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Screener/Introduction [SC]

SC1. Hello, my name is _____, I am calling on behalf of the New York City Department of Health from Abt SRBI. We're conducting a study to learn about the health of women in New York City. This survey is about parental leave from work around the birth of a child. If you qualify for the study, we will send you \$15 as a thank you for answering our questions. May I please speak to [RESPNAME]?

1. SPEAKING TO RESPONDENT
2. RESPONDENT COMES TO PHONE [REREAD INTRODUCTION]
3. NOT A GOOD TIME [SCHEDULE CALLBACK]
4. RESPONDENT NOT AVAILABLE [GO TO SC5]
5. NO SUCH PERSON [DISPO AS WRONG NUMBER, PERSON]
- 66 GAVE BIRTH BUT NO LONGER HAVE THE CHILD LIVING WITH ME (VOL)
[SCREEN-OUT, CHILD NOT WITH PARENT]
77. DK (VOL) [THANK AND END. DISPO AS SOFT REFUSAL]
99. REF (VOL) [THANK AND END. DISPO AS HARD REFUSAL]

[IF SAMPLE FLAGGED AS CELL PHONE]

SC1. Are you in a safe place to talk right now?
[IF DRIVING VOLUNTEERED, CODE AS 2]

1. Yes, safe place to talk
2. No, call me later [SCHEDULE CALL BACK]
3. No, CB on land-line [RECORD NUMBER, SCHEDULE CALLBACK]
4. On landline [go to sc4]
77. DK (VOL)
99. REF (VOL)

[IF SAMPLE FLAGGED AS CELL PHONE]

SC3. Are you driving?

1. Yes
2. No
77. DK (Vol)
99. REF (Vol)

SC4. Just to make sure I'm speaking to the correct person, can you confirm your name and year of birth? I have on file:

1. Information matches [GO TO SC4B]
2. No [GO TO SC4a]
77. DK (Vol) [THANK AND END. DISPO AS SOFT REFUSAL]
99. REF (Vol) [THANK AND END. DISPO AS HARD REFUSAL]

SC4A. What's not correct?
(INTERVIEWER NOTE: *DO NOT GIVE OUT ANY CONFIDENTIAL INFORMATION UNTIL YOU KNOW YOU HAVE THE CORRECT PERSON.*)

- 1 Name is different:
- 2 Year of birth is different [GO TO SC4B]
- 77 (VOL) DON'T KNOW [THANK AND END. DISPO AS SOFT REFUSAL]
- 99 (VOL) REFUSED [THANK AND END. DISPO AS HARD REFUSAL]

SC4C. What is your name?

- 1. Gave name [Update RESPNAME to S4C]
- 77. DK (VOL) [THANK AND END. DISPO AS SOFT REFUSAL]
- 99. REF (VOL) [THANK AND END. DISPO AS HARD REFUSAL]

SC4B. Did you give birth to a child in New York City in 2014?

- 1. Yes GO TO SC4D
- 2 Yes, I gave birth to more than one child in 2014 [**GO TO SC4B.1**]
- 3. No [THANK AND END. DISPO AS SCREEN-OUT]
- 66 YES, GAVE BIRTH BUT NO LONGER HAVE THE CHILD LIVING WITH ME (VOL) [SCREEN-OUT, CHILD NOT WITH PARENT]
- 77. DK (Vol) [THANK AND END. DISPO AS SOFT REFUSAL]
- 99. REF (Vol) [THANK AND END. DISPO AS HARD REFUSAL]

SC4B.1 How many children did you give birth to in 2014?

[RANGE: 1-4] **GO TO SC4B.2**

- 77. (VOL) DON'T KNOW [THANK AND END. DISPO AS SOFT REFUSAL]
- 99. (VOL) REFUSED [THANK AND END. DISPO AS HARD REFUSAL]

SC4B.2 Were these children born together or in separate births?

