCE. IF RE-ENTRY, OMIT THE SECOND, THIRD AND FOURTH SENTENCES. FILL MONTH and YEAR OF PREVIOUS INTERVIEW

SampMemb. **Hello, my name is [INTERVIEWER NAME], and I'm calling from Mathematica Policy Research in Princeton, New Jersey. I'm calling about the MIHOPE study. You joined MIHOPE in [MONTH YEAR] and completed a follow-up telephone interview back in [MONTH YEAR]. You should have received a letter from us recently reminding you about this interview. I'm calling to conduct the next follow up interview for MIHOPE. We really appreciate you taking the time to speak with us again. May we begin now?**

[IF RE-ENTRY: **I'm calling to finish the interview we are conducting for the MIHOPE study. Is now a good time to finish it?**

YES, CONTINUE INTERVIEW...1   SC2

NO, NOT A GOOD TIME…………………………….......................................2   CallBack

DID NOT RECEIVE OR DOES NOT RECALL THE LETTER..........................3   Go to NoLetter

WANTS MORE INFORMATION...4   Go to MoreInfo

HUNG UP DURING INTRODUCTION..5   Status 640, Exit

SUPERVISOR REVIEW..6   Status 380, Exit

REFUSED...r   Status 200, Exit

SAMPMEMB=3
The letter explained the purpose of the MIHOPE study and reminded you of your participation in the study and of this follow up component of the study.

NoLetter. **The letter explained [MORE INFO] Can we begin now?**

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MARCH<s>FEBRUARY</s> 2016<s>5</s>

[   ]

BEGIN INTERVIEW..1   SC2

WANTS ANOTHER LETTER...2   Go to ReadLetter

WANTS MORE INFORMATION...3   Go to MoreInfo

NOT A GOOD TIME...4   Go to Callback

HUNG UP DURING INTRODUCTION...5   Status 640, Exit

REFUSED..r   Status 200, Exit

SAMPMEMB = 4 OR NOLETTER = 3

The letter explained the purpose of the MIHOPE study and reminded you of your participation in the study and of this follow up component of the study.

MoreInfo. **[MORE INFO] Shall we begin?**

[   ]

BEGIN INTERVIEW..1   SC2

WANTS ANOTHER LETTER...2   Go to ReadLetter

NOT A GOOD TIME..3   Go to Callback

HUNG UP DURING INTRODUCTION...................................4   Status 640, Exit

REFUSED..r   Status 200, Exit

NOLETTER = 2 OR MOREINFO = 2

ReadLetter. **May I read the letter to you and then we can begin?**

[   ]

YES, READ THE LETTER FROM HARD COPY....................................1   SC2

NO, WANTS ANOTHER LETTER FIRST...2   Go to SendLetter

HUNG UP DURING INTRODUCTION...3   Status 640, Exit

REFUSED..r   Status 200, Exit

ReadLetter = 2

SendLetter.   Okay, I'll mail another letter and will call back in a few days

STREET_____ STRING (25)

CITY_____ STRING (25)

STATE_____ STRING (25)

|__|__|__|__|__| - |__|__|__|__|

ZIP CODE   Status 831, Go toThanks

00501-99950   0001-9999

DON'T KNOW………………………………………………..d Status 831, Go toThanks

REFUSED…………………………………………………..r Status 200, Exit

HELLO=5

and [CHILD] IF SC0 = 2; ELSE NO ADDITIONAL FILL
FILL MONTH and YEAR OF PREVIOUS INTERVIEW

NEWCONT. **I'm calling to conduct a brief follow-up interview for the MIHOPE study that [NAME] is participating in. [NAME] joined MIHOPE back in [MONTH YEAR] and agreed to be contacted again to participate in a follow up interview about herself [and [CHILD]]. May I have [NAME]'s address and phone number so I can contact her?**

YES, NEW OR UPDATEDINFORMATION GIVEN..1   UPDATE INFO SCREEN;

    SEND TO LOCATING

NO, WON'T GIVE INFO...2   THANKS; SEND TO LOCATING

WANTS TO GIVE HER INFO AND HAVE HER CALL US...................................3   THANKS; GIVE TOLL FREE#

DON'T KNOW..d   THANKS; SEND TO LOCATING

REFUSED..r   THANKS; SEND TO LOCATING

HELLO=6 OR HELLO=7 OR HELLO1=5
IF HELLO=6 OR HELLO1=5, DISPLAY FIRST TWO SENTENCES   IF HELLO1=5, OMIT THIRD SENTENCE   IF SC0=1 AND NO 15-month ACTIVITIES COMPLETED, DISPLAY "her child"; IF SC0=2 or SC0=1 and 15-month ACTIVITIES COMPLETED, DISPLAY [CHILD]

RespGone. IF Hello = 6 or Hello1=5, FIRST SAY: **I'm very sorry for your loss. Please accept my condolences. PAUSE.**

I'm calling to conduct a brief follow-up interview for the MIHOPE study that [NAME] joined and was participating in with [her child [CHILD]/her child]. May I please speak to the person who is caring for the child, such as a parent or guardian?

UPDATE INFO SCREEN WITH NAME AND SET NEW RESPONDENT =1

YES, NEW OR UPDATEDINFORMATION GIVEN..1   UPDATE INFO SCREEN;

    SEND TO LOCATING

NO, WON'T GIVE INFO...2   THANKS; SEND TO LOCATING

WANTS TO GIVE HER INFO AND HAVE HER CALL US...................................3   THANKS; GIVE TOLL FREE#

DON'T KNOW..d   THANKS; SEND TO LOCATING

REFUSED..r   THANKS; SEND TO LOCATING

RESPGONE=ANS OR SC14=1
DISPLAY NAME FROM RESPGONE SCREEN

NEWRESP. Is [NAME] available to speak right now?

YES, PERSON COMES TO PHONE / SPEAKING TO PERSON........................1	SC2
NO...0	CALLBACK
DOESN'T LIVE HERE...2	NEWNUMB
CHILD IS DECEASED..3	SORRY
DON'T KNOW..d LOCATING	THANKS; SEND TO
REFUSED..r LOCATING	THANKS; SEND TO

NEWRESP=2

NEWNUMB. May I please have the number where I can reach [NAME]?

