**Note to Reader:**

**THIS IS THE BABY’S FIRST YEARS AGE 1 QUESTIONNAIRE**

This document is formatted to be compatible with the University of Michigan Survey Research Center’s BLAISE CAI software and has been edited for clarity.

**Baby’s First Years**

**Age 1 Survey Instrument**

Version 6

Version date: 6/28/19

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## SAMPLE MANAGEMENT SYSTEM HAND-OFF:

Age 1 Instrument – MSMS Pre-Loads

Preload from Screener: SampleID^MSMSProjectID^Tester^InterviewerID^InterviewerName^ Hospital^Language^ChildDOB^FirstName^LastName

**Pull Values:**

Complete

Language

InstrumentEndDateTime

InstrumentStartDateTime

IWComplete

SessionEndDateTime

SessionStartDateTime

SurveyEndDateTime

SurveyStartDateTime

Pre-Interview.VerifyR

Pre-Interview.CorrSexOfChild

Pre-Interview.CorrChildNameF

Pre-Interview.CorrChildNameL

Pre-Interview.CorrChildDOBSpecM

Pre-Interview.CorrChildDOBSpecD

Pre-Interview.CorrChildDOBSpecD

Section A. Instrument

Section A. ConsentSigned

Section\_B.MomOrigin

Section\_B.MomEthnic

Section\_B.MomRace

Section\_B.MomRace[1]

Section\_B.MomRace[2]

Section\_B.MomRace[3]

Section\_B.MomRace[4]

Section\_B.MomRace[5]

Section\_C.HHMemName

Section\_C.HHMemRel

Section\_C.HHMemDobM

Section\_C.HHMemDobD

Section\_C.HHMemDobY

Section\_C.HHOtherAdult

Section\_C.HHChildName

Section\_C.HHChildRel

Section\_C.HHChildDobM

Section\_C.HHChildDobD

Section\_C.HHChildDobY

Section\_C.HHOtherChild

Section D1: DadNameF

Section D1:DadNameFO

Section D3.MRomantic

Section D3.MCurrRelName

Section\_K.CombinedIncome

Section\_K.CalculatedIncome

Section\_K.EstimatedIncome

PRELOAD FROM BASELINE:

FirstName

LastName

SampleID

ChildNameF

ChildNameL

ChildDobSpecM

ChildDobSpecD

ChildDobSpecY

SexOfChild

HHMemName

HHMemDOBM

HHMemDOBD

HHMemDOBY

PrevYear

AdminConsentComplete

SpendConsentComplete

GiftID

GiftAmt

CardSetup

Add preload from baseline (Have Matt create variable):

If [ChildDOBSpecD, ChildDOBSpecM, ChildDOBSpecY] < 1/1/19,

SSN flag

## Pre-Interview: Data Verification

#### VerifyR

**/“Verify”**

You are interviewing: [FirstName], [LastName]

SID:[SampleID]

* READ TO MOM:

We have your baby’s name recorded as: [ChildNameF, ChildNameL]

#### We have your baby’s birthday recorded as: [ ChildDOBSpecD, CCNoHelp

**/“ClinCard No Help”**

Should you need assistance at any point, this is the number you should call for assistance. It’s the same as the number on the front of your card. If you ever lose your card, they can send you a new one for free and can help you with all of your 4mybaby card questions.

* ENTER [1] to continue

And your baby is: [SexOfChild “a boy” / “a girl”/REF]

Is this correct?

* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

1. Yes, continue
2. Incorrect baby name [GO CORRCHILDNAMEF]
3. Incorrect baby DOB [GO CORRCHILDDOBM]
4. Incorrect baby Sex [GO CORRSEXOFCHILD]

05. No, suspend and find the right line

[SELECT ALL THAT APPLY, YES AND NO ARE EXCLUSIVE]

#### CorrSexOfChild

**/“Sex of child (corrected)”**

[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO SEXOFCHILD]

[ASK IF VERIFYR = 04, CORRECT BABY SEX]

Is your baby a boy or a girl?

1. Boy [GO TO CorrChildNameF]

05. Girl [GO TO CorrChildNameF]

DK [GO TO CorrChildNameF]

REF [GO TO CorrChildNameF]

#### CorrChildNameF

**/“Child’s name- first”**

[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO ChildNameF]

[ASK IF VERIFYR = 02, CORRECT CHILD NAME]

And what is [his/her] first name?

* CONFIRM or UPDATE spelling of first, middle, and last name

[STRING, WIDTH = 30]

[If SEXOFCHILD = 1 BOY THEN FILL = “his”; If SEXOFCHILD = 2 THEN FILL = “her”; FOR ALL FUTURE FILLS USE CHILDNAME. IF CHILD NAME IS DK THEN IF SEXOFCHILD = 1 BOY THEN FILL = AS SPECIFIED; If SEXOFCHILD = 2 THEN FILL = AS SPECIFIED]

#### CorrChildNameL

**/“Child’s name- last”**

[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO ChildNameL]

[ASK IF VERIFYR = 02, INCORRECT CHILD NAME]

And then what is [his/her] last name?

[STRING, WIDTH = 30]

#### CorrChildNameLConfirm

**/“Child’s name- last confirm”**

[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO ChildNameLConfirm]

[ASK IF VERIFYR = 02, INCORRECT CHILD NAME]

Will [ChildNameL] be [his/her] only last name?

01. Yes [GO TO CORRCHILDDOBM]

05. No [GO TO CHILDNAMEL2]

[STRING, WIDTH = 30]

#### CorrChildNameL2

**/“Child’s name- last2”**

[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO ChildNameL2]

[ASK IF VERIFYR = 02, INCORRECT CHILD NAME]

What will be [his/her] other last name?

* CONFIRM spelling of last name

[STRING, WIDTH = 30]

#### CorrChildDobM

**/“Child date of birth - month”**

[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO ChildDobM]

[ASK IF VERIFYR = 03, INCORRECT CHILD DOB]

And what is the correct birth date?

* CONFIRM or UPDATE month of birth

[RANGE 1 – 12, MONTH NAME]

#### CorrChildDobD

**/”Child date of birth- day”**

[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO ChildDobD]

[ASK IF VERIFYR = 03, INCORRECT CHILD DOB]

(What is the correct birth date?)

* CONFIRM or UPDATE month of birth

[ENTER DATE “DD” FORMAT]

#### CorrChildDobY

**/”Child date of birth- year”**

[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO ChildDobY]

[ASK IF VERIFYR = 03, INCORRECT CHILD DOB]

(What is the correct birth date?)

* CONFIRM or UPDATE month of birth

[ENTER DATE “YYYY” FORMAT]

[ADD VALIDATION IF AGE CORRCHILDDOBY IS NOT 2018, 2019, OR 2020]

#### SecPreDone

**/”Section Pre Done”**

Interviewer checkpoint:

01 Section Pre-Interview Completed

## Section A: Intro, Voluntary Statement

**NOTES:**

This section is used to determine the next steps given child/Mom condition:

* Instrument A – full instrument for Mom and Child
* Instrument B – abridged instrument with Mom questions only.
* No interview (now or never)

**Moms will be asked Instrument A:**

* If child is well and at home with Mom OR
* If child is well and lives > 50% time with Mom OR lives with Mom < 50% of time and the rest with related family care

**Moms will be asked Instrument B:**

* If child lives in foster care

**Moms who will NOT continue with the interview (temporarily suspended or never):**

* If child has passed away (terminate interview)
* If child is with adoptive parents
* If child not well (try to interview Mom and Mom/child later OR suspend interview, find better time)
* If child is well but is temporarily not at home with Mom (try to interview Mom and Mom/child later OR suspend interview, find better time)
* If mom is institutionalized or incarcerated

#### ChildWell

**/“Child Well”**

Today, I would like to interview you, the Mom, but also have a few questions and activities for [CHILDNAMEF].

How is [CHILDNAMEF]doing?

* ENTER [1] If Mom mentions baby is developmentally delayed, but healthy.

1. Baby is well [GO TO WHERELIVE]

02. Baby is not well, sick, or hospitalized [GO TO CHILDWELL1]

03. Baby has passed away [GO TO CHILDDEATHM]

#### ChildDeathD

**/“Child Death”**

May I ask when did that happen? (Day)

* ENTER the DAY

[NUMERIC; WIDTH = 2; IF D/K, REF GO TO INTERVIEW DONE]

[Create soft check across ChildDeathY ChildDeathM ChildDeathD to prevent future date entry.]

#### ChildDeathM

**/“Child Death”**

(May I ask when did that happen? (Month)

* ENTER the MONTH

[RANGE 1 – 12, MONTH NAMES; IF D/K, REF GO TO IWDONE]

#### ChildDeathY

**/“Child Death”**

I am so sorry. May I ask when did that happen? (Year)

* ENTER the YEAR

[NUMERIC; WIDTH = 4; IF D/K, REF GO TO INTERVIEW DONE]

[ADD VALIDATION IF AGE ChildDeathY IS NOT 2018, 2019, OR 2020]

[ONCE DATA IS COLLECTED, GO TO IWDONE]

#### ChildWell1

**/“ChildWell1”**

ASK IF CHILDWELL = “02”, BABY IS NOT WELL, SICK, OR HOSPITALIZED

Sorry to hear that. Would it be ok if I ask you a few questions today and then check in with you in a few weeks to see if we can continue when [CHILDNAMEF] feels better?

1. Yes [SKIP TO WHERELIVE]

05. No [SKIP TO CHILDWELLSUSPEND]

#### ChildWellSuspend

**/“Child Well Suspend”**

* SUSPEND THE INTERVIEW (ALT – X). THANK MOM FOR HER TIME AND AGREE ON A CALLBACK IN A FEW WEEKS

1. Continue

#### WhereLive

**/“Time child living with Mom”**

Does [CHILDNAMEF] ever live or stay overnight at a different place than you?

01. Yes GO TO TIMELIVE

05. No ADMINISTER INSTRUMENT A, GO TO CHILDATHOME

#### TimeLive

**/“Time child living with Mom”**

Typically, how much of the time does [CHILDNAMEF] live or stay overnight at a different place than you?

1. Rarely (1-2 days per week or less) ADMINISTER INSTRUMENT A, GO TO CHILDATHOME
2. About half of the time (3 days per week) ADMINISTER INSTRUMENT A, GO TO CHILDATHOME
3. More than half of the time (4 – 5 days per week) GO TO WHENSTOP
4. Most of the time (6 – 7 days per week) GO TO WHENSTOP
5. All of the time GO TO WHENSTOP

#### WhenStop

**/“How long child lives elsewhere”**

For about how many months has [CHILDNAMEF]been living or staying at a different place than you for [TimeLive]?

01. For about 0-1 months

02. For about 2-4 months

03. For about 5-9 months

04. For more than 9 months

05. Since [he/she] was born

#### WhereLiveMost

**/“Where child lives most of time”**

Who does [CHILDNAMEF] usually live or stay overnight with **MOST** of the time?

01. Biological father ADMINISTER INSTRUMENT A, GO TO CHILDATHOME

02. Maternal grandparents ADMINISTER INSTRUMENT A, GO TO CHILDATHOME

03. Paternal grandparents ADMINISTER INSTRUMENT A, GO TO CHILDATHOME

04. Other relatives ADMINISTER INSTRUMENT A, GO TO CHILDATHOME

05. Friend(s) ADMINISTER INSTRUMENT A, GO TO CHILDATHOME

06. Foster care (non-relatives) ADMINISTER INSTRUMENT B, GO TO LIVE EXPECTATION

07. Adoptive parent INTERVIEW DONE

#### LiveExpectation

**/“Future Child Living Expectation”**

Do you expect CHILDNAMEF] to live with you again during this year or next year?

1. Yes – this year
2. Yes – next year
3. No

GO TO INSTRUMENT

#### ChildAtHome

**/“Child is at home”**

Interviewer Checkpoint:

* Is [CHILDNAMEF] currently with the Mom you are interviewing?

01. Yes GO TO INSTRUMENT

05. No GO TO CHILDNOTHOME

#### ChildNotHome

**/“Child not at home”**

ASK IF CHILDATHOME = “05”, CHILD IS NOT AT HOME WITH MOM.

I have some questions for you but I would also like to talk to you when both you and [CHILDNAMEF] are together. Would there be a time when you both may be available?

1. Yes GO TO CHILDNOTHOME2

03. Not sure GO TO CHILDNOTHOME2

05. No, never GO TO CHILDNOTHOME1

#### ChildNotHome1

**/“Child not at home1”**

ASK IF CHILDNOTHOME = “05”

Is this a good time to ask you a few questions?

01. Yes, continue GO TO INSTRUMENT

05. No GO TO CHILDNOTHOMESUSPEND

#### ChildNotHome2

**/“Child not at home1”**

ASK IF CHILDNOTHOME = “01”, “03”

Can we start with a few questions today and then I can call you in a few weeks to see if we can continue when [CHILDNAMEF] is also available?

01. Yes, continue GO TO INSTRUMENT

05. No GO TO CHILDNOTHOMESUSPEND

#### ChildNotHomeSuspend

**/“Child Not Home Suspend”**

* SUSPEND THE INTERVIEW (ALT – X). THANK MOM FOR HER TIME AND AGREE ON A CALLBACK IN A FEW WEEKS

1. Continue

#### Instrument

**/“Selected Instrument”**

[DISPLAY INSTRUMENT ASSIGNMENT]

Interviewer checkpoint:

* The instrument selected for this IW is:
  + Instrument A
  + Instrument B
* ENTER [1] TO CONTINUE

1. Continue

#### VolStatement

**/“Volunteer”**

Before we begin, I would like you to know that this interview is completely voluntary and the information you provide is confidential. If we should come to any question you do not want to answer, please tell me and we’ll go on to the next question. Today’s visit will take approximately an hour and a half in total, with about 45 minutes of survey questions. Do you have any questions before we begin?

* IF resuming a suspended interview, READ:

I would like you to know that this interview is completely voluntary and the information you provide is confidential. If we should come to any question you do not want to answer, please tell me and we’ll go on to the next question.

1. Continue

#### RecordIwConsent

**/“Record consent”**

Parts of this interview may be recorded for quality control purposes only. If you do not wish to be recorded, please let me know. You can still participate in the interview.

01. Consent to record

05. No consent to record

#### Consent

**/”Consent”**

The interview will take about 90 minutes to complete.

Before we proceed, you will need to review and sign a consent form which outlines the purpose of the research, the procedures we will follow, and how we will handle your data.

Once the consent form has been signed we will begin the interview.

* REVIEW Research Consent with Mom

Just give me a moment while I pull up the consent form for you to review.

01. Launch consent GO TO Consent1

05. Mom not ready to participate at the moment GO TO ConsSuspend

09. Mom does not want to sign or participate GO TO ConsentSigned

[NODK/NORF]

#### Consent1

[IF INSTRUMENT = A, LAUNCH CONSENT 1 IN ELECTRONIC DOCUMENT UTILITY (EDU)], OTHERWISE GO TO CONSENT2]

#### Consent2

[IF INSTRUMENT = B, LAUNCH CONSENT 2 IN ELECTRONIC DOCUMENT UTILITY (EDU)]]

#### ConsentSigned

**/”Consent Signed”**

* DID Mom sign research consent?
* IF problem encountered launching consent, ENTER [7] to re-launch

01. Yes GO TO SecADone

05. No GO TO ConsentSignedConf

07. Problem launching consent GO TO CONSENT

[NODK/NORF]

#### ConsentSignedConf

**/”Consent Signed Confirmed”**

* Iwer: CHECKPOINT:

You selected “No”.

* CONFIRM that Mom DID NOT sign the research consent. Mom will not participate in the study.

01. Confirmed – Mom did not sign consent, will not participate. GO TO IWDone

05. Not Confirmed - Go back and correct consent

[NODK/NORF]

#### ConsSuspend

**/”Consent Suspended”**

If Mom is unwilling to sign consent, suspend and agree to give Mom a call back in a few weeks.

01: Continue

#### SecADone

**/”Section A Done”**

* Iwer CHECKPOINT

01 Section A Completed

## Section B: Mother Demographics

Maternal Race and Ethnicity

#### B1

#### MomDemoIntro

**/“Mother Demographics Intro”**

Now I would like to ask some questions about you.

* ENTER [1] to continue

01. Continue

#### B2

#### MomOrigin

**/“Mother Origin”**

Do you consider yourself Hispanic, Latina, or Spanish origin?

01. Yes GO TO MomEthnic B3\_

05. No GO TO MomRace B4\_

DK GO TO MomRace B4\_

REF GO TO MomRace B4\_

**B3**

**MomEthnic**

**/“Mother’s Ethnicity”**

Would you consider yourself one or more of the following?

* READ options to Mom, PROBE: Anything else?
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

1. Mexican, Mexican American, Chicano GO TO MomRace B4\_
2. Puerto Rican GO TO MomRace B4\_
3. Dominican GO TO MomRace B4\_
4. Cuban GO TO MomRace B4\_
5. Other GO TO MomEthnicO B3\_Spec

DK GO TO MomRace B4\_

REF GO TO MomRace B4\_

#### B3\_Spec

#### MomEthnicO

**/“Mother’s Ethnicity, other”**

How would you identify yourself?

[STRING; WIDTH = 80**]**

#### B4

#### MomRace

**/“Mother Race”**

Would you consider yourself one or more of the following?

* READ options to Mom, PROBE: Anything else?
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

1. White GO TO HHRosterIntro C1
2. Black/African American GO TO HHRosterIntro C1

03. Other GO TO MomRaceO B4\_Spec

#### B4\_Spec

#### MomRaceO

**/“Mother race, other”**

How would you identify yourself?

[STRING; WIDTH = 80]

## Section C: Household Roster

#### C1

#### HHRosterIntro

**/“HH Roster Intro”**

We are interested in learning about the people who are involved in [CHILDNAMEF]’s life.

I am now going to ask you about the people other than you who have been living in your household.

Your household is defined as anyone who has been living with you and is related to your baby through blood, marriage, domestic partnership, or adoption.

First, let’s talk about the ADULTS living in your household. That is, anyone who is 18 years or older.

* ENTER [1] to continue

01. Continue

[IF NO ADULTS LISTED IN HHROSTER FROM BASELINE, GO TO C9]

Adults

#### C2

#### HHMemName

**/“HH Member Name”**

[ONLY ASK IF NEW TO HHROSTER AND THEN SKIP TO HHMEMREL C5]

**[LIST ONLY ADULTS WHO ARE ≥ 18 AS OF INTERVIEW DATE BASED ON BASELINE HH DOB]**

[IF SUBSEQUENT ADULT:] What is their first name?

[STRING; WIDTH = 20]

#### C3

#### HHMem

#### /“HH member”

[REPEAT HHMEM-HHMEMDOB FOR EACH ADULT LISTED IN HHROSTER FROM BASELINE]

Last time we spoke you mentioned that [HHMEMN1NAME]was living with you.

Is [HHMEMN1NAME]still living with you?

01. Yes GO TO HHMEMREL C5

05. No ~~GO TO HHMEMREL C5~~

[IF (HHMEMREL=05 (BABY’S BIOLOGICAL FATHER) FROM BASELINE) AND (HHMEM=05 (NO)), GO TO HHMEMREL (C5). OTHERWISE, GO TO NEXT HHMEM LISTED IN HHROSTER FROM BASELINE]

#### C5

#### HHMemRel

**/“HHM Relationship”**

What is your relationship to [HHMEMN1NAME]?

* Domestic partner may include a boyfriend, a girlfriend or any significant other.

01. My mother GO TO HHMEMSEX

02. My father GO TO HHMEMSEX

03. Paternal grandmother GO TO HHMEMSEX

04. Paternal grandfather GO TO HHMEMSEX

05. My spouse / husband / wife GO TO HHMEMSEX

06. My domestic partner GO TO HHMEMSEX

07. Other adult friend or relative GO TO HHMEMSEX

#### HHMemSex

**/“HHM Sex”**

[ONLY ASK IF NEW TO HHROSTER. IF PRELOAD DATA EXISTS FOR HHMEM1NAME, PREFILL HHMEMSEX BUT DO NOT SHOW QUESTION]

Is[HHMEMNAME] male or female?

01. Male

05. Female

#### HHMemAge

**/“HHM age”**

[ONLY ASK IF NEW TO HHROSTER. IF PRELOAD DATA EXISTS FOR HHMEM1NAME, PREFILL HHMEMAGE BY CALCULATING AGE FROM HHMEMDOB BUT DO NOT SHOW QUESTION]

And, how old is [HHMEMNAME]?

PROBE: What is your best estimate?

[ADD VALIDATION IF AGE < 18]

[NUMERIC; WIDTH = 3]

#### C7

#### HHMemDob

**/“HHM DOB”**

[IF NO BIRTHDATE AVAILABLE IN PRELOAD (OR NEW HH MEMBER), SKIP TO HHMEMDOBM C8.DOB\_Mo]

And is [her/his] birthdate [day of week],[HHMEM1DOBM][HHMEM1DOBD],[HHMEM1DOBY]?

01. Yes GO TO HHMEMNAME C2 IF OTHER ADULTS IN ROSTER, OTHERWISE GO TO HHMEMCONTR

05. No GO TO HHMEMDOBM C8.DOB\_Mo

#### C8.DOB\_Mo

#### HHMemDobM

**/“HHM DOB- month”**

What is [HHMEMNAME]’s date of birth? (Month)

* ENTER month

[RANGE 1 – 12, MONTH NAMES; IF DK GO TO HHMEMCONTR]

#### C8.DOB\_Day

#### HHMemDobD

**/“HHM DOB- day”**

What is [HHMEMNAME]’s date of birth? (Day)

* ENTER day

[NUMERIC; WIDTH = 2; IF DK GO TO HHMEMCONTR]

#### C8.DOB\_Yr

#### HHMemDobY

**/“HHM DOB- year”**

What is [HHMEMNAME]’s date of birth? (Year)

* ENTER year

[ADD VALIDATION IF AGE + HHChildDobY IS +/- 2 FROM 2018]

[NUMERIC; WIDTH = 4; IF DK GO TO HHMEMCONTR]

#### HHMemContr

**/“HHM Contributes”**

[ONLY ASK IF NEW TO HHROSTER. IF PRELOAD DATA EXISTS FOR HHMEM1NAME, PREFILL HHMEMCONTR BUT DO NOT SHOW QUESTION]

In the last month, has [HHMEMNAME] contributed to the household’s income?

