ICPSR 34312

Maternal Lifestyle Study in Four Sites in the United States, 1993-2011

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Questionnaires for Phase II: M08 Mother/Caregiver Report Data

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		1	4	8	10	12	18	24	30	36	l <u> </u>
Center Number	Screening Number				Visit	Mon	th				Birth Number

4 - 36 MONTH ACYF ENVIRONMENTAL QUESTIONNAIRE

1. Date of interview	AFINTDT Month Day Year
2. Child's first name	AFBNAME
3. Child's date of birth	Month Day Year
4. Date of last visit	Month Day Year
5. Child's corrected age	Months

6. Please tell me the names of all the people who live in the household with the CHILD.

Do not include the child in this list. Ask all applicable questions before going on to the next person. Relationship Same biological Same biological Age** Adopted Sibling First Name to child * mother as child father as child YES YES NO N/A NO YES N/A N/A NO 1 AFLHPAA 1 AFLHADA AFLHFNA AFLHRCA **AFLHMAA** AFLHAGA **AFLHRCB AFLHMAB AFLHPAB** AFLHFNB ¹ AFLHADB **AFLHAGB AFLHFNC AFLHRCC AFLHMAC AFLHPAC** 1 AFLHADC **AFLHAGC AFLHRCD AFLHMAD** AFLHFND 1 AFLHPAD 1 AFLHADD AFLHAGD **AFLHFNE AFLHRCE AFLHPAE** 1 AFLHADE **AFLHMAE AFLHAGE AFLHMAF AFLHFNF AFLHADF AFLHRCF AFLHPAF** AFLHAGF 1 AFLHMAG 1 AFLHPAG **AFLHFNG AFLHRCG** ¹ AFLHADG **AFLHAGG AFLHMAH AFLHPAH** 1 AFLHADH AFLHAGH AFLHFNH AFLHRCH 1 AFLHPAI 1 AFLHADI 3 AFLHAGI **AFLHFNI AFLHRCI AFLHMAI** 1 AFLHPAJ **AFLHADJ AFLHFNJ** 3 **AFLHRCJ AFLHMAJ** AFLHAGJ 1 AFLHPAK **AFLHFNK** 3 ¹ AFLHMAK AFLHRCK AFLHADK AFLHAGK AFLHRCL 1 AFLHMAL 1 AFLHPAL 1 AFLHADL AFLHAGL AFLHFNL 1 AFLHPAM AFLHFNM AFLHRCM 1 AFLHMAM 1 AFLHADM AFLHAGM **AFLHFNN** 1 AFLHMAN 1 AFLHPAN 1 AFLHADN **AFLHRCN** AFLHAGN

Note: * Use relationship codes 001 - 504 under "Relationship to Child". If child has not been discharged from the hospital, use code 502 under "Relationship to Child" and <u>DO NOT</u> complete household information.

^{**} Enter age at last birthday in years.

10

12 18 24

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	Center Number	Screening Number	Visit Month	Birth Number
7	. INTERVIEWER RESP	ONSE: Check the <u>one</u> box below that be (disregard siblings present in liv		
		Both biological parents	1	
		Biological mother only	2	
		Biological father only	3	
		Both biological parents in extended fam	nily 4	
		Biological mom in extended family	6	e de
		Biological dad in extended family	6	
		Maternal grandparent(s)	7	
		Paternal grandparent(s)	8	
	·	Other non-adoptive relative(s)	9	
	·	Relative adoptive parent	10	
		Non-relative adoptive parent	11	
		Friends of family	12	
	•	Foster family home of relative	13	
		Foster family home of non-relative	14	•
		Pre-adoptive home	5.75 15	
		Hospital	16	
		Institution	17	
		Group home	18	
		No stable home	19	
	(See question 6 on ACY	sent in the household the same as last vife Environmental Questionnaire from last visit or if the custon and seriod since last visit and seed.)	est	YES NO AFLSCUA
8.	How many living biological including this child?	gical children under 18 does the mother	have in total	Unknown AFLSCLV 99
9.	Does the mother have living with her? (exclu	any biological children under 18 years or ide child)	f age who are	YES NO Unknown
	If yes, complete a b			
	a. How many biologic the mother? (exclud	al children under 18 years of age are not de child)	living with	Unknown AFLSCNN 88

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	 - 										_	Pa
		1	4	8	10	12	18	24	30	38		
Center Number	Screening Number	-			Visit	Mon	th		•		Birth Number	

b. Please tell me the names and ages of the biological children not living with the mother (counted in 9a) and with whom the children are currently living. USE RELATIONSHIP CODES:

