

ICPSR 37871

**Baby's First Years (BFY), New York
City, New Orleans, Omaha, and
Twin Cities, 2018-2020**

Age 1 Survey Instrument

Inter-university Consortium for
Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

Baby's First Years (BFY), New York City, New Orleans, Omaha, and Twin Cities, 2018-2020

Katherine A. Magnuson
University of Wisconsin--Madison

Kimberly Noble
Columbia University. Teachers College

Greg J. Duncan
University of California, Irvine

Nathan A. Fox
University of Maryland, College Park

Lisa A. Gennetian
Duke University

Hirokazu Yoshikawa
New York University

Sarah Halpern-Meekin
University of Wisconsin--Madison

Terms of Use

The terms of use for this study can be found at:
<http://www.icpsr.umich.edu/web/ICPSR/studies/37871/terms>

Information about Copyrighted Content

Some instruments administered for studies archived with ICPSR may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

NOTICE

WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

Baby's First Years

Age 1 Survey Instrument

Version 6

Version date: 6/28/19

Contents

SAMPLE MANAGEMENT SYSTEM HAND-OFF:.....	5
Age 1 Instrument – MSMS Pre-Loads.....	5
PRELOAD FROM BASELINE:	6
Parallel Block Structure	8
Pre-Interview: Data Verification.....	8
Section A: Intro, Voluntary Statement	14
Section B: Mother Demographics	24
Maternal Race and Ethnicity	24
Section C: Household Roster	27
Adults	28
Children	33
Section D1: BioDad.....	39
Section D2: Father's Demographics	45
Father's Race and Ethnicity	45
Father's Employment	48
Incarceration	50
Section D3: Current Relationship	51
Section D4: AudioCASI (Relationship +_ Discipline)	54
Romantic relationships.....	59
Section O: Discipline Strategies.....	66
Discipline (from Fragile Families)	66

Maternal Health: Smoking and Alcohol Use.....	68
Maternal Health: Sexual.....	70
Section D5: Father Involvement.....	76
Father Involvement and Co-Parenting	76
Section E: Residential History, Housing Quality	85
Residential Mobility	85
Housing Quality	87
Section F: Neighborhood.....	92
Neighborhood	92
Section G: A Year in Review	93
Life History Calendar: Employment.....	95
Life History Calendar: Maternity Leave.....	97
Life History Calendar: Breastfeeding.....	99
Life History Calendar: Childcare (adapted from SIPP)	102
Childcare at time of the age-1 interview (From the National Survey of Early Care and Education)	105
Mother’s Employment at the time of the age-1 interview (SPARQ questions from CPS).....	111
Section H: Child Health.....	117
Child Sleep –adapted from the PROMIS Sleep Disturbance - Parent Proxy questionnaire from ECHO117	
Child Information: Health.....	119
Section I: Social Emotional Development	124
Social Emotional Development (BITSEA/Parent Report) BITSEA:.....	124
Section J: Child Home Language Exposure	138
Languages Spoken Questions.....	138
Section M1: Maternal Health.....	141
Maternal happiness and agency/optimism (HOPE)	141
Section K: Income and Receipt of Public Program Benefits	146
Income/net worth (from baseline).....	146
Total earnings.....	146
Cohabiting Romantic Partner Earnings	150
Others’ earnings.....	153
Govt Income	156
All other income	159

Receipt of Public Benefits Questions	165
Section L: Expenditures and Economic Stress (other than food insecurity).....	167
Child expenditures (taken largely from Metrobaby):.....	167
Economic Stress	174
Food expenditures (Taken from PSID and complicated by SNAP and eating out)	176
Economic stress owing to food insecurity (SPARQ questions that parallel the USDA short form)	180
Other questions about assets and or expenditures	182
Section M2: Maternal Health.....	187
Maternal happiness and agency/optimism (HOPE)	187
Section N: Household Atmosphere	193
CHAOS SCALE - from Pilot 12mo	193
Section P: Parenting Stress.....	200
Section Q: Maternal Health.....	204
Maternal Health and Satisfaction.....	204
Maternal Health: Depression	205
Maternal Health: Beck Anxiety Inventory	209
Maternal Health: Sleep	220
Maternal Health: Perceived Stress Scale.....	222
Incarceration	226
Section R: Language Development (ASQ) and Parent Child Activities	227
Ages and Stages parent-report survey (communication subscale)	227
Section R12: ASQ-3: 12 month questionnaire (11 mos 0 days to 12 mos 30 da ys).....	229
Section R14: ASQ-3: 14 month questionnaire (13 mos 0 days to 14 mos 30 days).....	233
Section R16: ASQ-3: 16 month questionnaire (15 mos 0 days to 16 mos 30 days).....	236
Section R18: ASQ-3: 18 month questionnaire (17 mos 0 days to 18 mos 30 days).....	239
Parent Child Activities	242
Happiness and Life Satisfaction.....	243
Section S: Hair Cortisol Questions	245
Section U: ClinCard.....	251
Section V: Observations	255



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.CorrgenderOfChild

Pre-Interview.Corrchildnamef

Pre-Interview.Corrchildnamel

Pre-Interview.CorrChilddob_month

Pre-Interview.CorrChilddob_year

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:

Respfname
Resplname
SampleID
ChildfName
ChildlName
ChildDob_Mo
ChildDob_yrD
ChildDob_Yr
babygender
HHMemName_a_X
Hhmemgender_a_X
Hhmemrel_a_X

```
Hhmemdob_a_X  
hhmemcontr_a_X  
hhmemage_a_X  
PrevYear
```

Add preload from baseline:

```
If [Childdob_yrD, ChildDOB_Mo, ChildDOB_Yr] < 1/1/19,  
SSN flag
```

Parallel Block Structure

Status Block (Dashboard)	Intro	Mom1	Playtime	EEG	Baby	Mom2	ACASI	Hair	Home Obs.
Not Started	Section A (Intro)	Section G (A Year in Review)	BFY Age1 Playtime V2.doc	BFY Age1 EEG Instrument.doc	Section R (Lang. Dev't)	Section D1 (BioDad)	Section D4: AudioCASI	Section S (Cortisol)	Section V
Started	Section B (Mom Demo)	Section M1 (Maternal Health)	turn off Camtasia	turn on EEG		Section D2 (Father's Demo C19 C6 C20-C28 (previously))	Romantic Relationships (D12-27)		
Complete	Section C (HH Roster)	Section K (Income & Benefits)	Webcam launch			Section D3 (Current Relationship)	Section O (Discipline)		
Refused		Section L (Expenditures & Economic Stress)	LENA			Section D5 (Father/Partner Involvement)	Section Q (Smoking & Alcohol Q10-Q13)		
		Section M2 (Maternal Health)				Section E (Res. History/Housing Quality)	Section Q (Sexual Q50-Q67)		
						Section F (Neighborhood)			
						Section H (Child Health)			
						Section I (Soc/Emot. Dev't)			
						Section J (Child Home Lang. Exposure)			
						Section N (HH Atmosphere)			
						Section P (Parent Stress)			
						Section Q (Health & Satisfaction Q1)			
						Section Q (Depression Q2-Q9)			
						Section Q (Beck Anxiety Q14-Q34)			
						Section Q (Sleep Q35-Q38)			
						Section Q (Perceived Stress Q39-Q47)			
						Section T (Incarceration Q48-Q49)			
						Section U (AdminSpend Consent)			
						Section U (ClinCard)			

Pre-Interview: Data Verification

VerifyR_s_1

/"Verify"

You are interviewing: [respfname], [resplname]

SID:[SampleID]

◆ READ TO MOM:

We have your baby's name recorded as: [ChildfName, ChildlName]

We have your baby's birthday recorded as: [Childdob_yrD, 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: [childgender "a boy" / "a girl"/REF]

Is this correct?

◆ ENTER all that apply

◆ For multiple responses, use space bar or dash to separate responses

- 01. Yes, continue
- 02. Incorrect baby name [GO CORRCHILDNAMEF]
- 03. Incorrect baby DOB [GO CORRCHILDDOBF]
- 04. Incorrect baby Sex [GO CORRgenderCHILD]
- 05. No, suspend and find the right line

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

CorrGenderChild

/“Gender of child (corrected)”

```
[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO GENDEROFCHILD]
[ASK IF VERIFYR = 04, CORRECT BABY GENDER]
```

Is your baby a boy or a girl?