01. Yes

05. No

#### C9

#### HHOtherAdult

**/“Any Other Adults”**

Are there any other adultsaged 18 years or oldercurrently living with you and are related to your baby through blood, marriage, domestic partnership, or adoption?

* REMIND Mom that this may include any children who turned 18 since baseline.

01. Yes GO TO HHMEMNAME

05. No GO TO HHNUMCHILDINTRO

[IF YES, ADD ROSTER ENTRY, IF NO, PROCEED TO HHNUMCHILDINTRO]

Children

#### C10

#### HHNumchildIntro

**/“Household childrenIntro”**

Now, let’s talk about any children in your household other than [CHILDNAMEF], that is, anyone in your household who is UNDER 18 years old.

* ENTER [1] to continue

01. Continue

[IF NO CHILDREN LISTED IN HHROSTER FROM BASELINE, GO TO C18]

#### C11

#### HHCHILDNAME

**/”HH Child Name”**

[ONLY ASK OF IF NEW TO HHROSTER AND THEN SKIP TO HHCHILDREL (C15)]

[IF SUBSEQUENT CHILD:] And what is their first name?

[STRING; WIDTH = 20]

#### C12

#### HHChild

**/“HH Child”**

**[REPEAT HHCHILD (C12)-HHCHILDDOB (C16) FOR EACH CHILD LISTED IN HHROSTER FROM BASELINE LIST ONLY CHILDREN WHO ARE < 18 AS OF INTERVIEW DATE BASED ON BASELINE HH CHILD DOB]**

Last time we spoke you mentioned that [HHCHILD1NAME]was living with you.

Is [HHCHILD1NAME]still living with you?

01. Yes GO TO HHCHILDRELCONFIRM C15

02. No GO TO NEXT HHCHILD LISTED

#### C15

#### HHChildRel

**/“HHC Relationship”**

What is your relationship to [HHCHILD1NAME]?

01. Child GO TO HHCHILDDOB C16

02. Adopted or Step- child GO TO HHCHILDDOB C16

03. Foster child GO TO HHCHILDDOB C16

04. Other child (Niece, Nephew, Friend’s child) GO TO HHCHILDDOB C16

05. Other GO TO HHCHILDDOB C16

DK GO TO HHCHILDDOB C16

REF GO TO HHCHILDDOB C16

#### HHChild1Sex

**/“HHC1 Sex”**

[ONLY ASK IF NEW TO HHROSTER. IF PRELOAD DATA EXISTS FOR HHCHILD1NAME, PREFILL HHCHILD1SEX BUT DO NOT SHOW QUESTION]

Is [HHCHILDNAME] male or female?

01. Male

05. Female

#### HHChild1Age

**/“HHM1 age”**

[ONLY ASK IF NEW TO HHROSTER. IF PRELOAD DATA EXISTS FOR HHCHILD1NAME, PREFILL HHCHILD1AGE BY CALCULATING AGE FROM HHCHILD1DOB BUT DO NOT SHOW QUESTION]

And, how old is [HHCHILDMNAME]?

* PROBE: What is your best estimate?

[ADD VALIDATION IF AGE > 17 (18 OR OLDER)]

[NUMERIC; WIDTH = 3]

#### C16

#### HHChildDob

**/“HHC DOB”**

[IF NO BIRTHDATE AVAILABLE IN PRELOAD, SKIP TO HHCHILDDOBM C17.DOB\_Mo]

And is [HHCHILD1NAME]’s birthdate [Day of Week],[HHCHILD1DOBM][HHCHILD1DOBD],[HHCHILD1DOBY]?

01. Yes GO TO HHCHILDNAME C11 IF OTHER CHILDREN IN ROSTER, OTHERWISE GO TO HHCHILDJOB C

02. No GO TO HHCHILDDOBM

#### C17.DOB\_Mo

#### HHChildDobM

**/“HHC DOB- month”**

What is [HHCHILDNAME]’s date of birth? (Month)

* ENTER month

[RANGE 1 – 12, MONTH NAMES; IF DK GO TO HHCHILDNAME C11 IF OTHER CHILDREN IN ROSTER, OTHERWISE GO TO HHCHILDJOB C]

#### C17.DOB\_Day

#### HHChildDobD

**/“HHC DOB- day”**

What is [HHCHILDNAME]’s date of birth? (Day)

* ENTER day

[NUMERIC; WIDTH = 2; IF DK GO TO HHCHILDNAME C11 IF OTHER CHILDREN IN ROSTER, OTHERWISE GO TO HHCHILDJOB C]

#### C17.DOB\_Yr

#### HHChildDobY

**/“HHC DOB- year”**

What is HHCHILDNAME]’s date of birth? (Year)

* ENTER year

[ADD VALIDATION IF AGE + HHChildDobY IS +/- 2 FROM 2018]

[NUMERIC; WIDTH = 4; IF DK GO TO HHCHILDNAME C11 IF OTHER CHILDREN IN ROSTER, OTHERWISE GO TO HHCHILDJOB C]

#### HHChildJob

**/“HHChild Job”**

[ASK IF HHCHILDAGE >= 14]

Has [HHCHILDNAME] been employed in the last month?

01. Yes

05. No

#### HHChildContr

**/“HHChild Contributes”**

[ASK IF HHCHILDAGE >= 14]

In the last month, has [HHCHILDNAME] contributed to the household’s income?

01. Yes

05. No

#### C18

#### HHOtherChild

**/“Any Other Children”**

Are there any other children under 18, **currently living** with you and are related to your baby through blood, marriage, domestic partnership, or adoption?

01. Yes GO TO HHCHILDNAME

05. No GO TO DADNAMEF

[IF YES, ADD ROSTER ENTRY, IF NO, PROCEED TO BIODAD SECTION]

#### Intro Block Complete

**/“Intro Block Complete”**

Are all sections within this block complete?

01. Yes

05. No

## Section D1: BioDad

Iwer checkpoint:

* Start “Mom 2” Block
* If the participant refuses this collection, select [Ctrl-R]
* Otherwise ENTER [1] to continue

1. Continue

#### DadNameF

**/“Name of father- first”**

I want to make sure that we have accurate information when talking about [CHILDNAMEF]’s biological father.

For consistency, I have to ask all questions of every mother I speak with regardless of your current family situation. As a reminder, if we should come to any question you do not want to answer, please tell me and we’ll go on to the next question.

(Please confirm) What is the name of the baby’s father?

01. NAME OF SPOUSE HH (HHMEMREL = 05) GO TO DADNAMEM

02. NAME OF DOMESTIC PARTNER (HHMEMREL = 06) GO TO DADNAMEM

03. NAME OF ADULT1 FROM HH (HHMEMREL = 07) GO TO DADNAMEM

04. NAME OF ADULT2 FROM HH (HHMEMREL = 07) GO TO DADNAMEM

05. NAME OF ADULT3 FROM HH (HHMEMREL = 07) GO TO DADNAMEM

96. (Vol.) Father unknown GO TO MROMANTIC D9

97. Other person not in the household (specify) GO TO DADNAMEFO

[ONLY SHOW FILLS WHERE HHMEMSEX = 01 (Male)]

#### DadNameFO

**/“Name of father- first (other)”**

* ENTER first name

[STRING, WIDTH = 30]

#### DadNameM

**/“Name of father- Middle”**

(What is the middle name of the baby’s father?)

* ENTER middle name

[STRING, WIDTH = 30]

#### DadNameL

**/“Name of father- last”**

(What is the last name of the baby’s father?)

* ENTER last name

[STRING, WIDTH = 30]

#### D1

#### MFIntro

**/“Mother-Father Intro”**

Now I would like to ask some questions about your relationship with [CHILDNAMEF]’s biological father.

* ENTER [1] to continue

01. Continue

--------------------------------------------------------------------

[IF SECTION E.FATHERSTATUS IN BASELINE=1. GO TO MFMARRIED D2

IF SECTION E.FATHERSTATUS IN BASELINE=3, GO TO MFNMARRIED D4

IF SECTION E.FATHERSTATUS IN BASELINE=5, GO TO MFNMARRIED D4]

--------------------------------------------------------------------

#### D2

#### MFMarried

**/“Mother-Father Married”**

When we spoke last, you mentioned that you and [CHILDNAMEF]’s biological father were

Married. Is this still true?

01. Yes, still married GO TO MRELATETYPE D8

05. No GO TO MFSEPARATE D3

#### D3

#### MFSeparate

**/“Mother-Father Separated”**

Are you separated (either legally or informally)?

01. Yes GO TO MMARRIED D6

05. No GO TO MRELATETYPE D8

07. We were never married GO TO MFPLANS D5

#### D4

#### MFNMarried

**/“Mother-Father Not Married”**

[ASK IF SECTION E.FATHERSTATUS IN BASELINE=3 OR 5]

When we spoke last, you mentioned that you and [CHILDNAMEF]’s biological father were NOTMarried. Is this still true?

01. Yes, we are still NOT married GO TO MFPLANS D5

05. No (e.g., we GOT married) GO TO MMARRIED D6

07. We were married GO TO MMARRIED D6

#### D5

#### MFPlans

**/“Mother-Father Plan to Marry”**

Do you have plans to get married to him?

01. Yes GO TO MMARRIED D6

05. No GO TO MMARRIED ~~D6~~D8

#### D6

#### MMarried

**/“Mother Currently Married”**

(To confirm) Are you legally married now to him?

01. Yes GO TO MMARRYMONTH D7\_Mo

05. No GO TO MRELATETYPE D8

#### D7\_Mo

#### MMarryMonth

**/“Mother Marry Month”**

When did you get married?

**MM**/YYYY

* ENTER month

[NUMERIC; WIDTH = 2]

#### D7\_Yr

#### MMarryYear

**/“Mother Marry Year”**

When did you get married

MM/**YYYY**

* ENTER year

[NUMERIC; WIDTH = 4]

~~Right now we are getting error message: Input invalid value not in range 2017-2021~~

Change value range to be 1960-2021

#### D8

#### MRelateType

**/“Mom’s Type of relationship”**

How would you now describe your relationship with[CHILDNAMEF]’s biological father?

Would you say: we are romantically involved, we are just friends or something else?

01. We are romantically involved

02. We are just friends

05. Other Specify

#### D8\_Spec

#### MRelateTypeO

**/“Mom’s Type relationship other”**

In your own words, how would you describe your relationship with him?

[STRING; OPEN ENDED]

## Section D2: Father’s Demographics

Father’s Race and Ethnicity

#### D19

#### DadEmpIntro

**/“Dad Employment Intro”**

Now I’d like to ask a few more questions about [CHILDNAMEF]’s biological father.

* ENTER [1] to continue

01. Continue

#### D19a

#### FatherLocation

**/“Father’s Living Situation”**

Where is [DadNameF OR DadNameO] living now?

01. Own place GO TO DADORIGIN D20

02. With other family members GO TO DADORIGIN D20

03. With Friends GO TO DADORIGIN D20

04. Jail/incarcerated GO TO DADORIGIN D20

05. With You GO TO DADORIGIN D20

06. Homeless GO TO DADORIGIN D20

07. Deceased GO TO MROMANTIC D9

08. Don’t know GO TO DADORIGIN D20

#### D20

#### DadOrigin

**/“Father Origin”**

Does he consider himself Hispanic, Latino, or Spanish origin?

01. Yes GO TO DadEthnic D21

05. No GO TO DadRace D22

#### D21

#### DadEthnic

**/“Dad’s Ethnicity”**

Would he consider himself one or more of the following?

* READ options to Mom, PROBE: Anything else?
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

1. Mexican, Mexican American, Chicano GO TO DadRace D22\_
2. Puerto Rican GO TO DadRace D22\_
3. Dominican GO TO DadRace D22\_
4. Cuban GO TO DadRace D22\_
5. Other Specify GO TO DadEthnicO D21\_Spec

#### D21\_Spec

#### D**adEthnicO**

**/“Dad’s Ethnicity, other”**

How would he identify himself?

[STRING; WIDTH = 80**]**

#### D22

#### DadRace

**/“Dad Race”**

Do you think he would consider himself one or more of the following?

* READ options to Mom, PROBE: Anything else?
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

1. White GO TO DADEDUTRAIN D23
2. Black/African American GO TO DADEDUTRAIN D23

03. Other GO TO DadRaceO D22\_Spec

#### D22\_Spec

#### DadRaceO

**/“Dad race, other”**

How would he identify himself?

[STRING; WIDTH = 80]

Father’s Employment

#### D23

#### DadEduTrain

**/“Dad Education Training”**

Has [CHILDNAMEF]’s biological father participated in any educational training activities since [he/she] was born?

01. Yes GO TO DADJOBTRAIN D24

05. No GO TO DADJOBTRAIN D24

#### D24

#### DadJobTrain

**/“Dad Job Training”**

Has [CHILDNAMEF]’s biological father participated in any job training activities since[he/she] was born?

01. Yes GO TO DADWORK D25

05. No GO TO DADWORK D25

#### D25

#### DadWork

**/“Dad Working”**

Does [CHILDNAMEF]’s biological father currently work for pay?

01. Yes GO TO DADSELFEMP D26

05. No GO TO DADSELFEMP D26

#### D26

#### DadSelfEmp

**/“Dad Self Employed**

Is[CHILDNAMEF]’s biological father currently self-employed?

01. Yes GO TO DADJAIL D27

05. No GO TO DADJAIL D27

Incarceration

#### D27

#### DadJail

**/“Dad Jail”**

In the past year, did [CHILDNAMEF]’s biological father ever spend time in an adult correctional institution like a county, state or federal jail or prison?

01. Yes GO TO DADPAROLE D28

05. No GO TO DADPAROLE D28

#### D27a

#### DadParole

**/“Dad Parole”**

In the past year, was [CHILDNAMEF]’s biological father ever required to perform community service or has he been on probation or parole?

01. Yes GO TO MROMANTIC D9

05. No GO TO MROMANTIC D9

## Section D3: Current Relationship

#### D9

#### MRomantic

**/“Mom Romantic”**

MOM IS IN CURRENT RELATIONSHIP WITH:

01. SPOUSE / HUSBAND / WIFE: IF ONLY SPOUSE LISTED ON HH ROSTER (HHMEMREL(C5)=05) AND DOMESTIC PARTNER (HHMEMREL(C5)=06) NOT LISTED ON THE ROSTER

DO NOT ASK D9, GO STRAIGHT TO D28.

02. DOMESTIC PARTNER: IF ONLY PARTNER LISTED ON HH ROSTER (HHMEMREL(C5)=06) AND SPOUSE (HHMEMREL(C5)=05) NOT LISTED ON THE ROSTER

DO NOT ASK D9, GO STRAIGHT TO D28.

03. IF NEITHER SPOUSE (HHMEMREL(C5)=05) OR PARTNER (HHMEMREL(C5)=06) LISTED IN THE HH ROSTER, ASK D9

04. IF BOTH SPOUSE (HHMEMREL(C5)=05) AND PARTNER (HHMEMREL(C5)=06) LISTED IN THE HH ROSTERM, ASK D9

Are you currently in a relationship with anyone?

* SELECT ONE RESPONSE
* IF MOM SPECIFIES MORE THAN ONE PERSON, PROBE: WHO DO YOU SPEND MORE TIME WITH?

01. Yes (other person than listed in HH Roster) [GO TO D9a]

05. No [SKIP D12 – D27, GO TO D28]

90. NAME OF SPOUSE FROM HH (HHMEMREL = 05) [GO TO D10\_yrs]

91. NAME OF BIODAD NOT IN HH (DADNAMEF = OTHER (90), NOT IN HH) [GO TO D10\_yrs]

92. NAME OF PARTNER FROM HH (HHMEMREL = 06) [GO TO D10\_yrs]

93. NAME OF ADULT1 FROM HH (HHMEMREL = 07) [GO TO D10\_yrs]

94. NAME OF ADULT2 FROM HH (HHMEMREL = 07) [GO TO D10\_yrs]

95. NAME OF ADULT3 FROM HH (HHMEMREL = 07) [GO TO D10\_yrs]

#### D9a

#### CurrRelName

**/“Current relationship’s name”**

And, what is their first name?

* ENTER first name

[STRING, WIDTH = 30]

#### D9b

#### CurrRelSex

**/“Current relationship’s sex”**

And is [CurrRelName] male or female?

01. Male

05. Female

#### D10\_Yrs

#### RelateRomanceY

**/“Length of romance - Years”**

How long have you been with [MRomantic or CurrRelName]? (Years)

* ENTER years
* IF less than 1 year; ENTER [0] and ENTER months on next screen

[NUMERIC; WIDTH=2]

#### D10\_Mos

#### RelateRomanceM

**/“Length of romance - Months”**

(How long have you been with [MRomantic or CurrRelName]? (Months))

* ENTER months

[NUMERIC; WIDTH=2]

## Section D4: AudioCASI (Relationship +\_ Discipline)

Iwer checkpoint:

* Start “ACASI” Block
* If the participant refuses this collection, select [Ctrl-R]
* Otherwise ENTER [1] to continue

1. Continue

**/AcasiIntro**

For this part of the interview, I will turn the computer over to you so that you can enter your answers yourself. We have these headphones so that you can listen to the questions in privacy, and you can also read the questions on the computer screen. I will not be able to hear the questions or see the answers you type into the computer. After I explain a few of the keys that you’ll be using, I’ll help you with the first few practice questions, just to get you started. Then I’ll leave you on your own to answer the rest of the questions in privacy.

When you are done with this section, a screen will come up that will tell you how to lock away your responses so that no one can see how you answered the questions. Then you can return the computer to me.

* ENTER [1] to continue.

01. Continue

**/AcasiIntro1**

 Interviewer Checkpoint

* Explain the following things to Mom:

1) Connect the headphones to the laptop.

2) Give the computer to Mom.

3) Show Respondent where to find number keys [ 1 – 0], [Enter], [Backspace], [Ctrl]

4) Explain how to adjust the volume.

5) Explain that you will be doing an unrelated task while Mom completes Audio CASI, but Mom should feel free to interrupt with questions.

6) Explain to Mom that if she does not know the answer to a question, she may enter [Ctrl + d]

7) Explain to Mom that if she does not want to answer a question, she may enter [Ctrl + r]

The next screen is for the Respondent.

⬩ ENTER [1] to continue.

#### /ACASIIntro2

Now we will go over a few keystrokes which will help you complete the survey.

Press the large Enter key, on the right side of the keyboard, to enter your answers.

* ENTER [1] and PRESS [Enter] to continue

FLOW CHECK D0a: Create an array to loop through PRACYEAR[X] and PRACMNTH[X] up to 2 times.

#### AC1.

#### /PRACYEAR[X]

For example, in what year were you born?

* ENTER the 4-digit year you were born below and PRESS the [Enter] key.

UNDERLYING RANGE: ~~1962 to 2002~~ 1970-2001

#### AC2.

#### /PRACYEAR1

The computer has recorded that you were born in [PRACYEARX]. Is this correct?

* Please enter the number for your response and press the [Enter] key.

01. Yes GO TO PRACMNTHX AC3

05. No GO TO IWERHELP AC4

#### AC3

#### /IWERHELP

Please ask the interviewer for help, and go through the example one more time.

* ENTER [1], and PRESS [Enter] to continue.

01. Continue

#### AC4

#### /PRACMNTH[X]

For example, in what month in [PRACYEARX] were you born?

* Please enter the number for the month and press the [Enter] key.

1. January

02. February

03. March

04. April

05. May

06. June

07. July

08. August

09. September

10. October

11. November

12. December

#### AC5.

#### /PRACCNFM

The computer has recorded that you were born in [PRACMNTHX, PRACYEAR1]. Is this correct?

* Please enter the number for your response and press the [Enter] key.

01. Yes GO TO ACASIHELP AC7

05. No GO TO IWERHELP1 AC6

#### AC6.

#### /IWERHELP1

Please ask the interviewer for help, and go through the example one more time.

* ENTER [1], and PRESS [Enter] to continue.

01. Continue

#### AC7.

#### /ACASIhelp1

If you want to replay the audio, press the F11 key. It is located near the top right side, of the keyboard.

* ENTER [1], and PRESS [Enter] to continue.

01. Continue

TYPE: STRING [1]; ATTRIBUTES: EMPTY ALLOWED

#### AC8.

#### /ACASIhelp2

If you do not wish to answer a particular question, press the CTRL and R keys, at the same time.

* ENTER [1], and PRESS [Enter] to continue.

01. Continue

TYPE: STRING [1]; ATTRIBUTES: EMPTY ALLOWED

Romantic relationships

#### D12

#### RomanceIntro

**/“Romance Intro”**

Now, I’d like to ask you some more questions about your relationship, with your current partner.

* ENTER [1], and PRESS [Enter] to continue.

01. Continue

#### D13

#### RScale

**/“Relationship Rating”**

In general, would you say that your relationship with your current partner is excellent, very good, good, fair, or poor?

* Please enter the number for your response and press the [Enter] key.

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

#### D14

#### RArgue

**/“Relationship Argue”**

No matter how well partners get along, they sometimes have arguments. How often do you and your current partner argue about the things that are important to you?