Child's First Name	Age**	Sex		Same bi father a	ological as child	With whom outside h	child is living ousehold
		Male Fem	nale	YES	NO		
AFNHFNA AF	NHAGA	¹ AFNHSXA		¹ AFNHI	PAA	AFNHR1A	AFNHR2A
AFNHFNB AF	NHAGB	1 AFNHSXB		1 AFNHI	PAB	AFNHR1B	AFNHR2B
AFNHFNC AF	NHAGC	1 AFNHSXC		¹ AFNH	PAC	AFNHR1C	AFNHR2C
AFNHFND	NHAGD	1 AFNHSXD		AFNH	IPAD	AFNHR1D	AFNHR2D
AFNHFNE AF	NHAGE	1 AFNHSXE		¹ AFNH	PAE	AFNHR1E	AFNHR2E
AFNHFNF AF	NHAGF	1 AFNHSXF		¹ AFNHF	PAF	AFNHR1F	AFNHR2F
AFNHFNG AFI	IHAGG	1 AFNHSXG		1 AFNHF	PAG	AFNHR1G	AFNHR2G
AFNHFNH AFN	IHAGH	1 AFNHSXH		¹ AFNHI	PAH	AFNHR1H	AFNHR2H
AFNHFNI AFI	NHAGI	AFNHSXI		1 AFNHI	PAI	AFNHR1I	AFNHR2I
AFNHFNJ AF	NHAGJ	¹ AFNHSXJ		1 AFNHI	PAJ	AFNHR1J	AFNHR2J
AFNHFNK AFI	NHAGK	1 AFNHSXK		AFNH	PAK	AFNHR1K	AFNHR2K

^{**}Age at last birthday in years.

Skip questions 10 - 15 if child has not yet been discharged from the hospital.

10. Has the child changed addresses since last visit?

YES NO AFBMOVD

If no, skip to question 13.

If yes,

a. How many times has the child moved?

AFBMOVN

b. Other than the child's current living situation, did this child have any foster care placement since the last visit?

YES NO Unknown
AFBMOVF 3

11. What best describes the kind of housing the child currently lives in (check one only): AFHSTYP

Owner-occupied house or condominium	1
Privately-owned, rented apartment or house	2
Publicly-owned apartment or house	3
Hotel/motel	4
Congregate Care/Social Service Facility	5
No stable residence	6

12. How many rooms are in child's home? (count LR, DR, BR, KIT, FR)



	THE	EFFECTS OF MATERNA	AL LIFESTYLE	S ON INFANT OUT	rcomes .	FORM NC21 12/01/
			1 4	8 10 12 18 24	30 38	Page 4 of
Ce	inter Number	Screening Number		Visit Month	Birth Nurr	ber
SINCE THINGS		PEOPLES' LIVES,WE A	RE GOING TO	ASK YOU QUEST	TIONS WHERE SO	OME THINGS
13. Does the	heating/air co	nditioning system work	properly?	AFHSAIR		
14. Does the	plumbing wor	k properly?		YES NO AFHSPLM		
15. Is there a	working telep	phone in the home?	·	YES NO AFHSTEL		
	er and child liv wer a - c belo	ving together at the time w.	of this visit?	YES N	=	
			A = 14 A 14 // 10			

a. With whom or where does the mother live? AFMAWHO

Alone	7
With child's father (child lives elsewhere)	2
With relative(s)	3
With non-relative(s)	1
Incarcerated	5
Hospital or institution	8 ,
Military	7
Transient, no stable living situation	8
Don't know	•

b. How often does the mother see her child? AFMASEE

Every day	1
Once or twice a week	2
Once or twice a month	3
Less than once a month	4
No contact	6

c. What best describes the mother's current plans in relationship to her child? AFMAPLN

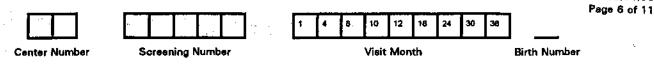
Separation is long-term	1
Future plans uncertain	2
Plans to reunite with child	3
Don't know	4