YES...1 SCREEN; NEWADD	UPDATE INFO
DON'T KNOW..d	NEWADD
REFUSED..r	NEWADD

NEWNUMB=1, D,R

NEWADD. May I please have the address or city where I can reach [NAME]?

YES...1 SCREEN;	UPDATE INFO
	SEND TO LOCATING
DON'T KNOW..d LOCATING	THANKS; SEND TO
REFUSED..r LOCATING	THANKS; SEND TO

HELLO1=6 OR NEWRESP=3

SORRY.   I'm very sorry for your loss. Please accept my condolences. PAUSE. You will no longer be contacted for the MIHOPE study. Good-bye.

END CALL. STATUS AS FOCAL CHILD DECEASED.

HELLO=8 OR WHATABOUT=2 OR SAMPMEMB=2 OR NEWRESP=0

CallBack.   When would be a good time to call back?

INTERVIEWER: MAKE APPOINTMENT ON CONTACT SHEET

HELLO=9

Fill PHONE NUMBER from preload

PhoneCheck. I'm sorry, I must have misdialed. I thought I dialed [PHONE NUMBER]. Is that the number I've reached?

YES, RIGHT NUMBER, NO SUCH PERSON...1

....WRONGNUMBER

NO, WRONG CONNECTION/MISDIAL...2   THANKS

SUPERVISOR REVIEW REQUIRED..3   THANKS, SUP REVIEW

REFUSED TO CONFIRM NUMBER..4   THANKS, SET CALLBACK

PHONECHECK=1 AND RE-ENTRY

FILL MONTH and YEAR OF PREVIOUS INTERVIEW

WrongNumber.   I'm [INTERVIEWER NAME] from Mathematica Policy Research in Princeton, New Jersey. We spoke to someone there back in [MONTH YEAR] and according to the information I have, we were supposed to call back to interview [NAME]. There must have been some mistake.

Thanks you for your help.

END CALL. INTERVIEWER: SEND CASE TO LOCATING

HELLO=4

PhoneNumber.   Please give me the telephone number, area code first.

|__|__|__| - |__|__|__| - |__|__|__|__|...HaveExten

REFUSED TO GIVE NUMBER...r   THANKS, SEND TO LOCATING

PHONENUMBER=ANS

HaveExten.   Is there an extension number?

PROGRAMMER: DISPLAY PHONE NUMBER

YES...1   EXTENSION

NO..0   THANKS, SEND TO LOCATING

HAVEEXTEN=1

Extension. **What is the extension number?**

PROGRAMMER: DISPLAY PHONE NUMBER

|__|__|__|__| EXTENSION……………………………………..THANKS, SEND TO LOCATING
(0-9999)

HELLO=4

PhoneType. **Is this a home phone, business phone or a cell phone?**

HOME PHONE...1
OFFICE PHONE...2
HOME AND OFFICE PHONE..3
CELL PHONE..4
PAGER..5
COMPUTER/FAX LINE...6
OTHER..7

ALL
FILL CONTACT INFORMATION FROM PREVIOUS ITEMS

Confirm.

PROGRAMMER: FILL CONTACT INFORMATION FROM PREVIOUS ITEMS
INTERVIEWER: CONFIRM THE INFO ABOVE WITH RESPONDENT, THEN PRESS ENTER.

ALL
IF RESPONDENT=NAME, DISPLAY "you" ; IF NEW RESPONDENT=1, DISPLAY [NAME]. IF child's name is known, fill [CHILD] else if respondent =name fill "your child" or if new respondent fill "her child"
FILL MONTH and YEAR OF PREVIOUS INTERVIEW

SC2. **We previously interviewed [you/NAME] for the MIHOPE study in (MONTH) of (YEAR). The purpose of the study is to learn about families who were interested in home visiting programs. We are studying how these families and children are doing as the children, like [CHILD] grow up.**

NEW RESPONDENT=1 AND SC0=1 and 15-month ACTIVITY COMPLETED

We spoke with [NAME] when [CHILD] was about 15 months old, and now we're following up again.

NEW RESPONDENT=1 AND SC0=1 and 15-month ACTIVITY NOT COMPLETED

[**NAME] was pregnant when we interviewed her and she agreed to speak to us again when her child was about 15 months old. We were unable to reach her at that time, but we'd like to follow up now.**

NEW RESPONDENT=1 AND SC0=2 and 15-month ACTIVITY COMPLETED

We spoke with [NAME] when [CHILD] was about 15 months old, and now we're following up again.

NEW RESPONDENT=1 AND SC0=2 and 15-month ACTIVITY NOT COMPLETED

We spoke with [NAME] when [CHILD] was about [X] months old, and now we're trying to follow up to hear how [CHILD] is doing.

ALL

We'd like to speak with you briefly to learn about [CHILD]'s/ (your/her) child's development and to ask you some questions about your family. These questions will take about 15 minutes. We'd also like to make sure we have your correct contact information, so we'll be able to reach you for future follow-up interviews. I will type in your answers. We truly appreciate your help and your continued support of this important study, and would like to thank you for completing this brief phone interview by sending you a gift card in the amount of 25 dollars.

There are no right or wrong answers to these questions. The things you tell me are very important, so please be as accurate as possible.

You may stop me at any time, and you may ask me to go back to earlier questions to change your answers. If I ask you something that you are uncomfortable answering, just tell me and I will move on to the next question.

Your participation is completely voluntary. Everything we talk about today is completely private. All of the study results will be reported for groups of families or children; no results will be analyzed or reported for individuals.

Also, you should know that this interview has been approved by the federal Office of Management and Budget or OMB. We're not allowed to ask you these questions and you don't have to answer them unless there is a valid OMB control number. For this interview, the OMB control number is 0970-0402 and it expires 06/30/2016.

If you have any questions at any time during the interview, please feel free to ask them. Do you have any questions before we begin?

YES..1   REFER TO FAQ

NO..0

DON'T KNOW..d

REFUSED...r

RESPONDENT IS NOT LIVING WITH CHILD 2   SC14B

ALL

SC2A. Do you consent to participate in this interview for the MIHOPE study?

YES..1   SC3

 DON'T KNOW..d   THANKS; SET
CALLBACK

REFUSED...r   FINISHED

ALL

SC3.   First, I'd like to confirm the spelling of your name. Would you please spell your name for me?

DISPLAY NAME AS INTERVIEWER NOTE

INTERVIEWER: CONFIRM SPELLING OF NAME.