Would you say always, often, sometimes, rarely, or never?

* Please enter the number for your response and press the [Enter] key.

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

#### D15

#### RAbuse

**/“Relationship Abuse”**

Couples sometimes get into fights. Were you ever cut, bruised, or seriously hurt, in a fight, with your current partner?

* Please enter the number for your response and press the [Enter] key.

01. Yes GO TO BEHAVIORINTRO D16

05. No GO TO BEHAVIORINTRO D16

#### D16

#### BehaviorIntro

**/“Partner Behavior Intro”**

Now, think about your relationship, with your partner, over the past year.

For each statement, please tell me, whether, your partner acted this way, often, sometimes, or never.

* ENTER [1], and PRESS [Enter] to continue.

01. Continue

#### D17

#### PCompromise

**/“Partner Compromise”**

How often was your partner, fair, and willing to compromise, when you had a disagreement?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D18

#### PAffection

**/“Partner Affection”**

How often did your partner express affection or love for you?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D19

#### PCritical

**/“Partner Critical”**

How often did your partner insult or criticize you or your ideas?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D20

#### PMean

**/“Partner Mean”**

How often did your partner make you feel down or bad about yourself during an argument?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D21

#### PEncourage

**/“Partner Encourage”**

How often did your partner encourage or help you to do things that were important to you?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D22

#### PIsolate

**/“Partner Isolates”**

How often did your partner, try to keep you from seeing or talking with your friends or family, or try to prevent you from going to work or school?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D23

#### PPhysAbuse

**/“Partner Physical Abuse”**

How often did your partner hit, slap, kick, or otherwise hurt you physically?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D24

#### PSexAbuse

**/“Partner Sexual Abuse”**

How often did your partner try to make you have sex or do sexual things you didn’t want to do?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D25

#### PListen

**/“Partner Listened”**

How often did your partner listen to you when you needed someone to talk to?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D26

#### PScary

**/“Partner Scary”**

How often did your partner make you feel afraid?

Would you say Often, Sometimes, or Never?

* Please enter the number for your response and press the [Enter] key.

1. Often
2. Sometimes
3. Never

#### D27

#### PViolent

**/“Partner Violent”**

Has your partner ever threatened to spank or slap your child or children?

* Please enter the number for your response and press the [Enter] key.

01. Yes

05. No

## Section O: Discipline Strategies

Discipline (from Fragile Families)

[INSTRUMENT B: DO NOT ASK O1-O3. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

#### O1

#### DiscIntro

/“Discipline Intro”

Sometimes, children behave pretty well, and sometimes they don’t. We’d like to know how you handle discipline in your household. Please remember that your answers are strictly confidential and will not be shared.

* ENTER [1], and PRESS [Enter] to continue.

01. Continue

#### O2

#### Spank

/“Spank”

In the past month have you spanked your one year old child because they were misbehaving or acting up?

* Please ENTER the number for your response and press the [Enter] key.

01. Yes GO TO SPANKFREQ O3

05. No GO TO BEHAVCONSEQ O4

[ALLOW D/K, REF]

#### O3

#### SpankFreq

/“Spank Frequency”

Did you do this every day or nearly everyday, a few times a week, a few times this past month, or only once or twice?

* Please ENTER the number for your response and press the [Enter] key.

01. Every day or nearly everyday

02. A few times a week

03. A few times this past month

04. Only once or twice

[ALLOW D/K, REF]

Maternal Health: Smoking and Alcohol Use

#### Q10

#### CigSmokePY

/“Cigarette Smoking Past Year”

Now we’ll turn to some other questions.

Since your one year old childwas born, how often did you smoke cigarettes, e-cigarettes or a tobacco vape pen?

Would you say Every day, several times a week, several times a month, less than once a month, or never, in the last year?

* Please enter the number for your response and press the [Enter] key.

01. Every day

02. Several times a week

03. Several times a month

04. Less than once a month

05. Never in the last year

#### Q11

#### AlcoholPY

/“Alcohol Past Year”

Since your one year old child was born, how often did you drink alcohol?

Would you say Every day, several times a week, several times a month, less than once a month, or never, in the last year?

* Please enter the number for your response and press the [Enter] key.

01. Every day GO TO ALCOHOLAMT

02. Several times a week GO TO ALCOHOLAMT

03. Several times a month GO TO ALCOHOLAMT

04. Less than once a month GO TO ALCOHOLAMT

05. Never in the last year GO TO OPIOIDSPY

#### Q12

#### AlcoholAmt\_b\_2

/“Alcohol Amount”

When you do drink, how many drinks do you usually have?

* Please enter the number for your response and press the [Enter] key.

[NUMERIC; WIDTH=2]

#### Q13

#### OpioidsPY

/“Opioids Past Year”

Since your one year old child was born, how often did you use opioids, such as oxycodone, morphine, fentanyl, or heroin?

Would you say Every day, several times a week, several times a month, less than once a month, or never, in the last year?

* Please enter the number for your response and press the [Enter] key.

01. Every day

02. Several times a week

03. Several times a month

04. Less than once a month

05. Never in the last year

Maternal Health: Sexual

#### Q50

#### MomPreg

/“Mom Pregnant”

We have some questions about your reproductive health, and contraception use.

I understand that these questions may not seem applicable to your situation, but I am going to ask the same series of questions about reproductive health, for everyone in order to be consistent.

Have you gotten pregnant since your one year old child was born?

* Please enter the number for your response and press the [Enter] key.

01. Yes GO TO PLANNED PREG Q51

05. No GO TO CHILDPLANNED Q52

#### Q51

#### PlannedPreg

/“Mom Planned Pregnancy”

Was this pregnancy planned?

* Please enter the number for your response and press the [Enter] key.

01. Yes GO TO CHILDPLANNED Q52

05. No GO TO CHILDPLANNED Q52

#### Q52

#### ChildPlanned

/“Mom Planned Baby’s Pregnancy”

Was your pregnancy with your one year old child planned?

* Please enter the number for your response and press the [Enter] key.

01. Yes

05. No

#### Q55

#### CondomFreq

/“How often Used Condoms”

In the past month, how often have you used single-use contraceptive methods such as condoms, diaphragms or withdrawal methods?

Would you say Never, a few of the times you had vaginal intercourse, most of the times, or all of the times?

* Please enter the number for your response and press the [Enter] key.

01. Never

02. A few of the times you had vaginal intercourse

03. Most of the times

04. All of the times

#### Q56

#### TubesTied

/“Had Tubes Tied”

Have you had your tubes tied?

* Please enter the number for your response and press the [Enter] key.

01. Yes

05. No

#### Q60

#### ShortTermContra

/“Short Term Contraceptives”

In the past month, have you used short term hormonal methods (such as birth control pills), injections (such as DeproProvera), birth control patch (such as OrthoEvra), or Nuva Ring?

* Please enter the number for your response and press the [Enter] key.

01. Yes

05. No

#### Q61

#### LongTermContra

/“Long Term Contraceptives”

In the past month, have you used longer-acting reversible methods, such as an IUD (such as Paragard, Mirena, or Skyla) or Implants (such as Implanon)?

* Please enter the number for your response and press the [Enter] key.

01. Yes

05. No

#### Q62

#### Sterilization

/“Sterilization”

Have any of the partners with whom you had vaginal intercourse in the past month ever had a vasectomy?

* Please enter the number for your response and press the [Enter] key.

01. Yes

05. No

#### Q63

#### CycleTrack

/“Cycle Tracking”

In the past month, have you used Natural family planning, such as cycle tracking?

* Please enter the number for your response and press the [Enter] key.

01. Yes

05. No

#### Q64

#### MorningAfter

/“Morning After”

In the past month, have you used Emergency contraceptives, such as the morning after pill or Plan B?

* Please enter the number for your response and press the [Enter] key.

01. Yes

05. No

#### Q65\_Amt

#### ContrMoneySpent

/“How much spent on Contraceptives”

In the past month, about how much money did you spend on, out of pocket contraception costs?

* Please enter the dollar amount press the [Enter] key.

Enter amount: $[9999]

#### Q65\_Unit

#### ContrMoneySpent1

/“How much spent on Contraceptives1”

[IF Q65 DOES NOT EQUAL ‘$0’, ASK Q.65\_Unit. OTHERWISE GO TO NOCONTRA Q66]

Would you say that is per day, week, biweekly, monthly, or other?

* Please enter the number for your response and press the [Enter] key.

01. Day

02. Week

03. Biweekly

04. Monthly

05. Other

#### Q66

#### NoContra

/“Did not use Contraceptives”

[ASK Q66 IF [(Q55 = 01 (Never)) AND (Q60, Q61, Q62, Q63, Q64 = 05 (No))]. OTHERWISE GO TO ACASILOCK (AC9)]

What is your reason for not using contraceptives, in the past month?

Is it because you didn’t have vaginal intercourse, are trying to get pregnant, just couldn’t find a method that worked for you, or another reason?

* Please enter the number for your response and press the [Enter] key.

01. Didn’t have vaginal intercourse

02. Are trying to get pregnant

03. Just couldn’t find a method that worked for you

04. Other - specify GO TO OTHERCONTRA

#### Q67

#### OtherContra

/“Other Reason for Not Using Contraceptives”

Could you specify what you mean by that?

* Please type your answer below. Once finished, click [Save] to save your response.
* Press the [Enter] key to continue.

[OPEN ENDED]

#### AC9.

#### /ACASILock

The responses you have given in this section will now be locked away to maintain your privacy. In order to activate the lock, please enter a number between 0 and 100 and press [Enter].

TYPE: INTEGER [3]

#### ACASIEnd

This is the end of the self-administered questions. Thank you for answering these questions.

Please turn the computer back to the interviewer.

* Interviewer: Please enter the Iwer Code to continue"

[iwer code is 2019]

#### PB7\_Done

/”ACASI Completed”

Interviewer checkpoint:

* You have reached the end of the “ACASI” block
* ENTER [1] to complete this block and return to the menu

01. Yes

05. No

## Section D5: Father Involvement

Father Involvement and Co-Parenting

1) ASK FOR **BIODAD**, IF HE IS INVOLVED IN CHILD’S LIFE.

[IF (DADNAMEF OR DADNAMEFO) AND DADINVOLVE (D29) > 0]

2) ASK **CURRENT PARTNER ONLY** IF MOM HAS A CURRENT PARTNER DIFFERENT THAN BIODAD LIVING IN HH AND BIODDAD HAS NO INVOLVEMENT IN CHILD’S LIFE.

[IF ((MROMANTIC (D9) ≠ (DADNAMEF OR 05 (NOT IN RELATIONSHIP))) AND DADINVOLVE(D29) = 0]

3) ASK FOR **BOTH** IF MOM HAS A CURRENT PARTNER DIFFERENT THAN BIODAD LIVING IN HH AND BIODAD IS INVOLVED IN CHILD’S LIFE.

[IF ((MROMANTIC (D9)) ≠ (DADNAMEF OR 05 (NOT IN RELATIONSHIP))]

[IF (DADNAMEF OR DADNAMEFO) AND DADINVOLVE (D29) > 0]

4) DO NOT ASK IF MOM HAS A CURRENT PARTNER NOT IN HH AND BIODAD HAS NO INVOLVEMENT IN CHILD’S LIFE.

[DO NOT ASK IF(MROMANTIC (D9)=01 (YES-OTHER PARTNER NOT IN HH) AND DADINVOLVE(D29) = 0)]

5)DO NOT ASK IF FATHER UNKNOWN OR NOT IN CURRENT RELATIONSHIP.

[DO NOT ASK, IF (DADNAMEF= 09 (Father unknown)) AND/OR MROMANTIC (D9) = 05 (NOT IN A RELATIONSHIP)]

DO NOT ASK DADINVOLVEINTRO (D28) through DADOVERTIMES (D31) IF BIODAD IS UNKNOWN (DADNAMEF=09 (Father Unknown)).

[IF (DADNAMEF= 09 (Father unknown), SKIP TO PARTNERINTRO2)

#### D28

#### DadInvolveIntro

**/“Dad Involvement Intro”**

Now I’m going to ask you some questions about [DadNameF OR DadNameO]’s involvement with [CHILDNAMEF].

* ENTER [1] to continue

01. Continue

#### D29

#### DadInvolve

**/“Dad Involvement”**

During the past 30 days, how many days has [DadNameF OR DadNameO] , seen [CHILDNAMEF]?

* ENTER number of days. Enter “0” for none.

[ ALLOW NUMBERS 0 - 31 ] days in the past 30 days

#### D30

#### DadOvernight

**/“Dad Overnight”**

Since [CHILDNAMEF]’s birth, has [CHILDNAMEF] ever stayed overnight at [DadNameF OR DadNameO]’s?

01. Yes [GO TO DOVERTIMES]

05. No [GO TO PARTNER INTRO]

07. Dad lives in HH [GO TO PARTNER INTRO]

#### D31

#### DadOverTimes

**/“Dad Overnight Times”**

About how many nights altogether has [CHILDNAMEF] stayed with [DadNameF OR DadNameO?

[NUMERIC, WIDTH = 3. MAX 365 – SHOW ERROR MESSAGE IF HIGHER]

ASK PARTNERINTRO (D32) through PTRUSTWEEK (D39) FOR **BIODAD**, IF HE IS INVOLVED IN CHILD’S LIFE.

[ASK IF (DADNAMEF OR DADNAMEFO) AND DADINVOLVE (D29) > 0, OTHERWISE SKIP TO PARTNERINTRO2]

#### D32

#### PartnerIntro

**/“Partner Involvement Intro”**

I will read you some ways in which partners work together in raising a child. Please tell me how often this is true for you and [DadNameF OR DadNameO, [CHILDNAMEF]’s father.

* ENTER [1] to continue

01. Continue

#### D33

#### PModel

**/“Partner Role Model”**

When [DadNameF OR DadNameO] is with [CHILDNAMEF], he acts like the kind of father you want for your child. Would you say it’s always true, sometimes true, or rarely true?

01. Always true

02. Sometimes true

03. Rarely true

#### D34

#### PTrust

**/“Partner Trust”**

You can trust him to take good care of [CHILDNAMEF]. Would you say it’s always true, sometimes true, or rarely true?

01. Always true

02. Sometimes true

03. Rarely true

#### D35

#### PRespect

**/“Partner Respectful”**

He respects the schedules and rules you make for [CHILDNAMEF]. (Always true, sometimes true, or rarely true?)

01. Always true

02. Sometimes true

03. Rarely true

#### D36

#### PSupport

**/“Partner Supportive”**

He supports you in the way you want to raise [CHILDNAMEF]. (Always true, sometimes true, or rarely true?)

01. Always true

02. Sometimes true

03. Rarely true

#### D37

#### PTalk

**/“Partner Talk”**

You and [DadNameF OR DadNameO)] talk about problems that come up with [CHILDNAMEF]. (Always true, sometimes true, or rarely true?)

01. Always true

02. Sometimes true

03. Rarely true

#### D38

#### PRely

**/“PReliable”**

You can count on [DadNameF OR DadNameO)] for help when you need someone to look after [CHILDNAMEF]for a few hours. (Always true, sometimes true, or rarely true?)

01. Always true

02. Sometimes true

03. Rarely true

#### D39

#### PTrustWeek

**/“Partner Trust Week”**

If you had to go away for one week and could not take [CHILDNAMEF]with you, how much would you trust[DadNameF OR DadNameO] to take care of [CHILDNAMEF]? Would you say very much, somewhat, or not at all?

1. Very much
2. Somewhat
3. Not at all

ASK (PARTNERINTRO2 through PTRUSTWEEK2) FOR CURRENT **PARTNER** IF MOM HAS A CURRENT PARTNER DIFFERENT THAN BIODAD LIVING IN HH

[ASK IF ((MROMANTIC (D9)) ≠ DADNAMEF OR ≠ 01 (OTHER PARTNER NOT IN HH) OR ≠ 05 (NOT IN A RELATIONSHIP), OTHERWISE SKIP TO RESIDENTINTRO (E1)]

[ASK D40 IF ((MROMANTIC (D9)) = NAME OF SPOUSE IN HH (CODE 70?) OR NAME OF PARTNER IN HH (CODE 72?) OR NAME OF ADULT1 IN HH (CODE 73?), OR NAME OF ADULT2 IN HH (CODE 74?) OR NAME OF ADULT3 IN HH (CODE 75?)), OTHERWISE SKIP TO RESIDENTINTRO (E1)]

#### D40

#### PartnerIntro2

**/“Partner Involvement Intro”**

Now I’d like to talk about ways in which you and [MROMANTIC (D9) OR CURRRELNAME(D9a)] work together in raising [CHILDNAMEF].

1. ENTER [1] to continue

01. Continue

#### D41

#### PModel2

**/“Partner Role Model”**

When [MROMANTIC (D9) OR CURRRELNAME(D9a)] is with [CHILDNAMEF], [he/she] acts like the kind of parent you want for your child. Would you say it’s always true, sometimes true, or rarely true?

01. Always true

02. Sometimes true

03. Rarely true

#### D42

#### PTrust2

**/“Partner Trust”**

You can trust [him/her] to take good care of [CHILDNAMEF]. Would you say it’s always true, sometimes true, or rarely true?

01. Always true

02. Sometimes true

03. Rarely true

#### D43

#### PRespect2

**/“Partner Respectful”**

[He/She] respects the schedules and rules you make for [CHILDNAMEF]. (Always true, sometimes true, or rarely true?)

01. Always true

02. Sometimes true

03. Rarely true

#### D44

#### PSupport2

**/“Partner Supportive”**

[He/She] supports you in the way you want to raise [CHILDNAMEF]. (Always true, sometimes true, or rarely true?)

01. Always true

02. Sometimes true

03. Rarely true

#### D45

#### PTalk2

**/“Partner Talk”**

You and [MROMANTIC (D9) OR CURRRELNAME(D9a)] talk about problems that come up with [CHILDNAMEF]. (Always true, sometimes true, or rarely true?)

01. Always true

02. Sometimes true

03. Rarely true

#### D46

#### PRely2

**/“PReliable”**

You can count on [MROMANTIC (D9) OR CURRRELNAME(D9a)] for help when you need someone to look after [CHILDNAMEF]for a few hours. (Always true, sometimes true, or rarely true?)

01. Always true

02. Sometimes true

03. Rarely true

#### D47

#### PTrustWeek2

**/“Partner Trust Week”**

If you had to go away for one week and could not take [CHILDNAMEF]with you, how much would you trust [MROMANTIC (D9) OR CURRRELNAME(D9a)] to take care of [CHILDNAMEF]? Would you trust [him/her] very much, somewhat, or not at all?

01. Very much

02. Somewhat

03. Not at all

## Section E: Residential History, Housing Quality

Residential Mobility

#### E1

#### ResidentIntro

**/“Residentail Intro”**

I would like to talk with you about your LIVINGsituation since [CHILDNAMEF]was born.

* ENTER [1] to continue

1. Continue

#### E2

#### RMoved

**/“Has R Moved?”**

Have you moved since [CHILDNAMEF]was born?

1. Yes GO TO MOVED#TIMES E3

05. No GO TO RHOMELESS E4

#### E3

#### Moved#Times

**/“How many times moved”**

Thinking back to when [CHILDNAMEF]was born, how many different places have you lived for a week or more?

Would you say: 1-2 places, 3-4 places, 5-6 places, 7-10 places, or more than 10 places?

01. 1-2 places

02. 3-4 places

03. 5-6 places

04. 7-10 places

05. More than 10 places

06. Other

#### E4

#### RHomeless

**/“Has R Been Homeless?”**

Since [CHILDNAMEF]’s birth, have you ever been homeless?

1. Yes GO TO RGROUPSHELTER E5

05. No GO TO RGROUPSHELTER E5

#### E5

#### RGroupShelter

**/“Has R Been In a Group Shelter?”**

Since [CHILDNAMEF]’s birth, have you ever been in a group shelter?

1. Yes GO TO MEVICTED E6

05. No GO TO MEVICTED E6

#### E6

#### MEvicted

/“Mom Evicted”

Since [CHILDNAMEF]’s birth, have you EVER been forced to leave or were evicted from your home?

01. Yes GO TO MHOUSING E7

05. No GO TO MHOUSING E7

Housing Quality

#### E7

#### MHousing

**/“Mom Housing”**

I would like to talk with you about your current HOUSING situation.

* ENTER [1] to continue

1. Continue

#### E8

#### MomHouse

**/“Mom House”**

Do you currently live in: a house, a mobile home, an apartment, or something else?

01. House GO TO MOwnership E9

02. Mobile Home GO TO MOwnership E9

03. Apartment GO TO MOwnership E9

04. Vol. Temporary lodging, garage, car, tent or camper GO TO NEIGHDAY F1

05. Vol. Group shelter GO TO NEIGHDAY F1

06. Vol. Homeless GO TO NEIGHDAY F1

07. Other GO TO NEIGHDAY F1

#### **E9**

#### **MOwnershi**p

/“Mom Ownership”

Do you own your [MHOUSE],do you rent, or what?

* + - 1. Own GO TO MFORECLOSE E10
      2. Rent GO TO MHOMEROOMS E11
      3. Other GO TO MHOMEO E9\_Spec

#### E9\_Spec

#### MHomeO

/“Mom Home Other”

Could you describe your current living arrangement?

[OPEN-END]

#### E10

#### MForeclose

/“Mom Foreclose”

Since [CHILDNAMEF]’s birth, has your current or previous bank ever threatened to foreclose on your mortgage?

01. Yes GO TO MHOMEROOMS E11

05. No GO TO MHOMEROOMS E11

#### E11

#### MHomeRooms

/“Mom Home Rooms”

Not including bathrooms and hallways, how many rooms are there in your [MHOUSE]?