THE EFFECTS OF MATERNAL LIFESTYLES ON INFANT OUTCOMES FORM NC21.1 12/01/93 Page 5 of 11 Center Number Screening Number Visit Month Birth Number YĘS AFNAME 17. Has the child's last name changed since last visit? **AFPABNM** a. If yes, is the child's last name the same as the child's father's? YES Unknown **AFPALIV** 3 18. Is the child's father alive? If no or unknown, skip to question 25. 19. Do you have current information about the child's father? **AFFATHR** If no, skip to question 25. YES NO 20. Has the child's father attended school since last visit? **AFSCHOL** YES NO Unknown **AFPAWKS** 3 21. Does the child's father work? (any legal source of income) Part time Full time Unknown a. If yes, is he working? **AFPAWKT** NO 22. Does the child's father live with the child? If no, answer a-f. a. What best describes the child's father's current living situation? AFPAWHO Lives alone Hospital or institution With child's mother (child lives elsewhere) Military 6 With relative(s) Transient, no stable living situation With non-relative(s) Unknown

b. How often is the child's father in contact with the mother: (Skip if mother is deceased) AFPACON

Incarcerated

Every day	1
Once or twice a week	2
Once or twice a month	3
Less than once a month	4
No contact	6
Don't know	0



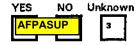
AFPASEE c. How often does the father see the child?

Every day	1
Once or twice a week	2
Once or twice a month	3
Less than once a month	4
No contact	

d. What best describes the father's current plans in relationship to his child? AFPAPLN

Separation is long-term	1
Future plans uncertain	2
Plans to reunite with child	3
Don't know	4

e. Is the mother receiving child support from the child's father? (Skip if mother is deceased)

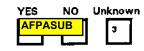


f. Is the child's father involved in the child's life?



If no, skip to question 25.

23. Does the child's father currently smoke, or use drugs or alcohol?



a. If yes, what substance(s) does he use? (Choose all that apply)

1) Alcohol	AFPAALC	7) Cocaine/Crack	AFPACOC
2) Marijuana	AFPAMAR	8) Amphetamines	AFPAMPH
3) Heroin	AFPAHER	9) Hallucinogens	AFPAHAL
4) Methadone	AFPAMTH	10) Inhalants	AFPAINH
5) Other opiates/analgesics	AFPAOPI	11) Barbiturates	AFPABAR
6) Other sedatives/hypnotics/tr	and AFPASED	12) Tobacco le.g. cigerettes, chewing t	obsecco, AFPATOB

24. Has he ever been in any type of drug treatment or support program?



a. If yes, specify type(s)





FORM NC21.1 12/01/93

		1 4 8 10 12 18 2	Page 7 of 11
	Center Number Screening Number	Visit Month	Birth Number
25.	Has the mother gone to work since the last visit? (Skip if mother is deceased) Full time Part time a. If yes,		YES NO Unknown AFMAWKS 3
26.	Has the mother gone to school since the last visit? (Skip if mother is deceased) Full time Part time a. If yes,		YES NO Unknown AFMASCS 3
Skip	questions 27 - 33 if child has not yet been discharged from the hos	pital.	
NOT	E: IF "OTHER", USE RELATIONSHIP CODES FOR ITE	MS 27 - 32	
	Who makes decisions about the child's care?	Biological Mother AFCADEC	Other
28.	Who is most likely to bathe the child and change the child's clothes?	Biological Mother AFCABTH	Other
29.	Who feeds the child during the day?	Biological Mother AFCAFED	Other
30.	Who soothes the child?	Biological Mother AFCASTH	Other
31.	Who plays with the child most?	Biological Mother	Other
32.	Who responds to the child's needs during the night?	Biological Mother AFCANGH	Other
··			
33.	INTERVIEWER RESPONSE: Specify the child's caretak	er (Use relationship code	es) AFCAINT

Note: If biological mother is in the household, use biological mother code 001.

If biological mother is NOT in the household, use the same code given in question 27.

FORM NC21.1 12/01/93

Center Number	Screening Number	<u> </u>	<u> </u>	Visit		1		Į.	<u> </u>	l Birth Number	
		1 4	8	10	12	18	24	30	30	1	Page 8 of 1

NOW I WOULD LIKE TO ASK YOU ABOUT WHAT KIND OF SERVICES THE CARETAKER AND THE CHILD HAVE RECEIVED SINCE THE LAST VISIT:

34. Has the child or caretaker been referred for or received any Child Services since the last visit or are they currently receiving services?