PROGRAMMER: ALLOW RESPONDENT INFO TO BE ENTERED/REVISED IN INFO
SCREEN. FIRST, HAVE INTERVIEWER INDICATE WHETHER THE NAME
IS SPELLED CORRECTLY, THEN IF INCORRECT, ALLOW NAME TO BE
REVISED,

_____ (STRING (15))
 FIRST NAME

_____ (STRING (15))
 MIDDLE INITIAL/NAME

_____ (STRING (30))
 LAST NAME

DON'T KNOW..d

REFUSED...r

NEW RESPONDENT=1

SC4DOB. **What is your birth date?**

|___|___| / |___|___| / |___|___|___|___|
  MONTH   DAY   YEAR

DON'T KNOW..d
REFUSED..r

> **SOFT CHECK (IF SC4 =** IF DOB IS EQUAL TO OR GREATER THAN 50 YEARS OLD**):**
>
> INTERVIEWER: I ENTERED YOUR DATE OF BIRTH AS [FILL DOB]. IS THIS CORRECT?

> PROGRAMMER BOX
>
> IF NEW RESPONDENT =1 AND DATE OF BIRTH IS < 18 YEARS, TERMINATE INTERVIEW AND SEND CASE TO SUPERVISOR REVIEW TO BE STATUSED AS INELIGIBLE FOR FOLLOW UP.

NEW RESPONDENT = 0
Fill DOB from PRELOAD

SC5DOB. **What is your birth date?**

PROGRAMMER: DISPLAY DOB AS INTERVIEWER NOTE

PROGRAMMER: ALLOW BIRTH DATE INFO TO BE ENTERED/REVISED IN INFO SCREEN

INTERVIEWER: COMPARE RESPONSE WITH BIRTH DATE DISPLAYED

|___|___| / |___|___| / |___|___|___|___|
MONTH   DAY   YEAR

DOB CORRECT...1
DOB INCORRECT...2
DON'T KNOW..d
REFUSED..r

SOFT CHECK (IF SC5DOB = IF DOB IS EQUAL TO OR GREATER THAN 50 YEARS OLD**):**

INTERVIEWER: I ENTERED YOUR DATE OF BIRTH AS [FILL DOB]. IS THIS CORRECT?

SC4DOB=d,r OR SC5DOB=d, r

SC6. **How old are you?**

|__|__| YEARS

DON'T KNOW   d

REFUSED...r

SOFT CHECK (IF SC6 = IF AGE IS EQUAL TO OR GREATER THAN 50 YEARS OLD**):**

INTERVIEWER: I ENTERED YOUR AGE AS [FILL AGE]. IS THIS CORRECT?

PROGRAMMER BOX

IF NEW RESPONDENT = 1 AND IS < 18 YEARS, TERMINATE INTERVIEW AND SEND CASE TO SUPERVISOR REVIEW TO BE STATUSED AS INELIGIBLE FOR FOLLOW UP.

IF BASELINE RESPONDENT, THEN NO RANGE CHECK NECESSARY; CONTINUE INTERVIEW.

SC0=2 (NOT PREGNANT AT BASELINE) or PREGNANT AT BASELINE AND COMPLETED a 15-month ACTIVITY
Fill CHILD from PRELOAD

SC7. **Now, I would like to make sure we have [CHILD]'s name recorded correctly.**

PROGRAMMER: DISPLAY CHILD'S NAME AS INTERVIEWER NOTE

INTERVIEWER: VERIFY SPELLING

NAME CORRECT...1   SC13

NAME INCORRECT...2 CORRECT NAME

CHILD DECEASED..3   Sorry2

DON'T KNOW..d

REFUSED...r

INTERVIEWER: IF RESPONDENT GIVES DIFFERENT NAME, MAKE SURE YOU ARE TALKING ABOUT THE RIGHT CHILD AND CORRECT FIRST NAME. IF RESPONDENT DOES NOT KNOW [CHILD] GO TO SUPERVISOR REVIEW.

IF THE NAME IS CORRECT, PRESS ENTER.

SC0 = 1 (PREGNANT AT BASELINE) AND DID NOT COMPLETE ANY 15-month ACTIVITIES

IF RESPONDENT=NAME, DISPLAY "you" and fill due date ; IF NEW RESPONDENT=1, DISPLAY [NAME]

SC8. When [you/[NAME]] joined MIHOPE, [you were/she was] pregnant and your baby was due on [DUE DATE]. Did [you/[NAME]] have a single or multiple birth?

SINGLE..1	SC11
MULTIPLE...2	
HAD A MISCARRIAGE OR STILLBIRTH.......................................77	Sorry2
CHILD DECEASED..3	Sorry2
DON'T KNOW...d	STATUS AS 380, EXIT
REFUSED..r	STATUS AS 380, EXIT

SC8=2

IF RESPONDENT=NAME, DISPLAY "you" ; IF NEW RESPONDENT=1, DISPLAY [NAME]

SC9.   How many babies did [you/[NAME]] give birth to?

1...1	
2...2	
3...3	
4...4	
CHILD DECEASED..5	Sorry2

PROGRAMMER BOX SC10-SC12

IF SC8=2, ASK SC10-SC12 FOR AS MANY TIMES AS NUMBER OF CHILDREN MENTIONED IN SC9

SC0=1

IF RESPONDENT=NAME, DISPLAY "your" ; IF NEW RESPONDENT=1, DISPLAY [NAME]

fill "first, second, third, or fourth child" depending on number of babies reported at SC9

SC10.   Could you please spell [your/[NAME]'s] [(first/second/third/fourth)] child's name for me?

_____ (STRING (15))
    FIRST NAME

_____ (STRING (15))
    MIDDLE INITIAL/NAME

_____ (STRING (30))

 LAST NAME

DON'T KNOW...d

REFUSED...r

INTERVIEWER: IF SINGLE BIRTH AND CHILD IS DECEASED, ENTER DECEASED IN SC13 CONTINUE TO SORRY2.

ALL
IF SC0=1,Fill CHILD FROM SC10. IF SC0=2, FILL CHILD FROM PRELOAD

SC13. Is [CHILD] a boy or a girl?

