

2005-06 Questionnaire

EARLY CHILDHOOD – ECQ Target Group: SPs Birth to 15 Years

ECQ.010 First I have some questions about {SP NAME's} birth.

How old was {SP NAME's} biological mother when {s/he} was born?

ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT 10-59, SOFT EDIT <13

REFUSED 77
DON'T KNOW 99

ECQ.020 Did {SP NAME's} biological mother smoke at any time while she was pregnant with {him/her}?

YES 1
NO 2 (ECQ.060)
REFUSED 7 (ECQ.060)
DON'T KNOW 9 (ECQ.060)

ECQ.030 At any time during the pregnancy, did {SP NAME's} biological mother quit or refrain from smoking for the rest of the pregnancy?

YES 1
NO 2 (ECQ.060)
REFUSED 7 (ECQ.060)
DON'T KNOW 9 (ECQ.060)

ECQ.040 About what month of the pregnancy did {SP NAME's} biological mother stop smoking?
USE ROUNDING RULE IF NECESSARY.

FIRST MONTH 1
SECOND MONTH 2
THIRD MONTH 3
FOURTH MONTH 4
FIFTH MONTH 5
SIXTH MONTH 6
SEVENTH MONTH 7
EIGHTH MONTH 8
NINTH MONTH 9
REFUSED 77
DON'T KNOW 99

ECQ.060 Did {SP NAME} receive any newborn care in an intensive care unit, premature nursery, or any other type of special care facility?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

ECQ.071/ How much did {SP NAME} weigh at birth?
L/O/K/M

IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES.
IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES.

|_|_|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 3-13, HARD EDIT 0-20

AND

|_|_|
ENTER NUMBER OF OUNCES

CAPI INSTRUCTION:
HARD EDIT 0-15, NO SOFT EDIT

OR

|_|_|_|
ENTER NUMBER IN KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 1.5-6, HARD EDIT 0-9

OR

|_|_|_|
ENTER NUMBER IN GRAMS

CAPI INSTRUCTION:
SOFT EDIT 1,500-6,000, HARD EDIT 0-9,000

OR

REFUSED 7777
DON'T KNOW 9999

BOX 1

CHECK ITEM ECQ.075:

IF REFUSED (CODE 7) OR DON'T KNOW (CODE 9), CONTINUE.
OTHERWISE, GO TO BOX 2.

ECQ.080 Did {SP NAME} weigh . . .

- more than 5-1/2 lbs. (2500 g), or 1
- less than 5-1/2 lbs. (2500 g)? 2 (BOX 2)
- REFUSED 7 (BOX 2)
- DON'T KNOW 9 (BOX 2)

ECQ.090 Did {SP NAME} weigh . . .

- more than 9 lbs. (4100 g), or 1
- less than 9 lbs. (4100 g)? 2
- REFUSED 7
- DON'T KNOW 9

BOX 2

CHECK ITEM ECQ.095:

IF SP AGE = 2-15 YEARS, CONTINUE.
OTHERWISE, GO TO BOX 4.

WHQ.030e Do you consider {SP} now to be . . .

- overweight, 1
- underweight, or 2
- about the right weight? 3
- REFUSED 7
- DON'T KNOW 9

MCQ.080e Has a doctor or health professional **ever** told you that {SP} was overweight?

- YES 1
- NO 2 (BOX 4)
- REFUSED 7 (BOX 4)
- DON'T KNOW 9 (BOX 4)

ECQ.150 Are you now doing anything to help {SP} control {his/her} weight?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

BOX 4

CHECK ITEM ECQ.115:

IF SP AGE = 0-5, CONTINUE.

OTHERWISE, GO TO END OF SECTION.

FSQ.121 Is {SP} **now** attending {Head Start/Early Head Start}?

CAPI INSTRUCTIONS:

IF SP AGE = 0-3, DISPLAY "EARLY HEAD START".

IF SP AGE = 4-5, DISPLAY "HEAD START".

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 5

OMITTED