

Pre-visit questions

LANGUAGES SPOKEN TO CHILD

L1. What language(s) do you speak at home?

L2. What language(s) do you speak to your child?

(NOTE: END screener if language is spoken to target child is not English or Spanish to target child.)

CHILD INFORMATION

A1. What is [CHILD]'s birth date?

Month _____ Day _____ Year _____

A2. What was his/her due date?

Month _____ Day _____ Year _____

(NOTE: END screener if child was born preterm, 36 weeks or under. Term is 40 weeks.)

A3. How much did your baby weigh at birth?

Pounds: _____ Ounces: _____

A4. Were there any birth or newborn complications?

YES _____ NO _____

If yes, please specify:

A5. Has your child had any major illnesses or injury or medical or behavioral diagnoses (e.g., asthma, ADHD)?

YES _____ NO _____

If yes, please specify:

A7. At what time does your child typically:

- **A7a. Fall asleep at night?**
- **A7b. Wake up in the morning?**

CHILD CARE ARRANGEMENTS

B1. Does anyone other than you take care of the child on regular basis?

- Someone (nanny, babysitter, relative, etc)
- Childcare center
- Both
- None

B2. How many hours per week does {CHILD} spend in the care of someone else?

Hours/week: _____

MOTHER INFORMATION

C1. What is your birth date?

Month _____ Day _____ Year _____

(NOTE: END screener if mother was younger than 21-yo when {CHILD} was born.)

C2. What is your race and ethnicity? “Would you describe your race/ethnicity as...”

Race:

1. American Indian or Alaskan Native
2. Asian
3. Native Hawaiian or Other Pacific Islander
4. Black or African American
5. White
6. More than one
7. Other
8. REFUSED

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

PARTNER INFORMATION [WIFE / HUSBAND]

[EXPERIMENTER] Say to mom: “Does [CHILD]’s father live in the home with you?”

If yes: continue... If no: SKIP AND MOVE ONTO PART E.

D1. What is [HIS / HER] birth date?

Month _____ Day _____ Year _____

REFUSED DON’T KNOW

(NOTE: END screener if father was younger than 21-yo when {CHILD} was born.)

D2. What is their race and ethnicity? “Would you describe their race/ethnicity as...”

Race:

1. American Indian or Alaskan Native
2. Asian
3. Native Hawaiian or Other Pacific Islander
4. Black or African American
5. White
6. More than one
7. Other
8. REFUSED

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

FAMILY STRUCTURE

E1. In addition to you and [CHILD]’s father (if dad lives with mom/child), please tell me who else lives with you permanently?

Categories are listed by relation to [CHILD]. Put in the number living with you and [CHILD] permanently for each category.

- Sister _____
- Brother _____
- Partner/ Husband/ Boyfriend of child’s parent or guardian _____
- Grandmother Grandfather Aunt _____
- Uncle _____
- Cousin _____
- Other relative _____
- Other non-relative _____

E2. IF [CHILD]’s siblings live with you, what are their birthdates?

Month _____ Day _____ Year _____

Month _____ Day _____ Year _____

Month _____ Day _____ Year _____

Month _____ Day _____ Year _____

Home visit questions

TOYS AND MATERIALS

T1. Does [CHILD] HAVE the following toys at home?

	Yes	No
Action figures		
Baby stroller		
Baby walker		
Balls		
Buildings such as school, farm, castle		
Busy box/Activity Center		
Children’s books		
Cleaning set		
Crayons, coloring books, paints		
Doctor set		
Dolls		
Dress up clothes or costumes (like princess or Spiderman costumes; adult-like shoes)		
ExerSaucer		
Geometric shapes		
Interlocking blocks (Duplo/Lego blocks that fit together)		
Jolly jumper / bouncer		
Kitchen sets, tea sets, and/or food sets		
Makeup or grooming toys (brush, comb, mirror, makeup)		
Model size play sets for dolls (doll house)		

	Yes	No
Musical instruments		
Nesting/stacking toys		
Playdoh or clay		
Pocketbooks, purse, glasses.		
Push toy (ball popper, lawn mower)		
Puzzles		
Ride toys (bike, scooter, rocking horse, car to sit in)		
Shape sorter		
Soft toys like teddy bear, stuffed animals or puppets		
Sports equipment (nets, bats, racquets, hockey sticks)		
Tools (screwdriver, hammer)		
Toy computer		
Toy guns and/or swords		
Toy phone		
Train or roadway sets		
Vehicles (cars, trucks, trains and planes)		

PETS

P1. Do you have any pets at home?

