

2010 IOWA CHILD AND FAMILY HOUSEHOLD HEALTH SURVEY

V 15

SEPTEMBER 30, 2010

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INTRO1

Hello, this is [your name] calling for the Iowa Department of Public Health. The Center for Social and Behavioral Research at the University of Northern Iowa is conducting a study in collaboration with the University of Iowa to find out about the health and well-being of Iowa's children. I am calling to follow-up with you regarding an information packet your household may have received within the last several weeks.

Phone

Have I reached XXX-XXX-XXXX?

1 = Yes

2 = No [EXIT: I am sorry I must have misdialed. I am sorry to have bothered you. Thank you for your time.]

Children

How many children under age 18, including infants, live in your household?

[] [If children = 0, EXIT: Our study is for households with children. I am sorry to have bothered you. Thank you for your time.]

Adult

Are you the adult, age 18 or older, in this household who knows the most about the health and well being of the children in your household?

1 = Yes [Go to Explanation]

2 = No

Speak

May I speak with the adult who is most knowledgeable about the health of the children in the home?

1 = Yes, coming to the phone

2 = No, not available

Could you tell me who to ask for when we callback AND when would be a good time to callback? [NAME] [IMPORT INTO CONTACT NAME]

[SELECT 1= INTRO2 OR 2=INTRO2CB (SUPERVISOR ONLY)]

1 = INTRO2

Hello, this is [your name] calling for the Iowa Department of Public Health. The Center for Social and Behavioral Research at the University of Northern Iowa is conducting a study in collaboration with the University of Iowa to find out about the health and well-being of Iowa's children. I am calling to follow-up with you regarding an information packet your household may have received within the last several weeks.

2 SUPERVISOR ONLY = INTRO2cb

[only if phone number doesn't match]

Hello, this is [your name] calling for the Iowa Department of Public Health. The Center for Social and Behavioral Research at the University of Northern Iowa is conducting a study in collaboration with the University of Iowa to find out about the health and well-being of Iowa's children.

First, do you currently live in the household that the packet was mailed to?

1. Yes **[SKIP TO EXPLANATION]**
2. No

INT2CBEX

"Thank you very much, but we can only interview people that the packet was mailed to."
[CODE 4700]

Explanation

Let me tell you more about the study before we go on. We have selected your address along with many others in Iowa to be included in this study. Your participation in the study is very important to us as your answers will represent many other families in the state. We will group the responses together so that the answers you give will never be reported individually. I will ask questions about the health and well being of one child in your family and a few questions about you. Protecting your child's identity is very important to us so we will refer to the selected child only by age and whether the child is male or female.

Your participation is voluntary and confidential. Your responses remain anonymous. The study takes about 20 minutes for most people. Risks are minimal and like those experienced in day-to-day life. I would be happy to provide a phone number for you to call to get more information if you have questions about the study.

CHILD

[If Children = 1]

What is the age and gender of the child in your home?

[] **[SKIP TO RELATIONSHIP]**

[If Children > 1]

In order to select one child in your household as the focus of the interview, please tell me the age and gender of all children under the age of 18 in your household, starting with the youngest.

[Allow respondent to identify up to 11 children]

- 1.
- 2.

[IF MORE THAN ONE CHILD IN THE HOUSEHOLD, SYSTEM RANDOMLY SELECTS ONE CHILD FOR STUDY]

Based on the information you provided, we are going to ask health and well being questions about the [AGE/GENDER]

[INTERVIEWER NOTE: If asked, the computer randomly selected which child]

RELATIONSHIP

Q. REL: How are you related to [CHILD]?

Mother (birth/adoptive).....	11
Ask follow-up question	
Father (birth/adoptive)	12
Step-mother	13
Step-father	14
Foster mother	15
Foster father	16
Brother	17
Sister.....	18
Grandmother.....	19
Grandfather.....	20
Aunt	21
Uncle.....	22
Cousin.....	23
Other relative	24
Non-relative guardian	25
Roommate, husband, wife, boy/girlfriend	26
Other [SPECIFY]	27
REFUSED	99

[If Mother, Ask Q. M]

M. Are you [CHILD]’s biological mother?

Yes.....	1
No	2
DON’T KNOW	7
REFUSED	9

MY. Please tell me [CHILD]'s birth month and year.

_____mm _____yyyy

01/1901. Don't know or Refused

Section 1. Functional health status

The first series of questions ask about [CHILD]'s health. Please answer the questions the best you can even if some questions may not seem quite right if your child is very young.

HS1. In general, how would you rate [CHILD]'s overall health now? Would you say ...

Excellent, 1
Very Good, 2
Good, 3
Fair, or 4
Poor? 5

DON'T KNOW 7

REFUSED 9

HS2. Does [CHILD] currently need or use medicine prescribed by a doctor other than vitamins?

Yes 1

No 2 **[SKIP TO HS3]**

DON'T KNOW 7 **[SKIP TO HS3]**

REFUSED 9 **[SKIP TO HS3]**

HS2a. Is this because of ANY medical, behavioral or other health condition?

Yes 1

No 2 **[SKIP TO HS3]**

DON'T KNOW 7 **[SKIP TO HS3]**

REFUSED 9 **[SKIP TO HS3]**

HS2b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes 1

No 2

DON'T KNOW 7

REFUSED 9

HS3. Does [CHILD] need or use more medical care, mental health or educational services than is usual for most children of the same age?

Yes 1

No 2 **[SKIP TO HS4]**

DON'T KNOW 7 **[SKIP TO HS4]**

REFUSED 9 **[SKIP TO HS4]**

HS3a. Is this because of ANY medical, behavioral or other health condition?

Yes..... 1
No 2 **[SKIP TO HS4]**
DON'T KNOW 7 **[SKIP TO HS4]**
REFUSED 9 **[SKIP TO HS4]**

HS3b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes..... 1
No 2
DON'T KNOW 7
REFUSED 9

HS4. Is [CHILD] limited or prevented in any way in his or her ability to do the things most children of the same age can do?

Yes..... 1
No 2 **[SKIP TO HS5]**
DON'T KNOW 7 **[SKIP TO HS5]**
REFUSED 9 **[SKIP TO HS5]**

HS4a. Is this because of ANY medical, behavioral or other health condition?

Yes..... 1
No 2 **[SKIP TO HS5]**
DON'T KNOW 7 **[SKIP TO HS5]**
REFUSED 9 **[SKIP TO HS5]**

HS4b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes..... 1
No 2
DON'T KNOW 7
REFUSED 9

HS5. Does [CHILD] need or get special therapy, such as physical, occupational or speech therapy?

Yes..... 1
No 2 **[SKIP TO HS6]**
DON'T KNOW 7 **[SKIP TO HS6]**
REFUSED 9 **[SKIP TO HS6]**

HS5a. Is this because of ANY medical, behavioral or other health condition?

- Yes..... 1
No 2 **[SKIP TO HS6]**
- DON'T KNOW** 7 **[SKIP TO HS6]**
REFUSED 9 **[SKIP TO HS6]**

HS5b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes..... 1
No 2
- DON'T KNOW** 7
REFUSED 9

HS6. Does [CHILD] have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?

- Yes..... 1
No 2 **[SKIP TO HS7]**
- DON'T KNOW** 7 **[SKIP TO HS7]**
REFUSED 9 **[SKIP TO HS7]**

HS6a. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes..... 1
No 2
- DON'T KNOW** 7
REFUSED 9

[IF HS2B OR HS3B OR HS4B OR HS5B OR HS6A=1 (YES), THIS IS A CHILD WITH A SPECIAL HEALTH CARE NEED (CSHCN) FOR THE PURPOSES OF THIS STUDY]

[IF CSHCN=0, SKIP TO IC1]

HS7. Has your child been diagnosed with a chronic condition or disease that has lasted or is expected to last for at least 12 months?

