

**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 AND >59, SOFT EDIT 10, 11, AND 12

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

HELP SCREEN:  
Biological Mother: The person who gave birth to the child.

ECQ.020 Did {SP NAME's} biological mother smoke at any time while she was pregnant with {him/her}?

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

HELP SCREEN:  
Biological Mother: The person who gave birth to the child.

ECQ.071/ L/O/K/M 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

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

**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 = 2-15 YEARS, CONTINUE.  
OTHERWISE, GO TO END OF SECTION.

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 (END OF SECTION)
- REFUSED ..... 7 (END OF SECTION)
- DON'T KNOW ..... 9 (END OF SECTION)

**HELP SCREEN:**

**Doctor:** The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

**Other Health (Care) Professional:** A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

ECQ.150 Are you now doing anything to help {SP} control {his/her} weight?

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