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 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.071/ 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
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

CHECK ITEM ECQ.095:
IF SP AGE = 2-15 YEARS, CONTINUE.
OTHERWISE, GO TO BOX 4.

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