- Yes..... 1
No 2 **[SKIP TO IC1]**
- DON'T KNOW** 3 **[SKIP TO IC1]**
REFUSED 4 **[SKIP TO IC1]**

HS8. What is [CHILD]'s primary chronic condition or diagnosis?

1. ADD/ADHD
2. Asthma
3. Autism
4. Depression, anxiety, or emotional problems
5. Mental Retardation
6. OTHER **[OPEN]**

7. **DON'T KNOW**
9. **REFUSED**

HS9. On a scale from zero to ten where zero is the least severe, and ten is the most severe, how would you rank the severity of your child's condition, compared to other children with the same condition?

SEVERITY = ____ ____ [0-10]

DON'T KNOW.....77

REFUSED.....99

Section 2. Insurance coverage

IC1. The next questions ask about health insurance coverage for [CHILD].

Do you or someone else have any kind of health care coverage for [CHILD], including health insurance, plans such as HMOs, or government plans such as Medicaid or Title 19?

Yes..... 1
 No 2 **[SKIP TO IC5]**
DON'T KNOW 7 **[SKIP TO IC5]**
REFUSED..... 9 **[SKIP TO IC5]**

IC2. What type of health care coverage do you use to pay for most of [CHILD]'s medical care? Is it coverage through ...

Your employer, 11
 Someone else's employer, 12
 A plan that you or someone else buys on your own, 13
 The HAWK-I program (State Child Health Insurance Plan), 14
 Medicaid or Title 19, 15
 The Military, Champus, or the VA, 16
 The Indian Health Service, or 17
 Some other source? **[SPECIFY]**_____ 18
NONE 88
DON'T KNOW 77
REFUSED 99

IC3. Thinking about how well that health insurance coverage meets [CHILD]'s health care needs, would you say that the health insurance is...

Excellent, 1
 Very good, 2
 Good, 3
 Fair, or 4
 Poor? 5
DON'T KNOW 7
REFUSED 9

IC4. Most people's health insurance does not pay for all health care costs. **[IF AGE >= 12 MONTHS OLD:** During the last 12 months, **ELSE:** Since (his/her) birth], how much of a problem, if any, have [CHILD]'s health care costs that were not covered by [his/her] insurance been for your family?

Would you say a...

Big problem,..... 1
Moderate problem,..... 2
Small problem, or 3
Not a problem? 4

DON'T KNOW 7
REFUSED 9

IC5. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], has there been any time when you delayed getting needed health care for [CHILD] because of the cost? This could include things like waiting to go to the doctor or filling a prescription.

Yes..... 1
No 2

DON'T KNOW..... 7
REFUSED..... 9

IC6. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], how much, if at all, have you worried about your ability to pay for [CHILD]'s health care? Would you say you have worried...

A great deal, 1
Somewhat, 2
A little, or 3
Not at all?..... 4

DON'T KNOW 7
REFUSED 9

[Ask IC7 and IC8 if child currently has insurance IC1=1]

IC7. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], has there been any time that [CHILD] has not had any health insurance?

Yes..... 1
No 2 **[SKIP TO IC10]**

DON'T KNOW..... 7 **[SKIP TO IC10]**
REFUSED..... 9 **[SKIP TO IC10]**

IC8. For how many months [IF AGE >= 12 MONTHS OLD: during the last 12 months, **ELSE:** since (his/her) birth], was [CHILD] without any health insurance?

_____ 0-12 months **[SKIP TO IC9]**

DON'T KNOW.....77 **[SKIP TO IC9]**
REFUSED.....99 **[SKIP TO IC9]**

[IF IC1=2 (no insurance) ask IC8a, otherwise skip to IC10]

IC8a. For how many months has [CHILD] been without any health insurance?

_____months **[SKIP TO IC9a]**

MORE THAN 12 MONTHS.....55 **[SKIP TO IC9a]**
CHILD HAS NEVER HAD INS.....88 **[SKIP TO IC9a]**
DON'T KNOW.....77 **[SKIP TO IC9a]**
REFUSED.....99 **[SKIP TO IC9a]**

IC9. What was the main reason [CHILD] was without health insurance during this time?

Costs too much 11
Don't need insurance/child doesn't get sick..... 12
Can't get insurance through employer..... 13
Used up available benefits..... 14
Don't know how to get insurance 15
I/my spouse lost their job and benefits 16
Other **[SPECIFY]** 17

DON'T KNOW.....77
REFUSED.....99 **[SKIP TO IC10]**

IC9a. What is the main reason [CHILD] is without health insurance during this time?

Costs too much 11
Don't need insurance/child doesn't get sick..... 12
Can't get insurance through employer..... 13
Used up available benefits..... 14
Don't know how to get insurance 15
I/my spouse lost their job and benefits 16
Other **[SPECIFY]** 17

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

[IF IC8a=88, SKIP TO IC12]

[IF IC2=15, SKIP TO IC11]

IC10. Has your child ever received health care coverage through the Medicaid or Title 19 program?

Yes..... 1
No 2

DON'T KNOW 7
REFUSED..... 9

[IF IC2=14, SKIP TO IC12]

IC11. Has your child ever received health care coverage through Iowa's Child Health Insurance Program, called *hawk-i*?

- Yes..... 1
- No 2

- DON'T KNOW** 7
- REFUSED** 9

IC12. How important is it to you for [CHILD] to have health insurance coverage? Would you say that having health insurance for [CHILD] is...

- Very important, 1
- Moderately important, 2
- Somewhat important, or 3
- Not very important? 4

- DON'T KNOW** 7
- REFUSED** 9

IC13. Do you have any kind of health care coverage for yourself, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or Title 19?

- Yes..... 1
- No 2 **[SKIP TO IC17]**

- DON'T KNOW** 7 **[SKIP TO IC17]**
- REFUSED** 9 **[SKIP TO IC17]**

[IF IC1>1, SKIP TO IC15]

IC14. Do you and [CHILD] have the same insurance plan?

- Yes..... 1 **[SKIP TO IC16]**
- No 2

- DON'T KNOW** 7
- REFUSED** 9

IC15. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through ...

- Your employer, 11
- Someone else's employer, 12
- A plan that you or someone else buys on your own, 13

Medicare,	14
Medicaid or Title 19,	15
The Military, Champus, or the VA,	16
The Indian Health Service, or	17
Some other source? [SPECIFY]	18
NONE	88
DON'T KNOW	77
REFUSED	99

IC16. Thinking about how well your health care coverage meets your health care needs, would you say that your health care coverage is...

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
DON'T KNOW	7
REFUSED	9

IC17. How important is it to you that you have health insurance coverage for yourself? Would you say that having health insurance for yourself is...

Very important,	1
Moderately important,	2
Somewhat important, or.....	3
Not very important?	4
DON'T KNOW	7
REFUSED	9

Section 3. Access/Need

AN1. The next questions ask about [CHILD]'s use of health care services. Do not include the times [CHILD] went for dental care.

[IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], was there any time when you or a health professional thought [CHILD] needed medical care of any kind?

Yes..... 1
No 2 **[SKIP TO MH1]**

DON'T KNOW 7 **[SKIP TO MH1]**
REFUSED..... 9 **[SKIP TO MH1]**

AN2. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], was there any time when [CHILD] needed medical care but could not get it for any reason?

Yes..... 1
No 2 **[SKIP TO AN4]**

DON'T KNOW 7 **[SKIP TO AN4]**
REFUSED..... 9 **[SKIP TO AN4]**

AN3. What was the main reason [CHILD] could not get needed medical care?

[DO NOT READ, SELECT MAIN REASON]

- 11. Could not afford the care or have no insurance
- 12. Insurance/HMO coverage was inadequate
- 13. Trouble getting an appointment
- 14. Distance or transportation problems
- 15. Not comfortable with providers available at the time
- 16. Available providers did not have expertise child needed
- 17. Inconvenient hours, not open when care needed
- 18. Did not know where to go at night or on weekend
- 19. Could not get off work
- 20. Language or communication problems
- 21. Bad last experience or heard about bad experiences
- 22. Child was too afraid to go
- 23. Not comfortable due to cultural, ethnic or religious reasons
- 24. Family not comfortable seeking care for specific problem
- 25. Doctor/Nurse sent me to the ER
- 26. Doctor wouldn't prescribe the medicine child needed
- 27. OTHER **[OPEN]**

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

AN4. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], when [CHILD] needed care right away for an illness or injury, how often did your child get care as soon as you wanted? Was it...