01. 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 CHILDFNAME]
[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 childgender = 1 BOY THEN FILL = "his"; If childgender = 2 THEN
FILL = "her"; FOR ALL FUTURE FILLS USE CHILDNAME. IF CHILD NAME IS DK
THEN IF childgender = 1 BOY THEN FILL = AS SPECIFIED; If childgender =
2 THEN FILL = AS SPECIFIED]
```

Corrchildname1

/“Child’s name- last”

```
[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO Childlname]  
[ASK IF VERIFYR = 02, INCORRECT CHILD NAME]
```

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

```
[STRING, WIDTH = 30]
```

Corrchildname1Confirm

/“Child’s name- last confirm”

```
[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO ChildlnameConfirm]  
[ASK IF VERIFYR = 02, INCORRECT CHILD NAME]
```

Will **[Childlname]** be **[his/her]** only last name?

```
01. Yes      [GO TO CORRCHILDDOBN]  
05. No      [GO TO CHILDLNAME2]
```

```
[STRING, WIDTH = 30]
```

Corrchildname12

/“Child’s name- last2”

```
[DO NOT DISPLAY IF VERIFYR = 01, SET VALUE TO Childlname2]  
[ASK IF VERIFYR = 02, INCORRECT CHILD NAME]
```

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

◆ **CONFIRM spelling of last name**