- 1. Yes, multiple birth
- 2. No, separate births
- 77. (VOL) DON'T KNOW [THANK AND END. DISPO AS SOFT REFUSAL]
- 99. (VOL) REFUSED [THANK AND END. DISPO AS HARD REFUSAL]

[CATI: IF SC4B.2=1 RANDOMLY SELECT NUMBER BETWEEN 1 AND SC4B.1, CREATE VARIABLE SELCHILD TO STORE SELECTED CHILD] 1 "FIRST" 2 "SECOND" 3 "THIRD" 4 "FOURTH"]

[CATI: IF SC4B.2=2 RANDOMLY SELECT BETWEEN "FIRST" AND "MOST RECENT"]

SC4D. [READ IF SC4B.2=1: For purposes of this survey our system has randomly selected your [insert SELCHILD For questions about this child, I can refer to them as SELCHILD born in 2014] or by their name or nickname' [Enter name/nickname if given].

[READ IF SC4B.2=2: Since you gave birth to more than one child in New York City in 2014, please only refer to the [FIRST/MOST RECENT] birth. I can refer to them as '[THE FIRST/MOST RECENT] child born in 2014' for the rest of the interview. However, if you prefer, you could give me a first name, nickname, or initials for this child.]

[READ IF S4B.2 NOT ASKED: For purposes of this survey, I can refer to your child born in 2014 as 'your child born in 2014' for the rest of the interview. However, if you prefer, you could give me a first name, nickname, or initials for this child.]

- 1 YES, GAVE NAME [UPDATE CHILDNAME TO S4D]
- 2 NO, REFER TO MY CHILD AS 'YOUR CHILD BORN IN 2014'
- 66 NO LONGER HAVE THE CHILD LIVING WITH ME (VOL) [SCREEN-OUT, CHILD NOT WITH PARENT]
- 77 DK [THANK AND END. DISPO AS HARD REFUSAL]
- 99 REF [THANK AND END. DISPO AS HARD REFUSAL]

ASK ALL

SC4D.1 Is [CHILDNAME]/ your child born in 2014 male or female?

- 1 MALE
- 2 FEMALE
- 77 DK
- 99 REF

SC5. It is important that I speak directly to [RESPNAME]. Do you know when she will be home?

- 1. YES [SCHEDULE CALLBACK]
- 2. NO
- 77. DON'T KNOW [THANK AND END. DISPO AS SOFT REFUSAL]
- 99. REFUSED [THANK AND END. DISPO AS HARD REFUSAL]

SC6. [READ TO ALL:] Are you at least 18 years old?

- 1 YES
- 2 NO [S/O RESP UNDER 18]
- 77 (VOL) DON'T KNOW [S/O RESP UNDER 18]
- 99 (VOL) REFUSED [S/O RESP UNDER 18]

The information you give today, whether or not you worked during your pregnancy or have gone back to work, will be used to help build programs to benefit working families in New York City. Your telephone number was randomly selected from among all recent New York City birth certificates.

This survey is confidential and voluntary. It will take about 20 minutes, and we will send you \$15 as a thank you for answering our questions. There is no penalty or loss of benefits for not doing this or answering all my questions. Your name will never be used or revealed. Your survey may be combined with information the health department has from other sources.

Do you have any questions about this survey, the study or your rights as a study participant?

- 1. YES ANSWER IF POSSIBLE OR SEE BELOW
- 2. NO

IF NECESSARY (QUESTION CANNOT BE ANSWERED BY INTERVIEWER):

- For questions about study, call Meredith Slopen at 347-396-4515.
- For questions about participant rights, call DOHMH Institutional Review Board at 347-396-6118.

SC7. Shall we begin?

- 1. YES
- 2. NO [SCHEDULE CALLBACK]
- 66. NO LONGER HAVE THE CHILD LIVING WITH ME (VOL) [SCREEN-OUT, CHILD NOT WITH PARENT]
- 77. DON'T KNOW [THANK AND END. DISPO AS SOFT REFUSAL]
- 99. REFUSED [THANK AND END. DISPO AS HARD REFUSAL]

Mother Prior Pregnancy [MP]

Let's begin by talking about the time before and during your pregnancy with [CHILDNAME]/your child born in 2014.