Code as follows:

- 1 = Has been referred since last visit, not received
- 2 = Has been referred at any time and received since last visit or is currently receiving

CHILD SERVICES: (code all that apply)

a. Visiting Nurse/Home health care	AFSVBVS
b. Health screening/speciality clinic	AFSVBHS
c. Psychological/Developmental assessment	AFSVBPD
d. Crisis Nursery (to protect child)	AFSVBCN
e. Therapeutic day care/nursery	AFSVBDC
f. Physical therapy	AFSVBPT
g. Occupational therapy	AFSVBOT
h. Early intervention program (infant stimulation)	AFSVBEI
i. Abandoned infants Project	AFSVBAI
j. Social worker for the child	AFSVBSW

35. Has the caretaker been referred for or received any Caretaker Services since the last visit or is the caretaker currently receiving services?



Code as follows:

- 1 = Has been referred since last visit, not received
- 2 = Has been referred at any time and received since last visit or is currently receiving

CARETAKER SERVICES: (code all that apply)

a. General Assistance	AFSVCGA	k. Adult education/job training	AFSVCED
b. Medicaid	AFSVCME	I. Shelter for abused women	AFSVCAW
c. Food Stamps	AFSVCFS	m.Homemaker services	AFSVCHS
d. WIC	AFSVCWI	n. Household management	AFSVCHM
e. AFDC	AFSVCAF	o. Respite care, to relieve Mom	AFSVCRC
f. SSI	AFSVCSS	p. Nutritional support	AFSVCNS
g. Family Planning	AFSVCFP	q. Tangible services (e.g. ciothing,	AFSVCTS
h. Parent Training	AFSVCPT	appliances, furniture, toys)	
i. Housing/temporary shalter	AFSVCHO	r. Legai services	AFSVCLS
j. Transportation	AFSVCTR	s. Social worker for the family	AFSVCSW

THE	EFFECTS OF MATERNAL	LIFESTYLES ON INF	ANT OUT	COMES	FORM NC21.1 12/01/93
					Page 9 of 11
		1 4 8 10 12	16 24	30 38	
Center Number	Screening Number	Visit Me	onth	Birth Num	ber
					YES NO
36. Has the caretaker been	referred for or received a	ny Health Care/Couns	elina Serv	ices since	AFSVREF
	aretaker currently receiving				
					7
Code as follo		_4			
	referred since last visit, referred at any time and		it or is cu	rrently receiving	!
<u> </u>					
HEALTH	CARE COUNSELING SER	VICES: (code all that	apply)		
a. Healt	h care			AFSVRHC	
	nological assessment			AFSVRPA	
	seling by Mental Health Pi	ofessional		AFSVRMH	
	al Health - Inpatient			AFSVRMI	
	al Health - Outpatient	t		AFSVRMO AFSVRMS	
	al Health - Self-help (12 st nol/drug Treatment - Inpat			AFSVRAI	
	ol/drug Treatment - Inpat ol/drug Treatment - Outpa			AFSVRAO	
	oi/drug - Self-help (12 ste	····		AFSVRAS	
	10.5 (12 00	, , , , , , , , , , , , , , , , , , , 			
·					YES NO
37. Have any other services	s (not previously mentions	d) been referred and/	or received	d for the child	YES NO AFSVOTH
or caretaker since the la	-				
			•		
a. If yes, specify:					
a. If yes, specify		· · · ·			
Complete Services and Client Satis	faction Form for 4, 12, 24 and 3	6 month visits.			
Refer to completed ACYF Environm					
 		<u></u>			
Skip questions 38 - 50 if child is in	a congregate care/social service	facility or has not yet been	n discharged	from the hospital.	
WE ARE ALSO INTERESTED	IN THE NEIGHBORHOOD	WHERE THE CHILD L	IVES AND	ANY CHANGE	S THAT
MAY HAVE TAKEN PLACE S	INCE THE LAST VISIT.				
		•			
38. How does the person w	ha does the shanning for	the carotaker's house	hold usus	liv get to the gro	cory store?
30. How does the person w	no ocea the allopping for	the caretaker 5 house	iioia asaa	ny get to the give	AFNHGRM
	B	<u></u>	ŢŢ		
	By car		[]		
	Walking		2		
	By public transportation	(bus, subway)	3		
	By taxi cab		1		
	Other		6		