- Never, 1
- Sometimes, 2
- Usually, or 3
- Always? 4
- NO CARE NEEDED RIGHT AWAY IN LAST 12 MONTHS.** 5
- DON'T KNOW** 7
- REFUSED** 9

AN5. Specialists are doctors like surgeons, heart doctors, allergy doctors and others who specialize in one area of health care. **[IF AGE >= 12 MONTHS OLD:** During the last 12 months, **ELSE:** Since (his/her) birth], was there any time when you or a health professional thought [CHILD] needed care from a specialist?

- Yes..... 1
- No 2 **[SKIP TO AN8]**
- DON'T KNOW** 7 **[SKIP TO AN8]**
- REFUSED** 9 **[SKIP TO AN8]**

AN6. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], was there any time when [CHILD] needed specialty care but could not get it for any reason?

- Yes..... 1
- No 2
- DON'T KNOW** 7
- REFUSED** 9

AN7. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], how much of a problem, if any, was it to get the care [CHILD] needed from a specialist? Would you say...

- A big problem, 1
- A small problem, or 2
- Not a problem? 3
- DON'T KNOW** 7
- REFUSED** 9

AN8. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], how many times did [CHILD] go to a hospital emergency room?

- 1 time 1
- 2 to 4 times 2
- 5 to 9 times 3

10 or more times.....	4
NONE	8 [SKIP TO AN13]
DON'T KNOW	7 [SKIP TO AN13]
REFUSED	9 [SKIP TO AN13]

AN9. For the next few questions, please think about the last time your [CHILD] went to a hospital emergency room.

What was the main reason for this visit to the ER?

Trauma/broken bones/stitches	11
Cold/flu.....	12
Ear infection.....	13
High fever only.....	14
Trouble breathing (asthma)	15
Severe cough/croup only	16
Rash	17
Other [SPECIFY]	18
DON'T KNOW	77
REFUSED	99

AN10. Did a doctor, nurse or emergency personnel tell you to go to the ER for this care?

Yes.....	1
No	2
DON'T KNOW	7
REFUSED	9

AN11. Do you think this care could have been provided by a doctor's office or clinic if one had been available?

Yes.....	1
No	2 [SKIP TO AN13]
DON'T KNOW	7 [SKIP TO AN13]
REFUSED	9 [SKIP TO AN13]

AN12. What was the main reason you did not go to a doctor's office or clinic for this care?

[DO NOT READ, SELECT MAIN REASON]

- 11. Could not afford the care or have no insurance
- 12. Insurance/HMO coverage was inadequate
- 13. Trouble getting an appointment
- 14. Distance or transportation problems
- 15. Not comfortable with providers available at the time
- 16. Available providers did not have expertise child needed
- 17. Inconvenient hours, not open when care needed

- 18. Did not know where to go at night or on weekend
- 19. Could not get off work
- 20. Language or communication problems
- 21. Bad last experience or heard about bad experiences
- 22. Child was too afraid to go
- 23. Not comfortable due to cultural, ethnic or religious reasons
- 24. Family not comfortable seeking care for specific problem
- 25. Doctor/Nurse sent me to the ER
- 26. Doctor wouldn't prescribe the medicine child needed
- 27 OTHER [OPEN]

77. DON'T KNOW

99. REFUSED

AN13. [IF AGE >= 12 MONTHS OLD: During the last 12 months, ELSE: Since (his/her) birth], not counting times [HE/SHE] went to an emergency room, how many times did [CHILD] go to a doctor's office or clinic? This includes all types of visits including routine checkups, care for illness, injury, or preventive care.

- 1 time 1
- 2 to 4 times 2
- 5 to 9 times 3
- 10 or more times 4
- NONE 8
- DON'T KNOW 7
- REFUSED 9

AN14a. [IF CHILD AGE = 0-2, ASK] [IF AGE >= 12 MONTHS OLD: During the last 12 months, ELSE: Since (his/her) birth], has [CHILD]'s health care professional encouraged you to take any type of preventive health steps for [CHILD] such as watching what [HE/SHE] eats or using car seats?

- Yes 1
- No 2
- DON'T KNOW 7
- REFUSED 9

AN14b. [IF CHILD AGE = 3-9, ASK] In the last 12 months, has [CHILD]'s health care professional encouraged you to take any type of preventive health steps for [CHILD] such as watching what [HE/SHE] eats or using bicycle helmets and seat belts?

- Yes 1
- No 2
- DON'T KNOW 7
- REFUSED 9

AN14c. [IF CHILD AGE = 10-17, ASK] In the last 12 months, has [CHILD]'s health care professional encouraged you to take any type of preventive health steps for [CHILD] such as watching what [HE/SHE] eats or keeping your child from smoking or using alcohol?

- Yes..... 1
- No 2
- DON'T KNOW** 7
- REFUSED** 9

AN15. When was [CHILD]'s last visit for routine preventive care such as a check-up or vaccination shots?

- Less than 12 months ago 1
- 1-2 years ago 2
- More than 2 years ago 3
- Never 4
- DON'T KNOW** 7
- REFUSED** 9

AN16. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], was there any time when [CHILD] needed routine preventive care but could not get it for any reason?

- Yes..... 1
- No 2 **[SKIP TO MH1]**
- DON'T KNOW** 7 **[SKIP TO MH1]**
- REFUSED** 9 **[SKIP TO MH1]**

AN17. What was the main reason [CHILD] could not get preventive care.

[DO NOT READ, SELECT MAIN REASON]

- 11. Could not afford the care or have no insurance
- 12. Insurance/HMO coverage was inadequate
- 13. Trouble getting an appointment
- 14. Distance or transportation problems
- 15. Not comfortable with providers available at the time
- 16. Available providers did not have expertise child needed
- 17. Inconvenient hours, not open when care needed
- 18. Did not know where to go at night or on weekend
- 19. Could not get off work
- 20. Language or communication problems
- 21. Bad last experience or heard about bad experiences
- 22. Child was too afraid to go

- 23. Not comfortable due to cultural, ethnic or religious reasons
- 24. Family not comfortable seeking care for specific problem
- 25. Doctor/Nurse sent me to the ER
- 26. Doctor wouldn't prescribe the medicine child needed
- 27. OTHER **[OPEN]**
- 77. **DON'T KNOW** 99. **REFUSED**

Section 3A. Medical Home

MH1. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as [CHILD]'s personal doctor or nurse? Would you say...

Yes, one person,..... 1
Yes, more than one person, or 2
No? 3
DON'T KNOW 7
REFUSED 9

[IF AN1 (needed medical care of any kind) = 2, 7, or 9, SKIP TO RX1]

MH2. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], how often did [CHILD]'s doctors and other health care providers spend enough time with (him/her)? Would you say...

Never,..... 1
Sometimes, 2
Usually, or..... 3
Always?..... 4
DON'T KNOW 7
REFUSED 9

MH3. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], how often did [CHILD]'s doctors and other health care providers listen carefully to you? Would you say...

Never,..... 1
Sometimes, 2
Usually, or..... 3
Always?..... 4
DON'T KNOW 7
REFUSED 9

MH4. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], how often did [CHILD]'s doctors or other health care providers help you feel like a partner in (his/her) care? Would you say...

Never,..... 1
Sometimes, 2
Usually, or..... 3
Always?..... 4
DON'T KNOW 7
REFUSED 9

MH5. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], how often did your child get an appointment for regular or routine health care as soon as you wanted? Would you say...