* ENTER number of rooms.

[NUMERIC; WIDTH=2]

#### E12

#### MOwnRm

/“Mom Own Room”

Do you have your own room or do you share a room with other people, other than your partner?

So, if you share a room with your partner, we won’t count that as a shared room.

01. Own room (or one with partner)

02. Shared

#### E13

#### MomCurrHouse

/“Mom Current Housing”

Now I am going to ask you some questions about problems that people have in some homes or apartments. For each statement, please tell me if these issues are no problem, a small problem or a big problem.

* ENTER [1] to continue

1. Continue

#### E14

#### BadWalls

**/“Bad Walls”**

Where you live now, how much of a problem are…Walls with peeling paint or broken plaster?

Would you say that is no problem, a small problem, or a big problem?

1. No problem
2. Small Problem
3. Big Problem

#### **E15**

#### **BadPlum**b

**/“Bad Plumbing”**

Plumbing that doesn’t work?

(Would you say that is no problem, a small problem, or a big problem?)

1. No problem
2. Small Problem
3. Big Problem

#### E16

#### Rodents

**/“Rodents”**

Rats or mice?

(Would you say that is no problem, a small problem, or a big problem?)

1. No problem
2. Small Problem
3. Big Problem

#### E17

#### Cockroaches

**/“Cockroaches”**

Cockroaches?

(Would you say that is no problem, a small problem, or a big problem?)

1. No problem
2. Small Problem
3. Big Problem

#### E18

#### BadLocks

**/“Bad Locks”**

Broken locks or no locks on the door to your home?

(Would you say that is no problem, a small problem, or a big problem?)

1. No problem
2. Small Problem
3. Big Problem

#### E19

#### BadWindows

**/“Bad Windows”**

Broken windows or windows without screens?

(Would you say that is no problem, a small problem, or a big problem?)

1. No problem
2. Small Problem
3. Big Problem

#### E20

#### BadHeat

**/“Bad Heat”**

A heating system that doesn’t work?

(Would you say that is no problem, a small problem, or a big problem?)

1. No problem
2. Small Problem
3. Big Problem

#### E21

#### OverallCond

**/“Overall Condition”**

Overall, how would you describe the condition of your [MHOUSE]?

Would you say it is in excellent, good, fair, or poor condition?

1. Excellent
2. Good
3. Fair
4. Poor

## Section F: Neighborhood

Neighborhood

#### F1

#### NeighDay

/“Neighborhood during Day”

Now I would like to get a sense of how safe you think your neighborhood is. How safe do you feel on the streets near your home during the day – would you say you feel very safe, safe, unsafe, or very unsafe?

1. Very safe
2. Safe
3. Unsafe
4. Very unsafe

#### F2

#### NeighNight

/“Neighborhood at Night”

How safe do you feel on the streets near your home at night?

Would you say you feel very safe, safe, unsafe, or very unsafe?

1. Very safe
2. Safe
3. Unsafe
4. Very unsafe

## Section G: A Year in Review

Iwer checkpoint:

* Start “Mom 1” Block
* If the participant refuses this collection, select [Ctrl-R]
* Otherwise ENTER [1] to continue

1. Continue

CALENDAR:

Answer categories will be customized for each Mom as listed in the following example. Interviewer will select all that apply to indicate answers to “In what months…” or “How old was [child] ….”

In the example below (baby born in October):

* If Mom says that she started working in December and interviewer will answer 12 (December / [2] months old).
* If Mom says she worked full time between December and March, interviewer will select 12, 01, 02, 03.
* If Mom says she was breastfeeding until and including when baby was 9 months old, interviewer will select answers:

10, 11, 12, 1, 2, 3, 4, 5, 6, 7.

* ADD option to select all months “All Months (code 95)”
* NOTE: Baby is considered one month old based on the month he/she was born. For consistency, even if baby was born on July 31st, he will be considered one month old in August.

Answer scale from Life History Calendar questions will start with the month of birth. Here is an example of scales for babies born in May, October, and April 2019:

|  |  |  |  |
| --- | --- | --- | --- |
| DOB: | May 2018 | October 2018 | April 2019 |
| 1 | May, 1 month(s) old | October, 1 month(s) old | April, 1 month(s) old |
| 2 | June, 2 month(s) old | November, 2 month(s) old | May, 2 month(s) old |
| 3 | July, 3 month(s) old | December, 3 month(s) old | June, 3 month(s) old |
| 4 | August, 4 month(s) old | January, 4 month(s) old | July, 4 month(s) old |
| 5 | September, 5 month(s) old | February, 5 month(s) old | August, 5 month(s) old |
| 6 | October, 6 month(s) old | March, 6 month(s) old | September, 6 month(s) old |
| 7 | November, 7 month(s) old | April, 7 month(s) old | October, 7 month(s) old |
| 8 | December, 8 month(s) old | May, 8 month(s) old | November, 8 month(s) old |
| 9 | January, 9 month(s) old | June, 9 month(s) old | December, 9 month(s) old |
| 10 | February, 10 month(s) old | July, 10 month(s) old | January, 10 month(s) old |
| 11 | March, 11 month(s) old | August, 11 month(s) old | February, 11 month(s) old |
| 12 | April, 12 month(s) old | September, 12 month(s) old | March, 12 month(s) old |
| 13 | May, 13 month(s) old | October, 13 month(s) old | April, 13 month(s) old |
| 14 | June, 14 month(s) old | November, 14 month(s) old | May, 14 month(s) old |
| 15 | July, 15 month(s) old | December, 15 month(s) old | June, 15 month(s) old |
| 16 | August, 16 month(s) old | January, 16 month(s) old | July, 16 month(s) old |
| 17 | September, 17 month(s) old | February, 17 month(s) old | August, 17 month(s) old |
| 18 | October, 18 month(s) old | March, 18 month(s) old | September, 18 month(s) old |
| 19 | November, 19 month(s) old | April, 19 month(s) old | October, 19 month(s) old |
| 20 | December, 20 month(s) old | May, 20 month(s) old | November, 20 month(s) old |

#### G1

#### YIRIntro

**/“Year in Review Intro”**

I would like to talk with you about your life since [CHILDNAMEF]was born.

* ENTER [1] to continue

1. Continue

Life History Calendar: Employment

#### G2

#### RWork

**/“R Work for Pay**

Did you work for pay after [CHILDNAMEF]was born?

1. Yes GO TO RWORKSTART G3\_?

05. No GO TO MATERNITYLEAVE G6

#### G3\_

#### RWorkMonths

**/“R Working Months**

In what month(s) did you work for pay?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* E.g. For baby born in January: If mom says, “when my baby was 2 months old”. Iwer would say, “Ok, so that was in March, right?”.
* E.g For baby born in January: If mom says, “…in December”. Iwer would say, “Ok, so that was when your baby was 11 months old, right?”
* ENTER all months in which mom worked for pay
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

#### G4

#### RWorkFT

**/“R Work Full-Time**

Did you ever work full-time, that is for at least 35 hours per week?

1. Yes GO TO RWORKFTMONTHS G5\_

05. No GO TO MATERNITYLEAVE G6

#### G5\_

#### RWorkFTMonths

**/“R Working FT Months**

In what month(s) did you work full-time?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* E.g. For baby born in January: If mom says, “when my baby was 2 months old”. Iwer would say, “Ok, so that was in March, right?”.
* E.g For baby born in January: If mom says, “…in December”. Iwer would say, “Ok, so that was when your baby was 11 months old, right?”
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

Life History Calendar: Maternity Leave

#### G6

#### MaternityLeave

**/“Maternity Leave**

Did you take any paid maternity leave after [CHILDNAMEF] was born?

1. Yes GO TO MATERNITYMONTHS G7\_

05. No GO TO MATERNITYSAMEJOB G8

#### G7\_

#### MaternityMonths

**/“Maternity Leave Months**

In what month(s) did you take paid maternity leave?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* E.g. For baby born in January: If mom says, “when my baby was 2 months old”. Iwer would say, “Ok, so that was in March, right?”.
* E.g For baby born in January: If mom says, “…in December”. Iwer would say, “Ok, so that was when your baby was 11 months old, right?”
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

#### G8

#### MaternitySameJob

**/“Maternity Leave Same Job**

Did you take any unpaid maternity leave after [CHILDNAMEF] was born where you knew you would be returning to a specific job?

01. Yes GO TO MATERNITYSAMEJOBMONTHS G9\_

05. No GO TO BREASTFEED G10

#### G9\_

#### MaternitySameJobMonths

**/“Maternity Leave Same Job Months**

In what month(s) did you take unpaid maternity leave for a job you would be returning to?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* E.g. For baby born in January: If mom says, “when my baby was 2 months old”. Iwer would say, “Ok, so that was in March, right?”.
* E.g For baby born in January: If mom says, “…in December”. Iwer would say, “Ok, so that was when your baby was 11 months old, right?”
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

Life History Calendar: Breastfeeding

#### G10

#### Breastfeed

**/“Breastfeed**

Did you ever breastfeed[CHILDNAMEF]?

01. Yes GO TO BREASTFEEDMONTHS G11\_

05. No GO TO FORMULA G14

#### G11\_

#### BreastFeedMonths

**/“Breastfeed Months**

In what month(s) did you breastfeed [CHILDNAMEF]?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* E.g. For baby born in January: If mom says, “when my baby was 2 months old”. Iwer would say, “Ok, so that was in March, right?”.
* E.g For baby born in January: If mom says, “…in December”. Iwer would say, “Ok, so that was when your baby was 11 months old, right?”
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

#### G12

#### BreastfeedCurrent

**/“Currently Breastfeeding**

Do you still breastfeed?

01. Yes GO TO FORMULA G14

05. No GO TO NOCURRENTBREASTFEED G13\_

#### G13\_

#### NoCurrentBreastFeed

**/“R No Longer Breastfeeding**

In what month(s) did you stop breastfeeding?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* E.g. For baby born in January: If mom says, “when my baby was 2 months old”. Iwer would say, “Ok, so that was in March, right?”.
* E.g For baby born in January: If mom says, “…in December”. Iwer would say, “Ok, so that was when your baby was 11 months old, right?”
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

#### G14

#### Formula

**/“Formula**

Has [CHILDNAMEF]ever had infant formula or other milks regularly?

01. Yes GO TO FORMULAMONTHS G15\_

05. No GO TO CHILDCAREINTRO G16

#### G15\_

#### FormulaMonths

**/“How long on Formula?**

How old was [CHILDNAMEF] when [he/she]started receiving infant formula or other milks regularly?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* E.g. For baby born in January: If mom says, “when my baby was 2 months old”. Iwer would say, “Ok, so that was in March, right?”.
* E.g For baby born in January: If mom says, “…in December”. Iwer would say, “Ok, so that was when your baby was 11 months old, right?”
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

Life History Calendar: Childcare (adapted from SIPP)

[INSTRUMENT B: DO NOT ASK G16-G22. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

#### G16

#### ChildCareIntro

**/“Child Care Intro**

In addition to a child’s parents, a child may be cared for by others: other adults in the household, by relatives or friends outside of the household, or by a child-care professional in a center or someone’s home.

* ENTER [1] to continue

01. Continue

#### G17

#### FamilyDayCare

**/“Family Day Care**

Has [CHILDNAMEF] spent 5 or more hours with a NON-RELATIVE who cares for [him/her] in their home?

01. Yes GO TO FAMILYDAYCAREMONTHS G18\_

05. No GO TO DAYCARE G19

#### G18\_

#### FamilyDayCareMonths

**/“How long in Family Daycare**

How old was [CHILDNAMEF] when [he/she]started with that?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

#### G19

#### DayCare

**/“ Day Care**

Has [CHILDNAMEF]spent any time in a child care or day care center?

01. Yes GO TO DAYCAREMONTHS G20\_

05. No GO TO MOMNOTWBABY G21

#### G20\_

#### DayCareMonths

**/“How long in Daycare**

How old was [CHILDNAMEF] when [he/she]started spending time in a child care or day care center?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

#### G21

#### MomNotWBaby

**/“Moms not living with Baby”**

Was there ever a time in the past year that you lived apart from [CHILDNAMEF]for a week or more?

* NOTE: This does not include a vacation, a visit to other relative’s house, etc. We are looking for a time when the baby was possibly taken out of the home.

01. Yes GO TO MOMNOTWBABYM G22\_

05. No GO TO OTHERCAREINTRO G23

#### G22\_

#### MomNotWBabyM

**/“Month when Mom not living with Baby”**

When was that?

* REPEAT answer to Mom and confirm age (in months) for the beginning and ending months/ages mentioned.
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

[DISPLAY CUSTOM CALENDAR SCALE]

Childcare at time of the age-1 interview (From the National Survey of Early Care and Education)

[INSTRUMENT B: DO NOT ASK G23-G32. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

#### G23

#### OtherCareIntro

**/“Other Care Intro**

Now I have some questions about various people who cared for [CHILDNAMEF]throughout last week. I know not all weeks are the same so please think of a typical 7 day week in the last month when answering the following questions.

* ENTER [1] to continue

01. Continue

#### G24

#### FCLastWeek

**/“Family Day Care Last Week**

[ASK FCLastWeek IF FamilyDayCare G17 = 01, IN LHC, MOM INDICATED THAT CHILD SPENT ANY TIME WITH NON-RELATIVE]

Has [CHILDNAMEF] spent 5 or more hours with a NON-RELATIVE who cares for [him/her] in their home **last week**?

01. Yes GO TO DCLASTWEEK G25

05. No GO TO DCLASTWEEK G25

[IF FamilyDayCare G17 = 05 GO TO DCLASTWEEK]

#### **G25**

#### **DCLastWee**k

**/“Day Care Last Week**

[ASK DCLastWeek IF DayCare G19 = 01, IN LHC, MOM INDICATED THAT CHILD SPENT ANY TIME IN DAYCARE]

Has [CHILDNAMEF] spent 5 or more hours in a child care or day care center last week?

01. Yes GO TO OCLASTWEEK G26

05. No GO TO OCLASTWEEK G26

[IF DayCare G19 = 05 GO TO OCLASTWEEK]

#### G26

#### OCLastWeek

**/“Other Care Last Week**

Has anyone other than you or [CHILDNAMEF]’s father looked after [him/her] **last week?**

01. Yes GO TO OCARE G27

05. No GO TO NumCAREARRANGEMENTS G29

[IF YES TO ANY G24 – G26 THEN GO TO G28]

#### G27

#### OCare

**/“Other Child Care**

Who was that?

* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

01. Unrelated paid babysitter

02. Grandparent

03. Baby’s sibling

04. Other relative

05. Other unrelated adult

06. Partner

#### **G28**

#### **OCareHour**s

**/“Other Care Hours**

Altogether, how manyhours did someone other than you or [CHILDNAMEF]’s father look after [him/her] **last week?**

* ENTER number of hours

[INTEGER; WIDTH = 3]

#### G29

#### NumCareArrangements

**/“Num Child Care Arrangements**

So, how many different child care arrangements did [CHILDNAMEF] have last week, including different center or family-based programs and providers?

An arrangement means anything that’s regularly occurring for a minimum of 5 hours a week.

* ENTER number of arrangements:

[INTEGER; WIDTH = 3]

#### G30

#### CCSpend

**/“Child Care Spend**

And, altogether, about how much money did you spend out-of-pocket on all of [CHILDNAMEF]’s child care arrangements last week?

In your answer please consider only money spent on [CHILDNAMEF].

* ROUND to the nearest dollar

[INTEGER; WIDTH = $9999]

[IF CCSpend=$0, GO TO PPROGRAMS]

#### CCSpendConf

**/“Child Care Spend Confirm**

[IF CHILD HH ROSTER > 0, ASK CCSPENDCONF]

Is that amount for [CHILDNAMEF] only, or for more than one child?

01. [CHILDNAMEF] only GO TO PPROGRAMS

05. [CHILDNAMEF] and other children GO TO CCSPEND#CHILD

#### CCSpend#Child

**/“Child Care Spend # of Children**

How many other children was that?

[INTEGER; WIDTH = 2]

#### G31

#### PPrograms

**/“Parenting Programs**

Do you participate in any home visiting program or other programs where you learn about parenting?

01. Yes GO TO HEADSTART G32

05. No GO TO HEADSTART G32

#### G32

#### HeadStart

**/“Enrolled in Head Start**

Is [CHILDNAMEF] enrolled in Early Head Start? The Early Head Start program serves infants and toddlers under the age of 3, but actual services and availability can vary by city.

01. Yes GO TO EDUTRAIN G33

05. No GO TO EDUTRAIN G33

Mother’s Employment at the time of the age-1 interview (SPARQ questions from CPS)

#### G33

#### EduTrain

**/“Education Training**

Since [CHILDNAMEF]’s birth, have you participated in any education training activities?

01. Yes GO TO JOBTRAIN G34

05. No GO TO JOBTRAIN G34

#### G34

#### JobTrain

**/“Job Training**

Since [CHILDNAMEF]’s birth, have you participated in job training activities?

01. Yes GO TO MWORK G35

05. No GO TO MWORK G35

#### G35

#### MWork

**/“Mom Working**

(To confirm) Do you currently work for pay?

01. Yes GO TO SELFEMP G44

05. No GO TO SELFEMP G44

#### G44

#### SelfEmp

**/“Self Employed**

Are you currently self-employed?

01. Yes GO TO HWEEKMAIN G36

05. No GO TO HWEEKMAIN G36

#### G36

#### HWeekMain

**/“Hours Per Week Main**

[ASK HWeekMain IF (MWork G35 = 01 AND/OR SelfEmp G44 = 01), MOM INDICATED THAT SHE IS WORKING FOR PAY AND/OR SELF EMPLOYED]

[IF G35 = NO AND G44 = NO, GO TO G43\_]

In the past month, how many hours per typicalweek did you usually work at your MAIN job?

* IF Mom’s hours vary each week, ENTER DK [Ctrl-D]
* IF necessary: Your main job is the one you where you work the most hours.

[NUMERIC; 0-168]

#### G37

#### MultiJobs

**/“R Working Multiple Jobs**

Do you have more than one job including part time, evening, or weekend work? Do not include unpaid or volunteer work.

01. Yes GO TO HWEEKOTHER G38

05. No GO TO SCHEDMAIN G39

#### G38

#### HWeekOther

**/“Hours Per Week Other**

In the past month, how many hours per typicalweek did you usually work at all of your other jobs?

* IF Mom’s hours vary each week, ENTER DK [Ctrl-D]

[NUMERIC; 0-168]

#### G39

#### SchedMain

**/“Work Schedule Main**

Which of the following best describes your work schedule for your main job?

Would you say: a regular daytime schedule, a regular evening shift, a regular night shift, a rotating shift (one that changes regularly from days to evenings or nights), a split shift (one consisting of two distinct periods each day), an irregular schedule (one that changes from day to day), or something else?

01. Regular daytime schedule

02. Regular evening shift

03. Regular night shift

04. Rotating shift (one that changes regularly from days to evenings or nights)

05. Split shift (one consisting of two distinct periods each day)

06. Irregular schedule (one that changes from day to day)

07. Other [GO TO SCHEDMAINO G39\_Spec]

#### G39\_Spec

#### SchedMainO

**/“Other Main Sched”**

What is your schedule is like?

[OPEN ENDED]

#### G40

#### BenefitsMain

**/“Benefits Main**

Thinking about your main job, does your employer offer you any of the following benefits, even if you do not personally use the benefit? What about:

* READ options individually to Mom
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

01. Paid sick leave

02. Paid vacation/personal leave

03. Paid family and medical leave

04. Health insurance

05. Retirement

06. None of the above

#### G43\_

#### WorkIssues

**/“Work Issues**

Do any of the following interfere with your ability to work for pay or work as much as you would like? Please answer Yes or No for each statement.

* ENTER [1] to continue

1. Continue

#### G43a

#### ChildCareIssue

**/“Child Care Issue”**

Child care responsibilities?

01. Yes

05. No

#### G43b

#### CaretakerIssue

**/“Caretaking Issue”**

Caretaking responsibilities for someone other than a child, such as a parent, spouse or partner, or other adult family member or friend?

01. Yes

05. No

#### G43c

#### HealthIssue

**/“Health Issue”**

Health problems of your own?

01. Yes

05. No

#### G43d

#### TransportationIssue

**/“Transportation Issue”**

Difficulty arranging transportation to or from work?

01. Yes

05. No

#### G43e

#### EmpoloyerIssue

**/“Employer Issue”**

Employer’s restrictions on how many hours you work?

01. Yes

05. No

#### G43f

#### ScheduleIssue

**/“Schedule Issue”**

Employer sets or schedules the times or shifts that you work?

01. Yes

05. No

#### G43g

#### OtherIssue

**/“Other Issue”**

Did any other issue affect your ability to work?

01. Yes GO TO WORKISSUESO G43\_Spec

05. No GO TO CHEALTHINTRO H1

#### G43\_spec

#### WorkIssuesO

**/“Other Work Issus”**

What else interferes with your ability to work?

[OPEN ENDED]

## Section H: Child Health

Child Sleep –adapted from the PROMIS Sleep Disturbance - Parent Proxy questionnaire from ECHO

[INSTRUMENT B: DO NOT ASK H1-G42. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

#### H1

#### CHealthIntro

**/“Child Health Intro”**

Now I would like to ask you some questions about your baby’s health. To begin, we would like to know about your baby's sleeping patterns. Please think of the past seven days when answering these questions.

* ENTER [1] to continue

1. Continue

#### H2

***Csleeptroub\_b\_1***

**/“Child Difficulty Sleeping”**

In the past 7 days, how often has [CHILDNAMEF] had difficulty falling asleep?

Would you say Never, Almost Never, Sometimes, Almost Always, or Always?

