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 ROUNDDING 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
ECQ.075:  
CHECK ITEM: 
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

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