- Never,..... 1
- Sometimes, ... 2
- Usually, or..... 3
- Always?..... 4

- DIDN'T NEED APPOINTMENT THE LAST 12 MONTHS.....5**
- DON'T KNOW7**
- REFUSED.....9**

MH6. Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child, and what changes to expect in the future.

[IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], how often were you able to get all the information you wanted about [CHILD]'s health from (his/her) doctor as soon as you wanted? Would you say...

- Never,..... 1
- Sometimes, ... 2
- Usually, or..... 3
- Always?..... 4

- DIDN'T GET INFO ABOUT CHILD'S HEALTH.....5**
- DON'T KNOW7**
- REFUSED.....9**

[IF CSHCN=0 or AGE < 12, SKIP TO MH9]

MH7. Have [CHILD]'s doctors or other health care providers talked with you or [CHILD] about [his/her] health care needs as [he/she] becomes an adult?

- Yes..... 1
- No..... 2

- DON'T KNOW7**
- REFUSED.....9**

MH8. How often do [CHILD]'s doctors or other health care providers encourage [him/her] to take responsibility for [his/her] health care needs, such as taking medication, understanding a diagnosis, or following medical advice? Would you say ...

- Never,..... 1
- Sometimes, ... 2
- Usually, or..... 3
- Always?..... 4

- DON'T KNOW7**
- REFUSED 9**

MH9. [IF AGE >= 12 MONTHS OLD: During the last 12 months, ELSE: Since (his/her) birth], did [CHILD] need a referral to see any doctors or receive any services?

- Yes..... 1
- No 2 **[SKIP TO MH11]**

- DON'T KNOW** 7 **[SKIP TO MH11]**
- REFUSED** 9 **[SKIP TO MH11]**

MH10. Was getting a referral a big problem, a small problem, or not a problem?

- A big problem..... 1
- A small problem 2
- Not a problem 3

- DON'T KNOW** 7
- REFUSED** 9

MH11. Is there a place that [CHILD] USUALLY goes when (he/she) is sick or you need advice about (his/her) health?

- Yes..... 1
- No 2 **[SKIP TO MH13]**

- DON'T KNOW** 7 **[SKIP TO MH13]**
- REFUSED** 9 **[SKIP TO MH13]**

MH12. What kind of place is it? Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

IF more than one place, SAY: What kind of place does [CHILD] go to most often?

- Doctor's office 11
- Hospital emergency room 12
- Hospital outpatient clinic 13
- Clinic or health center 14
- School (nurse's office, athletic trainer's office, etc) 15
- Friend/relative 16
- Mexico/other location out of US 17
- Some other place **[SPECIFY]** 18

- DOES NOT GO TO ONE PLACE MOST** 88
- DON'T KNOW** 77
- REFUSED** 99

MH13. Is there a place that [CHILD] USUALLY goes when (he/she) needs routine preventive care, such as a physical examination or well-child check-up?

READ IF NECESSARY: Clinical preventive care includes check-ups, immunizations, health screening tests, and discussions about how to keep your child healthy.

Yes..... 1 [IF MH11=2, 7, OR 9, SKIP TO MH15]
No 2 [SKIP TO MH16]

DON'T KNOW 7 [SKIP TO MH16]
REFUSED 9 [SKIP TO MH16]

MH14 [IF MH12=12, 17, 77 or 99, SKIP TO MH15]

Does [CHILD] usually go to the same place for routine preventive care as (he/she) goes to when (he/she) is sick?

Yes..... 1 [SKIP TO MH16]
No 2

DON'T KNOW 7 [SKIP TO MH16]
REFUSED 9 [SKIP TO MH16]

MH15. What kind of place does [CHILD] USUALLY go to when (he/she) needs routine preventive care?

IF MORE THAN ONE PLACE, SAY: What kind of place does [CHILD] go to most often when (he/she) needs routine preventive care?

- Doctor's office 11
- Hospital emergency room 12
- Hospital outpatient clinic 13
- Clinic or health center 14
- School (nurse's office, athletic trainer's office, etc) 15
- Friend/relative 16
- Mexico/other location out of US 17
- Some other place [SPECIFY] 18

DOES NOT GO TO ONE PLACE MOST OFTEN....88
DON'T KNOW77
REFUSED.....99

MH16. [IF AGE >= 12 MONTHS OLD: During the last 12 months, ELSE: Since (his/her) birth], did you feel you could have used extra help arranging or coordinating [CHILD]'s care among different health care providers or services?

Yes..... 1
No 2 [SKIP TO MH18]

DON'T KNOW 7 [SKIP TO MH18]
REFUSED 9 [SKIP TO MH18]

MH17. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], how often did you get as much help as you wanted with arranging or coordinating [CHILD]'s care?

Would you say...

- Never, 1
- Sometimes, 2
- Usually, or 3
- Always? 4
- DON'T KNOW** 7
- REFUSED** 9

MH18. Do [CHILD]'s doctors or other health care providers need to communicate with (his/her)

[IF AGE < 3 years: child care providers or early intervention program?]

[IF AGE ≥ 3 AND < 6 Years: child care providers, school, or special education program?]

[IF AGE ≥ 6 Years AND CHILD DOES NOT HAVE SPECIAL HEALTH CARE NEEDS: school or special education program?]

[IF AGE ≥ 6 Years AND < 12 Years AND CHILD DOES HAVE SPECIAL HEALTH CARE NEEDS: school or special education program?]

[IF AGE ≥ 12 Years AND CHILD DOES HAVE SPECIAL HEALTH CARE NEEDS: school, special education program, or vocational education program?]

- Yes 1
- No 2 **[SKIP TO MH20]**
- DON'T KNOW** 7 **[SKIP TO MH20]**
- REFUSED** 9 **[SKIP TO MH20]**

MH19. Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that communication?

- Very satisfied 1
- Somewhat satisfied 2
- Somewhat dissatisfied 3
- Very dissatisfied 4
- NO COMMUNICATION NEEDED OR WANTED** 5
- DON'T KNOW** 7
- REFUSED** 9

MH20. When [CHILD] is seen by doctors or other health care providers, how often are they sensitive to your family's values and customs? Would you say...

- Never, 1
- Sometimes, 2
- Usually, or 3
- Always? 4

- DON'T KNOW** 7
- REFUSED** 9

MH21. How often has your child's race or ethnicity affected the quality of your child's health care?

Would you say...

- Never, 1
- Sometimes, 2
- Usually, or 3
- Always? 4

- DON'T KNOW** 7
- REFUSED** 9

Section 3B. Prescription Medicine

[IF HS2=1 (YES) ASK RX1]

[IF HS2>1, SKIP TO RX1A]

RX1. Previously, you said that [CHILD] currently needs or uses prescription medicine. I just want to verify that **[IF AGE >= 12 MONTHS OLD:** during the last 12 months, **ELSE:** since (his/her) birth], there was a time when you or a health professional thought [CHILD] needed prescription medicine?

Yes..... 1 [SKIP TO RX2]

No 2 [SKIP TO DX1]

DON'T KNOW 7 [SKIP TO DX1]

REFUSED 9 [SKIP TO DX1]

RX1a. **[IF AGE >= 12 MONTHS OLD:** During the last 12 months, **ELSE:** Since (his/her) birth], was there any time when you or a health professional thought [CHILD] needed prescription medicine for any reason?

Yes..... 1

No 2 [SKIP TO DX1]

DON'T KNOW 7 [SKIP TO DX1]

REFUSED 9 [SKIP TO DX1]

RX2. **[IF AGE >= 12 MONTHS OLD:** During the last 12 months, **ELSE:** Since (his/her) birth], was there any time when [CHILD] needed prescription medicine but could not get it for any reason?

Yes..... 1

No 2 [SKIP TO DX1]

DON'T KNOW 7 [SKIP TO DX1]

REFUSED 9 [SKIP TO DX1]

RX3. What was the main reason [CHILD] could not get prescription drugs?