No _____ Yes _____

Please list? _____.

P2. Do you have any dogs at home?

No _____ Yes _____

- P2a. How many? _____.

- P2b. Do they live mainly:

Indoors _____ Outdoors _____

P3. Do you have any cats at home?

No _____ Yes _____

- P3a. How many? _____.

- P3b. Do they live mainly:

Indoors _____ Outdoors _____

P4. Has the number of pets in your home changed since your infant was born?

No _____ Yes _____

Please explain: _____.

MEDIA TIME/USE

C1. Do you have any of the following?

- TV (1)
- DVD player (3)
- Personal computer (4)
- Regular mobile phone (6)
- Smart phone (7)
- iPad or other tablet (8)
- MP3 player (iPod or similar) (9)
- Educ game (Leapster) (10)
- Video game console (xbox) (11)

C1b. Has your child ever used this device/ service (probe for how)? If yes, how?

- TV (1)
- DVD player (3)
- Personal computer (4)
- Regular mobile phone (6)
- Smart phone (7)
- iPad or other tablet (8)
- MP3 player (iPod or similar) (9)
- Educ game (Leapster) (10)
- Video game console (xbox) (11)

C2. When someone is at home in your household, how often is the TV on, even if no one is actually watching it?

- Never
- Hardly ever
- Some of the time
- Most of the time
- Always

C3. How often, if ever, do you put shows or movies on when in transit (i.e., car or public transit) with your child?

- Not applicable (i.e., don't have portable media devices)
- Never (i.e., don't use media when in transit)
- Hardly ever
- Sometimes
- Often

C4. There are often times when parents have to use their smartphone or tablet when spending time with their child. How likely are you to use your phone or other device (e.g., to make calls, text, check email, watch a video) [ORANGE SCALE]

| I never do this (1) | Not very likely (2) | Neutral (3) | Likely (4) | Very likely (5) |

- During meals (1)
- Getting your child ready for school (2)

- During playtime (3)
- During bedtime routine (4)
- While driving them to or from activities, or when riding on public - transportation. (5)

C5. How often do you... [GREEN SCALE]

Never (1) | Rarely (2) | Sometimes (3) | Often (4) |

- Watch together? (1)
- Try to help the child understand what s/he sees on TV? (2)
- Set specific viewing hours for the child? (3)
- Remain in the room with your child when media is being used. (4)?

EARLY CHILDHOOD BEHAVIOR QUESTIONNAIRE (ECBQ) – VERY SHORT FORM (ROTHBART)

INSTRUCTIONS: Please read carefully before starting. [PURPLE SCALE]

As you read each description of the child's behavior below, please indicate how often the child did this during the last two weeks by circling one of the numbers in the right column. These numbers indicate how often you observed the behavior described during the last two weeks.

less than half the time			more than half the time			does not always apply		
1	2	3	4	5	6	7	NA	

The “Does Not Apply” column (NA) is used when you did not see the child in the situation described during the last two weeks. For example, if the situation mentions the child going to the doctor and there was no time during the last two weeks when the child went to the doctor, circle the (NA) column. “Does Not Apply” (NA) is different from “NEVER” (1). “Never” is used when you saw the child in the situation but the child never engaged in the behavior mentioned in the last two weeks. Please be sure to circle a number or NA for every item.

In the last two weeks...

When approached by an unfamiliar person in a public place (for example, the grocery store), how often did your child cling to a parent?