1. Never
2. Almost Never
3. Sometimes
4. Almost Always
5. Always

#### H3

#### CSleptThru

**/“Child Slept Through Night**

(In the past 7 days), how often has [CHILDNAMEF] slept through the night?

(Would you say Never, Almost Never, Sometimes, Almost Always, or Always?)

1. Never
2. Almost Never
3. Sometimes
4. Almost Always
5. Always

#### H4

#### CSleepProb

**/“Child Problem Sleeping**

(In the past 7 days), how often has [CHILDNAMEF]had a problem with [his/her] sleep?

(Would you say Never, Almost Never, Sometimes, Almost Always, or Always?)

1. Never
2. Almost Never
3. Sometimes
4. Almost Always
5. Always

#### H4a

***Csleeptroub\_b\_2***

**/“Child Sleep Trouble”**

(In the past 7 days), how often has [CHILDNAMEF]had trouble sleeping?

1. Never
2. Almost Never
3. Sometimes
4. Almost Always
5. Always

Child Information: Health

#### H5

#### CHealth

/“Child Health

OVERALL, how would you describe [CHILDNAMEF]’s health?

Would you say it’s excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

#### H6

#### CDocSick

/“Child Doctor Sick”

About how many times in the last year did you take [CHILDNAMEF] to a doctor because [he/she] was sick?

Would you say zero to one times, two to five times, or six times or more?

1. 0-1 times
2. 2-5 times
3. 6 or more times

#### H7

#### CDocHurt

/“Child Doctor Hurt/Injured”

About how many times in the last year did you take [CHILDNAMEF] to a doctor because [he/she] was hurt or injured?

[NUMBER]

#### H8

#### CSickER

/“Child ER Sick/Injured”

Did you ever have to take [CHILDNAMEF] to the Emergency Room or Urgent Care because [he/she] was sick, hurt or injured?

01. Yes GO TO CERTIMES H9

05. No GO TO CDISABILITY H10

#### H9

#### CERTimes

/“Child ER #Times”

How many times did you take [him/her] to the Emergency Room?

* ENTER number

[NUMBER]

#### H10

#### CDisability

/“Child Disability”

Has [CHILDNAMEF] been diagnosed with any health condition or disability since birth?

01. Yes GO TO CDIAGNOSE H11

05. No GO TO CMEDICATE H12

#### H11

#### CDiagnose

/“Child Diagnosis”

Can you tell me what the diagnosis was?

* ENTER response

[OPEN ENDED]

#### H12

#### CMedicate

/“Child Medications”

Is [CHILDNAMEF] taking any medicine on a regular basis?

01. Yes GO TO CONMEDS H13

05. No GO TO CVACCINATE H14

#### H13

#### COnMeds

/“Child Medications Taken”

What medication(s)?

* PROBE: Anything else?

[OPEN ENDED. ALLOW DK/REF]

#### H14

#### CVaccinate

/“Child Vaccinations”

Is [CHILDNAMEF] up to date on [his/her] vaccines (shots)?

01. Yes

05. No

#### H15

#### MissMedCare

**/“Missed Medical Care”**

[IF HHCHILD = 1 (one child), INSERT “child”]

[IF HHCHILD > 1 (more than one child), INSERT “children”]

There are many reasons people do not get medical care. During the past 12 months, was there any time when you or your [child/children] needed medical or dental care but did not get it?

01. Yes GO TO WHYMISSMEDCARE H16

05. No GO TO WORKISSUES Il

#### H16

#### WhyMissMedCare

**/“Why Missed Medical Care”**

[IF HHCHILD = 1 (one child), INSERT “child”]

[IF HHCHILD > 1 (more than one child), INSERT “children”]

During the past 12 months, did you or your [child/children]not get care for any of the following reasons:

You couldn’t afford it, you didn’t have transportation, you didn’t know whom to see, or you couldn’t go because you had to work or take care of family members or friends?

* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

01. You couldn’t afford it

02. You didn’t have transportation

03. You didn’t know whom to see

04. You couldn’t go because you had to work or take care of family members or friends

## Section I: Social Emotional Development

Social Emotional Development (BITSEA/Parent Report) BITSEA:

[INSTRUMENT B: DO NOT ASK I1-I35. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

#### I1

#### CSocIntro

**/“Child Social Intro”**

**🕮** Page 3

Now we want to ask you about your child’s behavior. For the next questions, please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often” about [CHILDNAMEF].

* ENTER [1] to continue

1. Continue

#### I2

#### CHurt

**/“Child Hurt”**

**🕮** Page 3

[CHILDNAMEF] gets hurt so often that you can’t take your eyes off [him/her].

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”.)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I3

#### CNervous

**/“Child Nervous”**

**🕮** Page 3

([CHILDNAMEF]) Seems nervous, tense, or fearful.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”.)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I4

#### CRestless

**/“Child Restless”**

**🕮** Page 3

([CHILDNAMEF]) Is restless and can’t sit still.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I5

#### CSleepHelp

**/“Child Needs Sleep Help”**

**🕮** Page 3

([CHILDNAMEF]) Wakes up at night and needs help to fall asleep again.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I6

#### CTantrums

**/“Child Has Tantrums”**

**🕮** Page 3

([CHILDNAMEF]) Cries or has a tantrum until [he/she] is exhausted.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I7

#### CScared

**/“Child Scared”**

**🕮** Page 3

([CHILDNAMEF]) Is afraid of certain places, animals or things.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I8

#### CNoFun

**/“Child Has Less Fun”**

**🕮** Page 3

([CHILDNAMEF]) Has less fun than other children.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I9

#### CSepAnx

**/“Child Separation Anxiety”**

**🕮** Page 3

([CHILDNAMEF]) Cries or hangs onto you when you try to leave.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I10

#### CWorries

**/“Child Worries/Serious”**

**🕮** Page 3

([CHILDNAMEF]) Worries a lot or is very serious.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I11

#### CTough

**/“Child Tough”**

**🕮** Page 3

([CHILDNAMEF]) Does not react when hurt.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I12

#### CSensory

**/“Child Sensory Issues”**

**🕮** Page 3

([CHILDNAMEF]) Won’t touch some objects because of how they feel.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I13

#### CSleepIssues

**/“Child Sleep Issues”**

**🕮** Page 3

([CHILDNAMEF]) Has trouble falling asleep or staying asleep.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I14

#### CEscapes

**/“Child Runs away”**

**🕮** Page 3

([CHILDNAMEF]) Runs away in public places.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I15

#### CTypeA

**/“Child Doesn’t like Change”**

**🕮** Page 3

([CHILDNAMEF]) Has trouble adjusting to changes.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I16

#### CUpset

**/“Child Gets Upset Alot”**

**🕮** Page 3

([CHILDNAMEF]) Often gets very upset.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I17

#### CChokes

**/“Child Chokes”**

**🕮** Page 3

([CHILDNAMEF]) Gags or chokes on food.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I18

#### CNoEat

**/“Child Refuses to Eat”**

**🕮** Page 3

([CHILDNAMEF]) Refuses to eat.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I19

#### CHitsK

**/“Child Hits Kids”**

**🕮** Page 3

([CHILDNAMEF]) Hits, shoves, kicks, or bites children, not including their brother or sister.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often
4. No Contact with Other Children

#### I20

#### CDestructive

**/“Child is Destructive”**

**🕮** Page 3

([CHILDNAMEF]) Is destructive. Breaks or ruins things on purpose.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I21

#### CHitsP

**/“Child Hits Parents”**

**🕮** Page 3

([CHILDNAMEF]) Hits, bites or kicks you or other parent.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I22

#### CSad

**/“Child Sad”**

**🕮** Page 3

([CHILDNAMEF]) Seems very unhappy, sad, depressed, or withdrawn.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I23

#### CMean

**/“Child Mean”**

**🕮** Page 3

([CHILDNAMEF]) Purposely tries to hurt you or other parent.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I24

#### CStatue

**/“Child Freezes When Mad”**

**🕮** Page 3

([CHILDNAMEF]) When upset, gets very still, freezes, or doesn’t move.

(Please tell me whether this is “Not true or happens rarely”, “Somewhat true or happens Sometimes”, or “Very true or happens Often”)

1. Not true/rarely
2. Somewhat true/Sometimes
3. Very true/Often

#### I25

#### CEmotIntro

**/“Child Emotion Intro”**

**🕮** Page 4

For the next questions, I will read some statements which describe feelings and behaviors that can be difficult for young children.

Some of the descriptions may be a bit hard to understand, especially if you have not seen the behavior in your child.

I am going to read a list of behaviors you may have observed with [CHILDNAMEF]in the last month.

For each behavior, please do your best to tell me what extent you have worried about it in the last month.

* ENTER [1] to continue

1. Continue

#### I26

#### CRepOrder

**/“Child Repetitive Order”**

**🕮** Page 4

[CHILDNAMEF] Puts things in a special order over and over and gets upset if he or she is interrupted.

(Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].)

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

#### **I27**

#### **CRepActio**n

**/“Child Repetitive Action”**

**🕮** Page 4

([CHILDNAMEF]) Repeats the same action or phrase over and over without enjoyment.

(Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].)

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

#### I28

#### CRepMove

**/“Child Repetitive Movement”**

**🕮** Page 4

([CHILDNAMEF]) Repeats a particular movement over and over (like rocking, spinning).

Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

#### I29

#### COblivious

**/“Child Oblivious”**

**🕮** Page 4

([CHILDNAMEF]) Spaces out. Is totally unaware of what’s happening around [him/ her].

(Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].)

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

#### I30

#### CNoEyeCon

**/“Child No Eye Contact”**

**🕮** Page 4

([CHILDNAMEF]) Does not make eye contact.

(Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].)

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

#### I31

#### CNotPhys

**/“Child No Physical Contact”**

**🕮** Page 4

([CHILDNAMEF]) Avoids physical contact.

(Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].)

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

#### I32

#### CHurtsSelf

**/“Child Hurts Self”**

**🕮** Page 4

([CHILDNAMEF]) Hurts self on purpose. For example, bangs [his/her] head.

(Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].)

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

#### I33

#### CWeirdEats

**/“Child Eats Weird Things”**

**🕮** Page 4

([CHILDNAMEF]) Eats or drinks things that are not edible, like paper or paint.

(Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].)

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

#### I34

#### CEmotConc

**/“Parent has Emotional Concerns”**

**🕮** Page 4

How worried are you about your child’s behavior, emotions, or relationships?

(Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].)

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

#### I35

#### CLangConc

**/“Parent has Language Concerns”**

**🕮** Page 4

How worried are you about your child’s language development?

(Please tell me if you are “Not at all worried”, “A little worried”, “Worried” or “Very Worried” about this behavior with [CHILDNAMEF].)

1. Not at all worried
2. A little worried
3. Worried
4. Very worried

## Section J: Child Home Language Exposure

[INSTRUMENT B: DO NOT ASK J1-J5. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

Languages Spoken Questions

#### J1

#### CLangIntro

**/“Child Language Intro”**

Now I would like to ask some questions about the language or languages your child hears.

* ENTER [1] to continue

01. Continue

#### J2

#### CPrimLang

**/“Child Primary Language”**

What is the MOST common language your child hears?

01. English GO TO COTHERLANG

02. Spanish GO TO COTHERLANG

03. French GO TO COTHERLANG

04. Somali GO TO COTHERLANG

05. Creole GO TO COTHERLANG

06. Other GO TO MOSTLANGO

#### MostLangO

**/“Most Common Other Language”**

What “Other” language does your child hear most?

[STRING; OPEN FIELD**]**

#### J3

#### COtherLang

**/“Child Other Languages”**

Are there any other languages your child hears?

1. Yes GO TO COTHERSPEC J4

05. No GO TO CPRIMLANGT J5

09. D/K GO TO CPRIMLANGT J5

#### J4

#### COtherSpec

**/“Child Other Languages Specified”**

What are they?

* PROBE: Any others?
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

01. English GO TO CPRIMLANGT J5

02. Spanish GO TO CPRIMLANGT J5

03. French GO TO CPRIMLANGT J5

04. Somali GO TO CPRIMLANGT J5

05. Creole GO TO CPRIMLANGT J5

07. Other GO TO OTHERLANG

#### OtherLang

**/“Other Languages”**

What “Other” languages does your hear?

* PROBE: Any others?

[STRING; OPEN FIELD**]**

#### J5

#### CPrimLangT

**/“Child Primary Language Amount of Time”**

How often does your child hear [CPRIMLANG]? Would you say: almost always [CPRIMLANG], mostly [CPRIMLANG], or about half [CPRIMLANG] and half other language(s)?

01. Almost always [CPRIMLANG]

02. Mostly [CPRIMLANG]

03. About half [CPRIMLANG], half other language(s)

## Section M1: Maternal Health

RANDOMIZE RESPONDENTS SO THAT 50% OF MOMS RESPOND TO SECTION M1 (BEFORE INCOME) AND 50% RESPOND TO SECTION M2 (AFTER INCOME).

Maternal happiness and agency/optimism (HOPE)

#### M1

#### MHealth1

/“Maternal Health1”

Now I have some questions about your life.

Taken all together, how would you say things are these days, would you say that you are very happy, pretty happy or not too happy?

1. Very happy
2. Pretty happy
3. Not too happy

#### M2

#### MHealthIntro1

/“Maternal Health Intro1”

**🕮** Page 5

I am going to read you a list of ways you might feel. Please tell me how true or false each of the following statements is for you.

* ENTER [1] to continue

01. Continue

#### M3

#### MJam1

/“Mom Jam1”

**🕮** Page 5

“In general, I can think of many ways to get out of a jam.”

Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M4

#### MGoals1

/“Mom Goals1”

**🕮** Page 5

“In general, I energetically pursue my goals. ”

(Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M5

#### MProbSolve1

/“Mom Problem Solver1”

**🕮** Page 5

“(In general,) There are lots of ways around any problem. ”

(Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M6

#### MResourceful1

/“Mom Resourceful1”

**🕮** Page 5

“(In general,) I can think of many ways to get the things in life that are important to me. ”

(Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M7

#### MOptimistic1

/“Mom Optimistic1”

**🕮** Page 5

“(In general,) Even when others get discouraged, I know I can find a way to solve the problem. ”

(Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M8

#### MPast1

/“Mom Past1”

**🕮** Page 5

“(In general,) My past experiences have prepared me well for my future. ”

(Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M9

#### MSuccess1

/“Mom Success1”

**🕮** Page 5

“(In general,) I’ve been pretty successful in life. ”

(Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M10

#### MAchiever1

/“Mom Achiever1”

**🕮** Page 5

“(In general,) I meet the goals that I set for myself. ”

(Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

## Section K: Income and Receipt of Public Program Benefits

Income/net worth (from baseline)

#### K1

#### HIntro

**/“Housing Income Intro”**

I would like to ask you some questions now about your earnings from work and other sources of income during [prevYear], from January to December. I want to remind you that everything you tell me will be kept strictly confidential. Do not include the gift money that you’re receiving from Baby’s First Years when answering these questions.

First, I will ask you about your income, and after that I will ask you about others’ income. I’ll ask you about any public benefits you’re getting after that.

* ENTER [1] to continue

01. Continue

Total earnings

#### K2\_Amt

#### TotalEarned

**/“Total income earned”**

1 of 2

How much did you earn from all your employers before taxes and deductions during [prevYear]?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

IF DK/RF GO TO EARNED10000PLUS K4

#### K2\_Unit

#### TotalEarnedUnit

**/“Total income time unit”**

2 of 2

Is that for the entire last year, per month, or per week?

1. Year

2. Month

3. Week

[IF 1. YEAR AND HHMemRel IS NOT 5 or 6 (SPOUSE/HUSBAND/WIFE/DOMESTIC PARNTER) FOR ANYONE IN THE HOUSEHOLD, THEN SKIP SpouseEarned K9\_Amt AND GO TO OTHERSEARNED K.

IF 1. YEAR AND HHMemRel IS 5 or 6 (SPOUSE/HUSBAND/WIFE/DOMESTIC PARNTER) FOR ANYONE IN THE HOUSEHOLD, THEN GO TO SpouseEarned K9\_Amt.

IF 5 MONTH OR 9 WEEK, GO TO TOTALEARNEDEST K2 AND TOTALEARNEDVER K3]

#### K2\_TotalEarnedEst

#### TotalEarnedEst

**/“Total income estimated”**

[CALCULATED IN BACKGROUND, USED TO CALCULATE AND FILL NEXT QUESTION.

IF TotalEarnedUnit = MONTH, TOTALEARNED\*12.

IF TOTALEARNEDUNIT = WEEK, TOTALEARNED\*52]

#### K3

#### TotalEarnedVer

**/“Total income verified”**

Does [TotalEarnedEst] sound about right for all of [prevYear]?

1. Yes

5. No

[IF 1 YES GO TO SPOUSEEARNED K9\_Amt. IF 2 NO, GO TO EARNED10000PLUS K4]

#### K4

#### Earned10000plus

**/“Earned 10,000 plus”**

Would those annual earnings in [prevYear]~~it~~ amount to $10,000 or more?

01. Yes GO TO EARNED15000PLUS K5

05. No GO TO EARNED5000PLUS K8

#### K5

#### Earned15000plus

**/“Earned 15,000 plus”**

Would it amount to $15,000 or more?

01. Yes GO TO EARNED20000PLUS K6

05. No GO TO SPOUSEEARNED K9\_Amt

#### K6

#### Earned20000plus

**/“Earned 20,000 plus”**

Would it amount to $20,000 or more?

01. Yes GO TO EARNED3000PLUS K7?

05. No GO TO SPOUSEEARNED K9\_Amt

#### K7

#### Earned25000plus

**/“Earned 25,000 plus”**

Would it amount to $25,000 or more?

01. Yes GO TO SPOUSEEARNED K9\_Amt

05. No GO TO SPOUSEEARNED K9\_Amt

#### K8

#### Earned5000plus

**/“Earned 5,000 plus”**

Would it amount to $5,000 or more?

01. Yes GO TO SPOUSEEARNED K9\_Amt

05. No GO TO SPOUSEEARNED K9\_Amt

Cohabitating Romantic Partner Earnings

[IF HHMemRel IS NOT 5 or 6 (SPOUSE/HUSBAND/WIFE/DOMESTIC PARNTER) FOR ANYONE IN THE HOUSEHOLD, THEN SKIP SpouseEarned AND GO TO OTHERSEARNED K16\_Amt]

[IF HHMEMREL=5 AND 6, USE HHMEMREL=5 (SPOUSE/HUSBAND/WIFE)]

#### K9\_Amt

#### SpouseEarned

**/“Total Spouse earned”**

1 of 2

How much did [HHMEMREL = 5 OR 6] earn from all employers before taxes and deductions during [prevYear]?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

IF DK/RF GO TO SPEARNED10000PLUS K11

#### K9\_Unit

#### SpouseEarnedUnit

**/“Total Spouse income time unit”**

2 of 2

Is that for the entire last year, per month, or per week?

1. Year

2. Month

3. Week

[IF 1. YEAR GO TO OTHERSEARNED K17\_Amt

IF 5 OR 9 GO TO SPOUSEEARNEDEST K9\_TotalEarnedEst]

#### K9\_TotalEarnedEst

#### SpouseEarnedEst

**/“Total Spouse income estimated”**

[CALCULATED IN BACKGROUND, USED TO CALCULATE AND FILL NEXT QUESTION.

IF SpouseEarnedUnit = MONTH, SPOUSEEARNED\*12.

IF SPOUSEEARNEDUNIT = WEEK, SPOUSEEARNED\*52]

#### K10

#### SpouseTotalEarnedVer

**/“Total Spouse income verified”**

Does [SpouseEarnedEst] sound about right for all of [prevYear]?

1. Yes

5. No

[IF 1 YES GO TO OTHERSEARNED K16\_Amt. IF 2 NO, GO TO SPEARNED10000PLUS K11]

#### K11

#### SpEarned10000plus

**/“Spouse earned 10,000 plus”**

Would those annual earnings in [prevYear]~~it~~ amount to $10,000 or more?

01. Yes GO TO SPEARNED15000PLUS K12

05. No GO TO SPEARNED 5000PLUS K15

#### K12

#### Spearned15000plus

**/“Spouse earned 15,000 plus”**

Would it amount to $15,000 or more?

01. Yes GO TO SPEARNED20000PLUS K13

05. No GO TO OTHERSEARNED K16\_Amt

#### K13

#### Spearned20000plus

**/“Spouse earned 20,000 plus”**

Would it amount to $20,000 or more?

01. Yes GO TO SPEARNED25000PLUS K14

05. No GO TO OTHERSEARNED K16\_Amt

#### K14

#### Spearned25000plus

**/“Spouse earned 25,000 plus”**

Would it amount to $25,000 or more?

01. Yes GO TO OTHERSEARNED K16\_Amt

05. No GO TO OTHERSEARNED K16\_Amt

#### K15

#### Spearned5000plus

**/“Spouse earned 5,000 plus”**

Would it amount to $5,000 or more?

01. Yes

05. No

Others’ earnings

[IF HHMemRel IS NOT 1, 2, 3, 4, or 7 (OTHER HH MEMBER THAN SPOUSE/HUSBAND/WIFE/DOMESTIC PARNTER) FOR ANYONE IN THE HOUSEHOLD, THEN SKIP “Others’ earnings” section (K16\_Amt-K22) AND GO TO “Govt earnings” Section (K23\_Amt)]

#### K16\_Amt

#### OthersEarned

**/“Total Others earned”**

1 of 2

Now let’s think about the other members of your household, that is, the people who have been living with you and are related to the baby by blood, marriage, adoption, or domestic partnership.

How much did other members of this household, earn from all employers before taxes and deductions during [prevYear]?