MP.1 Before the birth of [CHILDNAME]/ your child born in 2014, how many children had you given birth to?

- 1 _____ [ALLOW RESPONDENT TO SPECIFY NUMBER; 0 - 20]
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

Pre-Pregnancy Health [PH]

PH.1 Before you got pregnant, would you say that, in general, your health was...

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 77. DK (VOL)
- 99. REF (VOL)

[PRAMS]

PH.2 Before you got pregnant, did a doctor, nurse, or other health care worker tell you that you had depression?

- 1. Yes
- 2. No
- 77. DK (VOL)
- 99. REF (VOL)

[PRAMS]

Birth Characteristics [BC]

The next set of questions are being asked about [CHILDNAME]/the child that you gave birth to in 2014. For these questions, please think only about that birth experience.

BC.1a In what month did you give birth to [CHILDNAME]/the child that you gave birth to in 2014?

1. Gave month
77. DK (VOL)
99. REF (VOL)

BC.1 Just to confirm, did you give birth to a single baby or more than one?

- 1 Single
- 2 More than one
- 77 DON'T KNOW
- 99 REFUSED

[LISTENING TO MOTHERS]

BC.2 How was/were your baby/babies delivered?

- 1 Vaginally
- 2 Cesarean delivery (C-section)
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

BC.3 After [CHILDNAME]/your child was delivered, how long did [he/she] stay in the hospital?

READ IF NECESSARY

- 1 Less than 24 hours (less than 1 day)
- 2 24 to 48 hours (1 to 2 days)
- 3 3 to 5 days
- 4 6 to 14 days
- 5 More than 14 days
- 6 My baby was not born in a hospital
- 7 My baby is still in the hospital
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

Post-partum Health [PPH]

READ: The next questions are about you and the first year AFTER [CHILDNAME]/your baby was born.

PPH.1 After [CHILDNAME]/your child was born, did you have a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- 1. Yes [SKIP TO EL.1]
- 2. No
- 77. DK (VOL)
- 99. REF (VOL)

[PRAMS]

[ASK PPH.2a through PPH2c If PPH.1>1]

PPH.2 Did any of these things keep you from having a postpartum checkup?

- a. I didn't have enough money or insurance to pay for it
- b. I didn't have anyone to take care of my other children
- c. I couldn't get time off work

Response Options

- 1. Yes
- 2. No
- 77. DK (VOL)
- 99. REF (VOL)

Employment & Leave [EL]

Read: Now I'm going to ask you some questions about your employment during and after your pregnancy with [CHILDNAME]/ your child born in 2014.

EL.1 At any time during your pregnancy, did you work at a job for pay?

1. Yes
2. No [SKIP TO CP.1]
77. DK (VOL) [SKIP TO CP.1]
99. REF (VOL) [SKIP TO CP.1]

EL.3 During your pregnancy, were you employed by government, by a private company, a nonprofit organization, or were you self-employed? (IF RESPONDENT HAD MORE THAN ONE JOB: WE ARE ASKING ABOUT THE JOB YOU WORKED AT THE MOST DURING YOUR PREGNANCY).

1. Government
2. Private-for-profit company
3. Non-profit organization including tax exempt and charitable organizations
4. Self-employed [IWER NOTE: INCLUDES INDEPENDENT CONTRACTOR, INDEPENDENT CONSULTANT, FREELANCE WORKER, OR "OWN MY OWN BUSINESS"]
5. OTHER (VOL)
77. DK (VOL)
99. REF (VOL)

[Adapted from CPS]

EL.4—In what state was that job located?

- 1 New York
- 2 New Jersey
- 3 Another State
- 77 DK (VOL)
- 99 REF (VOL)

[PRAMS]

EL.7 At the place where you worked (on your main job) during your pregnancy-- for example the site, store, or building -- would you say there were 50 or more employees?