```
[STRING, WIDTH = 30]
```

CorrChildDob_Month

/“Child date of birth - month”

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

CorrChildDob_Year

/"Child date of birth- year"

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

[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 [CHILDNAME].

How is [CHILDNAME] doing?

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

01. 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
/“Child Not Well”

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 [CHILDNAME] feels better?

01. 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

01. Continue

WhereLive
/“Child Not Living with Mom”

Does [**CHILDFNAME**] 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 [**CHILDFNAME**] live or stay overnight at a different place than you?

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

WhenStop

/“How long child lives elsewhere”

For about how many months has [**CHILDFNAME**] 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 [**CHILDFNAME**] 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 **CHILDFNAME**] to live with you again during this year or next year?

- 01. Yes – this year
- 02. Yes – next year
- 03. No

GO TO INSTRUMENT

ChildAtHome

/“Child is at home”

Interviewer Checkpoint:

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

- 01. Yes GO TO INSTRUMENT
- 05. No GO TO CHILDNOTHOME

ChildNotHome**/“Child not at home”**

ASK IF CHILDDATHOME = “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 [CHILDFNAME] are together. Would there be a time when you both may be available?

- 01. 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 [CHILDFNAME] is also available?

- 01. Yes, continue GO TO INSTRUMENT

ChildNotHomeSuspend**/“Child Not Home Suspend”**

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

01. Continue

Instselected**/“Selected Instrument”**

[DISPLAY INSTRUMENT ASSIGNMENT]

Interviewer checkpoint:

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

01. Continue

Vol_Stmt**/“Voluntary Statement”**

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.

01. Continue

RecordedIw_Consent

/“Consent to Record”

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_ckpt

/”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]

Consent_status

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

Consent_status

[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]

ConsentSuspend

/”Consent Suspended”

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

01: Continue

SecA_Done

/”Section A Done”

◆ Iwer CHECKPOINT

01 Section A Completed

Section B: Mother Demographics

Maternal Race and Ethnicity

B1

MomDemIntro

/“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_s_X****/“Mother 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

01. Mexican, Mexican American, Chicano	GO TO MomRace B4
02. Puerto Rican	GO TO MomRace B4
03. Dominican	GO TO MomRace B4_
04. Cuban	GO TO MomRace B4_
05. Other	GO TO MomEthnicO B3_Spec
DK	GO TO MomRace B4_
REF	GO TO MomRace B4

B3_Spec**MomEthnicO****/“Mother Ethnicity-Other Specify”**

How would you identify yourself?

[STRING; WIDTH = 80]

B4**MomRace_s_X****/“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

01. White	GO TO HHRosterIntro C1
02. Black/African American	GO TO HHRosterIntro C1
03. Other	GO TO MomRaceO B4 Spec

B4_Spec

MomRaceO

/“Mother race – Other Specify”

How would you identify yourself?

[STRING; WIDTH = 80]

Section C: Household Roster

C1

AdultHHRosterIntro

/“HH Roster Intro”

We are interested in learning about the people who are involved in [**CHILDFNAME**]’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_a_X

/“HH Member Name”

[ONLY ASK IF NEW TO HHROSTER AND THEN SKIP TO HHMEMREL C4]

[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

HHMemLivingWith_A_X

/“Adult HH Mem Living w/ Resp Confirm”

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

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

Is [HHMEMNAME A X] still living with you?

01. Yes GO TO HHMEMREL C4

05. No ~~GO TO HHMEMREL C5~~

[IF (HHMEMREL=05 (BABY’S BIOLOGICAL FATHER) FROM BASELINE) AND
(HHMEMNAME=05 (NO)), GO TO HHMEMREL (C4). OTHERWISE, GO TO NEXT HHMEM
LISTED IN HHROSTER FROM BASELINE]

C4

HHMemRel_a_X

/“Adult HH Mem Rel to Respondent”

What is your relationship to [HHMEMNAME_A_X]?

♦ 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 |

C5

HHMemSex_a_X

/“Adult HH Member Gender”

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

Is [HHMEMNAME] male or female?

- 01. Male
- 05. Female

C6

HHMemAge_a_X

/"Adult HH Member Age"

[ONLY ASK IF NEW TO HHROSTER. IF PRELOAD DATA EXISTS FOR HHMEMNAME,
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_a_X

/"Adult HH Member DOB Confirm"

[IF NO BIRTHDATE AVAILABLE IN PRELOAD (OR NEW HH MEMBER), SKIP TO
HHMEMDOB C8.DOB_Mo]

And is [her/his] birthdate [day of
week],[HHMEMDOB M][HHMEMDOB D],[HHMEMDOBY]?

- | | |
|---------|---|
| 01. Yes | GO TO HHMEMNAME C2 IF OTHER ADULTS IN ROSTER,
OTHERWISE GO TO HHMEMCONTR |
| 05. No | GO TO HHMEMDOB C8.DOB_Mo |

C8.DOB_Mo

Dob_Mo_A_X

/“Adult HH Member 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

Dob_D_a_X

/“Adult HH Member DOB: Day”

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

♦ ENTER day

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

C8.DOB_Yr

DOB_YR_A_X

/“Adult HH Member 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]

C9

HHMemContr_A_X

/“Adult HH Member Contributes”

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

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

01. Yes

05. No

C10

otheradultsinhh

/“Any Other Adults”

Are there any other adults aged 18 years or older currently 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

C10a

ChildHHRosterIntro

/“Child HH Roster Intro”

Now, let’s talk about any children in your household other than [**CHILDFNAME**], 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

CHILDHHMEMNAME_A_X

/“Child HH Member First Name”

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

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

[STRING; WIDTH = 20]

C12

CHILDHHMEMLIVINGWITH_A_1

/“Child HH Mem Living w/Resp Confirm”

[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 [HHCHILDNAME] was living with you.

Is [HHCHILDNAME] still living with you?

- | | |
|---------|-----------------------------|
| 01. Yes | GO TO HHCHILDRELCONFIRM C15 |
| 02. No | GO TO NEXT HHCHILD LISTED |

C15

CHILDHHMEMREL_A_X

/“Child HH Mem Rel”

What is your relationship to [HHCHILDNAME]?

- | | |
|---|----------------------|
| 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 |

C15a

CHILDHHMEMGENDER_A_X

/“Child HH Mem Gender”

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

Is [HHCHILDNAME] male or female?

- 01. Male
- 05. Female

C15b

CHILDHHMEMAGE_A_X

/“Child HH Mem Age”

[ONLY ASK IF NEW TO HHROSTER. IF PRELOAD DATA EXISTS FOR HHCHILDNAME,
PREFILL HHCHILDAGE BY CALCULATING AGE FROM HHCHILDDOB 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

ChildHHMemDOB_A_X

/“Child HH Member DOB Confirm”

[IF NO BIRTHDATE AVAILABLE IN PRELOAD, SKIP TO HHCHILDDOBN C17.DOB_Mo]

And is [HHCHILDNAME]’s birthdate [Day of
Week],[HHCHILDDOBN][HHCHILDDOBD],[HHCHILDDOBY]?

- 01. Yes GO TO HHCHILDNAME C11 IF OTHER CHILDREN IN ROSTER,
OTHERWISE GO TO HHCHILDJOB C
- 02. No GO TO HHCHILDDOBN

C17.DOB_Mo

ChildDOB_Mo_A_X

/“Child HH Member 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

ChildDOB_D_X

/“Child HH Member 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

ChildDOB_YR_A_X

/“Child HH Member 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]

C17a

HHCHILDJOB_A_X

/“Child HH Member Job”

[ASK IF HHCHILDAGE >= 14]

Has [HHCHILDNAME] been employed in the last month?

01. Yes

05. No

C17b

HHCHILDCONTR_A_X

/“Child HH Member Contributes”

[ASK IF HHCHILDAGE >= 14]

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

01. Yes

05. No

CI8

OtherChildinHH

/“Other Children in HH Not Preloaded”

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 CHLDHHMEMNAME
- 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

/“Bio Father Name - First”

I want to make sure that we have accurate information when talking about [**CHILDNAME**]’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 HHMEMGENDER= 01 (Male)]

DadNameFO

/“Bio Fater Name - First (other)”

♦ ENTER first name

[STRING, WIDTH = 30]

DadNameM

/“Bio Father Name - Middle”

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

♦ ENTER middle name

[STRING, WIDTH = 30]

DadNameL

/“Bio Father Name - 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 [**CHILDFNAME**]’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

MFMarrried

/“Mother-Father Married”

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

- | | |
|------------------------|----------------------|
| 01. Yes, still married | GO TO MRELATETYPE D8 |
| 05. No | GO TO MFSEPARATED D3 |

D3

MFSeparated

/“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 [CHILDNAME]’s biological father were NOT Married. 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 |

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]

Change value range to be 1960-2021

D8

MRelateType

/“Mom’s Type of Relationship”

How would you now describe your relationship with [**CHILDFNAME**]’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

MRelateType_spec

/“Mother Type of Rel – Other Specify”

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 [CHILDNAME]'s biological father.

♦ ENTER [1] to continue

01. Continue

D19a

FatherLocation

/“Father 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_s_X

/“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

01. Mexican, Mexican American, Chicano	GO TO DadRace D22_
02. Puerto Rican	GO TO DadRace D22_
03. Dominican	GO TO DadRace D22_
04. Cuban	GO TO DadRace D22_
05. Other Specify	GO TO DadEthnicO D21 Spec

D21_Spec

DadEthnicO

/“Dad’s Ethnicity – Other Specify”

How would he identify himself?

[STRING; WIDTH = 80]

D22

DadRace_s_X

/“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

01. White	GO TO DADEDUTRAIN D23
02. Black/African American	GO TO DADEDUTRAIN D23
03. Other	GO TO DadRaceO D22_Spec

D22_Spec

DadRaceO

/“Dad’s Race – Other Specify”

How would he identify himself?

[STRING; WIDTH = 80]

Father's Employment

D23

DadEduTrain

/“Dad Education Training”

Has [**CHILDFNAME**]’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 [**CHILDFNAME**]’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 [**CHILDFNAME**]’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 **[CHILDNAME]**’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 [**CHILDFNAME**]’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 [**CHILDFNAME**]’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

/“Mother Romantically Involved”

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 ROSTER, 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

CurrRelGender

/“Current relationship’s gender”

And is [CurrRelName] male or female?

01. Male
05. Female

D10_Yrs

RelateRomanceYrs

/“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

RelateRomanceMos

/“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_a_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.

/PRACYEARconfirm_a_X

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_a_X

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

- ◆ ENTER [1], and PRESS [Enter] to continue.

01. Continue

AC4

/PRACMONTH_a_X

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

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

- 01. January
- 02. February
- 03. March
- 04. April
- 05. May
- 06. June
- 07. July
- 08. August
- 09. September
- 10. October
- 11. November
- 12. December

AC5.

/PRACMONTHCONFIRM_A_X

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 ACASHELP AC7
- 05. No GO TO IWERHELP1 AC6

AC6.

/IWERHELP1_a_X

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.

- 01. Excellent
- 02. Very good
- 03. Good
- 04. Fair
- 05. 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.

- 01. Always
- 02. Often
- 03. Sometimes
- 04. Rarely
- 05. 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.

- 01. Often
- 02. Sometimes
- 03. 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.

- 01. Often
 - 02. Sometimes
 - 03. 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.

- 01. Often
 - 02. Sometimes
 - 03. 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.

- 01. Often
 - 02. Sometimes
 - 03. 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.

- 01. Often
- 02. Sometimes
- 03. Never

D22

PIsolates

/“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.

- 01. Often
- 02. Sometimes
- 03. 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.

- 01. Often
- 02. Sometimes
- 03. 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.

