Early Childhood - ECQ

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

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.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

OR

|___|___|
ENTER NUMBER IN KILOGRAMS

OR

|___|___|
ENTER NUMBER IN GRAMS

OR

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
(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)

Does (SP) now attend day care or preschool?

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

Is (SP) now attending (Head Start/Early Head Start)?

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

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
Questionnaire:  SP
Target Group:  SPs Birth to 15 Years