[DO NOT READ, SELECT MAIN REASON]

11. Could not afford the care or have no insurance
12. Insurance/HMO coverage was inadequate
13. Trouble getting an appointment
14. Distance or transportation problems
15. Not comfortable with providers available at the time
16. Available providers did not have expertise child needed
17. Inconvenient hours, not open when care needed

18. Did not know where to go at night or on weekend
19. Could not get off work
20. Language or communication problems
21. Bad last experience or heard about bad experiences
22. Child was too afraid to go
23. Not comfortable due to cultural, ethnic or religious reasons
24. Family not comfortable seeking care for specific problem
25. Doctor/Nurse sent me to the ER
26. Doctor wouldn't prescribe the medicine child needed
27. OTHER **[OPEN]**

77. **DON'T KNOW**

99. **REFUSED**

Section 3C. Dental Care

DX1. The next questions ask about [CHILD]'s dental care and dental health.
Does [CHILD] currently have insurance that covers dental care?

- Yes..... 1
- No 2

- DON'T KNOW** 7
- REFUSED** 9

[IF AGE >=1, ASK DX2, IF AGE <1, SKIP TO BC1]

DX2. During the last 12 months, was there any time when you or a health professional thought [CHILD] needed dental care?

[PROMPT: This includes routine dental check-ups OR care for dental needs]

- Yes..... 1
- No 2 **[SKIP TO DX7]**

- DON'T KNOW** 7 **[SKIP TO DX7]**
- REFUSED** 9 **[SKIP TO DX7]**

DX3. What kind of dental care did you or a health professional think [CHILD] needed?

[SELECT ALL THAT APPLY]

Was it a.....

- Check-up or cleaning, 1
- Emergency dental care, 2
- Other treatment such as fillings, or 3
- Dental screening, sealants, or fluoride treatment? 4

- DON'T KNOW** 7
- REFUSED** 9

DX4. In the last 12 months, was there any time when [CHILD] needed dental care but could not get it for any reason?

- Yes..... 1
- No 2 **[SKIP TO DX6a]**

- DON'T KNOW** 7 **[SKIP TO DX6a]**
- REFUSED** 9 **[SKIP TO DX6a]**

DX5. What was the main reason [CHILD] could not get dental care?

[DO NOT READ, SELECT MAIN REASON]

- 11. Could not afford the care or have no insurance
- 12. Insurance/HMO coverage was inadequate
- 13. Trouble getting an appointment
- 14. Distance or transportation problems
- 15. Not comfortable with providers available at the time
- 16. Available providers did not have expertise child needed
- 17. Inconvenient hours, not open when care needed
- 18. Did not know where to go at night or on weekend
- 19. Could not get off work
- 20. Language or communication problems
- 21. Bad past experience or heard about bad experiences
- 22. Child was too afraid to go
- 23. Not comfortable due to cultural, ethnic or religious reasons
- 24. Family not comfortable seeking care for specific problem
- 25. Doctor/Nurse sent me to the ER
- 26. Dentist won't see younger children
- 27. No need for dental care
- 28. Unpaid bill at dental office
- 29. OTHER **[OPEN]**

77. **DON'T KNOW**

99. **REFUSED**

DX6a. In the last 12 months, was there any time when [CHILD] received dental services in a WIC clinic?

Yes..... 1
No 2

DON'T KNOW 7
REFUSED 9

DX6b. [IF AGE <6, ASK] In the last 12 months, was there any time when [CHILD] received dental services in a Head Start Center?

Yes..... 1
No 2

DON'T KNOW 7
REFUSED 9

DX6c. [IF AGE <6, ASK] In the last 12 months, was there any time when [CHILD] received dental services in a preschool?

Yes..... 1
No 2

DON'T KNOW 7
REFUSED 9

DX6d. [IF AGE <6, ASK] In the last 12 months, was there any time when [CHILD] received dental services in a child care setting?

- Yes..... 1
- No 2

- DON'T KNOW** 7
- REFUSED**..... 9

DX6e. [IF AGE >4, ASK] In the last 12 months, was there any time when [CHILD] received dental services in a school?

- Yes..... 1
- No 2

- DON'T KNOW** 7
- REFUSED**..... 9

DX7. Is there one main place where you usually go for your child's dental care?

- Yes..... 1
- No 2 **[SKIP TO DX9]**

- CHILD HAS NEVER BEEN** 3 **[SKIP TO DX11]**
- DON'T KNOW** 7 **[SKIP TO DX9]**
- REFUSED**..... 9 **[SKIP TO DX9]**

DX8. What kind of place do you usually go for your child's dental care?

Would you say it is a ...

- Dental office, 1
- Clinic, 2
- Community health center, or..... 3
- Somewhere else? 4

- DON'T KNOW** 7
- REFUSED**..... 9

DX9. When was [CHILD]'s last check-up by a dentist?

[READ IF NECESSARY]

- Less than 12 months ago 1
- Between 1 and 2 years ago 2
- More than 2 years ago 3
- Child has never been to the dentist 4

- DON'T KNOW** 7
- REFUSED**..... 9

DX10. How often were you able to get dental care for your child as soon as you wanted? Would you say...

Never, 1
Sometimes, 2
Usually, or 3
Always? 4

NEVER TRIED 8
DON'T KNOW 7
REFUSED 9

DX11. How would you rate [CHILD]'s overall dental health?

Would you say it is

Excellent, 1
Very good, 2
Good, 3
Fair, or 4
Poor? 5

DON'T KNOW 7
REFUSED 9

Section 3D. Behavioral and emotional health care

[IF QUESTION HS6=1 (YES) ASK BC1]

[IF HS6>1, SKIP TO BC1a]

BC1. The next questions are about care for [CHILD]'s behavioral or emotional health.

Previously, you said that [CHILD] currently needs or gets behavioral or emotional care. I just want to verify that **[IF AGE >= 12 MONTHS OLD:** during the last 12 months, **ELSE:** since (his/her) birth], there was a time when you or a health professional thought [CHILD] needed behavioral or emotional care?

Yes..... 1 [SKIP TO BC2]

No 2 [SKIP TO BH1]

DON'T KNOW 7 [SKIP TO BH1]

REFUSED 9 [SKIP TO BH1]

BC1a. **[IF AGE >= 12 MONTHS OLD:** During the last 12 months, **ELSE:** Since (his/her) birth], was there any time when you or a health professional thought [CHILD] needed care for behavioral or emotional problems?

Yes..... 1

No 2 [SKIP TO BH1]

DON'T KNOW 7 [SKIP TO BH1]

REFUSED 9 [SKIP TO BH1]

BC2. **[IF AGE >= 12 MONTHS OLD:** During the last 12 months, **ELSE:** Since (his/her) birth], was there any time when [CHILD] needed care for behavioral or emotional problems but could not get it for any reason?

Yes..... 1

No 2 [SKIP TO BH1]

DON'T KNOW 7 [SKIP TO BH1]

REFUSED 9 [SKIP TO BH1]

BC3. What was the main reason [CHILD] could not get behavioral or emotional care?

[DO NOT READ, SELECT MAIN REASON]

11. Could not afford the care or have no insurance
12. Insurance/HMO coverage was inadequate
13. Trouble getting an appointment
14. Distance or transportation problems
15. Not comfortable with providers available at the time
16. Available providers did not have expertise child needed
17. Inconvenient hours, not open when care needed
18. Did not know where to go at night or on weekend
19. Could not get off work

- 20. Language or communication problems
- 21. Bad last experience or heard about bad experiences
- 22. Child was too afraid to go
- 23. Not comfortable due to cultural, ethnic or religious reasons
- 24. Family not comfortable seeking care for specific problem
- 25. Doctor/Nurse sent me to the ER
- 26. Doctor wouldn't prescribe the medicine child needed
- 27. OTHER **[OPEN]**

77. **DON'T KNOW**

99. **REFUSED**

Section 4. Child emotional/behavioral health

[IF AGE <6, SKIP TO EC1]

BH1. I am going to read a list of items that sometimes describe children. For each item please tell me if it has been often true, sometimes true, or never true for [CHILD] during the last month.