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

EL.8 Please think now of all of your organization’s work sites within 75 miles at the time of your pregnancy. How many people were employed at your organization across all of the work sites within that 75 mile range, including your work site? [IF DK, READ: “Would you say it was...”]

- 1 1-9
- 2 10-19
- 3 20-29
- 4 30-39
- 5 40-49
- 6 50-99
- 7 100-249
- 8 250-499
- 9 500 OR MORE
- 77 DK (VOL)
- 99 REF (VOL)

EL.9 During the twelve months before you gave birth to [CHILDNAME]/your child, did you work continuously for the same employer (on your main job)?

- 1. Yes
- 2. No
- 77. DK (VOL)
- 99. REF (VOL)

EL.10. During the twelve months before you gave birth to [CHILDNAME]/your child, how many hours per week did you work on average?

[RANGE: 0-80]
DK (VOL) 777
REF (VOL) 999

EL.11 Which of the following describes the leave or time you took off from work after [CHILDNAME]/ your child was born?

- 1 I took paid leave from my job
- 2 I took unpaid leave from my job
- 3 I took both paid and unpaid leave
- 4 I did not take any leave or time off
- 77. DK (VOL)
- 99. REF(VOL)

[PRAMS]

[ASK EL.12 IF QEL.11<4]

EL.12 - How many weeks or months of leave, in total, did you take?

- 1 Less than one week
- 2 Answered in weeks (range: 1-52)
- 3 answered in month (range: 1-12)
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

[ASK EL.13 IF EL.11=1,3]

EL.13 – How many WEEKS of pay did you receive from each of these sources:

- a. Earned weeks (sick and/or vacation) _____ (0-52 weeks; 77 DK(VOL); 99 REF (VOL))
- b. Temporary disability insurance _____ (0-52 weeks; 77 DK(VOL); 99 REF (VOL))
- c. Employer provided maternity leave _____ (0-52 weeks; 77 DK(VOL); 99 REF (VOL))
- d. Unpaid _____ (0-52 weeks; 77 DK(VOL); 99 REF (VOL))
- e. Other (specify) _____ (0-52 weeks; 77 DK(VOL); 99 REF (VOL))
- f.

[ASK EL.14 IF EL.12<4]

EL.14 - How did you feel about the amount of time you were able to take off after the birth of [CHILDNAME]/your child? Did you feel it was too little time, just the right amount of time, or too much time?

- 1 Too little time
- 2 Just the right amount of time
- 3 Too much time
- 77 DON'T KNOW
- 99 REFUSED

EL.15 Did you return to the job you had during your pregnancy?

- 1 Yes
- 2 No
- 3 No, but I will be returning
- 4 No, but returned to a different job
- 77 DK (VOL)
- 99. REF (VOL)

[ASK EL.16 IF EL.15= 2,3 OTHERWISE SKIP TO EL.17]

EL.16 Which of the following best describes why you are not currently employed?

- 1 I was fired for a reason relating to the pregnancy, birth or maternity leave.
- 2 I wanted to stay home full-time with my baby.
- 3 I could not arrange a schedule flexible enough to meet our needs.
- 4 I could not find acceptable childcare that I could afford.
- 5 I had a health problem that kept me from returning to work.
- 6 My baby had health problems that kept me from returning to work.
- 7 I am a student/Getting ready to go back to school.
- 8 I cannot find work.
- 9 I'm currently seeking employment.
- 10 OTHER (specify)
77. DON'T KNOW
99. REFUSED

[LISTENING TO MOTHERS]

[ASK EL.17A THROUGH EL.17F IF EL.1=1 AND EL.15=1,3,4]

EL.17 - Did any of these situations affect your decision about taking leave from work after [CHILDNAME]/your child was born?