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		÷									12/0 Page 10
			1	4	8 10	12 18	3 24	30 3	×6		i ago i o
	Center Number	Screening Number			Visi	t Month			Birt	th Numbe	er
hou	estions 40 - 49 ask about the neig sehold as the child. If the respond stitute the caretaker's name for th	ient is not the caretaker and d	oes not	live in	our" refe the san	ors to the	caret	aker wh	no is livi nild,	ing in the	Same
40.	In your neighborhood woo	ıld you say most people	are <u>en</u>	nploy	<u>red</u> or	most p	eople	are <u>u</u>	nempl	oved? <mark>^</mark>	FNHEMP
		employed					1				
		unemployed					2				
		unknown					3				
	In your neighborhood wou you say your neighborhoo		s little	or li					<u> </u>	, 0,	
		quiet and little traffic				\neg	2				
		unknown		· - .			3				
72.	In your neighborhood wou few vacant buildings, or w	vould you say there are r	many <u>r</u>	undo			<u>buil</u>				
		good condition and no	t vaca	nt			<u>'</u>				
		rundown or vacant					2				
		unknown					<u>.</u>				
43.	Are there any parks and pl in your neighborhood?	avgrounds where you w	ould fe	eel <u>s</u> a	<u>afe</u> taki	ing you	ır chi	lď	YES <mark>AFN</mark>	NO IHPRK	Unknown 3
44.	Are there gangs in your ne	ighborhood?							YES AFNI	NO HGNG	Unknown 3
45.	In your neighborhood is the of property?	are a lot of <u>crime, assaul</u>	ts. rob	berie	es, or c	<u>lestruc</u>	<u>tion</u>		YES AFNI	NO HCRM	Unknown 3
46.	Since last visit, have there seriously injured in your ne		re son	neon (e was	killed a	r		YES AFNH	NO ISHT	Unknown 3

FORM NC21.1

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ge	1	1	of	11	
	•	•	٠.	••	

Center Number Screening Number



Visit Month

Birth Number

NOW I WOULD LIKE TO DISCUSS WITH YOU DRUG USE IN THE CHILD'S NEIGHBORHOOD

47. Do any people in your neighborhood use or sell drugs like marijuana, cocaine, crack or heroin?



48. Do any of your female friends or acquaintances use drugs like marijuana, cocaine, crack, or heroin?



49. Do any of your male friends or acquaintances use drugs like marijuana, cocaine, crack or heroin?



50. Do any people in the child's household use drugs around the child?



- 51. INTERVIEWER: Who was present during this interview? (Use all relevant relationship codes)
- 52. INTERVIEWER: Code the Primary Respondent (See relationship codes)

YES

Respondent's first name

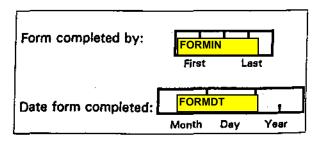
53. INTERVIEWER: Is this respondent the same as the last ACYF Respondent? (See ACYF Environmental Questionnaire from last completed visit)

Form completed by:	FORMIN	Date form completed:	FORMDT
	First Last		Month Day Year I

MATERNAL LIFESTYLE GUIDE RELATIONSHIP CODES

001	Mother of Child	002	Father of Child
011	Husband, Significant Other (SO) if different from 002)	012	Wife, Significant Other (SO) if different from 001)
021	Maternal (SO) Grandmother	022	Paternal (SO) Grandmother
031	Maternal (SO) Grandfather	032	Paternal (SO) Grandfather
041	Maternal (SO) Aunt	042	Paternal (SO) Aunt
051	Maternal (SO) Uncle	052	Paternal (SO) Uncle
061	Brother (biological or adopted)	062	Step Brother
071	Sister (biological or adopted)	072	Step Sister
081	Maternal (SO) Female Cousin	082	Paternal (SO) Female Cousin
091	Maternal (SO) Male Cousin	092	Paternal (SO) Male Cousin
101	Other Maternal (SO) Relative	102	Other Paternal (SO) Relative
201	Foster Mother	202	Foster Father
301	Adoptive Mother	302	Adoptive Father
401	Other Non-relative	402	Social Worker/Case Worker
501	Staff in Congregate Care	502	Still Hospitalized
503	Living on Own	504	UNKNOWN

FORM NC235.1 THE EFFECTS OF MATERNAL LIFESTYLES ON INFANT OUTCOMES 10/22/93 Page 1 of 1 Center Number Screening Number Visit Month Birth Number 4 - 36 MONTH CPS AND FOSTER CARE FORM (SHORT) Other sources must be consulted to complete this form, but some information may be obtained from interview as appropriate. A. Child Protective Services YES 1. Was there a report/referral to Child Protective Services (CPS) made on behalf of this child that was open at last visit? If yes, complete CPS AND FOSTER CARE FORM (LONG). 2. Has a report/referral to Child Protective Services (CPS) been made on behalf of this child since last visit? If yes, complete CPS AND FOSTER CARE FORM (LONG). If child has never been discharged from the hospital STOP HERE B. Foster Care Placement 1. Is this child currently in an out-of-home placement (foster family care, group home, or residential care)? If yes, complete CPS AND FOSTER CARE FORM (LONG). If no. a. Has a report/referral to Child Protective Services (CPS) been made for any other children in this child's current household since last visit?