[He/she] doesn't get along with other children not counting brothers and sisters.

Would you say this is...

Often true, 1
Sometimes true, or 2
Never true? 3
DON'T KNOW 7
REFUSED 9

BH2. [He/she] can't concentrate or pay attention for long time periods compared to other children [his/her] age.

Would you say this is...

Often true, 1
Sometimes true, or 2
Never true? 3
DON'T KNOW 7
REFUSED 9

BH3. [He/she] has been unhappy, sad, or depressed.

Would you say this is...

Often true, 1
Sometimes true, or 2
Never true? 3
DON'T KNOW 7
REFUSED 9

[IF CHILD AGE IS GREATER THAN 11, SKIP TO BH7.]

BH4. I am going to read a list of items that often describe children from time to time. For each item please tell me if it has been often true, sometimes true, or never true for [CHILD] during the last month.

[He/she] feels worthless or inferior.

Would you say this is...

Often true, 1
Sometimes true, or 2
Never true? 3
DON'T KNOW 7
REFUSED 9

BH5. [He/she] has been nervous, high-strung or tense.

Would you say this is...

Often true, 1
Sometimes true, or 2
Never true? 3
DON'T KNOW 7
REFUSED 9

BH6. [He/she] acts too young for [his/her] age.

Would you say this is...

Often true, 1
Sometimes true, or 2
Never true? 3
DON'T KNOW 7
REFUSED 9

[IF AGE IS >=6 AND <=11, SKIP TO EC1]

BH7. I am going to read a list of items that sometimes describe children. For each item please tell me if it has been often true, sometimes true, or never true for [CHILD] during the last month.

[He/she] has trouble sleeping.

Would you say this is...

Often true, 1
Sometimes true, or 2
Never true? 3
DON'T KNOW 7
REFUSED 9

BH8. [He/she] lies or cheats.

Would you say this is...

Often true,	1
Sometimes true, or	2
Never true?	3
DON'T KNOW	7
REFUSED	9

BH9. [He/she] does poorly at schoolwork.

Would you say this is...

Often true,	1
Sometimes true, or	2
Never true?	3
DON'T KNOW	7
REFUSED	9

Section 5. Early childhood

[IF AGE > 5, SKIP TO CC1]

EC1. Do you have any concerns about [CHILD]'s learning, development, or behavior?

Yes..... 1
No 2 **[SKIP TO EC3]**
DON'T KNOW 7 **[SKIP TO EC3]**
REFUSED..... 9 **[SKIP TO EC3]**

[IF AGE < 4 MONTHS SKIP TO EC3]

EC2. Are you concerned about how [he/she]...

1 = Yes

2 = No

7 = **DON'T KNOW**

9 = **REFUSED**

a. **[ASK IF AGE >3 MONTHS AND <6 YEARS]** Talks and makes speech sounds?

b. **[ASK IF AGE >3 MONTHS AND <6 YEARS]** Understands what you say?

c. **[ASK IF AGE >3 MONTHS AND <6 YEARS]** Uses [his/her] hands and fingers to do things?

d. **[ASK IF AGE >3 MONTHS AND <6 YEARS]** Uses [his/her] arms and legs?

e. **[ASK IF AGE >3 MONTHS AND <6 YEARS]** Behaves?

f. **[ASK IF AGE >3 MONTHS AND <6 YEARS]** Gets along with others?

g. **[ASK IF AGE >9 MONTHS AND <6 YEARS]** Is learning to do things for [himself/herself]?

h. **[ASK IF AGE >17 MONTHS AND <6 YEARS]** Is learning pre-school or school skills?

EC3. **[IF AGE >= 12 MONTHS OLD:** During the last 12 months, **ELSE:** Since (his/her) birth], did [CHILD]'s doctors or other health care providers ask you if you have concerns about [his/her] learning, development, or behavior?

Yes..... 1
No 2 **[SKIP TO EC5]**
DON'T KNOW 7 **[SKIP TO EC5]**
REFUSED..... 9 **[SKIP TO EC5]**

[IF EC1=2 AND EC3=1,SKIP TO EC5]

EC4. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], did [his/her] doctors or other health care providers give you specific information to address your concerns about [his/her] learning, development, or behavior?

- Yes..... 1
- No 2

- DON'T KNOW** 7
- REFUSED**..... 9

[IF AGE < 10 MONTHS SKIP TO EC6]

EC5. Sometimes a child's doctor or other health care providers will ask a parent to fill out a questionnaire at home or during their child's visit. **[IF AGE >= 12 MONTHS OLD:** During the last 12 months, **ELSE:** Since (his/her) birth], did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about [CHILD]'s development, communication, or social behaviors?

- Yes..... 1
- No 2

- DON'T KNOW** 7
- REFUSED** 9

EC6. Does [CHILD] have any developmental problems for which [he/she] has a written intervention plan called an Individualized Education Program (IEP), or is enrolled in Early Access or Early Intervention?

[NOTE: THIS INCLUDES IFSP (INDIVIDUALIZED FAMILY SERVICE PLAN)]

- Yes..... 1
- No 2

- DON'T KNOW** 7
- REFUSED**..... 9

EC7. How often during the last week did you or someone in your family read to [CHILD]?

Would you say...

- Almost every day, 1
- Most days, 2
- Some days, or..... 3
- Not at all?..... 4

DON'T KNOW 7 **REFUSED** 9

EC8. I am now going to read you a list of activities that may happen with children in a family. Please tell me if anyone in your family did any of the following activities with [CHILD] in the last week.

1 = Yes

2 = No

7 = **DON'T KNOW**

9 = **REFUSED**

a. Told [HIM/HER] a story

b. Worked with [HIM/HER] on letters, words or numbers

c. Sang [HIM/HER] songs or played [HIM/HER] music

d. Worked on arts and crafts with [HIM/HER]

e. Played a game with [HIM/HER]

Section 6. Child care

[IF AGE>5, SKIP TO SC1a]

CC1. Now let's talk about any child care arrangements you may have for your child.

About how many hours last week did [CHILD] spend in child care, including a child care center, home-based child care, preschool, pre-kindergarten, or Head Start program? Do not count times when you hired someone for short-term activities such as going shopping or out to dinner.

[] Hours

[IF < 5, SKIP TO CC4]

DON'T KNOW 777

REFUSED.....999

CC2. How many different child care centers, home-based child care, preschool, pre-kindergarten or Early Head Start or Head Start programs does [CHILD] currently go to during a typical week?

[] Settings

DON'T KNOW 77

REFUSED.....99

CC3. I am now going to read you a list of possible child care settings. Please tell me the number of hours, if any, that [CHILD] spent in any of these settings in the last week. Do not count times when you hired someone for short-term activities such as going shopping or out to dinner. In the last week what were the most hours [CHILD] spent ...

- | | |
|---|---------------|
| 1. In a child care center? | # hours _____ |
| 2. With a home based child care provider? | # hours _____ |
| 3. In a Head Start program? | # hours _____ |
| 4. In Preschool, other than Head Start? | # hours _____ |
| 5. In Pre-kindergarten? | # hours _____ |
| 6. With a friend, neighbor or someone unrelated to the child? | # hours _____ |
| 7. With the child's grandparent? | # hours _____ |
| 8. With another relative? | # hours _____ |

DON'T KNOW = 777

REFUSED = 999

CC4. [IF AGE >= 12 MONTHS OLD: During the last 12 months, ELSE: Since (his/her) birth], has [CHILD] been asked to leave a child care setting due to [his/her] behavior such as biting, hitting or other disruptive behavior?

Yes..... 1

No 2

DON'T KNOW 7

REFUSED 9

Section 7. School

[IF CHILD AGE < 5 SKIP TO SD1]

SC1. What grade in school is [CHILD] attending?