EL.17a- I could not financially afford to take leave or as much leave as I would have liked
(OR MORE LEAVE)

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

[MODIFIED PRAMS]

EL.17b - I was afraid I'd lose my job if I took leave or stayed out longer

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

[MODIFIED PRAMS]

EL.17c - My job does not have paid leave

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

[MODIFIED PRAMS]

EL.17d - I had not built up enough leave time to take any or more time off

- 1. Yes
- 2. No
- 77. DK (VOL)
- 99. REF (VOL)

[MODIFIED PRAMS]

EL.17e - I was ready to go back to work

- 1. Yes
- 2. No
- 77. DK (VOL)
- 99. REF (VOL)

[MODIFIED PRAMS]

EL.17f – I needed health insurance that is provided by my employer

- 1. Yes
- 2. No
- 77. DK (VOL)
- 99. REF (VOL)

Co-Parent Employment & Leave (CP)

CP.1 Was there another person such as a spouse or partner helping with [CHILDNAME]/your child when he/she was born in 2014? This could be someone living in your household or somewhere else?

- 1. Yes
- 2. No [SKIP TO IH.1]
- 77. DK (VOL) [SKIP TO IH.1]
- 99. REF (VOL) [SKIP TO IH.1]

CP.2 Please give me a first name or initial so that I can refer to this person for the next set of questions.

- 77. DK (VOL)
- 99. REF (VOL)

[PROGRAMMER: SAVE NAME/INITIALS AS VARIABLE "CP"]

CP.3 Is [CP]/this person male or female?

- 1 Male
- 2 Female
- 3 Other
- 77 DON'T KNOW
- 99 REFUSED

CP.4 Did [CP]/[HE/SHE (CP.3)] live with you or somewhere else when [CHILDNAME]/ your child was born?

- 1 – Yes, lived with me
- 2 – No, lived somewhere else
- 77 DON'T KNOW
- 99 REFUSED

CP.5 Thinking back to the first 12 months after [CHILDNAME]/your child was born, how available was [CP]/[HE/SHE (CP.3)]to help you care for yourself and your new baby?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 77 DON'T KNOW
- 99 REFUSED

CP.6 During the first 12 months after [CHILDNAME]/your child was born, how often did [CP]/[HE/SHE (CP.3)] do the following things with your child?

CP.6a - Change diapers. Did [[CP]/[HE/SHE] do this...

- 1 More than once a day
- 2 About once a day
- 3 A few times a week
- 4 A few times a month
- 5 Rarely
- 6 Not at all
- 77 DON'T KNOW
- 99 REFUSED

CP.6b- Prepare or feed meals or bottles. (Did [[CP]/[HE/SHE] do this...)

- 1 More than once a day
- 2 About once a day
- 3 A few times a week
- 4 A few times a month
- 5 Rarely
- 6 Not at all
- 77 DON'T KNOW
- 99 REFUSED

CP.6c - Wash or bathe or dress him/her. (Did [[CP]/[HE/SHE] do this...)

- 1 More than once a day
- 2 About once a day
- 3 A few times a week
- 4 A few times a month
- 5 Rarely
- 6 Not at all
- 77 DON'T KNOW
- 99 REFUSED

[ECIS-B]

CP.7 During the twelve months before you gave birth to [CHILDNAME]/your child, did [CP]/[HE/SHE (CP.3)] work continuously for the same employer?

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

CP.8 During the twelve months before you gave birth to [CHILDNAME]/your child, how many hours per week did [CP]/[HE/SHE (CP.3)] work on average?

[RANGE: 0-80]
DK (VOL) 888
REF (VOL) 999

CP.9 Which of the following describes the leave or time [CP]/[HE/SHE (CP.3)] took off from work after [CHILDNAME]/your child was born?

- 1 He/she took paid leave from his/her job
- 2 He/she took unpaid leave from his/her job
- 3 He/she took both paid and unpaid leave
- 4 He/she did not take any leave or time off
77. DK (VOL)
99. REF(VOL)

[PRAMS]

[ASK CP.10 IF CP.9<4]

CP.10 How many weeks or months of leave, in total, did [HE/SHE] take?

