

## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Now I'd like to ask you about child care for BABY[ NAME].

1. Is anyone other than yourself caring for BABY on a regular basis?

Y (GO TO QUESTION 3)

N (GO TO QUESTION 2)

IF NO AND MOTHER IS NOT EMPLOYED OR IN SCHOOL, GO TO QUESTION 10.

2. How are you handling child care while you are (working/going to school)?

1  Work/study at home

2  Take baby to work

3  Other

IF OTHER, SPECIFY \_\_\_\_\_

GO TO QUESTION 9.

3. What arrangements do you have?

GET OPEN ENDED ANSWER, CODE 3 ARRANGEMENTS IF NECESSARY

a) WHO?

	Arr 1	Arr 2	Arr 3
1 Baby's father/mother's partner	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 Baby's sibling under 18 (age ____)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2



<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

5. How many people supervise the children?

Arr 1	Arr 2	Arr 3
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

6. How many hours a week is BABY cared for in this arrangement?

Arr 1		Arr 2		Arr 3	
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9



<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

9. What was the most important reason why you chose the child care you did?  
**READ LIST IF NECESSARY.**

	Arr 1	Arr 2	Arr 3
1 Cost	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 Convenient hours	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 Convenient location	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 Quality of care provider (s)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 Quality of environment and equipment	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6 Quality of program	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7 Preference for relative to provide care	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8 Preference for home environment	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

9 Preference for center environment	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
10 Availability	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11 Other: _____	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11

10. Since we last talked, has BABY been sick on a day you were (working/in school)?

Y

N (GO TO QUESTION 20)

11. What did you do about child care the last time that happened? ELICIT OPEN-ENDED RESPONSE, CODE UP TO TWO RESPONSES AS FOLLOWS:

<input type="checkbox"/> 1 Child was in regular arrangement	<input type="checkbox"/> 1
<input type="checkbox"/> 2 Stayed or went home from work/school	<input type="checkbox"/> 2
<input type="checkbox"/> 3 Father/partner stayed or went home	<input type="checkbox"/> 3
<input type="checkbox"/> 4 Took baby to work	<input type="checkbox"/> 4
<input type="checkbox"/> 5 Relative cared for baby	<input type="checkbox"/> 5
<input type="checkbox"/> 6 Friend or neighbor cared for baby	<input type="checkbox"/> 6
<input type="checkbox"/> 7 Hired sitter	<input type="checkbox"/> 7
<input type="checkbox"/> 8 Older child stayed with baby	<input type="checkbox"/> 8
<input type="checkbox"/> 9 Used child care for sick children	<input type="checkbox"/> 9
<input type="checkbox"/> 10 Other: _____	<input type="checkbox"/> 10

12. Since we last talked, have you or your (husband/partner) missed a day of work because of a problem with your child care arrangement?

Y

N (GO TO QUESTION 21)

13. What was the problem the last time this happened? READ LIST IF NECESSARY.

	Arr 1	Arr 2	Arr 3
1 Provider ill	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 Someone in provider's family ill	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 Provider unavailable for another reason	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 Center closed (scheduled closing)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 Center closed (unscheduled closing)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6 Couldn't pay	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7 Unhappy with arrangement	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8 Other: _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

14. How much do you pay each week for this care? (ROUND TO DOLLARS) \_\_\_\_\_

15. Does this amount include any other children?

If mother is not paying for care reword: Does this care include other children of yours?

Arr 1	Arr 2	Arr 3
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<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N

IF YES TO 15:

16. How many other children does it include? \_\_\_\_\_

Arr 1	Arr 2	Arr 3
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7

\*IF NO TO QUESTIONS 14 AND 15, GO TO QUESTION 17.

17. I am going to read a list of sources that might help you pay for BABY's child care. Please say yes or no to each one to indicate whether you get help from this source. (MARK ALL THAT APPLY).

1  Government Subsidy

2  Low-cost or free government-sponsored care

- 3  Employer subsidy
- 4  Low-cost or free employer-sponsored care
- 5  Subsidy from a Social service agency
- 6  Low-cost or free agency-sponsored care
- 7  Relative or friend
- 8  Low-cost or free care provided by relative/friend
- 9  Child-care tax credit
- 10  No financial help\*

\*IF PARENT CHOOSES "10" ASK: Do you plan to claim a tax credit for child care? IF YES, CODE "9".

18. Knowing what you know now, if you had to decide all over again whether to use the child care (provider(s)/center) you now have, what would you decide? Would you:

READ LIST	Arr 1	Arr 2	Arr 3
1) Choose (him/her or "it", if center) again without hesitation	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2) Have some second thoughts	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3) Probably not choose (him/her or "it" if center)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4) Definitely not choose (him/her or "it" if center)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

19. Do you expect to change your current child care arrangement(s) within the next month?

Y (GO TO QUESTION 20)

N

20. Who will be caring for BABY?

GET OPEN-ENDED ANSWER, CODE 3 ARRANGEMENTS IF NECESSARY.

a) WHO?

	Arr 1	Arr 2	Arr 3
1 Baby's father/mother's partner	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 Baby's sibling under 18 (age ____)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 Another child under 18 (age ____)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 Baby's grandparent	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 Other adult relative	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6 Friend or neighbor	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7 Unrelated adult(s)	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8 Other: _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

b) WHERE?

	Arr 1	Arr 2	Arr 3
1 In baby's home	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 In someone else's home	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 In a child care center/nursery	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 Other _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

c) WHERE DOES CAREGIVER LIVE?

IF MUST ASK, SAY “Will the caregiver live with you?”

	Arr 1	Arr 2	Arr 3
1 In baby’s home	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 Elsewhere	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 Don’t know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

We’d like to find out a little bit about the relationship between your child’s caregiver(s) and your child. Please answer these questions about your child’s caregiver or center. Please select the best answer and fill in the appropriate box.

21. Would you say that the relationship the caregiver(s) has with your child is

- 1  very close and loving -- like a member of the family
- 2  positive, but not really close
- 3  neither positive nor negative, but "businesslike"
- 4  not positive at all

22. When you pick up your child from the caregiver/center (or when you come after the child has been with the caregiver), does the child seem sad to leave the caregiver(s)?

- 1  the child cries when he/she leaves the caregiver
- 2  the child looks sad when he/she leaves the caregiver
- 3  the child does not seem to mind when he/she leaves the caregiver

23. When you drop the child off at the caregiver/center (or when the caregiver comes in the morning), does the child seem happy to see the caregiver(s)?

- 1  joyful -- he/she lights up
- 2  positive but not overjoyed
- 3  doesn't seem to care one way or another
- 4  he/she is unhappy -- looks sad
- 5  he/she is unhappy -- sometimes even cries

24. When you drop the child off at the caregiver/center (or when the caregiver comes in the morning), does the caregiver(s) seem happy to see the child?

1  joyful -- the caregiver lights up

2  the caregiver is positive but not overjoyed

3  the caregiver doesn't seem to care one way or another

Protocol source: <https://www.phenxtoolkit.org/protocols/view/300302>