INTERVIEWER: CONFIRM IF ALREADY KNOWN

BOY...1

GIRL..2

CHILD DECEASED..3   Sorry2/SC10

DON'T KNOW...d

REFUSED...r

PROGRAMMER: IF SINGLE BIRTH AND CHILD DECEASED GO TO SORRY2. IF MULTIPLE BIRTH AND CHILD DECEASED GO TO SC10 FOR NEXT CHILD.
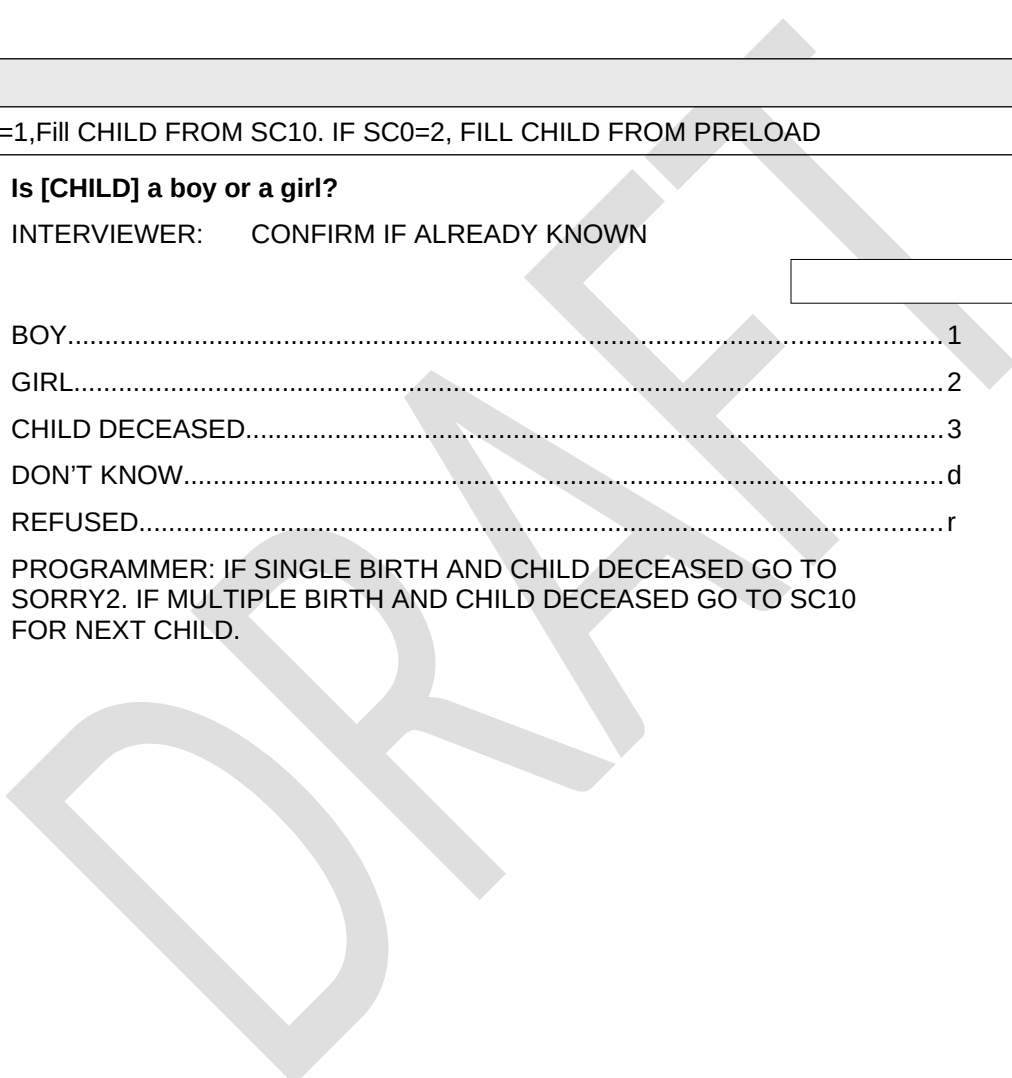
ALL
IF SC0=1,Fill CHILD FROM SC10. IF SC0=2, FILL CHILD FROM PRELOAD

SC13a. What is [CHILD]'s birth date?

DISPLAY CHILD'S DOB AS INTERVIEWER NOTE

|__|__| / |__|__| / |__|__|__|__|

PROGRAMMER: ALLOW BIRTH DATE INFO TO BE ENTERED/REVISED IN INFO SCREEN

SC0=2 AND DATE OF BIRTH CORRECT..1		
SC0=2 AND DATE OF BIRTH INCORRECT...2	DOB SCREEN
SC0=1...3	DOB SCREEN
CHILD DECEASED...0	Sorry2/SC10
DON'T KNOW...d	STATUS AS 200; EXIT
REFUSED...r	STATUS AS 200; EXIT

PROGRAMMER: IF SINGLE BIRTH AND CHILD DECEASED GO TO SORRY2. IF MULTIPLE BIRTH AND CHILD DECEASED GO TO SC10 FOR NEXT CHILD.

> IF SC0=2 (I.E. RESPONDENT WAS NOT PREGNANT AT BASELINE) AND CHILD'S ENTERED DATE OF BIRTH AND NAME DOES NOT MATCH PREFILLED INFO (OBTAINED AT BASELINE), END CALL AND SEND TO SUPERVISOR REVIEW.

SC8=2
IF SC0=1,Fill CHILD FROM SC10. IF SC0=2, FILL CHILD FROM PRELOAD

SC14. **[CHILD] has been randomly selected to be the focal child for this interview. The questions we ask in this interview will be about [CHILD].**

IF RESPONDENT SAYS CHILD DECEASED, THEN DON'T ASK SC14A; CODE CHILD DECEASED IN SC14A

ALL
IF SC0=1,Fill CHILD FROM SC10. IF SC0=2, FILL CHILD FROM PRELOAD

SC14a. Are you currently living with [CHILD]?

YES..1

NO..0

CHILD DECEASED...2   Sorry2

SC14a1. IF RESPONDENT SAYS CHILD DECEASED, SAY **"I'm very sorry for your loss. Please accept my condolences. [CHILD] will be the focal child for this interview. The questions we ask in this interview will be about [CHILD].**

PROGRAMMER SELECT ONE OF THE SURVIVING CHILDREN AS THE FOCAL CHILD.