FORM NC31.1 07/12/94 Page 1 of 2

Visit Month

Birth Number

YES

LEPLPNT

ERENOV

ELDSIB

EADEXF

Day

NO

Center Number Screening Number

Ask the questions in Part A at the 8, 12, 18, 24 and 36 month visits.

LEAD EXPOSURE RISK ASSESSMENT

A. Risk of Lead Exposure

- 1. Does your child live in or regularly visit a house with peeling or chipping paint built before 1960?
- Does your child live in or regularly visit a house built before 1960 with recent, ongoing, or planned renovation or remodelling?
- 3. Does your child have a brother, or sister, housemate, or playmate being followed or treated for lead poisoning (that is blood level > 15 µg/dl)?
- 4. Does your child live with an adult whose job or hobby involves exposure to lead?
- 5. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead into the environment?



8 Month Visit:

If all questions above were answered "No", Stop here.

If any questions were answered "Yes", ask the respondent if the child had a blood lead screen in the past month.

If yes, ask the respondent to sign a release form to obtain the result. Once results are obtained, complete Part B. on page 2.

If no or unknown, schedule an appointment for the child to have the lead test done. Once results are obtained, complete Part 8, on page 2.

12 Month Visit:

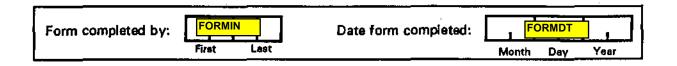
Obtain a blood lead test for all children (except those tested at the 8 month visit) and complete Part B. on page 2.

18, 24 and 36 Month Visits:

If all questions above were enswered "No", Stop here.

If any questions were answered "Yes", complete questions 2 and 3 under Part B. on page 2.

THE EFFECTS OF MATERIAL LIFESTILES	ONI	INCAN	OUI	CUI	MES	
Center Number Screening Number	_	12 18	24	30	36	Birth Number
B. Blood Lead Level Follow-up Information						
8 Month Visit: Complete for high risk children.	_					
12 Month Visit: Complete for all children not previously tested. If previously tested, complete questions 2 and 3 if any question in Pert A was answ	vered "	'yes".				
18, 24 and 36 Month Visite: Complete questions 2 and 3 if any question in Part A was answered "yes".						<u>, ,</u>
Was the child's screening blood lead level tested?		YES	TST	NO	1	Refused 3
If yes,		YES		NO	Not	Available
a. Was the child's screening blood lead level ≥ 20 µg/dl?		LEBL	G20 L			3
If yes, which is the second of		YES	N	10		
1) Was the test confirmed with a venous lead level? If yes,	- 4 ⁴	LEBLO			25.2.3	
a) What was the venous blood lead level?		LEBL	GVL		µg/dl	
b) Date of venous blood lead level:		1 Mon		BLG\ Day		'ear
2. Was lead decontamination done in the child's environment?		YES LEDEO	N ON	<u>.</u>		
a. If yes, date:		Mon		DECI Day	_	ear
3. Did the child receive chelation?		YES LECHE	N(Ĵ		
a. If yes, date:		<u> </u>	LEC	CHED	Ť	



LECHEDT Day

Month

	•										
		1	4	8	10	12	18	24	30	36	l
Center Number	Screening Number				Visit	Mon	th				Birth Number

4 - 36 MONTH CARETAKER INVENTORY OF SUBSTANCE USE

Interviewer's Script: All of the information in this interview is confidential. I will ask you specific questions about substances that you may or may not have used. Your willingness to shere this personal information is very important to our study.

A. Identification And Dates 1. Respondent (Use relationship codes) 2. Child's Date of Birth Day Year 3. Date of Last Visit CIDTVST Month Day Year

B. Medication And Drug Use Since Last Visit

I need to ask you if you used any of the following medications or drugs since the last visit.