* IWER: If necessary, REMIND Mom NOT to include her own or cohabitatingspouse/husband/wife/domestic partner’s income
* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

IF DK/RF GO TO OEARNED5000PLUS K18

#### K16\_Unit

#### OthersEarnedUnit

**/“Total Others income time unit”**

2 of 2

Is that for the entire last year, per month, or per week?

1. Year

2. Month

3. Week

[IF 1. YEAR GO TO GOVTINCOME K23\_Amt

IF 5 OR 9 GO TO OTHERSEARNEDEST K16\_TotalEarnedEst]

#### K16\_TotalEarnedEst

#### OthersEarnedEst

**/“Total Others income estimated”**

[CALCULATED IN BACKGROUND, USED TO CALCULATE AND FILL NEXT QUESTION.

IF SpouseEarnedUnit = MONTH, OTHERSEARNED\*12.

IF SPOUSEEARNEDUNIT = WEEK, OTHERSEARNED\*52]

#### K17

#### OthersTotalEarnedVer

**/“Total Others income verified”**

Does [OthersEarnedEst] sound about right for all of [prevYear]?

1. Yes

2. No

[IF 1 YES GO TO GOVTINCOME K23\_Amt. IF 2 NO, GO TO OEARNED10000PLUS K18]

#### K18

#### OEarned10000plus

**/“Others earned 10,000 plus”**

Would it amount to $10,000 or more?

01. Yes GO TO OEARNED15000PLUS K19

05. No GO TO OEARNED5000PLUS K22

#### K19

#### OEarned15000plus

**/“Others earned 15,000 plus”**

Would it amount to $15,000 or more?

01. Yes GO TO OEARNED20000PLUS K20

05. No GO TO GOVTINCOME K23\_Amt

#### K20

#### OEarned20000plus

**/“Others earned 20,000 plus”**

Would it amount to $20,000 or more?

01. Yes GO TO OEARNED25000PLUS K21

05. No GO TO GOVTINCOME K23\_Amt

#### K21

#### OEarned25000plus

**/“Others earned 25,000 plus”**

Would it amount to $25,000 or more?

01. Yes GO TO GOVTINCOME K23\_Amt

05. No GO TO GOVTINCOME K23\_Amt

#### K22

#### OEarned5000plus

**/“Others earned 5,000 plus”**

Would it amount to $5,000 or more?

01. Yes GO TO GOVTINCOME K23\_Amt

05. No GO TO GOVTINCOME K23\_Amt

Govt Income

#### K23\_Amt

#### GovtIncome

**/“Total government income”**

1 of 2

How much income did you and/or other members of your household receive from the government, such as welfare, SSI, unemployment benefits and social security during [prevYear]?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

IF DK GO TO GOVRCVD10000PLUS K25

#### K23\_Unit

#### GovtIncomeUnit

**/“Total Gov’t income time unit”**

2 of 2

Is that for the entire last year, per month, or per week?

1. Year

2. Month

3. Week

[IF 1. YEAR GO TO AllOtherIncome K30\_Amt.

IF 5 OR 9 GO TO GovtIncomeEst K23\_TotalEst]

#### K23\_TotalEst

#### GovtIncomeEst

**/“Total Gov’t income estimated”**

[CALCULATED IN BACKGROUND, USED TO CALCULATE AND FILL NEXT QUESTION.

IF GovtIncomeUnit = MONTH, GovtIncome\*12.

IF GovtIncomeUNIT = WEEK, GovtIncome\*52]

#### K24

#### GovtIncomeVer

**/“Total Gov’t income verified”**

Does [GovtIncomeEst] sound about right for all of [prevYear]?

1. Yes

5. No

[IF 1 YES GO TO AllOtherIncome K30\_Amt. IF 2 NO, GO TO GovRcvd10000PLUS K25]

#### K25

#### GovRcvd10000plus

**/“Received 10,000 plus”**

Would it amount to $10,000 or more?

01. Yes GO TO GOVRCVD15000PLUS K26

05. No GO TO GOVRCVD5000PLUS K29

#### K26

#### GovRcvd15000plus

**/“Received 15,000 plus”**

Would it amount to $15,000 or more?

01. Yes GO TO GOVRCVD20000PLUS K27

05. No GO TO ALLOTHERINCOME K30\_Amt

#### K27

#### GovRcvd20000plus

**/“Received 20,000 plus”**

Would it amount to $20,000 or more?

01. Yes GO TO GOVRCVD25000PLUS K28

05. No GO TO ALLOTHERINCOME K30\_Amt

#### K28

#### GovRcvd25000plus

**/“Received 25,000 plus”**

Would it amount to $25,000 or more?

01. Yes GO TO ALLOTHERINCOME K30\_Amt

05. No GO TO ALLOTHERINCOME K30\_Amt

#### K29

#### GovRcvd5000plus

**/“Received 5,000 plus”**

Would it amount to $5,000 or more?

01. Yes GO TO ALLOTHERINCOME K30\_Amt

05. No GO TO ALLOTHERINCOME K30\_Amt

All other income

#### K30\_Amt

#### AllOtherIncome

**/“All other income”**

How much income did you and anyone in your household receive from all other sources such as money from any businesses, help from friends or relatives, child support and any other money income during [prevYear]?

This should include any regular contributions from people who did not live with you. Please DO NOT include the gift you are currently receiving form our study.

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

IF DK GO TO ALLOTHER10000PLUS K32

#### K30\_Unit

#### AllOtherIncomeUnit

**/“All Other income time unit”**

Is that for the entire last year, per month, or per week?

1. Year

2. Month

3. Week

[IF 1. YEAR GO TO CombinedIncome K37.

IF 5 OR 9 GO TO GovtIncomeEst K30\_OthIncomeTotEst]

#### K30\_OthIncomeTotEst

#### AllOtherIncomeEst

**/“All other income estimated”**

[CALCULATED IN BACKGROUND, USED TO CALCULATE AND FILL NEXT QUESTION.

IF AllOtherIncomeUnit = MONTH, AllOtherIncome\*12.

IF AllOtherIncomeUNIT = WEEK, AllOtherIncome\*52]

#### K31

#### AllOtherIncomeVer

**/“All other income verified”**

Does [AllOtherIncomeEst] sound about right for all of [prevYear]?

1. Yes

2. No

[IF 1 YES GO TO COMBINEDINCOME K37\_CombinedIncome. IF 2 NO, GO TO AllOther10000PLUS K32]

#### K32

#### AllOther10000plus

**/“All other 10,000 plus”**

Would it amount to $10,000 or more?

01. Yes GO TO ALLOTHER15000PLUS K33

05. No GO TO ALLOTHER5000PLUS K36

#### K33

#### AllOther15000plus

**/“All other 15,000 plus”**

Would it amount to $15,000 or more?

01. Yes GO TO ALLOTHER20000PLUS K34

05. No GO TO COMBINEDINCOME K37\_CombinedIncome

#### K34

#### AllOther20000plus

**/“All other 20,000 plus”**

Would it amount to $20,000 or more?

01. Yes GO TO ALLOTHER25000PLUS K35

05. No GO TO COMBINEDINCOME K37\_CombinedIncome

#### K35

#### AllOther25000plus

**/“All other 25,000 plus”**

Would it amount to $25,000 or more?

01. Yes GO TO COMBINEDINCOME K37\_CombinedIncome

05. No GO TO COMBINEDINCOME K37\_CombinedIncome

#### K36

#### AllOther5000plus

**/“All other 5,000 plus”**

Would it amount to $5,000 or more?

01. Yes

05. No

#### K37\_CombinedIncome

#### CombinedIncome

**/“Combined income”**

* DO NOT SHOW: COMPUTE COMBINED INCOME TO DISPLAY IN CALCULATEDINCOME:

[IF TotalEarnedEst > 0 AND TotalEarnedVer = YES THEN USE TotalEarnedEst INSTEAD OF TOTALEARNED

IF SpouseEarnedEst > 0 AND SpouseTotalEarnedVer = YES THEN USE SpouseEarnedEst INSTEAD OF SpouseEARNED

IF OthersEarnedEst > 0 AND OthersTotalEarnedVer = YES THEN USE OthersEarnedEst INSTEAD OF OthersEARNED

IF GovtIncomeEst > 0 AND GovtIncomeVer = YES THEN USE GovtIncomeEst INSTEAD OF GovtIncome]

[Numeric; 0.00-999,999.99]



#### K38\_CalcIncome

#### CalculatedIncome

**/“Calculated income”**

Is [COMBINEDINCOME] about the right amount of total combined income in your household during the year [PREV YEAR] which included money from jobs, welfare, social security payments, dividends, and any other money income received by you or any other household members?

01. Yes GO TO PAINTRO K40

05. No GO TO ESTIMATEDINCOME K39\_EstIncome

#### K39\_EstIncome

#### EstimatedIncome

**/“Estimated Income”**

What was the total combined income of all members of your household in [PREV YEAR]? Please include money from jobs, welfare, social security payments, dividends, any other money income received by you or any other household member in [PREV YEAR].

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

Receipt of Public Benefits Questions

#### K40

#### PAIntro

**/“Public Assistance Intro”**

Now I would like to ask you about some common social services and programs that are available in your community.

* ENTER [1] to continue

1. Continue

#### K41

#### ServicesSupport

**/“Services and support”**

I am going to read a list of services, government benefits, and support. Please tell me after each one if you receive it or not.

* IF a R indicates one of the options, mark it below
* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

1. Food stamps SNAP / EBT [IF LOCATION = NE, “/ Nebraska Supplemental Nutrition Assistance Program”]
2. Free or reduced childcare
3. Early Head Start
4. Head Start
5. Women, Infants and Children (WIC)
6. State Unemployment
7. Cash assistance/ [IF LOCATION = MN “Minnesota Family Investment Program, MFIP / Temporary Aid to Needy Families, TANF”; IF LOCATION = NE, “Aid to Dependent Children, ADC/ Temporary Aid to Needy Families, TANF”; IF LOCATION = NY, “New York Family Assistance Program, NYFA / Temporary Aid to Needy Families, TANF”; IF LOCATION = LA “Family Independence Temporary Assistance Program, FITAP / Temporary Aid to Needy Families, TANF”]
8. Medicaid coverage for self
9. Housing assistance [IF LOCATION = NY, “New York housing Authority, NYCHA”]
10. LIHEAP/heat/AC assistance
11. Other GO TO SERVICESSPEC K41\_Spec

98. None

#### K41\_Spec

#### ServiceSpec

**/“Services- specify”**

Please specify which services or support you are currently receiving.

[String; width = 100]

## Section L: Expenditures and Economic Stress (other than food insecurity)

Child expenditures (taken largely from Metrobaby):

#### L1

#### EEYearIntro

**/“Expenditures & Economic Year Intro”**

Now I am going to ask some questions about purchases you or a member of your household may have made since [CHILDNAMEF] was born.

* ENTER [1] to continue

01. Continue

#### L2

#### ItemsPurchased

**/“Items Purchased”**

Since [CHILDNAMEF] was born, have you or a member of your household bought any of the following items? They can be new or used. Please answer Yes or No for each item.

1. Continue

#### L2a

#### CribPurch

**/“Crib Purchased”**

A new or used crib?

01. Yes

05. No

#### L2b

#### CarSeatPurch

**/“Car Seat Purchased”**

A new or used car seat?

01. Yes

05. No

#### L2c

#### HighChairPurch

**/“High Chair Purchased”**

A new or used high chair?

01. Yes

05. No

#### L2d

#### OutletCoverPurch

**/“Outlet Covers Purchased”**

New or used Safety covers for electrical outlets?

01. Yes

05. No

#### L2e

#### SafetyLatchPurch

**/“Safety Latch Purchased”**

New or used Safety latches for cabinets or drawers?

01. Yes

05. No

#### L2f

#### SafetyGatePurch

**/“Safety Gate Purchased”**

A new or used safety gate?

01. Yes

05. No

#### L2g

#### SmokeDetPurch

**/“Smoke Detector Purchased”**

A new or used smoke detector?

01. Yes

05. No

#### L3

#### BooksPurchased

**/“Books Purchased”**

Since [CHILDNAMEF] was born, about how many books have you or a member of your household bought for [him/her]?

Would you say: None, 1 to 2, 3 to 5, 6 to 10 or More than 10?

01. None

02. 1 to 2

03. 3 to 5

04. 6 to 10

05. More than 10

#### L4

#### EEP30DIntro

**/“Expenditures & Economic Past 30 Days Intro”**

Now I’m going to ask you about things you or a member of your household may have purchased in the last month.

* ENTER [1] to continue

01. Continue

#### L5

#### BookPurchP30D

**/“Book Purchased Past 30 Days”**

In the last month, have you or any member of your household purchased: Any books or reading material for [CHILDNAMEF]?

01. Yes GO TO BOOKMONEYP30D L6

05. No GO TO TOYSP30D L7

DK GO TO TOYSP30D L7

REF GO TO TOYSP30D L7

#### L6

#### BookMoneyP30D

**/“Book Money Past 30 Days”**

How much did you spend altogether last month on books or reading materials for[CHILDNAMEF]?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

#### L7

#### ToysP30D

**/“Toys Purchased Past 30 Days”**

In the past month, have you or any member of your household purchased: Any toys for [CHILDNAMEF]?

01. Yes GO TO TOYMONEYP30D L8

05. No GO TO CLOTHESP30D L9

DK GO TO CLOTHESP30D L9

REF GO TO CLOTHESP30D L9

#### L8

#### ToyMoneyP30D

**/“Toy Money Past 30 Days”**

How much did you spend altogether last month on toys for [CHILDNAMEF]?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

#### L9

#### ClothesP30D

**/“Clothes Purchased Past 30 Days”**

(In the past month, have you or any member of your household purchased) Any clothes or shoes for [CHILDNAMEF]?

01. Yes GO TO CLOTHESMONEYP30D L10

05. No GO TO DIAPERSP30D L11

DK GO TO DIAPERSP30D L11

REF GO TO DIAPERSP30D L11

#### L10

#### ClothesMoneyP30D

**/“Clothes Money Past 30 Days”**

How much did you spend altogether last month on clothes for [CHILDNAMEF]?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

#### L11

#### DiapersP30D

**/“Diapers Purchased Past 30 Days”**

(In the past month, have you or any member of your household purchased) Any diapers for [CHILDNAMEF]?

01. Yes GO TO DIAPERMONEYP30D L12

05. No GO TO VIDEOSP30D L13

DK GO TO VIDEOSP30D L13

REF GO TO VIDEOSP30D L13

#### L12

#### DiaperMoneyP30D

**/“Diaper Money Past 30 Days”**

How much did you spend altogether last month on diapers for [CHILDNAMEF]?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

#### L13

#### VideosP30D

**/“Videos Purchased Past 30 Days”**

(In the past month, have you or any member of your household purchased) videos, apps, or on-demand programs for use on a phone, tablet, desktop or laptop computer and/or TV for [CHILDNAMEF]?

01. Yes GO TO VIDEOMONEYP30D L14

05. No GO TO FINANCESECTION L15

DK GO TO FINANCESECTION L15

REF GO TO FINANCESECTION L15

#### L14

#### VideoMoneyP30D

**/“Video Money Past 30 Days”**

How much did you spend altogether last month on electronics for [CHILDNAMEF]?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

#### L15

#### FinanceSection

**/“Finance section”**

Now I have some questions about your family finances.

* ENTER [1] to continue

01. Continue

Economic Stress

#### L16

#### ExpenseWorry

**/“Expense worry”**

How often do you worry about being able to meet your monthly living expenses?

Would you say you worry all the time, very frequently, occasionally, rarely, very rarely, or never?

1. All the time

2. Very frequently

3. Occasionally

4. Rarely

5. Very rarely

6. Never

#### L17

#### TotalSpending

**/“Total spending”**

In the past 12 months, would you say that your household has spent more, less or about as much as all of your sources of income combined?

01. More than combined income

02. The same as combined income

03. Less than combined income

#### L18

#### MissedPayment

**/“Missed Mortgage/Rent”**

In the past 12 months have you ever missed a rent or mortgage payment?

01. Yes

05. No

#### L19

#### EmergencyFunds

**/“Emergency funds”**

Have you set aside emergency or rainy day funds that would cover your expenses for 1 month in case of sickness, job loss, economic downturn, or other emergencies?

01. Yes

05. No

#### L20

#### LoseIncome

**/“Lose income”**

If you were to lose your main source of income, for example your job or government benefits, could you cover your expenses for one month by borrowing money, using savings, selling assets, or borrowing from friends/family?

01. Yes

05. No

Food expenditures (Taken from PSID and complicated by SNAP and eating out)

#### L21

#### FoodStamps

**/“Food Stamps”**

[IF (K21)ServicesSupport\_01 (food support) = 1 (received food stamps) DISPLAY:]

You mentioned you receive food stamps. Did anyone else now living in your family receive food stamp benefits last month?

[IF (K21)ServicesSupport\_01 (food support) not 1 (did not receive food stamps) DISPLAY:]

You mentioned you do NOT receive food stamps. Did anyone else now living in your family receive food stamp benefits last month?

* IF asked, REMIND R of Food Stamp definition:

[If NE, FILL: Food stamp benefits are issued by SNAP, the federal Supplemental Nutrition Assistance Program, also called Food Stamp Program or Nebraska Supplemental Nutrition Assistance Program]

[IF NOT NE, FILL: Food stamp benefits are issued by SNAP, the federal Supplemental Nutrition Assistance Program, also called Food Stamp Program.]

01. Yes GO TO FOODSTAMPAMT L22

05. No GO TO OFOODAMTWK L24

#### L22

#### FoodStampAmt

**/“Food Stamp Amount”**

[IF ServicesSupport\_01 (food support) = 1 (received food stamps) DISPLAY:]

How much did you or anyone else living in your family receive in food stamp benefits last month, altogether?

[IF ServicesSupport\_01 (food support) not 1 (did not receive food stamps) DISPLAY:]

How much did they receive in food stamp benefits last month?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

#### L23

#### OFoodAmt

**/“Other Food Amt”**

[IF FoodStamps = 1 DISPLAY:]

In addition to what you buy with food stamp benefits, do you or anyone else in your family spend any money on food that you use at home?

[IF FoodStamps = 5 DISPLAY:]

Do you or anyone else in your family spend any money on food that you use at home?

01. Yes GO TO OFOODAMTWK L24

05. No GO TO EATOUT L25

#### L24

#### OFoodAmtWk

**/“Other Food Amount Week”**

[IF FoodStamps = 1 DISPLAY:] In addition to food stamp benefits,

How much do you and everyone else in your family spend on food that you use at home in an average week?

* ENTER amount (round to the nearest dollar)

[Numeric; 0-9999]

#### L25

#### EatOut

**/“Eat Out”**

In the prior month, about how much did you and everyone else in your family spend EATING OUT in an average week? Include any carry-out or drive-through orders, too.

* ENTER amount (round to the nearest dollar)

[Numeric; 0-9999]

#### L26

#### AlcoholAmt\_b\_1

**/“Alcohol Amount”**

In the prior month, how much did you and everyone else in your family spend on ALCOHOLIC BEVERAGES in an average week?

* ENTER amount (round to the nearest dollar)

[Numeric; 0-9999]

#### L27

#### CigAmt

**/“Cigarettes Purchased”**

In the prior month, about how many PACKS OF CIGARETTES did you and everyone else in your family purchase in an average week?

[Numeric; WIDTH=3]

Economic stress owing to food insecurity (SPARQ questions that parallel the USDA short form)

#### L28

#### FoodStressIntro

**/“Food Stress Intro”**

For these statements, please tell me whether the statement was often true, sometimes true, or never true for you or your household in the last 12 months—that is, since last [currentmonth].

* ENTER [1] to continue

01. Continue

#### L29

#### NotEnoughFood

**/“Not Enough Food”**

“The food that we bought just didn’t last, and we didn’t have money to get more.”

Was that often, sometimes, or never true for you or your household in the last 12 months?

1. Often true
2. Sometimes true
3. Never true

#### L30

#### NoBalFood

**/“No Balanced Food”**

“I/we couldn’t afford to eat balanced meals.”

Was that often, sometimes, or never true for you or your household in the last 12 months?

1. Often true
2. Sometimes true
3. Never true

#### L31

#### EatLess

/“Eat Less Than”

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

01. Yes

05. No

#### L32

#### CutMealSize

**/“Cut Meal Size”**

In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

01. Yes GO TO CUTMEALFREQ L33

05. No GO TO MHEALTH??? L34

[ALLOW D/K, R/F]

#### L33

#### CutMealFreq

**/“Cut Meal Frequency”**

How often did this happen?

Would you say almost every month, some months but not every month, or in only 1 or 2 months?

01. Almost every month

02. Some months but not every month

03. Only 1 or 2 months

Other questions about assets and or expenditures

#### L34

#### OwnCar

**/“Own Car”**

Do you own a car that works?

01. Yes

05. No

#### L35

#### URide

**/“Unlimited Ride”**

Do you have a public transportation card with unlimited rides such as a:

NY= MetroCard; LA= streetcar pass; LINCOLN= StarTran Pass; OMAHA= Metro Pass; Twin Cities=Go-To Card]?

01. Yes

05. No

#### L36

#### HAppliances

**/“Home Appliances”**

Does your home have:

* READ each item individually to Mom and ENTER accordingly

Air conditioning, working heat, a clothes washer that works, a clothes dryer that works, or a dishwasher that works?

* ENTER all that apply
* For multiple responses, use space bar or dash to separate responses

1. Air conditioning
2. Working heat
3. A clothes washer that works
4. A clothes dryer that works
5. A dishwasher that works

#### L37

#### HComputer

/“Home Computer”

Do you or any member of your household own or use any of the following types of computers where you live:

A desktop or laptop that connects to the internet, a smartphone, or a tablet?