- 01. Often
- 02. Sometimes
- 03. Never

D25

PListen

/“Partner Listen”

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.

- 01. Often
- 02. Sometimes
- 03. 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.

- 01. Often
- 02. Sometimes
- 03. 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 CIGSMOKEPY Q10

[ALLOW D/K, REF]

03

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 child was 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 b 2 |
| 02. Several times a week | GO TO ALCOHOLAMT b 2 |
| 03. Several times a month | GO TO ALCOHOLAMT b 2 |
| 04. Less than once a month | GO TO ALCOHOLAMT_b_2 |
| 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

/“Frequency Condoms Used”

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

/“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

ContrMoneySpentUnit

/“Spent on Contraceptives-Unit”

[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 BIODAD 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 [CHILDFNAME].

♦ ENTER [1] to continue

01. Continue

D29

DadInvolve

/“Dad Involvement”

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

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

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

D30

DadOvernight

/“Dad Overnight”

Since [CHILDFNAME]’s birth, has [CHILDFNAME] 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 [CHILDFNAME] 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, [CHILDFNAME]’s father.

♦ ENTER [1] to continue

01. Continue

D33***PRoleModel*****/“Partner Role Model”**

When [DadNameF OR DadNameO] is with [CHILDFNAME], 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 [CHILDFNAME]. 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 [CHILDFNAME]. (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 [**CHILDFNAME**]. (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 [**CHILDFNAME**]. (Always true, sometimes true, or rarely true?)

- 01. Always true
- 02. Sometimes true
- 03. Rarely true

D38

PRely

/“Partner Reliable”

You can count on [**DadNameF OR DadNameO**] for help when you need someone to look after [**CHILDFNAME**] 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 [**CHILDFNAME**] with you, how much would you trust [**DadNameF OR DadNameO**] to take care of [**CHILDFNAME**]? Would you say very much, somewhat, or not at all?

- 01. Very much
- 02. Somewhat
- 03. 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 [**CHILDFNAME**].

04. ENTER [1] to continue

- 01. Continue

D41

PRoleModel2

/“Partner Role Model”

When [MROMANTIC (D9) OR CURRRELNAME(D9a)] is with [CHILDFNAME], [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 [CHILDFNAME]. 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 [CHILDFNAME]. (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 [CHILDFNAME]. (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 [CHILDFNAME]. (Always true, sometimes true, or rarely true?)

- 01. Always true
- 02. Sometimes true
- 03. Rarely true

D46

PRely2

/“Partner Reliable”

You can count on [MROMANTIC (D9) OR CURRRELNAME(D9a)] for help when you need someone to look after [CHILDFNAME] 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 [**CHILDFNAME**] with you, how much would you trust [**MROMANTIC (D9) OR CURRRELNAME(D9a)**] to take care of [**CHILDFNAME**]? 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

/"Residential Intro"

I would like to talk with you about your LIVING situation since [**CHILDFNAME**] was born.

♦ ENTER [1] to continue

1. Continue

E2

RMoved

/"Has Resp Moved?"

Have you moved since [**CHILDFNAME**] was born?

- | | |
|---------|------------------------|
| 01. Yes | GO TO MOVEDNUMTIMES E3 |
| 05. No | GO TO RHOMELESS E4 |

E3

MovedNumTimes

/"Num Times Resp Moved"

Thinking back to when [**CHILDFNAME**] 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 Resp Been Homeless?”

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

- | | |
|---------|------------------------|
| 01. Yes | GO TO RGROUPSHELTER E5 |
| 05. No | GO TO RGROUPSHELTER E5 |

E5

RGroupShelter

/“Has Resp Been In a Group Shelter?”

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

- | | |
|---------|-------------------|
| 01. Yes | GO TO MEVICTED E6 |
| 05. No | GO TO MEVICTED E6 |

E6

MEvicted

/“Mom Evicted”

Since [**CHILDFNAME**]’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 NEIGHBORHOODDAY F1
05. Vol. Group shelter	GO TO NEIGHBORHOODDAY F1
06. Vol. Homeless	GO TO NEIGHBORHOODDAY F1
07. Other	GO TO NEIGHBORHOODDAY F1

E9

MOwnership

/“Mom Ownership”

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

01. Own	GO TO MFORECLOSE E10
02. Rent	GO TO MHOMEROOMS E11
03. Other	GO TO MOMOWNSPEC E9_SPEC

E9_Spec

MomOwnSpec

/"Mom Ownership-Specify"

Could you describe your current living arrangement?

[OPEN-END]

E10

MForeclose

/"Mom Foreclose"

Since [CHILDFNAME]'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

MOwnRooms

/"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?

- 01. No problem
- 02. Small Problem
- 03. Big Problem

E15

BadPlumb

/“Bad Plumbing”

Plumbing that doesn't work?

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

- 01. No problem
- 02. Small Problem
- 03. Big Problem

E16

Rodents

/“Rodents”

Rats or mice?

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

- 01. No problem
- 02. Small Problem
- 03. Big Problem

E17

Cockroaches

/“Cockroaches”

Cockroaches?

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

- 01. No problem
- 02. Small Problem
- 03. 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?)

- 01. No problem
- 02. Small Problem
- 03. 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?)

- 01. No problem
- 02. Small Problem
- 03. 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?)

- 01. No problem
- 02. Small Problem
- 03. 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?

- 01. Excellent
- 02. Good
- 03. Fair
- 04. Poor

Section F: Neighborhood

Neighborhood

F1

NeighborhoodDay

/“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?

- 01. Very safe
- 02. Safe
- 03. Unsafe
- 04. Very unsafe

F2

NeighborhoodNight

/“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?

- 01. Very safe
- 02. Safe
- 03. Unsafe
- 04. 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 **[CHILDFNAME]** was born.

♦ **ENTER [1] to continue**

1. Continue

Life History Calendar: Employment

G2

RWork

/“Resp Work for Pay”

Did you work for pay after [**CHILDFNAME**] was born?

01. Yes GO TO RWORKSTART G3 ?
05. No GO TO MATERNITYLEAVE G6

G3_

RWorkMonths_s_X

/“Resp 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

/“Resp Work Full-Time”

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

01. Yes GO TO RWORKFTMONTHS G5_
05. No GO TO MATERNITYLEAVE G6

G5_

RWorkFTMonths_s_X

/“Resp 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 [CHILDNAME] was born?

01. Yes GO TO MATERNITYMONTHS G7
05. No GO TO MATERNITYSAMEJOB G8

G7_

MaternityMonths_s_X

/“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 [**CHILDFNAME**] 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_s_X

/“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 [**CHILDFNAME**]?

- 01. Yes GO TO BREASTFEEDMONTHS G11
- 05. No GO TO FORMULA G14

G11_

BreastFeedMonths_s_X

/“Breastfeed Months”

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

- ◆ 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_s_X

/“Resp 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 [CHILDFNAME] ever had infant formula or other milks regularly?

01. Yes GO TO FORMULAMONTHS G15
05. No GO TO CHILDCAREINTRO G16

G15_

FormulaMonths_s_X

/“How long on Formula?”

How old was [CHILDFNAME] 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 [CHILDNAME] 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_s_X

/“Family Day Care Months”

How old was [CHILDFNAME] 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 [CHILDFNAME] 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_s_X

/“Day Care Months”

How old was [CHILDFNAME] 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

/“Mom’s not living with Baby”

Was there ever a time in the past year that you lived apart from [**CHILDFNAME**] 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 MOMNOTWBABYMONTHS G22_
- 05. No GO TO OTHERCAREINTRO G23

G22

MomNotWBabyMonths_s_X

/“Months 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 **[CHILDFNAME]** 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 **[CHILDFNAME]** 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

DCLastWeek

/“Day Care Last Week”

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

Has [CHILDFNAME] 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 [CHILDFNAME]’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_s_X

/“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

OCareHours

/“Other Care Hours”

Altogether, how many hours did someone other than you or [**CHILDFNAME**]’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 [**CHILDFNAME**] 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 [**CHILDFNAME**]’s child care arrangements last week?

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

♦ 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 [CHILDNAME] only, or for more than one child?

- | | |
|--------------------------------------|-----------------------|
| 01. [CHILDNAME] only | GO TO PPROGRAMS |
| 05. [CHILDNAME] and other children | GO TO CCSPENDNUMCHILD |

CCSpendNumChild**/"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 [**CHILDFNAME**] 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 [**CHILDFNAME**]’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 [**CHILDFNAME**]’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 HWEKMAIN G36

05. No GO TO HWEKMAIN 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 typical week 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****/“Resp 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 HWEKOTHER G38

05. No GO TO SCHEDMAIN G39

G38

HWeekOther

/“Hours Per Week Other”

In the past month, how many hours per typical week 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 SCHEDMAIN0 G39_Spec]

G39_Spec

SchedMainO

/“Other Main Sched - Specify”

What is your schedule is like?

[OPEN ENDED]

G40

BenefitsMain_s_X

/“Benefits Main Job”

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

ChildCareIssues

/“Child Care Issues”

Child care responsibilities?

01. Yes
05. No

G43b

CaretakerIssues

/“Caretaker Issues”

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

HealthIssues

/“Health Issues”

Health problems of your own?

- 01. Yes
- 05. No

G43d

TransportationIssues

/“Transportation Issues”

Difficulty arranging transportation to or from work?

- 01. Yes
- 05. No

G43e

EmployerIssues

/“Employer Issues”

Employer’s restrictions on how many hours you work?

- 01. Yes
- 05. No

G43f

ScheduleIssues

/“Schedule Issues”

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

01. Yes

05. No

G43g

OtherIssues

/“Other Issues”

Did any other issue affect your ability to work?

01. Yes GO TO WORKISSUESO G43_Spec

05. No GO TO HEALTHINTRO H1

G43_spec

WorkIssuesO

/“Work Issues – Specify”

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

CHhealthIntro

/“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 [CHILDNAME] had difficulty falling asleep?

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

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Almost Always
- 05. Always

H3

CSleptThru

/“Child Slept Through Night”

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

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

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Almost Always
- 05. Always

H4

CSleepProb

/“Child Problem Sleeping”

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

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

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Almost Always
- 05. Always

H4a

Csleeptroub_b_2

/“Child Sleep Trouble”

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

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Almost Always
- 05. Always

Child Information: Health

H5

CHealth

/"Child Health"

OVERALL, how would you describe [CHILDFNAME]'s health?

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

- 01. Excellent
- 02. Very good
- 03. Good
- 04. Fair
- 05. Poor

H6

CDocSick

/"Child Doctor Sick"

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

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

- 01. 0-1 times
- 02. 2-5 times
- 03. 6 or more times

H7

CDocHurt

/"Child Doctor Hurt/Injured"

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

[NUMBER]

H8

CSickER

/“Child ER Sick/Injured”

Did you ever have to take [CHILDNAME] 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 [CHILDNAME] 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 [CHILDNAME] taking any medicine on a regular basis?