- a. Choice 1 []
- b. Choice 2 []
- c. Choice 3 []

[CAN SELECT UP TO THREE (EXAMPLE: SPECIAL ED AND GRADE 7)]

Nursery/preschool/pre-kindergarten/ Head Start/ transitional kindergarten (before K)/not old enough	20
Kindergarten	17
Prefirst grade	18
First- eighth grade	1-8
Ninth grade/freshman	9
Tenth grade/sophomore	10
Eleventh grade/junior	11
Twelfth grade/senior	12
Above twelfth grade	13
Ungraded	14
Special education	15
Child is home-schooled	16
Not attending	19
DON'T KNOW	77
REFUSED	99

SC2. How far would you like to see [CHILD] go in school?

Leave high school before getting [his/her] diploma	11
Get a high school diploma	12
Graduate technical school	13
Get a 2-year college degree	14
Attend 4-year college	15
Get a 4-year college degree	16
Get more than 4-year college degree	17
Other: SPECIFY	18
DON'T KNOW	77
REFUSED	99

Section 8. Social Determinants of Health

Family Functioning

SD1. During the last week, how often did all the family members who live in the household eat a meal together?

Would you say...

Everyday, 1
Most days, 2
Some days, or 3
Never? 4
DON'T KNOW 7
REFUSED 9

SD2. [IF AGE >= 12 MONTHS OLD: During the last 12 months, **ELSE:** Since (his/her) birth], about how often has [CHILD] attended a religious service or activity?

Would you say...

Never, 1
A few times a year, 2
A few times a month, or 3
Once a week or more? 4
DON'T KNOW 7
REFUSED 9

SD3. I am now going to read a series of statements.

How much of the time in the last month have you...

Felt [CHILD] is much harder to care for than most children [his/her] age?

Would you say...

All of the time, 1
Most of the time, 2
Some of the time, or 3
None of the time? 4
DON'T KNOW 7
REFUSED 9

SD4. How much of the time in the last month have you...

Felt [CHILD] does things that really bother you a lot?

Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, or 3
- None of the time? 4

- DON'T KNOW** 7
- REFUSED** 9

SD5. How much of the time in the last month have you...

Felt you are giving up more of your life to meet [CHILD]'s needs than you ever expected?

Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, or 3
- None of the time? 4

- DON'T KNOW** 7
- REFUSED** 9

SD6. How much of the time in the last month have you...

Felt angry with [CHILD]?

Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, or 3
- None of the time? 4

- DON'T KNOW** 7
- REFUSED** 9

SD7. Is there someone that you can turn to for day-to-day emotional help with raising children?

- Yes 1
- No 2
- DON'T KNOW** 7
- REFUSED** 9

[HELP SCREEN: THIS CAN BE ANY PERSON, INCLUDING THEIR SPOUSE]

Neighborhood and Community Characteristics

SD8. Now, for the next four questions, I am going to ask how much you agree or disagree with each of these statements about your neighborhood or community.

People in this neighborhood help each other out.

Would you...

Definitely agree, 1
Somewhat agree, 2
Somewhat disagree, or 3
Definitely disagree? 4
DON'T KNOW 7
REFUSED 9

SD9. We watch out for each other's children in this community.

Would you...

Definitely agree, 1
Somewhat agree, 2
Somewhat disagree, or 3
Definitely disagree? 4
DON'T KNOW 7
REFUSED 9

SD10. There are people I can count on in this community.

Would you...

Definitely agree, 1
Somewhat agree, 2
Somewhat disagree, or 3
Definitely disagree? 4
DON'T KNOW 7
REFUSED 9

SD11. If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.

**[IF RESPONDENT SAYS THEIR CHILD IS TOO YOUNG TO PLAY OUTSIDE, SAY:
Please answer the question as IF your child were playing outside.]**

Would you...

- Definitely agree, 1
- Somewhat agree, 2
- Somewhat disagree, or 3
- Definitely disagree? 4

- DON'T KNOW** 7
- REFUSED** 9

SD12. How often do you feel [CHILD] is safe in your community or neighborhood?

Would you say...

- Never, 1
- Sometimes, 2
- Usually, or 3
- Always? 4

- DON'T KNOW** 7
- REFUSED** 9

[IF AGE < 6 YEARS OR SC1 = 16, 19, OR 20, SKIP TO SD14]

SD13. How often do you feel [he/she] is safe at school?

Would you say...

- Never, 1
- Sometimes, 2
- Usually, or 3
- Always? 4

- DON'T KNOW** 7
- REFUSED** 9

Breastfeeding

SD14. Was [CHILD] ever breastfed or fed breast milk?

- Yes 1
- No 2 **[SKIP TO NP1]**

- DON'T KNOW** 7 **[SKIP TO NP1]**
- REFUSED** 9 **[SKIP TO NP1]**

SD15. How old was [he/she] when [he/she] completely stopped breastfeeding or being fed breast milk?

Less than 1 week	11
1 week to 6 weeks	12
7 weeks to 3 months	13
4 months to 6 months	14
7 months to 9 months	15
10 months to 12 months	16
More than 12 months	17
STILL BREASTFEEDING	88
DON'T KNOW	77
REFUSED	99

SD16. How old was [CHILD] when [he/she] was first fed formula?

At birth	11
Less than 1 week	12
1 week to 6 weeks	13
7 weeks to 3 months	14
4 months to 6 months	15
7 months to 9 months	16
10 months to 12 months	17
More than 12 months	18
CHILD NEVER FED FORMULA	88
DON'T KNOW	77
REFUSED	99

Section 9. Nutrition

NP1. The next questions are about the food that your family eats.

Please tell me if the following statement is often, sometimes, or never true for your household. The food that we bought just didn't last, and we didn't have money to get more.

Would you say...

Often true, 1
Sometimes true, or 2
Never true? 3

DON'T KNOW 7
REFUSED 9

NP2. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

Yes..... 1
No 2

DON'T KNOW 7
REFUSED 9

NP3. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

Yes..... 1
No 2

DON'T KNOW 7
REFUSED 9

NP4. [IF AGE >5 MONTHS, ASK] The next questions are about [CHILD] 's eating, activity levels, height and weight.

In an average week, how often does [CHILD] eat breakfast?

Would you say.....

Never, 1
Sometimes, 2
Usually, or 3
Always? 4

DON'T KNOW 7
REFUSED 9

NP5. [IF AGE >5 MONTHS, ASK] On an average day, not counting fruit juice, how many servings of fruit does [CHILD] eat?

_____ of servings

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

NP6. On an average day, not counting fruit juice, how many servings of fruit do you eat?

_____ of servings

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

NP7. [IF AGE >5 MONTHS, ASK] On an average day, how many servings of vegetables does [CHILD] eat?

_____ of servings

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

NP8. On an average day, about how many servings of vegetables do you eat?

_____ of servings

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

NP9. [IF AGE >5 MONTHS, ASK] On an average day, how many cans of soda, pop, or soft drinks does your child drink in a single day? If your child doesn't drink soda, pop, or soft drinks in cans, just tell me the amount it would be when compared to a can, 1 can=12 oz.

_____ cans

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

NP10. How often does your child drink any type of milk, including milk added to cereal?

Never..... 8 **[SKIP TO NP12]**
Rarely -- less than once a week..... 1
Sometimes -- once a week or more, but less than once a day.....2
Often – at least once a day..... 3
More than once a day.....4
DON'T KNOW..... 7 **[SKIP TO NP12]**
REFUSED..... 9 **[SKIP TO NP12]**

NP11. What type of milk was it?

Was it usually . . .

Whole or regular, ... 11

2% fat or reduced-fat milk, ... 12

1% fat or low-fat milk (includes 0.5% fat milk or "low-fat milk" not further specified),.. 13

Fat-free, skim or nonfat milk, ... 14

Soy milk, ... 15

Breast milk, ... 16

Goat milk, or... 17

Another type? ... 18

DON'T KNOW ... 77

REFUSED ... 99

NP12. How tall is [CHILD]?

____ FEET ____ INCHES

DON'T KNOW = 77

REFUSED = 99

NP13. How much does [CHILD] weigh?