SC14a = 0

SC14c.   **[IF CATI: I recorded/IF WEB: You entered] that you are not living with [CHILD]. Can you provide the name of the person who is living with [CHILD] and is most responsible for [his/her] care?**

YES...1   COLLECT NAME

[IF WEB: I DON'T KNOW THE NAME OF THE CAREGIVER].....................0   TERMINATE; STATUS 1380

DON'T KNOW..d   TERMINATE; STATUS 1380

REFUSED...r   TERMINATE; STATUS 1380

SC14c.collectname: Please provide the name of the person who is living with [CHILD] and is most responsible for [his/her] care.

_____ (STRING 20)
  FIRST NAME

_____ (STRING 15)
  MIDDLE INITIAL/NAME

_____ (STRING 30)
  LAST NAME

SOFT CHECK: IF SC14c collect name =d, r, m: [IF WEB: Please provide an answer to this question, or click Continue.]
[IF CATI: Please try to provide an answer to this question.]

SC14C = 1

SC14d. **[IF CATI: What is this person's telephone number?] [IF WEB: Please enter this person's telephone number.]Is this a home, business, or cell phone?**

|__|__|__| - |__|__|__| - |__|__|__|__|
(0-999)   (0-999)   (0-9999)

HOME..1

BUSINESS...2

CELL PHONE...3

DON'T KNOW...d

REFUSED...r

SOFT CHECK: IF SC14d =d, r, m: [IF WEB: Please provide an answer to this question, or click Continue.]
[IF CATI: Please try to provide an answer to this question.]

SC14C = 1

SC14e. [IF CATI: What is this person's permanent address?] [IF WEB: Please enter this person's permanent address.]

_____(STRING (60))
STREET 1

_____(STRING (60))
STREET 2

_____(STRING (20))
CITY

_____(STRING (2))
STATE

_____(STRING (10))
ZIP

DON'T KNOW...d

REFUSED...r

SOFT CHECK: IF ZIP CODE DOES NOT CONTAIN 5 NUMBERS: [IF WEB: Zip code must contain 5 numbers.]
[IF CATI: ZIP CODE MUST CONTAIN 5 NUMBERS.]

SOFT CHECK: IF SC14e =d, r, m: [IF WEB: Please provide an answer to this question, or click Continue.]

[IF CATI: Please try to provide an answer to this question.]

PROGRAMMER

TERMINATE WITH STATUS 1380 AFTER THIS QUESTION.

NEW RESPONDENT =1

Fill CHILD FROM SC10

SC15.   What is your relationship to [CHILD]?

RELATIONSHIP CODES:

        BIOLOGICAL FATHER..12
        ADOPTIVE MOTHER...13
        ADOPTIVE FATHER..14
        STEPMOTHER..15
        STEPFATHER..16
        COUSIN (FEMALE)..17
        COUSIN (MALE)..18
        AUNT..19
        UNCLE..20
        GRANDMOTHER...21
        GRANDFATHER..22
        GREAT GRANDMOTHER...23
        GREAT GRANDFATHER..24
        SISTER/STEPSISTER..25
        BROTHER/STEPBROTHER..26
        OTHER RELATIVE OR IN-LAW (FEMALE)................27
        OTHER RELATIVE OR IN-LAW (MALE)......................28
        FOSTER PARENT (FEMALE)....................................29
        FOSTER PARENT (MALE)..30
        OTHER NON-RELATIVE (FEMALE)...........................31
        OTHER NON-RELATIVE (MALE)................................32
        PARENT'S PARTNER (FEMALE)...............................33
        PARENT'S PARTNER (MALE)....................................34
        CHILD DECEASED...35   Sorry2

SORRY2.   I'm very sorry for your loss. Please accept my condolences. PAUSE. You will no longer be contacted for the MIHOPE study. Good-bye.

END CALL. STATUS AS FOCAL CHILD DECEASED.

SC14a=1
Fill CHILD FROM SC10

SC16. For how many months have you lived with [CHILD]?

> INTERVIEWER: IF RESPONDENT SAYS ALL OF THE TIME, ENTER CHILD'S AGE IN MONTHS.

|___|___| MONTHS
(1-26)

LESS THAN ONE MONTH...0

DON'T KNOW...d

REFUSED...r

HARD CHECK: IF RESPONSE IS GT AGE OF CHILD; I recorded that you have lived with [CHILD] for [FILL RESPONSE AT SC16] but [CHILD] is only [FILL AGE OF CHILD] old. Is that correct?

NEW RESPONDENT=1. SKIP IF HELLO = 6 (MOTHER DECEASED)
Fill CHILD FROM SC10

SC17. Why is [CHILD]'s mother not living with (him/her)?

CODE ALL THAT APPLY

MOTHER LEFT/MOVED AWAY..................................1
MOTHER DECEASED..2
MOTHER INCARCERATED...3
MOTHER IN HOSPITAL...4
MOTHER IN OTHER INSTITUTION.............................5
MOTHER HAS DRUG/ALCOHOL ISSUES..................6
MOTHER.HAS MENTAL HEALTH ISSUES.................7
MOTHER.IS AT SCHOOL...8
MOTHER IN THE ARMED FORCES............................9
POLICE OR COURT ORDER.......................................10
CHILD PROTECTIVE SERVICES ORDER..................11
DOMESTIC VIOLENCE SITUATION............................12
CHILD ABUSE SITUATION...13
OTHER (SPECIFY) _____(STRING 200)   99

INTERVIEWER: ENTER 1 TO CONTINUE

CHILD HEALTH

1. **Overall, would you say [CHILD]'s health is…**

   Excellent,..1

   Very good,...2

   Good,..3

   Fair, or...4

   Poor?...5

   DON'T KNOW..d

   REFUSED...r

2. **Was [CHILD] seen by a doctor, nurse, or other health care worker for (his/her) annual well-child check-up?**

   YES...1

   CHILD HASN'T BEEN FOR CHECK-UP YET, BUT CHECK –UP IS
   SCHEDULED...2

   NO...0

   DON'T KNOW..d

   REFUSED...r

3. **A personal doctor or nurse is a health professional who knows [CHILD] well and is familiar with [his/her] health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as [CHILD]'s personal doctor or nurse?**

   YES, ONE PERSON...1

   YES, MORE THAN ONE PERSON..2

   NO...0

   DON'T KNOW..D

   REFUSED...r

4. **<u>How many</u>~~Has [CHILD] made any~~ emergency room visits <u>has [CHILD] made in the past year</u>~~since (he/she) was 15 months old~~?**

|__|__| VISITS
(0-50)

YES...1

NO...0

DON'T KNOW..d

REFUSED..r

If 4 NE 0, r

5. How many of the [item#] emergency room visits were because of an accident or injury? For example, burns, falls, poisoning or choking?

|___|___| VISITS
(0-50)

DON'T KNOW..d

REFUSED..r

PARENTING

Parental support for cognitive development (Source: Parents as Teachers evaluation; Wagner et al., 2002NHES School Readiness Survey, 2007)

Now we'd like to ask you about (CHILD)'s activities with family members.