While having trouble completing a task (e.g., building, drawing, dressing), how often did your child get easily irritated?

When a familiar child came to your home, how often did your child seek out the company of the child?

When offered a choice of activities, how often did your child decide what to do very quickly and go after it?

During daily or evening quiet time with you and your child, how often did your child enjoy just being quietly sung to?

While playing outdoors, how often did your child choose to take chances for the fun and excitement of it?

When engaged in play with his/her favorite toy, how often did your child...

- ...play for more than 10 minutes?
- ...continue to play while at the same time responding to your remarks or questions?

When told that loved adults would visit, how often did your child get very excited?

During quiet activities, such as reading a story, how often did your child fiddle with his/her hair, clothing, etc.?

While playing indoors, how often did your child like rough and rowdy games?

When being gently rocked or hugged, how often did your child seem eager to get away?

When encountering a new activity, how often did your child get involved immediately?

In the last two weeks...

When engaged in an activity requiring attention, such as building with blocks, how often did your child tire of the activity relatively quickly?

During everyday activities, how often did your child...

- ...pay attention to you right away when you called to him/her?
- ...seem to be irritated by tags in his/her clothes?
- ...become bothered by sounds while in noisy environments?
- ...seem full of energy, even in the evening?

While in a public place, how often did your child seem afraid of large, noisy vehicles?

During everyday activities, how often did your child...

- ...pay attention to you right away when you called to him/her?
- ...seem to be irritated by tags in his/her clothes?
- ...become bothered by sounds while in noisy environments?
- ...seem full of energy, even in the evening?

While in a public place, how often did your child seem afraid of large, noisy vehicles?

When playing outdoors with other children, how often did your child seem to be one of the most active children?

When told "no", how often did your child...

- ...stop the forbidden activity?
- ...become sadly tearful?

Following an exciting activity or event, how often did your child seem to feel down or blue?

While playing indoors, how often did your child run through the house?

Before an exciting event (such as receiving a new toy), how often did your child get very excited about getting it?

When s/he asked for something and you said "no", how often did your child have a temper tantrum?

When asked to wait for a desirable item (such as ice cream), how often did your child wait patiently?

When being gently rocked, how often did your child smile?

While being held on your lap, how often did your child mold to your body?

When a familiar adult, such as a relative or friend, visited your home, how often did your child want to interact with the adult?

When asked to do so, how often was your child able to be careful with something breakable?

When visiting a new place, how often did your child not want to enter?

When s/he was upset, how often did your child... - ...cry for more than 3 minutes, even when being comforted? - ...become easily soothed?

When you were busy, how often did your child find another activity to do when asked?

When around large gatherings of familiar adults or children, how often did your child enjoy playing with a number of different people?

HOME ENVIRONMENT

I am going to read you statements about your home. Please answer which statements are True and which one's are False. For some statements you may feel that they are True some of the time but not always. Determine whether the statement is True or False the majority of the time and answer accordingly.

C1. There is very little commotion in our home.

TRUE _____ FALSE _____

C2. We can usually find things when we need them.

TRUE _____ FALSE _____

C3. We almost always seem to be rushed.

TRUE _____ FALSE _____

C4. We are usually able to "stay on top of things".

TRUE _____ FALSE _____

C5. It's a real "zoo" in our home.

TRUE _____ FALSE _____

C6. At home we can talk to each other without being interrupted.

TRUE _____ FALSE _____

C7. There is often a fuss going on at our home.

TRUE _____ FALSE _____

C8. Our home is a good place to relax.

TRUE _____ FALSE _____

C9. The telephone takes up a lot of our time at home.

TRUE _____ FALSE _____

C10. The atmosphere in our home is calm.

TRUE _____ FALSE _____

C11. We have an evening bed time routine with [target child].

TRUE _____ FALSE _____

GENDER SOCIALIZATION

Mom report:

“I think it would be OK for (CHILD’S NAME) to do things that (other gender) usually do.”