- 1 Less than one week
- 2 Answered in weeks (1-52)
- 3 answered in month (1-12)
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

Infant Health (IH)

IH.1 In general, how is [CHILDNAME]'s/ your child's physical health? Would you say it is excellent, very good, good, fair, or poor?

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

[NSFG 2011-2013]

IH.2 During the first year of [CHILDNAME]'s life, did [HE/SHE] have all recommended well-baby visits? A well-baby visit is a regular visit with a doctor for your baby usually at 2 weeks and then 1, 2, 4, 6 and 12 months of age.

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

IH.3 – During the first year of [CHILDNAME]/your child's life, was your child up-to-date on vaccinations

- 1 Yes, on schedule
- 2 Partial/missing a few
- 3 Not vaccinated
- 77 DON'T KNOW
- 99 REFUSED

[ASK IH.4 IF IH.2>1 OR IH.3>1]

IH.4 – Did any of these things keep your child from having a well-baby checkup during the first year of their life? Select ALL that apply

- 1 I didn't have enough money or insurance to pay for it
- 2 I didn't have anyone to take care of my other children
- 3 I couldn't get time off work
- 4 I didn't have enough sick/vacation time to take time off work
- 5 My child seemed fine and I did not think he/she needed to have a visit
- 6 (VOL) NONE OF THE ABOVE/OTHER
- 77 DON'T KNOW
- 99 REFUSED

[MODIFIED PRAMS]

IH.5 – During the first year of [CHILDNAME]/your child’s life, was there any time when [CHILDNAME]/your child needed medical care but DID NOT get it?

1. Yes
2. No[SKIP TO BF.1]
77. DK (VOL) [SKIP TO BF.1]
99. REF (VOL) [SKIP TO BF.1]

[NSFG 2011-2013]

[ASK IF IH.5=1]

IH.5.a – Why didn’t your child receive the needed care? Select ALL that apply

- 1 I didn’t have enough money or insurance to pay for it
- 2 I didn’t have anyone to take care of my other children
- 3 I couldn’t get time off work
- 4 I didn’t have enough sick/vacation time to take time off work
- 5 (VOL) NONE OF THE ABOVE/OTHER (single response)
- 77 DON’T KNOW
- 99 REFUSED

Breast feeding (BF)

BF.1 – How many weeks or months did you breastfeed or pump milk to feed your child?

- 1 Never
- 2 Less than 1 week
- 3 Weeks (range 1-52)
- 4 Months (range 1-36)
- 5 Still breastfeeding
- 77 DON’T KNOW
- 99 REFUSED

[If BF.1 >1 and <6:]

BF.1.a – How old was your baby the first time HE/SHE ate or drank something other than breastmilk:

- 1 Less than 1 week
- 2 Answered in weeks (range 1 – 52)
- 3 Answered in months (range 1 – 36)
- 4 Never(VOL)
- 77 DON’T KNOW
- 99 REFUSED

[PRAMS]

[ASK BF.2 If BF.1= 2 thru 4]

BF.2 – What was the MAIN reason you stopped breastfeeding or pumping?

- 1 I thought I was not producing enough milk for my baby
- 2 It was too time consuming
- 3 I felt it was the right time to stop breastfeeding
- 4 I got sick or I had to stop for medical reasons
- 5 I went back to work
- 6 I went back to school
- 7 (VOL) NONE OF THE ABOVE/OTHER
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

Mental Health (MH)

MH.1 During the first year of [CHILDNAME]/your child's life, how often did you experience significant depression that interfered with your life activities for a period of more than 2 weeks?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 77 DON'T KNOW
- 99 REFUSED

[ASI]

MH.2 During the first year of [CHILDNAME]/your child's life, did a doctor, nurse, or other health care worker tell you that you had depression?

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

[PRAMS]

[ASK MH.3 IF MH.2=1 OTHERWISE SKIP TO MH4]

MH.3 During the first year of [CHILDNAME]/your child's life, did you receive treatment for your depression?