6. **How many times have you or someone in your family read to (CHILD) in the past week? Would you say...**

Not at all, ... 1
Once or twice, ... 2
3 or more times, or 3
Every day? 4

(If 6 NE 'Not at all')

7. **About how many minutes (on each of those days/each day) did you or someone in your family read to (him/her)?**
[IF TIME PER DAY VARIES, INDICATE AVERAGE TIME PER DAY.]
|___|___|
MINUTES

8. **When you or someone in your family reads to (CHILD), how often do you …**

	USUALLY	SOMETIMES	NEVER	DON'T KNOW	REFUSED

a.   **Stop reading and ask (CHILD) to tell you what is in a picture? Would you say usually, sometimes, or never?**
b.   **Stop reading and point out letters?**
c.   Ask (CHILD) to read with you?
d.   **Talk about the story and what happened when the book is done?**

9.   **In the past week, has anyone in your family done the following things with (CHILD)?**

YES	NO	DON'T KNOW	REFUSED

a.   **Told (him/her) a story?**
b.   **Taught (him/her) letters, words, or numbers?**
c.   **Taught (CHILD) songs or music?**
d.   **Did arts and crafts, for example, coloring, painting, pasting, or using clay?**
e.   **Played sports, active games, or exercised together?**
f.   **Played board games or did puzzles with (CHILD)?**

10. In a typical week, how often does someone in your household look at or read books with (CHILD's NAME)? Would you say:
11.
12. Never,   1
13. 1 or 2 times a week,   2
14. 3 to 6 times a week,   3
15. or Every day,   4
16. DON'T KNOW d
17. REFUSED r

18. If 6 NE 1:
19. When people in your household look at or read books with (CHILD), about how often do they talk to (him/her) or ask (him/her) questions about what's in the book? Would you say:
20.
21. Hardly ever   1
22. Not very often   2
23. Fairly often,   3
24. or Most of the time   4
25. DON'T KNOW d
26. REFUSED r

27. In a typical week, how often does someone in your household tell stories, say nursery rhymes, or sing children's songs with (CHILD)? Would you say...

28.

29. Never, ———————————————————————————————— 1

30. 1 or 2 times a week, ————————————————————— 2

31. 3 to 6 times a week, ————————————————————— 3

32. or Every day, ———————————————————————— 4

33. DON'T KNOW d

34. REFUSED r

35. When you are with (CHILD) doing everyday things, like working in the kitchen or going somewhere, how often do you read out loud from things around you, like what's on cereal boxes or on signs you see? Would you say...

36.

37. Hardly ever ———————————————————————— 1

38. Not very often ————————————————————————— 2

39. Fairly often, ———————————————————————— 3

40. or Most of the time ——————————————————— 4

41. DON'T KNOW d

42. REFUSED r

43.

44. When you are with (CHILD) doing everyday things, how often do you ask (him/her) questions or talk to (him/her) about what you are doing, like talking about whose clothes you are folding or what things go into the meal you are making? Would you say...

45.

46. Hardly ever ———————————————————————— 1

47. Not very often ————————————————————————— 2

48. Fairly often, ———————————————————————— 3

49. or Most of the time ——————————————————— 4

50. DON'T KNOW d

51. REFUSED r

52.

53. When you are with (CHILD) doing everyday things, how often do you count things, sing or say counting rhymes, or use numbers with (him/her)? Would you say...

54.

55. Hardly ever ———————————————————————— 1

56. Not very often ————————————————————————— 2

57. Fairly often, ———————————————————————— 3

58. or Most of the time ——————————————————— 4

59. DON'T KNOW d

REFUSED r

CHILD DEVELOPMENT

Aspects of child development (Source: NSCH 2016)

The next questions are about things that different children do at different ages. These things may or may not be true for (CHILD).

60. **About how many letters of the alphabet can (CHILD) recognize?...**
All of them, ...1
Most of them, ...2
Some of them, or..................................... 3
None of them?... 4

DON'T KNOW..d

REFUSED..r

61. **How high can (CHILD) count?.**
Not at all, ... 1
Up to five, ... 2
Up to ten,... 3
Up to 20, ... 4
Up to 50, or.. 5
Up to 100 or more? 6

DON'T KNOW..d

REFUSED..r

62. **Can (CHILD) write (his/her) first name, even if some of the letters aren't quite right or are backwards?**
 All of the time..1
 Most of the time..2
 Some of the time, or……………………....3
 None of the time…………………………4

DON'T KNOW..d

REFUSED..r

63. **When (CHILD) holds a pencil, does (he/she) use fingers to hold it, or does (he/she) grip it in**
(his/her) fist?
USES FINGERS 1
GRIPS IN FIST.......................................2
CANNOT HOLD A PENCIL.................3

DON'T KNOW..d

REFUSED..r

64. Compared to other children (his/her) age, how often is (CHILD) able to sit still?

All of the time.. 1
Most of the time..2
Some of the time 3
None of the time 4

DON'T KNOW...d

REFUSED..r

65. How often can (CHILD) explain things (he/she) has seen so that you get a very good idea of what happened?

All of the time..1
Most of the time..2
Some of the time, or 3
None of the time...4

DON'T KNOW...d

REFUSED..r

66. How often is (CHILD) easily distracted?

All of the time..1
Most of the time..2
Some of the time, or 3
None of the time...4

DON'T KNOW...d

REFUSED..r

67. How often does (CHILD) keep working at something until (he/she) is finished?

All of the time..1
Most of the time..2
Some of the time, or 3
None of the time...4

DON'T KNOW...d

REFUSED..r

68. When (he/she) is paying attention, how often can (CHILD) follow instructions to complete a simple task?

All of the time..1
Most of the time..2
Some of the time, or 3
None of the time...4

DON'T KNOW...d
REFUSED...r

Discipline (Source: 2000 National Survey of Early Childhood Health)

The next questions are about discipline. Parents vary a lot in how they discipline and children also vary in their responses to being disciplined. I am going to read a list of methods of discipline parents might use with children [CHILD]'s age. For each, please tell me if you use that method often, sometimes, rarely, or never with [CHILD].

