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?

<table>
<thead>
<tr>
<th>ENTER AGE IN YEARS</th>
</tr>
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<tbody>
<tr>
<td>REFUSED ............... 77</td>
</tr>
<tr>
<td>DON'T KNOW ............ 99</td>
</tr>
</tbody>
</table>

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 ROUNGING 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.070  How much did (SP NAME) weigh at birth?

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

AND

|___|___|
Enter number of ounces

REFUSED .............................. 77
DON'T KNOW ............................ 99

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 MONTHS CONTINUE.
OTHERWISE, GO TO BOX 4.
ECQ.100 (First/Next) I have some questions about day care and preschool. By day care I mean child care where there is more than 1 child in care in someone else's home or in a center.

Did (SP) ever attend day care or preschool?

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

BOX 3

CHECK ITEM ECQ.105:
IF SP AGE = 2 MONTHS - 5 YEARS, CONTINUE.
OTHERWISE, GO TO BOX 4.

ECQ.110 Does (SP) now attend day care or preschool?

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

CHECK ITEM ECQ.125:
IF SP AGE = 1-5, CONTINUE.
OTHERWISE, GO TO END OF SECTION.
ECQ.130  On a typical **weekday**, about how many hours does {SP} spend away from home?

|___|___|
ENTER NUMBER OF HOURS

REFUSED ............................  77
DON'T KNOW ..........................  99

ECQ.140  On a typical **weekend day**, about how many hours does {SP} spend away from home?

|___|___|
ENTER NUMBER OF HOURS

REFUSED ............................  77
DON'T KNOW ..........................  99