- A. Not at all true
- B. A little true
- C. Pretty true
- D. Very true

“I would be upset if (CHILD’S NAME) acted like a (other gender).”

- A. Not at all true
- B. A little true
- C. Pretty true
- D. Very true

“I would be upset if (CHILD’S NAME) wanted to play with (other gender) toys, games, and activities.”

- A. Not at all true
- B. A little true
- C. Pretty true
- D. Very true

“I would be upset if (CHILD’S NAME) wanted to look and dress like (other gender).”

- A. Not at all true
- B. A little true
- C. Pretty true
- D. Very true

“I prefer that my son/daughter play with children of the same gender.”

- A. Strongly disagree
- B. Disagree
- C. Agree
- D. Strongly agree

LOCOMOTOR MILESTONES

SOURCE OF REPORT:

- CALENDAR ____
- BABYBOOK ____
- MEMORY ____
- PHONE ____ (ask parent if brought book)

WHO- WALK ONSET

_____/_____/_____

AGE MOS _____

(~12, 10-14 mos) (5 steps no holding, no falling)

K's- WALK ONSET

_____/_____/_____

AGE MOS _____

(~12, 10-14 mos) (10 ft. across room no holding, no falling)

CRUISE ONSET

_____/_____/_____

AGE MOS _____

(~9, 8-11 mos) (sideways holding furniture for support)

CRAWL ONSET

_____/_____/_____

AGE MOS _____

(~8, 6-10 mos) (no belly touching, 10 ft. across a room, hands/knees, hands/feet)

BELLY CRAWL ONSET

_____/_____/_____

AGE MOS _____

(~7, 5-8 mos) (prone position, belly touch sometimes, 10 ft. across a room, note bum shuffling)

Birthdate	Calendar date
birth	_____/_____/_____
5 mos	_____/_____/_____
6 mos*	_____/_____/_____
7 mos	_____/_____/_____
8 mos	_____/_____/_____
9 mos	_____/_____/_____
10 mos	_____/_____/_____
11 mos	_____/_____/_____
12 mos	_____/_____/_____
13 mos	_____/_____/_____
14 mos	_____/_____/_____
15 mos	_____/_____/_____
16 mos	_____/_____/_____

HEALTH (from ECLS-B)**Mother Information****A1. In what country were you born?**

- (1) United States

- (2) Puerto Rico
- (3) Other US territory
- (4) Other country (specify)

A2. If not born in the US, When did you come to live in the U.S.?

A3. What is the highest grade or year of school that you have completed?

- 0 NO FORMAL SCHOOLING
- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE BUT NO DIPLOMA
- 13 GED CERTIFICATE (year of entry)
- 14 HIGH SCHOOL DIPLOMA/EQUIVALENT
- 15 VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA
- 16 VOC/TECH DIPLOMA AFTER HIGH SCHOOL
- 17 SOME COLLEGE BUT NO DEGREE
- 18 ASSOCIATE'S DEGREE
- 19 BACHELOR'S DEGREE
- 20 GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE
- 21 MASTER'S DEGREE (MA, MS)
- 22 DOCTORATE DEGREE (PHD, EDD)
- 23 PROFESSIONAL DEGREE AFTER BACHELOR'S (MD; DDS; JD, LLB; ETC.)
- REFUSED

A4. Do you currently work for paid employment?

- Full-time
- Part-time
- NO
- REFUSED

A4a. If Full-time or Part-time: What is your occupation?

A5. Are you currently attending or enrolled in any classes or job training program?

- YES
- NO
- REFUSED

Partner Information [Wife/Husband]

Experimenter: “Does [CHILD]’s father live in the home with you? If yes: continue... If no: SKIP TO C.

B1. What is the highest grade or year of school that [he/she] has completed?