OFTEN	SOMETIMES	RARELY	NEVER	DON'T KNOW	REFUSED

69. **First, how about raising your voice or yelling?**
70. **How about spanking?**
71. **How about taking away a toy or treat?**
72. **How about giving a time-out, that is making [CHILD] take a break from whatever activity [he/she] is involved in?**
73. **How about explaining to [CHILD] why [his/her] behavior is not appropriate?**

74. **Most children get angry at their parents from time to time. If your child got so angry that (he/she) hit you, what would you do?**

(list read to respondent, code yes or no for each)

	YES	NO	DON'T KNOW	REFUSED
HIT (HIM/HER) BACK..	1	0	D	R
SEND (HIM/HER) TO (HIS/HER) ROOM..............................	1	0	D	R
SPANK (HIM/HER)	1	0	D	R
TALK TO (HIM/HER)	1	0	D	R
IGNORE IT	1	0	D	R
GIVE (HIM/HER) HOUSEHOLD CHORE..............................	1	0	D	R
HOLD CHILD'S HANDS UNTIL (HE/SHE) WAS CALM	1	0	D	R

YELL AT CHILD 1   0   D   R

Anything else? OTHER (SPECIFY).......................................

PARENT HEALTH AND WELL-BEING

75. In general, would you say your health is…

Excellent,...1

Very good, ...2

Good,...3

Fair, or...4

Poor?...5

DON'T KNOW...d

REFUSED...r

If R is bio mom:

76. Are you currently pregnant?

YES..1

NO..0

DON'T KNOW...d

REFUSED...r

If R is bio mom, completed 2½ year old 15 month survey:

77. In the past yearSince [CHILD] was [15 months old], have you given birth to another baby?

If R is bio mom, completed 15 month survey but did not complete 2½ year old survey:

Since [CHILD] was [15 months old], have you given birth to another baby?

If R is bio mom, did not complete 15 month survey nor 2½ year old survey:

Since [CHILD] was born, have you given birth to another baby?

YES..1

NO..0

DON'T KNOW...d

REFUSED...r

BASE = If 24=1

27a. How many times have you given birth?

|___|___| TIMES
(1-3)

DON'T KNOW...d

REFUSED   r

HEALTH INSURANCE

78. **Does [CHILD] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as CHIP or Medicaid?**

YES..1

NO...0

DON'T KNOW..d

REFUSED...r

FAMILY SELF-SUFFICIENCY

79. **The next questions are about the education you've received as well as education-related activities. What is the highest grade or year of school that you have completed?**

HIGHEST GRADE/YEAR IN SCHOOL SPECIFY GRADE...................................1

|__|__| GRADE (1 – 11)

12TH GRADE WITH DIPLOMA..2

12th GRADE, BUT NO DIPLOMA...3

GED...4

ASSOCIATE DEGREE..5

BA/BS DEGREE...6

MA/MASTERS..7

PHD/DOCTORATE...8

SOME COLLEGE BUT NO DEGREE COMPLETION.......................................9

NO REGULAR/FORMAL SCHOOL EDUCATION...0

OTHER (SPECIFY)..99

_____ (STRING)

DON'T KNOW..d

REFUSED..r

80. **Are you currently taking any education or training classes? This could include high school, ABE, GED, ESL or college courses, or any job skills training.**

YES..1

NO...0

DON'T KNOW..d

REFUSED...r

81. Did you take any education or training classes in the past year? This could include high school, ABE, GED, ESL or college courses, or any job skills training.

YES...1

NO...0

DON'T KNOW..d

REFUSED..r

82. During the past year, how many months were you employed/working for pay?

|___|___| MONTHS
(0-12)

DON'T KNOW..d

REFUSED..r

83. Are you currently working for pay?

YES...1

NO...0

CURRENTLY ON MATERNITY LEAVE...2

DON'T KNOW..d

REFUSED..r

If 23=0 or d

84. **Do you currently want a job, either full or part time?**

YES...1

NO...0

MAYBE, IT DEPENDS...2

DON'T KNOW..d

REFUSED..r

85. Have you received income or other assistance from any of the following public benefits in the past month?

		YES	NO	DON'T KNOW	REFUSED
a.	Cash welfare which is also known as TANF, or [Local name of TANF]..	1	0	d	r
b.	Food stamp or Supplemental Nutrition Assistance Program (SNAP) benefits...	1	0	d	r
c.	Disability insurance such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)......................	1	0	d	r
d.	Benefits from WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).................................	1	0	d	r

PARENT MENTAL HEALTH AND SUBSTANCE USE

Center for Epidemiologic Studies Depression Scale (CES-D), 10 items included on MIHOPE 15-month follow-up survey.

86. The next few questions are about feelings. I am going to read you a list of ways you may have felt or behaved in the past week. Please tell me how often you have felt this way during the past week.

PROBE: Did you feel this way rarely or none of the time, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?

		RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)	SOME OR A LITTLE OF THE TIME (1-2 DAYS)	OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)	MOST OR ALL OF THE TIME (5-7 DAYS)	DON'T KNOW	REFUSED
a.	**I felt depressed. Did you feel this way rarely or none of the time, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?**	1	2	3	4	d	r
b.	**I felt that everything I did was an effort. Did you feel this way rarely or none of the time, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?**	1	2	3	4	d	r
c.	**My sleep was restless.**	1	2	3	4	d	r

		RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)	SOME OR A LITTLE OF THE TIME (1-2 DAYS)	OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)	MOST OR ALL OF THE TIME (5-7 DAYS)	DON'T KNOW	REFUSED
d.	I was happy.	1	2	3	4	d	r
e.	I felt lonely. Did you feel this way rarely or none of the time, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?	1	2	3	4	d	r
f.	People were unfriendly.	1	2	3	4	d	r
g.	I enjoyed life.	1	2	3	4	d	r
h.	I felt sad. Did you feel this way rarely or none of the time, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?	1	2	3	4	d	r
i.	I felt that people disliked me.	1	2	3	4	d	r
j.	I could not get going.	1	2	3	4	d	r

SOCIAL SERVICES

The next questions are about the child care arrangements you are currently using. By child care, I mean the people or programs that take care of your child for 5 or more hours per week on a regular basis. If you have multiple regular child care arrangements for 5 hours or more per week, please answer these questions about the most structured or formal arrangements you have for [CHILD]. By structured or formal, I mean an arrangement that is not with an individual with a prior relationship to the child.

