

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?

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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

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

10/4/01

Questionnaire: SP

Target Group: SPs Birth to 15 Years