- 0 NO FORMAL SCHOOLING
- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE BUT NO DIPLOMA
- 13 GED CERTIFICATE (year of entry)
- 14 HIGH SCHOOL DIPLOMA/EQUIVALENT
- 15 VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA
- 16 VOC/TECH DIPLOMA AFTER HIGH SCHOOL
- 17 SOME COLLEGE BUT NO DEGREE
- 18 ASSOCIATE’S DEGREE
- 19 BACHELOR’S DEGREE
- 20 GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE
- 21 MASTER’S DEGREE (MA, MS)
- 22 DOCTORATE DEGREE (PHD, EDD)
- 23 PROFESSIONAL DEGREE AFTER BACHELOR’S (MD; DDS; JD, LLB; ETC.)
- REFUSED

B2. Does he currently work for paid employment?

- Full-time
- Part-time
- NO
- REFUSED

B2a. If Full-time or Part-time: What is his occupation?

B3. Is he currently attending or enrolled in any classes or job training program?

- YES
- NO
- REFUSED

Childcare

Experimenter: **Does [CHILD] attend any childcare center or is cared for by a nanny on a regular basis?**

If yes: Continue...

If no: Skip to Section D.

C1. Excluding [CHILD], how many children are usually cared for at the same time?

Number of Children: _____

C2. How old was [CHILD] in months when {he/she} first attended any child care center or nanny on a regular basis?

Number of Months: _____

C3. What language does [CHILD]'s care provider speak most when caring for [CHILD]?

Feeding/Nutrition

D1. Did you ever breast-feed [CHILD]?

- YES
- NO
- REFUSED
- DON'T KNOW

D2. Are you still breast-feeding [CHILD] now?

- YES
- NO
- REFUSED
- DON'T KNOW

D3. For how many months did you breast-feed [CHILD]? (Note: Enter '0' if less than one month.)

- Number of months: _____
- REFUSED
- DON'T KNOW

D4. During the past 7 days, was [CHILD] breast-fed, formula-fed, or fed regular cow's milk?

(Note: select all that apply.)

- 1 Breast-fed
- 2 Formula-fed
- 3 Cow's milk
- REFUSED
- DON'T KNOW

D5. How old was [CHILD] in months when you began feeding [him/her] formula?

(Note: If child has never been fed formula, enter '995'. If child was less than 1 month old when first fed formula, enter '0'.)

- Number of months: _____
- REFUSED
- DON'T KNOW

D6. How old was [CHILD] in months when you began feeding [him/her] cow's milk?

(Note: If child was less than 1 month old when first fed cow's milk, enter '0'.)

- Number of months: _____
- REFUSED
- DON'T KNOW

D7. How old was [CHILD] in months when solid food was first introduced? Solid foods include cereal and baby food in jars, but not finger foods.

(Note: If child has not yet started eating solid food, enter '995'.)

- Number of months: _____
- REFUSED
- DON'T KNOW

D8. How old was [CHILD] in months when [he/she] was first given finger foods, such as Cheerios, teething biscuits, crackers, bread, noodles, rice, grits, tortillas, or potatoes?

(Note: If child not given finger foods, enter '995'.)

- Number of months: _____
- REFUSED
- DON'T KNOW

D9. Is [CHILD] able to drink from a self-held cup?

- YES
- NO
- REFUSED
- DON'T KNOW

D10. How old was [CHILD] in months when [he/she] began drinking from a self-held cup?

- Number of months: _____
- REFUSED
- DON'T KNOW

Sleep Hygiene

E1. How many hours of nap time does your child have during the day?

E2. Where does [CHILD] usually sleep?

- Infant crib in a separate room
- Infant crib in parents' room
- In parents' bed
- Infant crib in room with sibling
- Other

E2a. If other, specify: _____

E3. When you put [CHILD] to bed, is [he/she] usually awake or asleep?

- AWAKE
- ASLEEP
- REFUSED
- DON'T KNOW

E4. When [CHILD] was a newborn, in what position did you put [him/her] to sleep?