87. Does [CHILD] go to any programs or does anyone else besides you, or their other parent, watch them for 5 or more hours per week on a regular basis?

YES..1

NO...0

DON'T KNOW...d

REFUSED...r

BASE= If 3~~4~~0=1

88. Is this care provided in a center or in a home?

CENTER...1

HOME..2

DON'T KNOW..d

REFUSED...r

BASE= If 3~~5~~~~1~~=2

89. Does the provider care for your child in their own home or in the child's home?

OWN HOME...1

CHILD'S HOME..2

DON'T KNOW..d

REFUSED...r

BASE= If 3~~5~~~~1~~=2

90. **Does this provider only care for children who are related to them? That is, the children in care are related to the provider or have a close relationship like a long friendship.**

YES..1

NO..0

DON'T KNOW..d

REFUSED...r

BASE= If 35=1

91. Would you call {it/the center/the program}…

A day care center or child care center...1

A nursery school 2

A preschool 3

A pre-kindergarten...4

A Head Start, or...5

Something else? 6

DON'T KNOW..d

REFUSED...r

BASE= If 3541=1

92. Can you please tell me the name of the center?

Interviewer: capture text [   ]

ALL

93. Do you receive any help to pay for the care provided by [name of center or home based provider], either partially or fully, such as from a welfare office or office of employment services, an agency for child development, or a local or community program?

YES..1

NO...0

DON'T KNOW...d

REFUSED...r

44. During the past year, have you participated in a home visiting program or parenting program?

YES..1

NO...2

DON'T KNOW...d

REFUSED...r

4436a. [IF YES] What home visiting programs or parenting services have you participated in?

Interviewer: capture text [   ]

CONFIRMING CURRENT CONTACT INFORMATION

I'd like to confirm the contact information you gave us when we last interviewed you. This will be kept private and will only be used as a way of contacting you for future surveys. We will be contacting you again when your child is about 3.5 years old, to hear about how you and your child are doing. Your continued participation is very important to our research because you cannot be replaced in the study.

MIHOPE CHECK-IN 32.5 YEAR OLD ASSESSMENT
MARCHFEBRUARY 20165

1. **I have your telephone number as [READ NUMBER]. Is this still the best telephone number to reach you at? [IF NO, COLLECT NEW TELEPHONE NUMBER].**
   1a. [IF NEW TELEPHONE NUMBER]: Is that a home phone, business phone or cell phone?

2. **Do you have another telephone number that you can give me?**
   2a. Is that a home phone, business phone or cell phone?

3. **[IF HAVE EMAIL ADDRESS ON FILE]: I have your email address as [READ EMAIL ADDRESS]. Is this still the best email address to reach you at? [IF NO, COLLECT NEW EMAIL ADDRESS]**
   [IF DO NOT HAVE EMAIL ADDRESS ON FILE]: What is your email address?

4. **I have your home address as [READ ADDRESS]. Is this still your current home address? [IF NO COLLECT NEW ADDRESS OR UPDATE ADDRESS AS NECESSARY].**
   4a. Do you receive mail at this address?
   4b. [IF 4a NO] Where do you receive mail? [COLLECT MAILING ADDRESS]
   4c. Is [READ MAILING ADDRESS] the address where we should send your gift card? [IF NO, COLLECT ADDRESS TO SEND GIFT CARD]

5. **Do you have plans to move in the next year?**
   5a. [IF YES] When are you planning to move?
   5b. [IF YES] Where are you planning to move? [COLLECT AS MUCH INFORMATION AS POSSIBLE (ADDRESS, CITY, AND STATE)]

6. **Do you have a Facebook account?**
   6a. [IF 6 YES] The MIHOPE study also has a Facebook account. May we send you a request to become your Facebook friend? In order to protect the privacy of all study participants, you will not be able to see who our other friends are on Facebook, and our other friends will not be able to see your identify.
   6b. [IF 6a YES] What name do you use on Facebook so that we can send you a friend request?

7. **How would you like to be contacted in the future about upcoming surveys? A letter in the mail, email, text message, cell phone, home phone, Facebook, or some other way?**

In case you move or we are unable to reach you, please tell me the name, address, telephone number, and email address of two people who do not live with you but who will know how to contact you. We will only contact these individuals if we are unable to reach you. This information will also be kept private.

8. **What is the name of the first person who will know how to reach you?**
   8a. How is this person related to you?
   8b. What is this person's telephone number? Is this a home, business, or cell phone?
   8c. What is an alternate telephone number for this person? Is this a home, business, or cell phone?
   8d. What is this person's permanent address?
   8e. What is this person's e-mail address?

9. **What is the name of a second person who will know how to reach you?**
   9a. How is this person related to you?
   9b. What is this person's telephone number? Is this a home, business, or cell phone?
   9c. What is an alternate telephone number for this person? Is this a home, business, or cell phone?
   9d. What is this person's permanent address?

9e. What is this person's e-mail address?

10. I'd like to confirm that we have the correct Social Security Number for both you and [CHILD].
10a. I have your Social Security Number as [READ NUMBER]. Is that correct?
10b. I have [CHILD'S] Social Security Number as [READ NUMBER]. Is that correct?

11. [IF WEB SURVEY] On what type of device did you complete the survey? Was it a…

LAPTOP COMPUTER...1

DESKTOP COMPUTER..2

TABLET OR IPAD..3

MOBILE TELEPHONE...4

DON'T KNOW...d

REFUSED..r

12. ALL. Do you have access to any of the following devices in order to get on the Internet?

LAPTOP COMPUTER...1

DESKTOP COMPUTER..2

TABLET OR IPAD..3

MOBILE TELEPHONE...4

NONE OF THESE...5

DON'T KNOW...d

REFUSED..r

13. Thank you for your continued participation in MIHOPE. We really appreciate you taking the time to share this information with us. We will mail your gift card to you at the address you provided within two weeks. We look forward to hearing from you again next year!