01. Yes GO TO CONMEDS H13

05. No GO TO CVACCINATE H14

H13

COOnMeds

/“Child Medications Taken”

What medication(s)?

♦ PROBE: Anything else?

[OPEN ENDED . ALLOW DK/REF]

H14**CVaccinate****/“Child Vaccinations”**

Is [CHILDFNAME] 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 CSOCISSUES I1

H16

WhyMissMedCare_s_X

/“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 **[CHILDFNAME]**.

♦ ENTER [1] to continue

1. Continue

The items in this section are drawn from a proprietary instrument and are therefore redacted

I2

CHurt

/“Child Hurt”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I3

CNervous

/“Child Nervous”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I4

CRestless

/“Child Restless”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I5

CSleepHelp

/“Child Needs Sleep Help”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I6

CTantrums

/“Child Has Tantrums”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I7

CScared

/“Child Scared”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I8

CNoFun

/“Child Has Less Fun”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I9

CSepAnx

/“Child Separation Anxiety”

 Page 3

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I10

CWorries

/“Child Worries/Serious”

 Page 3

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I11

CTough

/“Child Tough”

 Page 3

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

II2

CSensory

/"Child Sensory Issues"

 Page 3

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

II3

CSleepIssues

/"Child Sleep Issues"

 Page 3

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

II4

CEscapes

/"Child Runs Away"

 Page 3

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I15

CTypeA

/“Child Doesn’t like Change”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I16

CUpset

/“Child Gets Upset Alot”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I17

CChokes

/“Child Chokes”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I18

CNoEat

/“Child Refuses to Eat”

 Page 3

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I19

CHitsK

/“Child Hits Kids”

 Page 3

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often
- 04. No Contact with Other Children

I20

CDestructive

/“Child is Destructive”

 Page 3

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I21

CHitsP

/“Child Hits Parents”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I22

CSad

/“Child Sad”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I23

CMean

/“Child Mean”

 Page 3

[REDACTED]

[REDACTED]

- 01. Not true/rarely
- 02. Somewhat true/Sometimes
- 03. Very true/Often

I24

CStatue

/“Child Freezes When Mad”

📖 Page 3

[REDACTED]

01. Not true/rarely
02. Somewhat true/Sometimes
03. 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 [CHILDNAME] 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

[REDACTED]

[REDACTED]

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. Very worried

I27

CRepAction

/“Child Repetitive Action”

 Page 4

[REDACTED]

[REDACTED]

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. Very worried

I28

CRepMove

/“Child Repetitive Movement”

 Page 4

[REDACTED]

[REDACTED]

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. Very worried

I29

COblivious

/“Child Oblivious”

 Page 4

[REDACTED]

[REDACTED]

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. Very worried

I30

CNoEyeCon

/“Child No Eye Contact”

 Page 4

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. Very worried

I31

CNotPhys

/“Child No Physical Contact”

 Page 4

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. Very worried

I32

CHurtsSelf

/“Child Hurts Self”

 Page 4

[REDACTED]

[REDACTED]

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. Very worried

I33

CWeirdEats

/“Child Eats Weird Things”

 Page 4

[REDACTED]

[REDACTED]

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. Very worried

I34

CEmotConc

/“Parent has Emotional Concerns”

 Page 4

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. Very worried

I35

CLangConc

/“Parent has Language Concerns”

 Page 4

- 01. Not at all worried
- 02. A little worried
- 03. Worried
- 04. 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_b_2

/“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 MOSTCOMMONOTHLANG

J2_Spec

MostCommonOthLang

/“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?

- | | |
|---------|---------------------|
| 01. Yes | GO TO COTHERSPEC J4 |
| 05. No | GO TO CPRIMLANGT J5 |
| 09. D/K | GO TO CPRIMLANGT J5 |

J4

COtherlangSpec_s_X

/“Child Other Languages - specify”

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 OTHERLANGUAGES |

J4_Spec

OtherLanguages

/“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?

- 01. Very happy
- 02. Pretty happy
- 03. 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?

- 01. Definitely False
- 02. Mostly False
- 03. Sometimes true and sometimes false
- 04. Mostly True
- 05. 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?)

- 01. Definitely False
- 02. Mostly False
- 03. Sometimes true and sometimes false
- 04. Mostly True
- 05. 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?)

- 01. Definitely False
- 02. Mostly False
- 03. Sometimes true and sometimes false
- 04. Mostly True
- 05. 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?)

- 01. Definitely False
- 02. Mostly False
- 03. Sometimes true and sometimes false
- 04. Mostly True
- 05. 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?)

- 01. Definitely False
- 02. Mostly False
- 03. Sometimes true and sometimes false
- 04. Mostly True
- 05. 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?)

- 01. Definitely False
- 02. Mostly False
- 03. Sometimes true and sometimes false
- 04. Mostly True
- 05. 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?)

- 01. Definitely False
- 02. Mostly False
- 03. Sometimes true and sometimes false
- 04. Mostly True
- 05. 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?)

- 01. Definitely False
- 02. Mostly False
- 03. Sometimes true and sometimes false
- 04. Mostly True
- 05. 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 earned income”

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 EARNED10kPLUS K4

K2_Unit**TotalEarnedUnit****/“Total Earned Income-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 PARTNER) 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 PARTNER) 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 EARNED10kPLUS K4]

K4

Earned10kplus

/“Earned \$10K plus”

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

- 01. Yes GO TO EARNED15kPLUS K5
- 05. No GO TO EARNED5kPLUS K8

K5

Earned15kplus

/“Earned \$15K plus”

Would it amount to \$15,000 or more?

- 01. Yes GO TO EARNED20kPLUS K6
- 05. No GO TO SPOUSEEARNED K9 Amt

K6

Earned20kplus

/“Earned \$20K plus”

Would it amount to \$20,000 or more?

- 01. Yes GO TO EARNED25kPLUS K7?
- 05. No GO TO SPOUSEEARNED K9_Amt

K7

Earned25kplus

/“Earned \$25K plus”

Would it amount to \$25,000 or more?

- 01. Yes GO TO SPOUSEEARNED K9_Amt
- 05. No GO TO SPOUSEEARNED K9_Amt

K8

Earned5kplus

/“Earned \$5K plus”

Would it amount to \$5,000 or more?

01. Yes GO TO SPOUSEEARNED K9_Amt

05. No GO TO SPOUSEEARNED K9_Amt

Cohabiting Romantic Partner Earnings

[IF HHMemRel IS NOT 5 or 6 (SPOUSE/HUSBAND/WIFE/DOMESTIC PARTNER) 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 SPEARNED10kPLUS K11

K9_Unit

TotalSpouseEarnedUnit

/“Total Spouse Income - 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 SPOUSEEARNED K9_TotalEarnedEst]

K9_TotalEarnedEst

TotalSpouseEarnedEst

/“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 [TotalSpouseEarnedEst] sound about right for all of [prevYear]?

- 1. Yes
- 5. No

[IF 1 YES GO TO OTHERSEARNED K16_Amt. IF 2 NO, GO TO SPEARNED10kPLUS K11]

K11

SpEarned10kplus

/“Spouse earned \$10K plus”

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

- | | |
|---------|---------------------------|
| 01. Yes | GO TO SPEARNED15kPLUS K12 |
| 05. No | GO TO SPEARNED 5kPLUS K15 |

K12***Spearned15kplus*****/"Spouse earned \$15K plus"**

Would it amount to \$15,000 or more?

01. Yes	GO TO SPEARNED20kPLUS K13
05. No	GO TO OTHERSEARNED K16 Amt

K13***Spearned20kplus*****/"Spouse earned \$20K plus"**

Would it amount to \$20,000 or more?

01. Yes	GO TO SPEARNED25kPLUS K14
05. No	GO TO OTHERSEARNED K16_Amt

K14***Spearned25kplus*****/"Spouse earned \$25K plus"**

Would it amount to \$25,000 or more?

01. Yes	GO TO OTHERSEARNED K16 Amt
05. No	GO TO OTHERSEARNED K16_Amt

K15***Spearned5kplus*****/"Spouse earned \$5K 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 PARTNER) 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 cohabitating spouse/husband/wife/domestic partner's income
- ◆ ENTER amount (round to the nearest dollar)

[Numeric; 0.00-999,999.99]

IF DK/RF GO TO OEARNED5kPLUS K18

K16_Unit

OthersEarnedUnit

/“Total Others income - 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

TotalOthersEarnedEst

/“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 [**TotalOthersEarnedEst**] sound about right for all of [**prevYear**]?

1. Yes

2. No

[IF 1 YES GO TO GOVTINCOME K23_Amt. IF 2 NO, GO TO OEARNED10kPLUS K18]

K18

OEarned10kplus

/“Others earned \$10K plus”

Would it amount to \$10,000 or more?

01. Yes GO TO OEARNED15kPLUS K19

05. No GO TO OEARNED5kPLUS K22

K19

OEarned15kplus

/“Others earned \$15K plus”

Would it amount to \$15,000 or more?

01. Yes GO TO OEARNED20kPLUS K20
05. No GO TO GOVTINCOME K23_Amt

K20

OEarned20kplus

/“Others earned \$20K plus”

Would it amount to \$20,000 or more?

01. Yes GO TO OEARNED25kPLUS K21
05. No GO TO GOVTINCOME K23_Amt

K21

OEarned25kplus

/“Others earned \$25K plus”

Would it amount to \$25,000 or more?

01. Yes GO TO GOVTINCOME K23_Amt
05. No GO TO GOVTINCOME K23_Amt

K22

OEarned5kplus

/“Others earned\$5K 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 Govt 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 Govt income - 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 TotalGovtEarnedEst K23_TotalEst]

K23_TotalEst

TotalGovtEarnedEst

/"Total Govt 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 [TotalGovtEarnedEst] sound about right for all of [prevYear]?

- 1. Yes
- 5. No

[IF 1 YES GO TO AllOtherIncome K30_Amt. IF 2 NO, GO TO GovRcvd10kPLUS K25]

K25

GovtRcvd10kplus

/“Govt Received \$10K plus”

Would it amount to \$10,000 or more?

- 01. Yes GO TO GOVRCVD15kPLUS K26
- 05. No GO TO GOVRCVD5kPLUS K29

K26

GovtRcvd15kplus

/“Govt Received \$15K plus”

Would it amount to \$15,000 or more?

- 01. Yes GO TO GOVRCVD20kPLUS K27
- 05. No GO TO ALLOTHERINCOME K30_Amt

K27

GovtRcvd20kplus

/“Govt Received \$20K plus”

Would it amount to \$20,000 or more?

01. Yes GO TO GOVRCVD25kPLUS K28
05. No GO TO ALLOTHERINCOME K30_Amt

K28

GovtRcvd25kplus

/“Govt Received \$25K plus”

Would it amount to \$25,000 or more?

01. Yes GO TO ALLOTHERINCOME K30 Amt
05. No GO TO ALLOTHERINCOME K30_Amt

K29

GovtRcvd5kplus

/“Govt Received \$5K 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

/"Total 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 from our study.

♦ ENTER amount (round to the nearest dollar)

[Numeric; 0.00–999,999.99]

IF DK GO TO ALLOTHER10kPLUS K32

K30_Unit

AllOtherIncomeUnit

/"Total All Other Income - 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 TotalGovtEarnedEst K30_OthIncomeTotEst]

K30_OthIncomeTotEst

TotalAllOtherEarnedEst

/“Total 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

AllOthersIncomeVer

/“Total all other income verified”

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

1. Yes
2. No

[IF 1 YES GO TO COMBINEDINCOME K37_CombinedIncome. IF 2 NO, GO TO
AllOther10kPLUS K32]

K32

AllOther10kplus

/“All other \$10K plus”

Would it amount to \$10,000 or more?

- | | |
|---------|---------------------------|
| 01. Yes | GO TO ALLOTHER15kPLUS K33 |
| 05. No | GO TO ALLOTHER5kPLUS K36 |

K33***AllOther15kplus*****/“All other \$15K plus”**

Would it amount to \$15,000 or more?

01. Yes GO TO ALLOTHER20kPLUS K34
05. No GO TO COMBINEDINCOME K37_CombinedIncome

K34***AllOther20kplus*****/“All other \$20K plus”**

Would it amount to \$20,000 or more?

01. Yes GO TO ALLOTHER25kPLUS K35
05. No GO TO COMBINEDINCOME K37_CombinedIncome

K35***AllOther25kplus*****/“All other \$25K plus”**

Would it amount to \$25,000 or more?

01. Yes GO TO COMBINEDINCOME K37 CombinedIncome
05. No GO TO COMBINEDINCOME K37_CombinedIncome

K36

AllOther5kplus

/“All other \$5K 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 OtherEARNED  
IF TOTALGovtEarnedEst > 0 AND GovtIncomeVer = YES THEN USE  
TOTALGovtEarnedEst INSTEAD OF GovtIncome]
```

```
[Numeric; 0.00-999,999.99]
```

