

**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

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