- LYING ON STOMACH WITH FACE TO SIDE
- LYING ON STOMACH WITH FACE DOWN
- LYING ON BACK
- LYING ON SIDE
- PROPPED IN A SITTING POSITION
- NO SPECIAL WAY
- CHANGED POSITION/ROTATED BABY
- OTHER
- REFUSED
- DON'T KNOW

General Health

Now, I'd like to ask you about [CHILD]'s health.

F1. Would you say [CHILD]'s health is...

- 1 Excellent
- 2 Very good
- 3 Good,
- 4 Fair
- 5 Poor
- REFUSED
- DON'T KNOW

F2. How old was [CHILD] on {his/her} last well-baby visit?

- Number of months: _____
- REFUSED
- DON'T KNOW

F3. Has [CHILD] ever needed to see a medical specialist or has your pediatrician or regular doctor ever sent [CHILD] to be seen by someone else?

(PROBE: From the time [CHILD] was born until now.)

- YES
- NO
- REFUSED
- DON'T KNOW

F4. Has [CHILD] ever had [his/her] hearing tested?

(Note: Code all that apply.) (PROBE: If yes, ask: Was that in the birth hospital or after going home or both?)

- YES, IN BIRTH HOSPITAL
- YES, AFTER GOING HOME
- NO
- REFUSED
- DON'T KNOW

F5. Has [CHILD] ever had [his/her] vision tested?

(Note: Code all that apply.) (PROBE: If yes, ask: Was that in the birth hospital or after going home or both?)

- YES, IN BIRTH HOSPITAL
- YES, AFTER GOING HOME
- NO
- REFUSED
- DON'T KNOW

F6. Has a doctor, nurse, or other medical professional ever told you that [CHILD] has...

- Asthma? (YES | NO | REFUSED | DON'T KNOW)
- A respiratory illness, such as bronchitis, pneumonia, or bronchiolitis? (YES | NO | REFUSED | DON'T KNOW)
- A severe gastrointestinal illness, as indicated by frequent vomiting, diarrhea, or dehydration? (YES | NO | REFUSED | DON'T KNOW)
- An ear infection? (YES | NO | REFUSED | DON'T KNOW)

F7. Now, I want to ask you about any injuries [CHILD] has had. Since [CHILD] {began living with you/came home after birth}, how many times has [he/she] seen a doctor or other medical professional or visited a clinic or emergency room for an injury?

- NEVER
- ONCE
- TWICE
- THREE OR MORE
- REFUSED
- DON'T KNOW

Prenatal Care and Behaviors

G1. Did you ever visit a doctor or clinic for prenatal care when you were pregnant with [CHILD]?

- YES
- NO
- REFUSED
- DON'T KNOW

Smoking

H1. During your 1st trimester, how many cigarettes or packs did you smoke on an average day?

(Note: Enter '0' if respondent did not smoke. Enter '1' if respondent smoked less than 1 cigarette a day.)
(PROBE: A pack has 20 cigarettes.)

- Number of cigarettes: _____
- REFUSED
- DON'T KNOW

H2. During your 2nd trimester, how many cigarettes or packs did you smoke on an average day?

(Note: Enter '0' if respondent did not smoke. Enter '1' if respondent smoked less than 1 cigarette a day.)
(PROBE: A pack has 20 cigarettes.)

- Number of cigarettes: _____
- REFUSED
- DON'T KNOW

H3. During your 3rd trimester, how many cigarettes or packs did you smoke on an average day?

(Note: Enter '0' if respondent did not smoke. Enter '1' if respondent smoked less than 1 cigarette a day.)
(PROBE: A pack has 20 cigarettes.)

- Number of cigarettes: _____
- REFUSED
- DON'T KNOW

H4. Do you smoke cigarettes now?

- YES
- NO
- REFUSED
- DON'T KNOW

H5. How many cigarettes or packs of cigarettes do you smoke on an average day now?

(Note: Enter '1' if respondent smokes less than 1 cigarette a day.)

- Number of cigarettes: _____
- REFUSED
- DON'T KNOW

H6. [Do you/Does anyone] smoke inside the house?