* ENTER all that apply.
* For multiple responses, use space bar or dash to separate responses

01. Desktop or laptop that connects to the internet

02. Smartphone

03. Tablet

#### L38

#### HUtility

**/“Home Utilities”**

Now I’d like to ask you a few questions about how much you spend on utilities.

About how much do you and/or any members of your household usually spend per month on utilities such as electricity, oil, gas and water, combined?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999, 999.99]

#### L39

#### MissUtilityPay

**/“Missed Utility Payment”**

In the past 12 months, did you ever miss a payment for oil, gas, water, or electricity?

01. Yes GO TO SHUTOFFUTILITY L40

05. No GO TO HCABLE L41

07. Not applicable, does not pay or does not have these utilities GO TO HCABLE L41

#### L40

#### ShutOffUtility

**/“Shut Off Ulitilities”**

In the past 12 months, was your gas, water, or electricity ever shut off for nonpayment?

01. Yes GO TO HCABLE L41

05. No GO TO HCABLE L41

#### L41

#### HCable

**/“Home Cable”**

Now I’d like to ask you a few questions about how much you spend on cable.

About how much do you and/or your family living there usually pay per month for cable or satellite TV, internet service and phone/cell phone bills, including data charges?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

#### L42

#### MissCablePay

**/“Miss Cable Payment”**

In the past 12 months, did you ever miss a payment for your phone, internet or cable?

01. Yes GO TO SHUTOFFCABLE L43

05. No GO TO OTHERSUPPORT L44

07. Not applicable, does not pay or does not have these utilities GO TO OTHERSUPPORT L44

#### L43

#### ShutOffCable

**/“Shut Off Cable”**

In the past 12 months, was your phone, internet or cable ever shut off or disconnected for nonpayment?

01. Yes GO TO OTHERSUPPORT L44

05. No GO TO OTHERSUPPORT L44

#### L44

#### OtherSupport

**/“Other Support”**

In [prevYear] , did you or anyone else in your family living in your household GIVEany money toward the support of anyone who was not living with you at the time, including child support, alimony, money given to parents, and things like that? Don’t include loans or charitable contributions to organizations.

01. Yes GO TO OSUPPORTAMT L45

05. No GO TO FOODSTRESSINTRO Section M2

#### L45

#### OSupportAmt

**/“Other Support Amount”**

About how much did that amount to in [prevYear]?

* ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

## Section M2: Maternal Health

**RANDOMIZE RESPONDENTS SO THAT 50%** OF MOMS **RESPOND TO SECTION M1 (BEFORE INCOME) AND 50% RESPOND TO SECTION M2 (AFTER INCOME).**

Maternal happiness and agency/optimism (HOPE)

#### M1

#### MHealth2

/“Maternal Health2”

Now I have some questions about your life.

Taken all together, how would you say things are these days, would you say that you are very happy, pretty happy or not too happy?

1. Very happy
2. Pretty happy
3. Not too happy

#### M2

#### MHealthIntro2

/“Maternal Health Intro2”

**🕮** Page 5

I am going to read you a list of ways you might feel. Please tell me how true or false each of the following statements is for you.

* ENTER [1] to continue

01. Continue

#### M3

#### MJam2

/“Mom Jam2”

**🕮** Page 5

“In general, I can think of many ways to get out of a jam.” Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M4

#### MGoals2

/“Mom Goals2”

**🕮** Page 5

“In general, I energetically pursue my goals. ” (Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M5

#### MProbSolve2

/“Mom Problem Solver2”

**🕮** Page 5

“(In general,) There are lots of ways around any problem. ” (Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M6

#### MResourceful2

/“Mom Resourceful2”

**🕮** Page 5

“(In general,) I can think of many ways to get the things in life that are important to me. ” (Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M7

#### MOptimistic2

/“Mom Optimistic2”

**🕮** Page 5

“(In general,) Even when others get discouraged, I know I can find a way to solve the problem. ” (Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M8

#### MPast2

/“Mom Past2”

**🕮** Page 5

“(In general,) My past experiences have prepared me well for my future. ” (Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M9

#### MSuccess2

/“Mom Success2”

**🕮** Page 5

“(In general,) I’ve been pretty successful in life. ” (Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### M10

#### MAchiever2

/“Mom Achiever2”

**🕮** Page 5

“(In general,) I meet the goals that I set for myself. ” (Is it definitely false, mostly false, sometimes true and sometimes false, mostly true or definitely true?)

1. Definitely False
2. Mostly False
3. Sometimes true and sometimes false
4. Mostly True
5. Definitely True

#### Mom (Priority) Block Complete

**/“Mom (Priority) Block Complete”**

* You have reached the end of the “Mom1” block
* ENTER [1] to complete this block and return to the menu

01. Yes

05. No

## Section N: Household Atmosphere

CHAOS SCALE - from Pilot 12mo

#### N1

#### HHAtmIntro

/“Household Atmosphere Intro”

I am going to read you statements about your home. Please tell me whether the statements are True most of the time or False most of the time.

For example, if I read the following: “We eat takeout food at home.”

Nearly all families do this some of the time.

You should say True if this happens more than half the time or False if it happens less than half the time.

* ENTER [1] to continue

01. Continue

#### N2

#### HHOrder

/“Household Order”

In our home, we can usually find things when we need them.

Is that True most of the time or False most of the time?

01. True

05. False

#### N3

#### HHZen

/“Household Zen”

There is very little commotion in our home.

Is that True most of the time or False most of the time?

01. True

05. False

#### N4

#### HHRush

/“Household Rush”

We almost always seem to be rushed.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N5

#### HHControl

/“Household Control”

We are usually able to “stay on top of things”.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N6

#### HHLate

/“Household Late”

No matter how hard we try, we always seem to be running late.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N7

#### HHZoo

/“Household Zoo”

It’s a real “zoo” in our home.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### HHTalk

/“Household Talk”

At home we can talk to each other without being interrupted.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N9

#### HHFuss

/“Household Fuss”

There is often a fuss going on at our home.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N10

#### HHDisaster

/“Household Disaster”

No matter what our family plans, it usually doesn’t seem to work out.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N11

#### HHNoisy

/“Household Noisy”

You can’t hear yourself think in our home.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N12

#### HHArgues

/“Household Arguments”

I often get drawn into other people’s arguments at home.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N13

#### HHRelax

/“Household Relaxing”

Our home is a good place to relax.

(Is that True most of the time or False most of the time?)

1. True

05. False

#### N14

#### HHPhone

/“Household Phone”

At home, we spend a lot of time on the phone.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N15

#### HHCalm

/“Household Calm”

The atmosphere in our home is calm.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N16

#### HHRoutine

/“Household Routine”

We have a regular morning routine at home.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N17

#### HHDines

/“Household Dines Together”

We eat together as a family once a day.

(Is that True most of the time or False most of the time?)

01. True

05. False

[INSTRUMENT B: DO NOT ASK N18-N20. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

#### N18

#### HHBedRout

/“Household Bedtime Routine”

We have an evening bed time routine with [CHILDNAMEF].

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N19

#### HHPMRout

/“Household PM Routine”

[CHILDNAMEF]has a regular late afternoon routine.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N20

#### HHBedTime

/“Household Bed Time”

[CHILDNAMEF]goes to bed at a regular time.

(Is that True most of the time or False most of the time?)

01. True

05. False

#### N21

#### HHChildTalk

/“Household Children Talk”

[IF HHCHILD = 1 (one child), INSERT “child”]

[IF HHCHILD > 1 (more than one child), INSERT “children”]

We set aside time for talking with our [child/children] each day.

(Is that True most of the time or False most of the time?)

01. True

05. False

## Section P: Parenting Stress

[INSTRUMENT B: DO NOT ASK P1-P8. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

#### P1

#### ParentStress

/“Parent Stress Intro”

Now, I would like to ask you about what it is like to be a parent.

**🕮** Page 6

Having a child can sometimes be rewarding and sometimes stressful. The next questions are about how parenting has been for you and the ways in which you have had to adjust your life.

For each statement, please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.

* ENTER [1] to continue

01. Continue

#### P2

#### PConfident

/“Parent Confident”

**🕮** Page 6

When it comes to raising kids, I have a lot of confidence in my abilities.

Please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.

1. Strongly Disagree
2. Disagree
3. Not sure
4. Agree
5. Strongly Agree

#### P3

#### Good Parent

/“Good Parent”

**🕮** Page 6

I feel good about my parenting abilities.

Please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.

1. Strongly Disagree
2. Disagree
3. Not sure
4. Agree
5. Strongly Agree

#### P4

#### PAdmitFlaws

/“Parent Admits Flaws”

**🕮** Page 6

I can admit my flaws as a parent, and still think I am a pretty good one.

(Please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.)

1. Strongly Disagree
2. Disagree
3. Not sure
4. Agree
5. Strongly Agree

#### P5

#### PWonder

/“Parent Wonderful”

**🕮** Page 6

I think my kids will grow up to say I was a wonderful parent.

(Please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.)

1. Strongly Disagree
2. Disagree
3. Not sure
4. Agree
5. Strongly Agree

#### P6

#### PSelfless

/“Parent Selfless”

**🕮** Page 6

[IF HHCHILD = 1 (one child), INSERT “child”]

[IF HHCHILD > 1 (more than one child), INSERT “children”]

I find myself giving up more of my life to meet my [child/children]’s needs than I ever expected.

(Please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.)

1. Strongly Disagree
2. Disagree
3. Not sure
4. Agree
5. Strongly Agree

#### P7

#### PTrapped

/“Parent Trapped”

**🕮** Page 6

I feel trapped by my responsibilities as a parent.

(Please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.)

1. Strongly Disagree
2. Disagree
3. Not sure
4. Agree
5. Strongly Agree

#### P8

#### PStuck

/“Parent Stuck”

**🕮** Page 6

Since having children I have been unable to do new and different things.

(Please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.)

* 1. Strongly Disagree
  2. Disagree
  3. Not sure
  4. Agree
  5. Strongly Agree

## Section Q: Maternal Health

#### Q1

#### Health

/“Health”

Maternal Health and Satisfaction

Overall, how would you describe your health?

Would you say it’s excellent, very good, good, fair or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Maternal Health: Depression

#### Q2

#### Bothered

/“Bothered”

**🕮** Page 7

Below is a list of ways you might have felt or behaved. Please tell me how often you have felt this way over the last 2 weeks. For the next questions, I would like to use the scale not at all bothered, bothered for several days, bothered for more than half of the days or bothered nearly every day.

In the past 2 weeks, how often have you…

Been bothered because you had little interest or pleasure in doing things?

1. A - Not at all
2. B - Several days
3. C - More than half the days
4. D - Nearly every day

#### Q3

#### Depressed

/“Depressed”

**🕮** Page 7

In the past 2 weeks, how often have you…

Felt down, depressed, or hopeless?

Would you say not at all, several days, more than half of the days, or nearly every day?

1. A - Not at all
2. B - Several days
3. C - More than half the days
4. D - Nearly every day

#### Q4

#### Insomnia

/“Insomnia”

**🕮** Page 7

(In the past 2 weeks, how often have you…)

Had trouble falling or staying asleep, or sleeping too much?

(Would you say not at all, several days, more than half of the days, or nearly every day?)

1. A - Not at all
2. B - Several days
3. C - More than half the days
4. D - Nearly every day

#### Q5

#### Lethargic

/“Lethargic”

**🕮** Page 7

(In the past 2 weeks, how often have you…)

Felt tired or had little energy?

(Would you say not at all, several days, more than half of the days, or nearly every day?)

1. A - Not at all
2. B - Several days
3. C - More than half the days
4. D - Nearly every day

#### Q6

#### NoAppetite

/“No Appetite”

**🕮** Page 7

(In the past 2 weeks, how often have you…)

Had poor appetite or overeating?

(Would you say not at all, several days, more than half of the days, or nearly every day?)

1. A - Not at all
2. B - Several days
3. C - More than half the days
4. D - Nearly every day

#### Q7

#### Failure

/“Failure”

**🕮** Page 7

(In the past 2 weeks, how often have you…)

Felt bad about yourself or that you are a failure or have let yourself or your family down?

(Would you say not at all, several days, more than half of the days, or nearly every day?)

1. A - Not at all
2. B - Several days
3. C - More than half the days
4. D - Nearly every day

#### Q8

#### Concentrate

/“Concentrate”

**🕮** Page 7

(In the past 2 weeks, how often have you…)

Had trouble concentrating on things, such as reading the newspaper or watching television?

(Would you say not at all, several days, more than half of the days, or nearly every day?)

1. A - Not at all
2. B - Several days
3. C - More than half the days
4. D - Nearly every day

#### Q9

#### Sluggish

/“Sluggish”

**🕮** Page 7

(In the past 2 weeks, how often have you…)

Been moving or speaking so slowly that other people could have noticed. Or, the opposite being so fidgety or restless that you have been moving around a lot more than usual?

(Would you say not at all, several days, more than half of the days, or nearly every day?)

1. A - Not at all
2. B - Several days
3. C - More than half the days
4. D - Nearly every day

Maternal Health: Beck Anxiety Inventory

#### Q14

#### Numbness

/“Numbness”

**🕮** Page 8

I am now going to read you a list of symptoms. Please let me know how much you have been bothered by them in the past month, including today.

For the next questions, I would like you to use this scale from “Not at all” meaning you were not bothered, to “Severely” meaning it bothered you a lot.

In the past month, I was bothered by…

Numbness or tingling

Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q15

#### Feeling Hot

/“Feeling Hot”

**🕮** Page 8

In the past month, I was bothered by…

Feeling hot

Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q16

#### Wobbliness

/“Wobbliness in legs”

**🕮** Page 8

(In the past month, I was bothered by…)

Wobbliness in legs

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q17

#### Restless

/“Restless”

**🕮** Page 8

(In the past month, I was bothered by…)

Feeling unable to relax.

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q18

#### NegFear

/“Fear of the Worst Happening”

**🕮** Page 8

(In the past month, I was bothered by…)

Fear of the worst happening

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q19

#### Dizzy

/“Dizzy or Lightheaded”

**🕮** Page 8

(In the past month, I was bothered by…)

Feeling Dizzy or lightheaded

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q20

#### HeartRace

/“Heart Pounding/Racing”

**🕮** Page 8

(In the past month, I was bothered by…)

Heart pounding or racing

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Unsteady

/“Unsteady”

**🕮** Page 8

(In the past month, I was bothered by…)

Feeling unsteady.

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q22

#### Terrified

/“Terrified or Afraid”

**🕮** Page 8

(In the past month, I was bothered by…)

Feeling terrified or afraid

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q23

#### Nervous

/“Nervous”

**🕮** Page 8

(In the past month, I was bothered by…)

Feeling nervous

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q24

#### Choking

/“Feeling of Choking”

**🕮** Page 8

(In the past month, I was bothered by…)

a feeling of choking

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q25

#### HandsTremble

/“Hands Trembling”

**🕮** Page 8

(In the past month, I was bothered by…)

Hands trembling

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q26

#### Shaky

/“Shaky/Unsteady”

**🕮** Page 8

(In the past month, I was bothered by…)

Feeling shaky or unsteady

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q27

#### NoControl

/“Fear of Losing Control”

**🕮** Page 8

(In the past month, I was bothered by…)

Fear of losing control

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q28

#### Can’tBreath

/“Difficulty Breathing”

**🕮** Page 8

(In the past month, I was bothered by…)

Difficulty breathing

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q29

#### FearDeath

/“Fear of Dying”

**🕮** Page 8

(In the past month, I was bothered by…)

Fear of dying

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q30

#### Scared

/“Scared”

**🕮** Page 8

(In the past month, I was bothered by…)

Feeling Scared

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q31

#### Indigestion

/“Indigestion”

**🕮** Page 8

(In the past month, I was bothered by…)

Indigestion

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q32

#### Faint/LightHead

/“Faintness/Lightheaded”

**🕮** Page 8

(In the past month, I was bothered by…)

Feeling faint or lightheaded

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q33

#### FaceFlush

/“Face Flushed”

**🕮** Page 8

(In the past month, I was bothered by…)

Face flushed

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

#### Q34

#### Hot/ColdSweats

/“Hot/Cold Sweats”

**🕮** Page 8

(In the past month, I was bothered by…)

Hot or cold sweats

(Would you say you were bothered: not at all; mildly, but it didn’t bother me much; moderately, it wasn’t pleasant at times; or severely, it bothered me a lot.)

* ~~TAKE the booklet back from Mom after this question.~~

1. Not at all
2. Mildly, but it didn’t bother me much
3. Moderately, it wasn’t pleasant at times
4. Severely, it bothered me a lot

Maternal Health: Sleep

#### Q35

#### MSleepIntro

/“Maternal Sleep Intro”

Now we would like to know about your sleeping patterns.

* ENTER [1] to continue

01. Continue

#### Q36

#### SleepQual

/“Mom Sleep Quality”

In the past 7 days, would you say that the quality of your sleep was very poor, poor, fair, good or very good?

1. Very Poor
2. Poor
3. Fair
4. Good
5. Very Good

#### Q37

#### HardtoSleep

/“Difficulty Falling Asleep”

In the past 7 days, would you say you had difficulty falling asleep not at all, a little bit, somewhat, quite a bit or very much?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very Much

#### Q38

#### MTired

/“Mom Felt Tired”

In the past 7 days, would you say you felt tired not at all, a little bit, somewhat, quite a bit or very much?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very Much

Maternal Health: Perceived Stress Scale

#### Q39

#### Upset

/“Upset by a Surprise”

**🕮** Page 9

Below are a list of ways you might have felt or thought. Please tell me how often you have felt or thought this way over the last month.

In the last month, how often have you…

been upset because of something that happened unexpectedly?

Would you say you Never, Almost Never, Sometimes, Fairly Often or Very Often?

1. Never
2. Almost Never
3. Sometimes
4. Fairly Often
5. Very Often

#### Q40

#### NoControl

/“No Control”

**🕮** Page 9

In the last month, how often have you…

felt that you were unable to control the important things in your life?

Would you say you Never, Almost Never, Sometimes, Fairly Often or Very Often?

1. Never
2. Almost Never
3. Sometimes
4. Fairly Often
5. Very Often

#### Q41

#### NervousPM

/“Mom Nervous/Stressed”

**🕮** Page 9

(In the last month, how often have you…)

felt nervous and “stressed”?

(Would you say you Never, Almost Never, Sometimes, Fairly Often or Very Often?)

1. Never
2. Almost Never
3. Sometimes
4. Fairly Often
5. Very Often

#### Q42

#### ConfidentPM

/“Mom Felt Confident”

**🕮** Page 9

(In the last month, how often have you…)

felt confident about your ability to handle your personal problems?

(Would you say you Never, Almost Never, Sometimes, Fairly Often or Very Often?)

1. Never
2. Almost Never
3. Sometimes
4. Fairly Often
5. Very Often

#### Q43

#### NoCope

/“Couldn’t Cope”

**🕮** Page 9

(In the last month, how often have you…)

found that you could not cope with all the things that you had to do?

(Would you say you Never, Almost Never, Sometimes, Fairly Often or Very Often?)

1. Never
2. Almost Never
3. Sometimes
4. Fairly Often
5. Very Often

#### Q44

#### Control

/“Control”

**🕮** Page 9

(In the last month, how often have you…)

been able to control irritations in your life?

(Would you say you Never, Almost Never, Sometimes, Fairly Often or Very Often?)

1. Never
2. Almost Never
3. Sometimes
4. Fairly Often
5. Very Often

#### Q45

#### MOnTop

/“On Top of Things”

**🕮** Page 9

(In the last month, how often have you…)

felt that you were on top of things?

(Would you say you Never, Almost Never, Sometimes, Fairly Often or Very Often?)

1. Never
2. Almost Never
3. Sometimes
4. Fairly Often
5. Very Often

#### Q46

#### Angered

/“Mom Angered”

**🕮** Page 9

(In the last month, how often have you…)

been angered because of things that were outside of your control?

(Would you say you Never, Almost Never, Sometimes, Fairly Often or Very Often?)

1. Never
2. Almost Never
3. Sometimes
4. Fairly Often
5. Very Often

#### Q47

#### TooDifficult

/“Too Many Difficulties”

**🕮** Page 9

(In the last month, how often have you…)

felt difficulties were piling up so high that you could not overcome them?

(Would you say you Never, Almost Never, Sometimes, Fairly Often or Very Often?)

* TAKE the booklet back from Mom after this question.

1. Never
2. Almost Never
3. Sometimes
4. Fairly Often
5. Very Often

Incarceration

#### Q48

#### MomJail

/“Mom Jail”

In the past year, did you ever spend time in an adult correctional institution like a county, state or federal jail or prison?

01. Yes

05. No

#### Q49

#### MomProbation

/“Mom Probation”

In the past year, were you ever required to perform community service or have you been on probation or parole?

01. Yes

05. No

## Section R: Language Development (ASQ) and Parent Child Activities

[INSTRUMENT B: DO NOT ASK CLangIntro-CComplexSent. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

Iwer checkpoint:

* Start “Baby” Block
* If the participant refuses this collection, select [Ctrl-R]
* Otherwise ENTER [1] to continue

1. Continue

#### CLangIntro

**/“Child Language Development Intro”**

Ages and Stages parent-report survey (communication subscale)

* NOTE: Ideally, babies should be present for this section. If mom is unsure about an item, it should be tried by mom or interviewer with the baby before making a response. In a situation where the baby cannot be present, the mother should give a best estimate, rather than skipping the question.

Below are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For the next questions, please tell me whether your baby is doing the activity regularly, sometimes, or not yet.