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

[ASK MH3a IF MH.3=1]

MH.3a What treatment did you receive? Was it counseling, medication or both?

- 1 Counselling
- 2 Medication
- 3 Both
- 4 Other (specify)
- 77 DON'T KNOW
- 99 REFUSED

MH.4 During the first year of [CHILDNAME]/your child's life, would you say that, in general, your health was—

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

Child Care (CC)

[ASK CC.1 IF EL.15=1,3,4]

CC.1 - Which one of the following people spends the most time taking care of your child when you are at work? Is it:

- 1 My husband or partner
- 2 Child's Grandparent
- 3 Other close family member or relative
- 4 Friend or neighbor
- 5 Babysitter, nanny, or other child care provider in your home
- 6 Staff at day care, nursery, or preschool
- 7 Child is with me while I am at work
- 8 Someone else (specify)
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

School/Daycare (SD)

[ASK IF CC.1 = 6; OTHERWISE SKIP TO SD.2]

SD.1 - How old was (CHILD) when (HE/SHE) first went to childcare?

- 1 _____ [answered in weeks, 1 – 52 weeks]
- 2 _____ [answered in months, 1 – 26 months]
- 77 DON'T KNOW
- 99 REFUSED

[CHILD HEALTH SURVEY]

[ASK SD.2 IF EL.15=1,3,4]

SD.2 - While you are away from your child for work, how often do you feel that (HE/SHE) is well cared for?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

Mother Demographics (D)

D.1 – Now I have just a few questions about you and your household. First, what is your date of birth?

- 1 ____ ____ ____ (Month Day Year)
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

D.2 – What is your zip code?

- 1 _____
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

D.3 - Are you Hispanic or Latino?

[CHS 2015]

- 1. Yes
- 2. No
- 77. DK (VOL)
- 99. REF (VOL)

D.4 - (READ IF D.3=1: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.) Which one or more of the following would you say is your race?

READ ANSWER CHOICES, MULTIPLE RESPONSE:

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian, Alaska Native, or
- 08 Something else (SPECIFY) _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

[CHS 2015]

D.5 – Where were you born? Please tell me the country.

- 1 United States of America
- 2 _____ [ALLOW RESPONDENT TO SPECIFY]
- 77 DON'T KNOW
- 99 REFUSED

[CHS 2014]

[ASK D.6 IF D.5 = 2]

D.6 – How long have you lived in the United States?

READ IF NEEDED:

- 1 Less than 5 years
- 2 5 to 9 years
- 3 10 or more years
- 77 DON'T KNOW
- 99 REFUSED

[CHS 2014]

D.7 – What is the highest grade or year of school you completed?

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (ELEMENTARY)
- 3 Grades 9 through 11 (SOME HIGH SCHOOL)
- 4 Grade 12 or GED (HIGH SCHOOL GRADUATE)
- 5 College 1 year to 3 years (SOME COLLEGE OR TECHNICAL SCHOOL)
- 6 College 4 years or more (COLLEGE GRADUATE)
- 77 DON'T KNOW
- 99 REFUSED

[CHS 2014]

Co-Parent Demographics (DE)

[ASK IF CP.1=1, OTHERWISE SKIP TO ST.1]

DE.1 – Is [CP/your partner or spouse] Hispanic or Latino?
[CHS 2015]

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

DE.2 - (READ IF DE.1=1: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.) Which one or more of the following would you say is [CP/your partner or spouse]'s race?

READ ANSWER CHOICES, MULTIPLE RESPONSE:

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian, Alaska Native, or
- 08 Something else (SPECIFY) _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

DE.3 – Where was [CP/your partner or spouse] born? Please tell me the country.

- 3 United States of America
- 4 _____ [ALLOW RESPONDENT TO SPECIFY]
- 77 DON'T KNOW
- 99 REFUSED

[CHS 2014]

Stress (ST)

READ: The next questions are about things that may have happened during your pregnancy or in the 12 months after your child was born:

ST.1 - I was homeless or had to sleep outside, in a car, or in a shelter. Did this happen...