- YES
- NO
- REFUSED
- DON'T KNOW

H7. [Do you/Does anyone] smoke in the car?

- YES
- NO
- REFUSED
- DON'T KNOW

Drinking

I1. During your pregnancy, how many alcoholic drinks did you have in an average week?

- DIDN'T DRINK THEN
- LESS THAN 1 DRINK
- 1 TO 3 DRINKS
- 4 TO 6 DRINKS
- 7 TO 13 DRINKS
- 14 TO 19 DRINKS
- 20 OR MORE DRINKS
- REFUSED
- DON'T KNOW

I2. During your 1st trimester, how many alcoholic drinks did you have in an average week?

- DIDN'T DRINK THEN
- LESS THAN 1 DRINK
- 1 TO 3 DRINKS
- 4 TO 6 DRINKS
- 7 TO 13 DRINKS
- 14 TO 19 DRINKS
- 20 OR MORE DRINKS
- REFUSED
- DON'T KNOW

I3. During your 2nd trimester, how many alcoholic drinks did you have in an average week?

- DIDN'T DRINK THEN
- LESS THAN 1 DRINK
- 1 TO 3 DRINKS
- 4 TO 6 DRINKS
- 7 TO 13 DRINKS
- 14 TO 19 DRINKS
- 20 OR MORE DRINKS
- REFUSED
- DON'T KNOW

I4. During your 3rd trimester, how many alcoholic drinks did you have in an average week?

- DIDN'T DRINK THEN
- LESS THAN 1 DRINK
- 1 TO 3 DRINKS
- 4 TO 6 DRINKS
- 7 TO 13 DRINKS
- 14 TO 19 DRINKS
- 20 OR MORE DRINKS
- REFUSED
- DON'T KNOW

Food Sufficiency

These next questions are about the food eaten in your household.

J1. Please tell me whether the following statement was often true, sometimes true, or never true for [you/your household]: In the last 12 months, that is, since last [CURRENT MONTH], [CHILD] was not eating enough because [I/we] couldn't afford enough food. For your household in the last 12 months, was that often true, sometimes true, or never true?

- OFTEN TRUE
- SOMETIMES TRUE
- NEVER TRUE
- REFUSED
- DON'T KNOW

J1A. How often did this happen? Would you say...

- Almost every month,
- Some months, but not every month
- In only 1 or 2 months
- REFUSED
- DON'T KNOW

J2. In the last 12 months since [CURRENT MONTH] of last year, did you ever cut the size of [CHILD]'s meals because there wasn't enough money for food?

- YES
- NO
- REFUSED
- DON'T KNOW

J2A. How often did this happen? Would you say...

- Almost every month,
- Some months, but not every month
- In only 1 or 2 months
- REFUSED
- DON'T KNOW

J3. In the last 12 months, did [CHILD] ever skip a meal because there wasn't enough money for food?

- YES
- NO
- REFUSED
- DON'T KNOW

J3A. How often did this happen? Would you say...

- Almost every month
- Some months, but not every month
- In only 1 or 2 months

- REFUSED
- DON'T KNOW

J5. In the last 12 months was [CHILD] ever hungry but you just couldn't afford more food?

- YES
- NO
- REFUSED
- DON'T KNOW

J5A. How often did this happen? Would you say...

- Almost every month,
- Some months, but not every month
- In only 1 or 2 months
- REFUSED
- DON'T KNOW

J6. In the last 12 months did [CHILD] ever not eat for a whole day because there wasn't enough money for food?

- YES
- NO
- REFUSED
- DON'T KNOW

J6A. How often did this happen? Would you say...

- Almost every month,
- Some months, but not every month
- In only 1 or 2 months
- REFUSED
- DON'T KNOW

TYPICAL DAY

After each visit:

Did this feel like a typical morning/day for child as for what he/she would typically be doing?

YES _____ NO: _____

How is this different?

Did it feel like a typical morning for you as for what you would typically be doing?

YES _____ NO: _____

How is this different?