TotalEarned (self-stated amount)		[amount TotalEarned]						
If TotalEarned is missing:								
Earned5000plus	—	—	—	—	—	yes	no	
Earned10000plus	—	yes	yes	yes	yes	no	no	
Earned15000plus	—	yes	yes	yes	no	—	—	
Earned20000plus	—	yes	yes	no	no	—	—	
Earned25000plus	—	yes	no	no	no	—	—	
Calculated TotalEarned	[amount TotalEarned]	\$30,000	\$22,500	\$17,500	\$12,500	\$7,500	\$0	
SpouseEarned (self-stated amount)		[amount SpouseEarned]						
If SpTotalEarned is missing:								
SpEarned5000plus	—	—	—	—	—	yes	no	
SpEarned10000plus	—	yes	yes	yes	yes	no	no	
SpEarned15000plus	—	yes	yes	yes	no	—	—	
SpEarned20000plus	—	yes	yes	no	no	—	—	
SpEarned25000plus	—	yes	no	no	no	—	—	
Calculated SpTotalEarned	[amount SpouseEarned]	\$30,000	\$22,500	\$17,500	\$12,500	\$7,500	\$0	
OthersEarned (self-stated amount)		[amount OthersEarned]						
If OthersEarned is missing:								
OEarned5000plus	—	—	—	—	—	yes	no	
OEarned10000plus	—	yes	yes	yes	yes	no	no	
OEarned15000plus	—	yes	yes	yes	no	—	—	
OEarned20000plus	—	yes	yes	no	no	—	—	
OEarned25000plus	—	yes	no	no	no	—	—	
Calculated OthersEarned	[amount OthersEarned]	\$30,000	\$22,500	\$17,500	\$12,500	\$7,500	\$0	
GovtIncome (self-stated amount)		[amount GovtIncome]						
If GovtIncome is missing:								
GovRcvd5000plus	—	—	—	—	—	yes	no	
GovRcvd10000plus	—	yes	yes	yes	yes	no	no	
GovRcvd15000plus	—	yes	yes	yes	no	—	—	
GovRcvd20000plus	—	yes	yes	no	no	—	—	
GovRcvd25000plus	—	yes	no	no	no	—	—	
Calculated GovtIncome	[amount GovtIncome]	\$30,000	\$25,000	\$17,500	\$12,500	\$7,500	\$0	
AllOtherIncome (self-stated amount)		[amount AllOtherIncome]						
If AllOtherIncome is missing:								
AllOther5000plus	—	—	—	—	—	yes	no	
AllOther10000plus	—	yes	yes	yes	yes	no	no	
AllOther15000plus	—	yes	yes	yes	no	—	—	
AllOther20000plus	—	yes	yes	no	no	—	—	
AllOther25000plus	—	yes	no	no	no	—	—	
Calculated AllOtherIncome	[amount AllOtherIncome]	\$30,000	\$22,500	\$17,500	\$12,500	\$7,500	\$0	
		OR						
CombinedIncome	sum(sum(combination of						
	[amount TotalEarned]	self-stated income						
	[amount SpouseEarned]	and amount from						
	[amount OthersEarned]	income brackets)						
	[amount GovtIncome]							
	[amount AllOtherIncome]							
)							