Medications		Yes	No
1. Antibiotics	C	IMEB	l
2. Anti-seizures	C	IMES	
3. Tranquilizers	C	CIMET	R
4. Anti-depressants	C	IMEDI	E
5. Amphetamines	C	IMEA	M
6. Hallucínogens	CI	MEH/	\
7. Barbiturates or Sedatives	C	MEB/	1
8. Inhalants	C	IMEIN	
9. PCP (phencyclidine)	C	IMEPO	
10. Other Drugs*	C	IMEO	
a. Specify	_		

^{*}Note: Other Drugs does not include tobacco, marijuana, alcohol, crack/cocaine, heroin, or methadone.

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		1	4	8	10	12	18	24	30	36		_
Center Number	Screening Number				Visit	Mon	th				Birth Number	

C. Substance Use Since Last Visit

Sir	nce (date of	last visit) have you	u used any:
1.	Tobacco	YES NO	(If Yes, Complete Section D.)
2.	Marijuana	YES NO CIPYMA	(If Yes, Complete Section E.)
3.	Alcohol	YES NO CIPYAL	(If Yes, Complete Section F.)
4.	Cocaine/Crack	YES NO	(If Yes, Complete Section G.)
5.	Heroin	YES NO	(If Yes, Complete Section H.)
6.	Methadone	YES NO	(If Yes, Complete Section I.)

ĺ	If yes to use of any substance:	Now I'm going to ask you specific questions about your use of, and	
l		(Insert all substances with a positive response.)	

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		1	4	В	10	12	18	24	30	38	l <u> </u>	
Center Number	Screening Number				Visit	Mon	th				Birth Number	

PART II. SUBSTANCE USE HISTORY

Since _____ (date of last visit):

D. Tobacco Use History						
1. How often did you smoke o	cigarettes?	CITOFR				
Daily	Daily					
3-6 days/we	3-6 days/week					
1-2 days/we	ek	. 3				
< 1 day/wee	ek	4				
2. How many packs per day of	did you usually smoke?	CITONO				
≥ 2	(≥ 40 cigarettes)	1				
1 1/2 - <2	(30 - 39 cigarettes)	2				
1 - <1 1/2	(20 - 29 cigarettes)	3				
²	(10 - 19 cigarettes)	. j. 4				
<1/2	(< 10 cigarettes)	5				

Marijuana Use History	
How often did you smoke marijuana?	CIMAFR
Daily	1
3-6 days/week	2
1-2 days/week	3
1-3 days/month	4
< 1 day/month	6
2. How many joints per day did you usually smoke?	CIMANO
>3	1
1 - 3	2
<1	3

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. Alcohol Use History	
1. How often did you drink?	.FR
Daily	1
3-6 days/week	2
1-2 days/week	3
1-3 days/month	4
1-2 days in 3 months	Б
<1 day in 3 months	6
2. What did you drink? (Choose all that apply)	
1) Wine/wine cooler [Complete 4. 1) belo CIAL	NI NI
2) Beer [Complete 4. 2) belo CIAL	BE
3) Liquor/mixed drink [Complete 4, 3) belo CIAL	LQ
3. Did you ever have more than 5 drinks at any one timcial	BG
Yes	1
No	2
If yes, how often did this happen?	BF

	uch you usually drank at one time. ks for all that apply.)	Since Last Visit
1) Wine/Wi		
a.	Wine bottle	CIWIBT
b.	Glass/Wine cooler bottle	CIWIGL
2) Beer		
a.	Quart/Jumbo	CIBEQT
b.	Can/Bottle	CIBEBT
3) Liquor		
a.	Fifth	CILIFI
b.	Shot/Glass	CILIGL

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Center Number	Screening Number	Visit Month	Birth Number

C. Oi H H	
G. Cocaine Use History	CICOFR
How often did you use cocaine?	
Daily	1
3-6 days/week	2
1-2 days/week	3
1-3 days/month	4
1-2 days in 3 months	6
<1 day in 3 months	6
2. How did you use cocaine? (Choose all that apply)	
1) Snorted it	CICOSN
2) Smoked crack	CICOCR
3) Smoked freebase	CICOFB
4) Injected it	CICOIN
3. On your days of heaviest use, how much cocaine	
did you use?	
1) Number of rocks	CICONR
2) Number of bags	CICONB
3) Number of snorts/lines	CICONS
4) Number of injections	CICONI
5) Number of grams	CICONG
6) Don't know (only if none of above)	CICKNOW
4. Did you ever use cocaine with another drug?	CICODR
Yes	1
No	2
1) If yes, choose all drugs used with co-	caine
a) Tobacco	СІСОТО
b) Marijuana	CICOMA
c) Alcohol	CICOAL
d) Heroin	CICOHE
e) Methadone	CICOME