- 1 During pregnancy
- 2 After birth
- 3 Both
- 4 Neither
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

ST.2 - My husband or partner lost his/her job. (Did this happen...)

- 1 During pregnancy
- 2 After birth
- 3 Both
- 4 Neither
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

ST.3 - I lost my job even though I wanted to go on working. (Did this happen...)

- 1 During pregnancy
- 2 After birth
- 3 Both
- 4 Neither
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

ST.4 - My husband, partner, or I had a cut in work hours or pay. (Did this happen...)

- 1 During pregnancy
- 2 After birth
- 3 Both
- 4 Neither
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

ST.5 - I had problems paying the rent, mortgage, or other bills. (Did this happen...)

- 1 During pregnancy
- 2 After birth
- 3 Both
- 4 Neither
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

Economic Security (ES)

ES.1 - Did you receive any of the following services?

[MODIFIED PRAMS]

ES.1a - Food stamps or money to buy food? Was this...

- 1 During pregnancy
- 2 After birth
- 3 Both
- 4 Neither
- 77 DON'T KNOW
- 99 REFUSED

ES.1b - Welfare/Public Assistance? Was this...

- 1 During pregnancy
- 2 After birth
- 3 Both
- 4 Neither
- 77 DON'T KNOW
- 99 REFUSED

ES.2 - In the last 30 days, have you been concerned about having enough food for you or your family?

- 1 Yes
- 2 No
- 77 DON'T KNOW
- 99 REFUSED

[PRAMS]

ES.3. During the past 12 months, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. All information will be kept private and will not affect any services you are now getting.

- 1 \$0 to \$16,000
- 2 \$16,001 to \$20,000
- 3 \$20,001 to \$24,000
- 4 \$24,001 to \$28,000
- 5 \$28,001 to \$32,000
- 6 \$32,001 to \$40,000
- 7 \$40,001 to \$48,000
- 8 \$48,001 to \$57,000
- 9 \$57,001 to \$60,000
- 10 \$60,001 to \$73,000
- 11 \$73,001 to \$85,000
- 12 \$85,001 or more
- 77 (VOL) Don't know
- 99 (VOL) Refused

ES.4 - How many people, including yourself, depend on this income?

1. _____ [NUMBER OF PEOPLE RANGE: 1-20]
2. DON'T KNOW
3. REFUSED
4. DON'T KNOW
5. REFUSED

CLOSING

READ SCREEN: As I mentioned at the beginning of this survey, in appreciation for the time you have spent answering our questions, we would like to provide you with \$15 dollars in compensation.

So that we know where to send the compensation, would you please give me your name and address so that we can send you the \$15-dollar payment?

The information you provide will only be used to send you the payment. It will not be used for any other purposes.

CONFIRM/COLLECT NAME AND ADDRESS

NAME ENTER NAME

ADDRESS (What is your street address?) ENTER STREET ADDRESS

CITY (What is the city?) ENTER CITY

ZIP (What is your zip code?) ENTER ZIP CODE

READ SCREEN: Thank you for participating in this important research. If you have any additional questions about this survey, would like survey results, or have further questions about your rights in this study, I can provide you with the appropriate telephone numbers. If you would like more information on where you can go to get help with a health problem, I can also give you the number for the Health Department's helpline.

QC.1 - Would you like any of these phone numbers?

1. Yes
2. No
77. DK (VOL)
99. REF (VOL)

QC.2 - IF YES TO QC.1: Which number would you like?

MULTIPLE RESPONSE

1 MORE INFORMATION ABOUT THE SURVEY RESULTS – READ: You can contact the principal investigator at 347-396-7075.

2 INFORMATION ABOUT PARTICIPANT RIGHTS – READ: You can call the Institutional Review Board Chairperson at 347-396-6118.

3 INFORMATION ABOUT A HEALTH PROBLEM NOT RELATED TO THE SURVEY – READ: You can call the Health Department helpline at 311.