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

01. Continue

K41

ServicesSupport_s_X

/“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

01. Food stamps SNAP / EBT [IF LOCATION = NE, “/ Nebraska Supplemental Nutrition Assistance Program”]
02. Free or reduced childcare
03. Early Head Start
04. Head Start
05. Women, Infants and Children (WIC)
06. State Unemployment
07. 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”]
08. Medicaid coverage for self
09. Housing assistance [IF LOCATION = NY, “New York housing Authority, NYCHA”]
10. LIHEAP/heat/AC assistance

97. Other
98. None

GO TO SERVICESSPEC K41_Spec

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

EYearIntro

/"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 [CHILDFNAME] was born.

♦ ENTER [1] to continue

01. Continue

L2

ItemsPurchased

/"Items Purchased"

Since [CHILDFNAME] 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

CribPurchased

/"Crib Purchased"

A new or used crib?

01. Yes

05. No

L2b

CarSeatPurchased

/“Car Seat Purchased”

A new or used car seat?

01. Yes

05. No

L2c

HighChairPurchased

/“High Chair Purchased”

A new or used high chair?

01. Yes

05. No

L2d

OutletCoverPurchased

/“Outlet Covers Purchased”

New or used Safety covers for electrical outlets?

01. Yes

05. No

L2e

SafetyLatchPurchased

/“Safety Latches Purchased”

New or used Safety latches for cabinets or drawers?

01. Yes

05. No

L2f

SafetyGatePurchased

/“Safety Gate Purchased”

A new or used safety gate?

01. Yes

05. No

L2g

SmokeDectPurchased

/“Smoke Detector Purchased”

A new or used smoke detector?

01. Yes

05. No

L3

BooksPurchased

/“Books Purchased”

Since [CHILDFNAME] 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 [CHILDNAME]?

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 [CHILDNAME]?

♦ 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 [CHILDNAME]?

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 [CHILDNAME]?

♦ 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 [CHILDNAME]?

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 [CHILDNAME]?

♦ 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 [CHILDFNAME]?

- | | |
|---------|---------------------------|
| 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 [CHILDFNAME]?

♦ 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 [CHILDFNAME]?

- | | |
|---------|--------------------------|
| 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 [CHILDNAME]?

♦ 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 Amount”

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?

- 01. Often true
- 02. Sometimes true
- 03. 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?

- 01. Often true
- 02. Sometimes true
- 03. 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_s_X

/“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

- 01. Air conditioning
- 02. Working heat
- 03. A clothes washer that works
- 04. A clothes dryer that works
- 05. A dishwasher that works

L37

HComputer_s_X
/“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

MissUtilityPymt

/“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 Utilities”

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**MissCablePymt****/“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 GIVE any 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?

- 04. Very happy
- 05. Pretty happy
- 06. 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?

- 06. Definitely False
- 07. Mostly False
- 08. Sometimes true and sometimes false
- 09. Mostly True
- 10. 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?)

- 06. Definitely False
- 07. Mostly False
- 08. Sometimes true and sometimes false
- 09. Mostly True
- 10. 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?)

- 06. Definitely False
- 07. Mostly False
- 08. Sometimes true and sometimes false
- 09. Mostly True
- 10. 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?)

- 06. Definitely False
- 07. Mostly False
- 08. Sometimes true and sometimes false
- 09. Mostly True
- 10. 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?)

- 06. Definitely False
- 07. Mostly False
- 08. Sometimes true and sometimes false
- 09. Mostly True
- 10. 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?)

- 06. Definitely False
- 07. Mostly False
- 08. Sometimes true and sometimes false
- 09. Mostly True
- 10. 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?)

- 06. Definitely False
- 07. Mostly False
- 08. Sometimes true and sometimes false
- 09. Mostly True
- 10. 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?)

- 06. Definitely False
- 07. Mostly False
- 08. Sometimes true and sometimes false
- 09. Mostly True
- 10. Definitely True

Done_B_1

/“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?)

01. 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 [CHILDNAME].

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

01. True

05. False

N19

HHPMRout

/“Household PM Routine”

[**CHILDFNAME**] 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”

[**CHILDFNAME**] 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.

- 01. Strongly Disagree
- 02. Disagree
- 03. Not sure
- 04. Agree
- 05. 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.

- 01. Strongly Disagree
- 02. Disagree
- 03. Not sure
- 04. Agree
- 05. 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.)

- 01. Strongly Disagree
- 02. Disagree
- 03. Not sure
- 04. Agree
- 05. 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.)

- 01. Strongly Disagree
- 02. Disagree
- 03. Not sure
- 04. Agree
- 05. 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.)

- 01. Strongly Disagree
- 02. Disagree
- 03. Not sure
- 04. Agree
- 05. 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.)

- 01. Strongly Disagree
- 02. Disagree
- 03. Not sure
- 04. Agree
- 05. 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.)

- 01. Strongly Disagree
- 02. Disagree
- 03. Not sure
- 04. Agree
- 05. Strongly Agree

Section Q: Maternal Health

Q1

Health

/“Maternal Health”

Maternal Health and Satisfaction

Overall, how would you describe your health?

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

- 01. Excellent
- 02. Very good
- 03. Good
- 04. Fair
- 05. 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?

- 01. A - Not at all
- 02. B - Several days
- 03. C - More than half the days
- 04. 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?

- 01. A - Not at all
- 02. B - Several days
- 03. C - More than half the days
- 04. 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?)

- 01. A - Not at all
- 02. B - Several days
- 03. C - More than half the days
- 04. 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?)

- 01. A - Not at all
- 02. B - Several days
- 03. C - More than half the days
- 04. 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?)

- 01. A - Not at all
- 02. B - Several days
- 03. C - More than half the days
- 04. 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?)

- 01. A - Not at all
- 02. B - Several days
- 03. C - More than half the days
- 04. 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?)

- 01. A - Not at all
- 02. B - Several days
- 03. C - More than half the days
- 04. 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?)

- 01. A - Not at all
- 02. B - Several days
- 03. C - More than half the days
- 04. 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.

- 01. Not at all
- 02. Mildly, but it didn’t bother me much
- 03. Moderately, it wasn’t pleasant at times
- 04. 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.

- 01. Not at all
- 02. Mildly, but it didn’t bother me much
- 03. Moderately, it wasn’t pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. Severely, it bothered me a lot

Q21

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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. Severely, it bothered me a lot

Q25

Hands Tremble

/“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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. Severely, it bothered me a lot

Q27

NoControl_b_1

/“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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. Severely, it bothered me a lot

Q28

CantBreath

/“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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. Severely, it bothered me a lot

Q32

FaintLightHead

/“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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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.)

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. Severely, it bothered me a lot

Q34

HotColdSweats

/“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.~~

- 01. Not at all
- 02. Mildly, but it didn't bother me much
- 03. Moderately, it wasn't pleasant at times
- 04. 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?

- 01. Very Poor
- 02. Poor
- 03. Fair
- 04. Good
- 05. 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?

- 01. Not at all
- 02. A little bit
- 03. Somewhat
- 04. Quite a bit
- 05. 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?

- 01. Not at all
- 02. A little bit
- 03. Somewhat
- 04. Quite a bit
- 05. 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?

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Fairly Often
- 05. Very Often

Q40

NoControl_b_2

/"Mom Felt 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?

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Fairly Often
- 05. Very Often

Q41

NervousPM

/“Mom Felt 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?)

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Fairly Often
- 05. 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?)

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Fairly Often
- 05. 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?)

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Fairly Often
- 05. Very Often

Q44

Control

/“Control Irritations”

 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?)

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Fairly Often
- 05. Very Often

Q45

MOnTop

/“Mom 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?)

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Fairly Often
- 05. 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?)

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Fairly Often
- 05. 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.

- 01. Never
- 02. Almost Never
- 03. Sometimes
- 04. Fairly Often
- 05. 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_b_1

/“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 CHILDDOB_YRD, CHILDDOB_MO, CHILDDOB_YRY
FROM BASELINE. HOWEVER, IF VERIFYR = 3 (INCORRECT BABY DOB), USE
CORRCHILDDOBM, CORRCHILDDOBD, CORRCHILDDOBY]

The items in this section are taken from a proprietary instrument and are therefore redacted.