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Center Number	Screening Number	Visit Month	Birth Number

4 11	CIHEF	D
1. How often did you use heroin?	CIFIE	******
Daily		1
3-6 days/week		2
1-2 days/week		3
1-3 days/month		4
1-2 days in 3 months		5
<1 day in 3 months		6
2. How did you use heroin? (Choose all that apply)		
1) Injected it	CIHE	N
2) Smoked it	CIHES	M
3) Snorted it	CIHES	N
4) Ate/Swallowed it	CIHE	۱T
3. On your days of heaviest use, how much heroin	-*	
did you use?		
1) Number of injections	CIHEN	
2) Number of grams	CINHE	G
3) Number of bags	CIHEN	В
4) Don't know (only if none of above)	CINOR	NW
4. Did you ever use heroin with another drug?	CIHED	R
Yes		1
· No		2
1) If yes, choose all drugs used with I	heroin	
a) Tobacco	CIHET	0
b) Marijuana	CIHEM	Α
c) Alcohol	CIHEA	L
d) Crack/Cocaine	CIHEC	0
e) Methadone	CIHEM	E

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. N	lethadone Use History	
	How often did you use methadone? CIME	FR
	Daily	ī
	3-6 days/week	2
	1-2 days/week	3
	1-3 days/month	4
	<1 day/month	6
	2. How did you get your methadone?	PR
	Prescribed by a doctor or clinic	1
	Other sources	2
	Both	3
	3. How much methadone did you take each day? CIMEN	Ю
	High dose regimen (50 - 100 mg)	1
	Low dose regimen (10 - 40 mg)	2 *
	Other	3
	Don't know	4

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		1	4	ð	10	12	18	24	30	36	
Center Number	Screening Number				Visit	Mon	th				Birth Number

PART III. PERSONAL SAFETY

J. Personal Safety

1. Since the last visit have you been mentally or emotionally abused or mistreated?



If yes,

a. Do you want help with this problem?
 We can talk about this at the end of the session.



2. Have you been physically abused since the last visit?



If yes,

a. Who is the person who did this to you? Tell me their relationship to you. (Choose all that apply)

1) Father of child	CIPSPFA
2) Other partner	CIPSPPR
3) Parent	CIPSPPN
4) Sibling or other family member	CIPSPSI
5) Friend/Acquaintance	CIPSPFR
6) Don't know	CIPSPDK

b. How many times did this happen since the last visit? CIPSPNO

More than 3 times	1
2 - 3 times	2
Once	3

c. On what part of your body were you hurt? (Choose all that apply)

1) Head	CIPSPHD
2) Neck	CIPSPNK
3) Chest	CIPSPCH
4) Arms	CIPSPAR
5) Legs	CIPSPLG
6) Stomach/Abdomen	CIPSPST
7) Back	CIPSPBA
8) Other	CISPOT

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Center Number	Screening Number	Visit Month	Birth Number
		·	

d. Were you hospitalized overnight for any of these incidents?



- e. Did you seek help?
 - 1) If yes, choose all that apply.

a) Family/Friends	CIPSPHF
b) Police	CIPSPHP
c) Medical treatment	CIPSPHM
d) Mental Health treatment	СІРЅРНН
e) Shelter	CIPSPHS

f. Do you want help with this problem?
We can talk about this at the end of the session.



3. Since the last visit, have you been sexually abused?

If yes,

a. Who is the person who did this to you? Tell me their relationship to you. (Choose all that apply)

1) Father of child	CIPSSFA
2) Other partner	CIPSSPR
3) Parent	CIPSSPN
4) Sibling or other family member	CIPSSSI
5) Friend/Acquaintance	CIPSSFR
6) Don't know	CIPSSDK

b. How many times did this happen since the last visit? CIPSSNO

More than 3 times	1
2 - 3 times	2
Once	3

c. Were you hospitalized overnight for any of these incidents?



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d. Did you seek help?

YES

1) If yes, choose all that apply.

a) Family/Friends	CIPSSHF
b) Police	CIPSSHP
c) Medical treatment	CIPSSHM
d) Mental Health treatment	CIPSSHH
e) Shelter	CIPSSHS

e. Do you want help with this problem? We can talk about this at the end of the session.