* ENTER [1] to continue

1. Continue

[THERE ARE 4 DIFFERENT SEGMENTS WITHIN THIS SECTION THAT SHOULD BE ASKED DEPENDING ON BABY’S DOB]

[CALCULATE BABY’S AGE BASED ON CHILDDOBSPECD, CHILDDOBSPECM, CHILDDOBSPECY FROM BASELINE. HOWEVER, IF VERIFYR = 3 (INCORRECT BABY DOB), USE CORRCHILDDOBM, CORRCHILDDOBD, CORRCHILDDOBY]

**Determine age of child for ASQ breaks:**

ASQ-3: 12 month (11 mos 0 days to 12 mos 30 days) = DISPLAY Section R12

ASQ-3: 14 month (13 mos 0 days to 14 mos 30 days) = DISPLAY Section R14

ASQ-3: 16 month (15 mos 0 days to 16 mos 30 days) = DISPLAY Section R16

ASQ-3: 18 month (17 mos 0 days to 18 mos 30 days) = DISPLAY Section R18

Section R12: ASQ-3: 12 month questionnaire (11 mos 0 days to 12 mos 30 da ys)

[ASK C2SOUNDS12-CPOINT12 FOR BABIES AGED 11 MOS,0 DAYS – 12MOS, 30DAYS]

#### C2Sounds12

**/“Child Two Similar Sounds 12 months”**

Does your baby make two similar sounds, such as “ba-ba,” “da-da,” or “ga-ga”? The sounds do not need to mean anything.

* IF necessary: Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CPeekaboo12

**/“Child Play Peekaboo 12 months”**

If you ask your baby to, does [he/she] play at least one nursery game even if you don’t show [him/her] the activity yourself. Such as “bye-bye,” “Peeka- boo,” “clap your hands,” “So Big”?

* IF necessary: Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CCommand12

**/“Child Use Commands 12 months”**

Does your baby follow one simple command, such as “Come here,” “Give it to me,” or “Put it back,” without your using gestures?

* IF necessary: Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### C3Words12

**/“Child Say Three Words 12 months”**

Does your baby say three words, such as “Mama,” “Dada,” and “Baba”? A “word” is a sound or sounds your baby says consistently to mean someone or something.

* IF necessary: Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CObject12

**/“Child Looks For Object 12 months”**

When you ask, “Where is the ball (hat, shoe, etc.)?” does your baby look at the object? Make sure the object is present. ~~Mark “yes” if [he/she] knows one object.~~

* IF necessary: Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CPoint12

**/“Child Points 12 months”**

When your baby wants something, does [he/she] tell you by pointing to it?

* IF necessary: Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

Section R14: ASQ-3: 14 month questionnaire (13 mos 0 days to 14 mos 30 days)

[ASK C3WORDS14-COBJECT14 FOR BABIES AGED 13 MOS,0 DAYS – 14 MOS,30 DAYS]

#### C3Words14

**/“Child Say Three Words 14 months”**

Does your baby say three words, such as “Mama,” “Dada,” and “Baba”? A “word” is a sound or sounds your baby says consistently to mean someone or something.

* IF necessary: Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CPoint2

**/“Child Points 2”**

When your baby wants something, does [he/she] tell you by pointing to it?

* IF necessary: Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CShakesH14

**/“Child Shakes Head Y/N 14 months”**

Does your baby shake [his/her] head when [he/she] means “no” or “yes”?

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CPPP14

**/“Child points, pats or picks up Pictures 14 months”**

Does your baby point to, pat, or try to pick up pictures in a book?

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### C4+Words14

**/“Child Say Four+ Words 14 months”**

Does your baby say **four** or more words in addition to “Mama” and “Dada”?

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CObject14

#### /“Child Looks For Object 14 months ”

When you ask [him/her] to, does your baby go into another room to find a familiar toy or object? You might ask, “Where is your ball?” or say, “Bring me your coat,” or “Go get your blanket.”

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

Section R16: ASQ-3: 16 month questionnaire (15 mos 0 days to 16 mos 30 days)

[ASK CPPP16-C8+WORDS16 FOR BABIES AGED 15 MOS,0 DAYS – 16MOS, 30DAYS]

#### CPPP16

**/“Child points, pats or picks up Pictures 16 months ”**

Does your child point to, pat, or try to pick up pictures in a book?

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### C4+Words16

**/“Child Say Four+ Words 16 months ”**

Does your child say **four** or more words in addition to “Mama” and “Dada”?

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CPoint16

**/“Child Points 16 months ”**

When your child wants something, does [he/she] tell you by pointing to it?

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CObject16

**/“Child Looks For Object 16 months ”**

When you ask your child to, does [he/she] go into another room to find a familiar toy or object? You might ask, “Where is your ball?” or say, “Bring me your coat,” or “Go get your blanket.”

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CSentence16

**/“Child Two Word Sentence 16 months”**

Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as “Mama eat,” “Daddy play,” “Go home,” or “What’s this?” does your child say both words back to you? Mark “Yes” even if [his/her] words are difficult to understand.

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### C8+Words16

**/“Child Say Eight+ Words 16 months”**

Does your child say **eight** or more words in addition to “Mama” and “Dada?”

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

Section R18: ASQ-3: 18 month questionnaire (17 mos 0 days to 18 mos 30 days)

[ASK CPOINT18-CCOMPLEXSENT18 FOR BABIES AGED 17 MOS,0 DAYS – 18MOS, 30DAYS]

#### CPoint18

**/“Child Points 18 months ”**

When your child wants something, does [he/she] tell you by *pointing* to it?

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CObject18

**/“Child Looks For Object 18 months ”**

When you ask your child to, does [he/she] go into another room to find a familiar toy or object? You might ask, “Where is you ball?” or say, “Bring me your coat,” or “Go get your blanket.”

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### C8+Words18

**/“Child Say Eight+ Words 18 months ”**

Does your child say **eight** or more words in addition to “Mama” and “Dada?”

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CSentence18

**/“Child Two Word Sentence 18 months ”**

Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as “Mama eat,” “Daddy play,” “Go home,” or “What’s this?” does your child say both words back to you? ~~Mark “yes” even if [his/her] words are hard to understand.~~

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

**CIndentify18**

**/“Child Identifies Object 18 months”**

Without your showing, does your child *point* to the correct picture when you say, “Show me the kitty,” or ask, “Where is the dog?” ~~([He/she] needs to identify only one picture correctly.~~

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

#### CComplexSent18

**/“Child create complex sentence 18 months”**

Does your child say two or three words that represent different ideas together, such as “see dog,” “Mommy come home,” or “Kitty gone”? Don’t count word combinations that express one idea, such as “bye-bye,” “all gone,” “all right,” and “what’s that?”

* IF necessary: (Please tell me whether your baby is doing the activity, doing it sometimes, or not yet.)
* IF mentions “Don’t Know” AND baby is available, have Mom try to get baby to perform the task before marking a response.

1. Yes
2. Sometimes

05. Not Yet

Parent Child Activities

[INSTRUMENT B: DO NOT ASK ReadBooks-PlayGroup. QUESTIONS TO REMOVE ARE HIGHLIGHTED IN GREY]

#### ReadBooks

**/“Read Books Together”**

I’d like to ask about some of the activitiesthat you and [CHILDNAMEF] do together, as well as about how often you do these things. For the next questions, please tell me if you do each activity Every Day, A few times a week, A few times a month or Rarely or Not at all.

How often do you read books or look at pictures in a book with [CHILDNAMEF]? Would you say: Every day, A few times a week, A few times a month or Rarely or not at all?

1. Every day
2. A few times a week
3. A few times a month
4. Rarely or not at all

#### TellStories

**/“Tell Stories”**

How often do you tell stories to [CHILDNAMEF]?

(Would you say: Every day, A few times a week, A few times a month or Rarely or not at all?)

1. Every day
2. A few times a week
3. A few times a month
4. Rarely or not at all

#### PlayBuild

**/“Play to Build Things”**

How often do you play together with toys for building things? For example, blocks, Tinkertoys, Lincoln Logs, or Duplos.

(Would you say: Every day, A few times a week, A few times a month or Rarely or not at all?)

1. Every day
2. A few times a week
3. A few times a month
4. Rarely or not at all

#### PlayGroup

**/“Play Groups”**

How often do you go to any out-of-the home activities or programs that are specifically for babies, like Mommy and Me, library story times, and play groups?

(Would you say: Every day, A few times a week, A few times a month or Rarely or not at all?)

1. Every day
2. A few times a week
3. A few times a month
4. Rarely or not at all

Happiness and Life Satisfaction

#### Happiness

**/“Happiness”**

And how do you feel about your life as a whole right now?

Would you say you are: Not at all satisfied, A little bit satisfied, Somewhat satisfied, Quite a bit satisfied, or Very Much satisfied?

01. Not at all satisfied

02. A little bit satisfied

03. Somewhat satisfied

* 1. Quite a bit satisfied
  2. Very Much satisfied

#### Baby Block Complete

**/“Baby Block Complete”**

* You have reached the end of the “Baby” block
* ENTER [1] to complete this block and return to the menu

01. Yes

05. No

**[END OF SURVEY INSTRUMENT]**

## Section S: Hair Cortisol Questions

Iwer checkpoint:

* Start “Hair” Block
* If the participant refuses this collection, select [Ctrl-R]
* Otherwise ENTER [1] to continue

1. Continue

* **Iwer Checkpoint**

**Hair Collection Prototcol: Make sure you have the following:**

**Equipment and Supplies:**

* Pre-labeled reclosable plastic bag
* Aluminum foil (8” x 11” section)
* Small scissors
* Alcohol swabs x 2
* Large hair clips x 2 (to pin hair up)
* Comb to part hair
* Permanent marker
* Pen
* Embroidery floss (3 x 3 inch pieces)
* Pre-addressed collection envelope
* Medical gloves (for experimenter)

#### HairCortisol

**/“Hair Cortisol”**

### Hair cortisol questions

Given that we know parenthood can be stressful, one of the things we are interested in is looking at your stress levels over time. Interestingly, we can look at how much stress hormone your body made over the last few months by looking at your hair.

Is it all right if I take a very small amount of hair from the back of your head near your scalp, no more than the thickness of pencil lead? You can help direct me to where you want it cut from on the back of your head?

01. Yes GO TO STEROIDS

05. No GO TO CONFIRMHAIR

#### Steroids

**/“Steroids”**

Great. There are a few medications some people take that can interfere with the researchers’ ability to measure hormones in hair.

Are you currently taking any steroid pills, like prednisone?

01. Yes GO TO STEROIDSP3M

05. No GO TO INHALESTER

#### SteroidSP3M

**/“Steroids Past 3 Months”**

Did you take these medications in the last three months?

01. Yes GO TO CONFIRMHAIR

05. No GO TO INHALESTER

#### InhaleSter

**/“Inhaled Steroids”**

Are you currently taking any inhaled steroids, like Flovent or Pulmicort, for asthma or another condition?

01. Yes GO TO INHALESTERP3M

05. No GO TO STERCREAM

#### InhaleSterP3M

**/“Inhaled Steroids Past 3 Months”**

Did you take these medications in the last three months?

01. Yes GO TO ConfirmHair

05. No GO TO STERCREAM

#### SterCream

**/“Steroid Cream”**

Are you currently using any steroid creams, like hydrocortisone, for a rash or other condition?

01. Yes GO TO STERCREAMP3M

05. No GO TO NoHair

#### SterCreamP3M

**/“Steroids Past 3 Months”**

Did you take these medications in the last three months?

01. Yes GO TO CONFIRMHAIR

05. No GO TO NOHair

#### NoHair

**/“No Hair”**

Thank you. I have a couple more questions for you.

#### HairWash

**/“Hair Wash”**

How many times a week do you wash your hair?

* IF mom mentions she does NOT wash hair weekly, ENTER “0”

[NUMBER]

#### HairDye

**/“Hair Dyed”**

Is your hair dyed, colored, or highlighted?

01. Yes

05. No

* **Iwer Checkpoint**

**Protocol:**

Step 1: Alert the Participant

* Tell Mom it is now time for the hair collection and briefly describe the collection procedure

Step 2: Prepare Aluminum Foil

* Fold in half and label with a permanent marker:

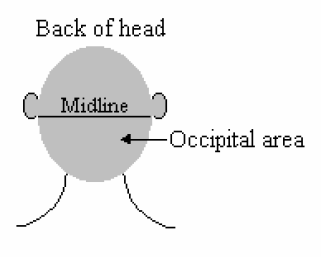
1. Age 1 Visit
2. Participant ID (SID)
3. IW Location
4. Your Initials

Step 3: Set Up Supplies

* Lay out hair cortisol collection supplies
* Cut 3, 3-inch sections of the embroidery floss and loop lightly
* Sanitize scissors, clips, comb with alcohol swab
* Position yourself so that you can reach the back of mom’s head

Step 4: Prepare Head for Sample Collection

* Put on gloves
* Use the comb to horizontally divide a section of hair along the midline



* Twist and clip the hair, exposing the root of the hair along the midline
* Using the comb, section off a small part of the hair in the middle of the head
  + About the thickness of a half a pencil lead
* Feed hair through the string loop, and tighten string around hair
* Slide string up the hair to the root
* Repeat above process for a second section of hair
* NOTE: If you accidentally drop the thread on the floor or it becomes knotted, use the back-up 3rd string

Step 5: Collect the Hair Sample

* Cut each sample between the scalp and string (closest to the root)
* Place samples inside the folded foil with the string ends on the same side
  + If hair sample is longer than foil, trim the NON- root end (away from string)
* Remove clips to release Mom’s hair

Step 6: Prepare Sample

* Place samples inside folded foil with string-tied ends together
* Label the outside of the foil
  + Write “ROOT” over the string-tied side of the sample
  + Draw an arrow with the point in the direction of the string-tied ends
* Fold the edges to secure the sample packet
  + NOTE: Do NOT fold hair samples

Step 7: Prepare Envelope

* Sample should be placed in the plastic, sealable bag
* Place labeled plastic bag with sample into pre-stamped and addressed envelope
  + Pull sticker along the flap and press down firmly to create a strong seal

Step 8: Cleanup

* Use the second alcohol swab to sanitize the scissors and clips. Pack them away
* Remove gloves
* Dispose of trash when you get back home (comb, gloves, alcohol swabs)
* Drop the sealed envelope in the nearest USPS collection box

#### ConfirmHair

**/“Hair Completed”**

Interviewer checkpoint:

* Did you complete the hair sample?

01. Yes GO TO WEIRDHAIR

05. No GO TO WHYNOHAIR

#### WhyNoHair

**/“Why No Hair Collected”**

Interviewer checkpoint:

* WHAT is the reason the hair was not collected?

[STRING – OPEN END]

#### WeirdHair

**/“Weird Hair Occurance”**

Interviewer checkpoint:

* DID anything unusual happen during hair collection?

[STRING – OPEN END]

#### Hair Block Complete

**/“Hair Block Complete”**

* You have reached the end of the “Hair” block
* ENTER [1] to complete this block and return to the menu

01. Yes

05. No

## Section U: ClinCard

#### ChildDOB

**/”Child DOB”**

NOT DISPLAYED TO RESPONDENT:

This field is not on route, it is only to hold child’s DOB from baseline. [CHILDDOB]

IF CHILDDOB IS < 1/1/2019

ChildDOB=Yes

Else, ChildDOB=No

IF ChildDOB = YES, HIDE SECTION U

IF ChildDOB = NO, SHOW SECTION U

IF MOM DECLINED STUDY GIFT IN BASELINE, SKIP SECTION (IF GiftID IS BLANK OR CARDSETUP = 5, SKIP SECTION)

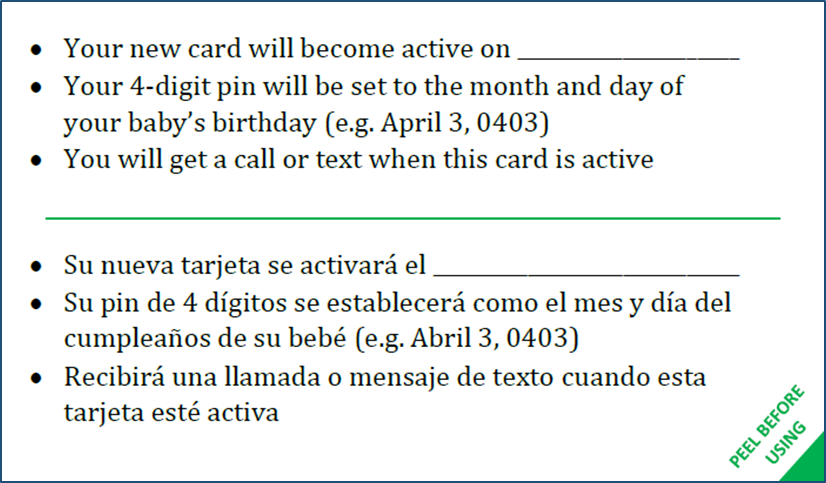
#### NewCCIntro

**/“New ClinCard Intro”**

Today I have brought you a new 4MyBaby debit card as yours will expire before your next visit. Your card will be activated on Monday [DATE OF MONDAY TO FOLLOW VISIT DATE. IF VISIT IS ON A MONDAY, DATE = FOLLOWING MONDAY]. At that time, your 4-digit pin will be set to the month and day ~~year~~ of your baby’s birthday. Someone from the hotline will call or text you when the card has been activated and is ready to use.

Here is your new card’s activation date as well as important information about your debit card.

* FILL out activation date, and give to mother



* ENTER [1] to continue

#### CCPhone

**/“CC Phone activation”**

What phone number should we call to let you know your card has been activated?

* ENTER phone number

[NUMBERIC, WIDTH=12]

[DISPLAY ERROR IF CCPHONE IS NOT COMPLETE]

#### CCMessage

**/“CC Phone message”**

Would you prefer to be called and left a message, texted, or both?

1. Call and leave a message

02. Text message

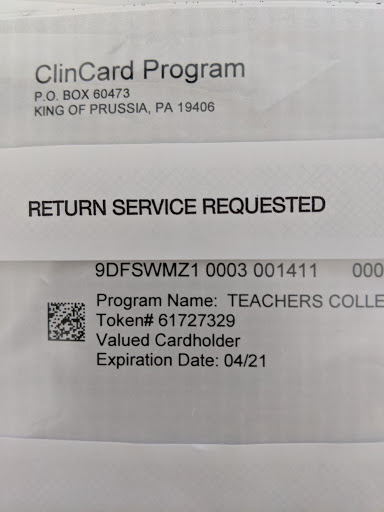
03. Both called and texted messages

#### NewCC#

**/“New ClinCard Number”**

If you don’t mind, I will just take a minute to record the 8 digits on the front of the card so we can confirm you received it.

[INSERT IMAGE OF WHERE THE 8 DIGITS ARE]



* ENTER the 8 digits from the envelope

[NUMBERIC, WIDTH=8]

[DISPLAY ERROR IF NEWCC# IS NOT COMPLETE]

#### NewCC#Reenter

**/“New ClinCard Number Re-enter”**

* Please re-enterRE-ENTER CC#.

[DISPLAY ERROR IF NEWCC# AND NEWCC#REENTER DO NOT MATCH]

#### CCReminder

**/“ClinCard Reminder”**

In the meantime, your current card will stay active. As with the old card, money will be loaded onto your card each month on the day of your baby’s birthday. If you need any help with your current card, please call the number on the front of your card. As a reminder, if you lose your card, you may call this number and they will send you a new one for free.

* ENTER [1] to continue and GO TO MOM2BLOCKCOMPLETE

#### IWDone

**/“Interview Done”**

Thank you very much for participating in this project. Please feel free to contact the Baby’s First Years project team at any time throughout the next three years if you have any questions.

01. Exit interview

#### Mom2 Block Complete

**/“Mom2 Block Complete”**

* You have reached the end of the “Mom2” block
* ENTER [1] to complete this block and return to the menu

01. Yes

05. No

#### /IWComplete

* CHECKPOINT: Exit interview

1. Interview Complete

Eligibility outcomes (numeric value is passed to MSMS):

(DO NOT SHOW TO INTERVIEWER, THIS VARIABLE WILL BE PASSED TO MSMS)

\*\*\*\*FOR MSMS\*\*\*\*

|  |  |
| --- | --- |
| **Eligibility (integer code)** | **EligibilityDesc (string desc)** |
| 1 | Baby is Deceased |
| 2 | Baby was Adopted |
| 3 | Mom did not sign consent |
| 4 | Other, non-interview |
|  |  |

## Section V: Observations

#### ObsRLocation

**/“Respondent Location”**

* WHERE did the interview take place?

01. In home, kitchen;

02. In home, bedroom;

03. In home living room;

04. Out of home, classroom;

05. Out of home, library,

07, Out of home, other place (specify)

#### ObsRLocationO

**/“Respondent Location Other”**

* WHERE did the interview take place?

[OPEN-ENDED]

#### ObsSafe

**/“Safe home”**

* DID the place where the interview took place appear safe for a child?

01. Yes

05. No

#### ObsPest

**//“Pests at home”**

* DID you see or see any evidence of pests?

01. Yes

05. No

#### ObsBooks

**/“Books at home”**

* DID you see any children’s books?

01. Yes

05. No

#### ObsAssistant

**/“ Assistant present”**

* WAS there an assistant present during the visit?

01. Yes

05. No

#### ObsROthers

**/“Respondent Others present”**

* WAS anyone else present during the visit?

01. Yes

05. No

#### ObsROthersName

**/“Respondent Names of Others present”**

* Please LIST names and/or relationship to Respondent if known.

[OPEN-ENDED]

#### ObsRReveal

**/“Respondent Reveal”**

* DID Mom reveal (or did you otherwise find out) the amount of the gift she is receiving from the study?

01. Yes

05. No

#### Obs Block Complete

**/“Obs Block Complete”**

Are all sections within this block complete?

01. Yes

05. No