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 days)

[ASK C2SOUNDS12-CPOINT12 FOR BABIES AGED 11 MOS,0 DAYS — 12MOS, 30DAYS]

C2Sounds12

/“Child Two Similar Sounds 12 months”

[REDACTED]

☐ [REDACTED]

☐ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CPeekaboo12

/“Child Play Peekaboo 12 months”

[REDACTED]

[REDACTED]

[REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CCommand12

/“Child Use Commands 12 months”

[REDACTED]

[REDACTED]

[REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

C3Words12

/“Child Say Three Words 12 months”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CObject12

/“Child Looks For Object 12 months”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CPoint12

/“Child Points 12 months”

[REDACTED]

[REDACTED]

[REDACTED]

- 01. Yes
- 02. 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”

[REDACTED]

☐ [REDACTED]

☐ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CPoint14

/“Child Points 14 months”

[REDACTED]

☐ [REDACTED]

☐ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CShakesH14

/“Child Shakes Head Y/N 14 months”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

03. Yes

04. Sometimes

05. Not Yet

CPPP14

/“Child points, pats or picks up Pictures 14 months”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

01. Yes

02. Sometimes

05. Not Yet

C4plusWords14

/"Child Say Four Plus Words 14 months"

[REDACTED]

[REDACTED]

[REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CObject14

/"Child Looks For Object 14 months "

[REDACTED]

[REDACTED]

[REDACTED]

- 01. Yes
- 02. 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 ”

[REDACTED]

☐ [REDACTED]

☐ [REDACTED]

01. Yes
02. Sometimes
05. Not Yet

C4plusWords16

/“Child Say Four Plus Words 16 months ”

[REDACTED]

☐ [REDACTED]

☐ [REDACTED]

01. Yes
02. Sometimes
05. Not Yet

CPoint16

/“Child Points 16 months ”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CObject16

/“Child Looks For Object 16 months ”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CSentence16

/“Child Two Word Sentence 16 months”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

C8PLUSWords16

/“Child Say Eight Plus Words 16 months”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. 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 ”

<input type="checkbox"/>		
<input type="checkbox"/>		

01. Yes
02. Sometimes
05. Not Yet

CObject18

/“Child Looks For Object 18 months ”

<input type="checkbox"/>		
<input type="checkbox"/>		

01. Yes
02. Sometimes
05. Not Yet

C8PLUSWords18

/“Child Say Eight Plus Words 18 months ”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CSentence18

/“Child Two Word Sentence 18 months ”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CIdentify18

/“Child Identifies Object 18 months”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. Sometimes
- 05. Not Yet

CComplexSent18

/“Child create complex sentence 18 months”

[REDACTED]

■ [REDACTED]

■ [REDACTED]

- 01. Yes
- 02. 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 activities that you and [CHILDFNAME] 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 [CHILDFNAME]? Would you say: Every day, A few times a week, A few times a month or Rarely or not at all?

- 01. Every day
- 02. A few times a week
- 03. A few times a month
- 04. Rarely or not at all

TellStories

/"Tell Stories"

How often do you tell stories to [CHILDFNAME]?

(Would you say: Every day, A few times a week, A few times a month or Rarely or not at all?)

- 01. Every day
- 02. A few times a week
- 03. A few times a month
- 04. 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?)

- 01. Every day
- 02. A few times a week
- 03. A few times a month
- 04. 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?)

- 01. Every day
- 02. A few times a week
- 03. A few times a month
- 04. 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
- 02. Quite a bit satisfied
- 03. 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 Protocol: 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)

SI

HairCortisol_b_2

/“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 CONFIRMAIR

S2

Steroids_b_2

/“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

S3

SteroidSP3M_b_2

/“Steroids Past 3 Months”

Did you take these medications in the last three months?

- 01. Yes GO TO CONFIRMAIR
- 05. No GO TO INHALESTER

S4

InhaleSter_b_2

/“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
-

S5

InhaleSterP3M_b_2

/“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
-

S6

SterCream_b_2

/“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
-

S7

SterCreamP3M_b_2

/“Steroids Past 3 Months”

Did you take these medications in the last three months?

01. Yes GO TO CONFIRMHAIR
05. No GO TO NOHair
-

S8

NoHair_b_2

/“No Hair”

Thank you. I have a couple more questions for you.

S9

HairWash_b_2

/“Hair Wash”

How many times a week do you wash your hair?

- ◆ IF mom mentions she does NOT wash hair weekly, ENTER “0”

[NUMBER]

S10

HairDye_b_2

/“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

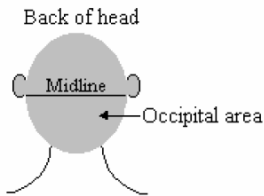
Step 3: Set Up Supplies

- 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

S11

ConfirmHair_b_2

/"Hair Completed"

Interviewer checkpoint:

- ◆ Did you complete the hair sample?

01. Yes	GO TO WEIRDHAIR
05. No	GO TO WHYNOHAIR

S12

WhyNoHair_b_2

/"Why No Hair Collected"

Interviewer checkpoint:

- ◆ WHAT is the reason the hair was not collected?

[STRING — OPEN END]

S13

WeirdHair_b_2

/"Weird Hair Occurance"

Interviewer checkpoint:

- ◆ DID anything unusual happen during hair collection?

[STRING — OPEN END]

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)

U1

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 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

- Your new card will become active on _____
- Your 4-digit pin will be set to the month and day of your baby's birthday (e.g. April 3, 0403)
- You will get a call or text when this card is active

- Su nueva tarjeta se activará el _____
- Su pin de 4 dígitos se establecerá como el mes y día del cumpleaños de su bebé (e.g. Abril 3, 0403)
- Recibirá una llamada o mensaje de texto cuando esta tarjeta esté activa

PEEL BEFORE
USING

- ◆ ENTER [1] to continue

U1a

CCPhone

/“CC Phone activation”

What phone number should we call to let you know your card has been activated?

- ◆ ENTER phone number

[NUMERIC, WIDTH=12]

[DISPLAY ERROR IF CCPHONE IS NOT COMPLETE]

U1b

CCMessage

/“CC Phone message”

Would you prefer to be called and left a message, texted, or both?

01. Call and leave a message
02. Text message
03. Both called and texted messages

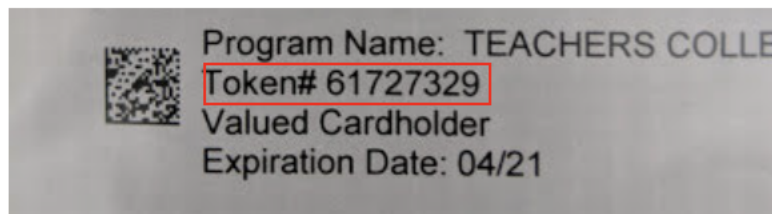
U2

NewCCnumber

/“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

[NUMERIC, WIDTH=8]

[DISPLAY ERROR IF NEWCC# IS NOT COMPLETE]

U3

NewCCnumReenter

/“New ClinCard Number Re-enter”

- ♦ Please re-enter RE-ENTER CC#.

[DISPLAY ERROR IF NEWCC# AND NEWCC#REENTER DO NOT MATCH]

U4

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

V1

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)

V1_Spec

ObsRLocationO

/"Respondent Location Other"

◆ WHERE did the interview take place?

[OPEN-ENDED]

V2

ObsSafe

/"Safe home"

◆ DID the place where the interview took place appear safe for a child?

- 01. Yes
- 05. No

V3

ObsPest

//“Pests at home”

- ♦ DID you see or see any evidence of pests?

- 01. Yes
- 05. No

V4

ObsBooks

//“Books at home”

- ♦ DID you see any children’s books?

- 01. Yes
- 05. No

V5

ObsAssistant

//“ Assistant present”

- ♦ WAS there an assistant present during the visit?

- 01. Yes
- 05. No

V6

ObsROthers

//“Respondent Others present”

- ♦ WAS anyone else present during the visit?

- 01. Yes
- 05. No

V6a

ObsROtherslist

//“Respondent Names of Others present”

- ◆ Please LIST names and/or relationship to Respondent if known.

[OPEN-ENDED]

V7

ObsRRReveal

/“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