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[RELEASEID]

Release Participant ID

Your answers to the following questions will provide useful and valuable information. Please fill in the box(es) that correspond to your answer. All information is confidential. Thank you for your time.

Days between birth and date form completed: **[INFQDAYS]**

days

1. Infant Race / Ethnicity **[NEWIRACE]**

<sub>1</sub>  
Hispanic

<sub>2</sub>  
Non-Hispanic African American

<sub>3</sub>  
Non-Hispanic Caucasian

<sub>4</sub>  
Other, more than one race

OP 1. At what age did your child first roll over without assistance? (either front to back or back to front)

**[PROLLAGE] [PROLLNA]**

months

<sub>1</sub> Not applicable / Hasn't happened yet

OP 2. At what age did your child first sit up without support? (holding themselves in a seating position)

**[PSITAGE] [PSITNA]**

months

<sub>1</sub> Not applicable / Hasn't happened yet

OP 3. At what age did your child first crawl on his/her hands and knees? **[PCRAWLAGE] [PCRAWLNA]**

months

<sub>1</sub> Not applicable / Hasn't happened yet

OP 4. At what age did your child first walk without assistance?

**[PWALKAGE] [PWALKNA]**

months

<sub>1</sub> Not applicable / Hasn't happened yet

OP 5. Over the past week, how much total time would you say your child spent watching television (including use of Cable, VCR, DVD)?

**[PTVHRS]**

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Hours watching last week

**Continued on next page**

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OP 6. Does your baby go to daycare? **[PCARE]**

<sub>1</sub>

Yes

<sub>0</sub>

No

**If Yes,**

a. Number of hours / week: **[PCAREHRS]**

hours/week

OP 7. Type of child care: **Check all that apply**

<sub>1</sub>

Parent / grandparent/  
family member

**[PFAM]**

<sub>1</sub>

Daycare center

**[PCENTER]**

<sub>1</sub>

Part-time nanny

**[PPTNAN]**

<sub>1</sub>

Live in nanny

**[PFULLNAN]**

OP 8. Do you have a television in your child's bedroom? **[PTVBED]**

<sub>1</sub>

Yes

<sub>0</sub>

No