_____ POUNDS

500 OR MORE POUNDS = 500

DON'T KNOW = 777

REFUSED = 999

NP14. Compared to other children [CHILD]'s age and height, do you think [he/she] weighs...

The right amount,..... 1

Too much, or..... 2

Too little, not enough?... 3

DON'T KNOW.....7

REFUSED.....9

Section 10. Child Health – Physical Activity

[IF [CHILD] < 5, OR SC1 = 16 OR 19, SKIP TO NP18

NP15. How far does your child live from school?

Less than ¼ mile.....	1
¼ to less than 1/2 mile.....	2
½ to less than 1 mile.....	3
1 to less than 2 miles.....	4
More than 2 miles.....	5
DON'T KNOW	7
REFUSED	9

NP16. On most days, how does your child arrive at school?

Walk.....	11
Bike.....	12
School bus.....	13
Family vehicle (parent/sibling/babysitter/ dropping child off).....	14
Carpool (child being dropped off with children from other families).....	15
Transit (city bus, etc).....	16
Other (skateboard, scooter, inline skates, etc).....	17
Child drives self to school.....	18
Child rides with friend who drives to school.....	19
DON'T KNOW	77
REFUSED	99

NP17. On most days, how does your child leave from school?

Walk.....	11
Bike.....	12
School bus.....	13
Family vehicle (only children from your family).....	14
Carpool (with children from other families).....	15
Transit (city bus, etc).....	16
Other (skateboard, scooter, inline skates, etc).....	17
Child drives self home.....	18
Child rides with friend who drives home.....	19
DON'T KNOW	77
REFUSED	99

[IF CHILD AGE <2, SKIP TO NP19]

NP18. During the last 7 days, on how many days was your child physically active for a total of at least 60 minutes per day? Add up all the time spent in any kind of

physical activity that increased heart rate and made your child breathe hard some of the time.

0 days	88
1 day	11
2 days	12
3 days	13
4 days	14
5 days	15
6 days	16
7 days	17
DON'T KNOW	77
REFUSED	99

NP19. On an average day, about how many hours does [CHILD] usually watch TV, videos or movies?

__ __ number of hours (range 0-24)

DON'T OWN TV	97
DON'T KNOW	77
REFUSED	99

[IF AGE < 12 MONTHS, SKIP TO PH1]

NP20. On an average day, about how many hours does [CHILD] use a computer or play video games for school, work or play?

__ __ number of hours (range 0-24)

DON'T OWN TV OR COMPUTER	97
DON'T KNOW	77
REFUSED	99

Section 11. Parent health status and family

PH1. Now I am going to ask you about how you have been feeling lately. How often during the last 4 weeks...

Have you been a very nervous person?

Would you say...

All of the time,	1
Most of the time,	2
Some of the time, or	3
None of the time?	4
DON'T KNOW	7
REFUSED	9

PH2. During the last 4 weeks...

How often have you felt so down in the dumps that nothing could cheer you up?

Would you say...

All of the time,	1
Most of the time,	2
Some of the time, or	3
None of the time?	4
DON'T KNOW	7
REFUSED	9

PH3. During the last 4 weeks...

How often have you felt calm and peaceful?

Would you say...

All of the time,	1
Most of the time,	2
Some of the time, or	3
None of the time?	4
DON'T KNOW	7
REFUSED	9

PH4. During the last 4 weeks...

How often have you felt downhearted and blue?

Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, or 3
- None of the time? 4

- DON'T KNOW** 7
- REFUSED** 9

PH5. During the last 4 weeks...

How often have you been a happy person?

Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, or 3
- None of the time? 4

- DON'T KNOW** 7
- REFUSED** 9

PH6. Are you currently...

- Married, 1 **[SKIP TO PH8]**
- Divorced, 2
- Widowed, 3
- Separated, or 4
- Never Married? 5

- DON'T KNOW** 7
- REFUSED** 9

PH7. Are you currently living with a partner? This includes people who share resources and are in a marriage-like relationship.

- Yes 1
- No 2 **[SKIP TO SM1]**

- REFUSED** 9 **[SKIP TO SM1]**

PH8. How would you rate the overall quality of your relationship with your [spouse/partner]?

Would you say your relationship is...

- Excellent, 1
- Very Good,..... 2
- Good, 3
- Fair, or 4
- Poor? 5

- DON'T KNOW** 7
- REFUSED** 9

Section 12. Smoking, Drugs, Alcohol and Gambling

SM1. The next questions are about smoking, alcohol use, drug use and gambling.

In the last 12 months, how much of a problem for your household, if any, has been caused by a household member's use of cigarettes?

Would you say...

A big problem,..... 1
A moderate problem, 2
A small problem, or 3
Not a problem? 4
DON'T KNOW 7
REFUSED 9

SM2. In the last 12 months, how much of a problem for your household, if any, has been caused by a household member's use of either prescription or illegal drugs?

Would you say...

A big problem,..... 1
A moderate problem, 2
A small problem, or 3
Not a problem? 4 **[SKIP TO SM4]**
DON'T KNOW 7 **[SKIP TO SM4]**
REFUSED 9 **[SKIP TO SM4]**

SM3. Was the drug problem related to prescription drugs, illegal drugs or both?

Prescription drugs 1
Illegal drugs 2
Both prescription and Illegal drugs 3
DON'T KNOW 7
REFUSED 9

SM4. In the last 12 months, how much of a problem for your household, if any, has been caused by a household member's use of alcohol?

Would you say...

A big problem,..... 1
A moderate problem, 2
A small problem, or 3
Not a problem? 4
DON'T KNOW..... 7 **REFUSED**..... 9

SM5. The next questions are about gambling issues in your household. Gambling can include gambling in a casino, on-line betting, sports betting, lottery tickets, bingo, racetracks or card games not at a casino.

In the last 12 months, how much of a problem, if any, has been caused by gambling in your household?

Would you say...

A big problem,..... 1
A moderate problem, 2
A small problem, or 3
Not a problem? 4 **[SKIP TO DM1]**

DON'T KNOW 7 **[SKIP TO DM1]**

REFUSED 9 **[SKIP TO DM1]**

SM6. I am now going to read you a list of different types of gambling. Please tell me which type of gambling has caused a problem for someone in your household in the last 12 months.

Yes 1
No..... 2

DON'T KNOW 7

REFUSED 9

Gambling in a casino **a**
Lottery tickets..... **b**
On-line gambling..... **c**
Sports betting..... **d**
Bingo..... **e**
Racetracks..... **f**
Card games not at a Casino **g**
Another type of gambling **[SPECIFY]** **h**

Section 13. Demographics

DM1. Finally, I am going to ask some questions about [CHILD] and you.

Is [CHILD] of Spanish or Hispanic Origin?

Yes..... 1
No 2
DON'T KNOW 7
REFUSED 9

DM2. What is [CHILD]'S race?

[SELECT ALL THAT APPLY]

Would you say...

African-American, 1
White, 2
American-Indian/Native American/Aleutian or Eskimo, 3
Asian/Pacific Islander, or 4
Some other race? **[SPECIFY]** 5
DON'T KNOW 7
REFUSED 9

DM3. Are you of Spanish or Hispanic origin?

Yes..... 1
No 2
DON'T KNOW 7
REFUSED 9

DM4. What is your race?

[SELECT ALL THAT APPLY]

Would you say...

African-American, 1
White, 2
American-Indian/Native American/Aleutian or Eskimo, 3
Asian/Pacific Islander, or 4
Some other race? **[SPECIFY]** 5
REFUSED 9

DM5. And you are...

Male? 1
Female? 2
REFUSED 9

DM6. What is your age?

[_ _ _]

REFUSED 999

DM7. What is the highest grade or level of school that you have completed?

8th grade or less 1
Some high school, but did not graduate 2
High school graduate or GED 3
Some college or 2-year degree 4
4-year college graduate 5
More than 4-year college degree 6
DON'T KNOW 7
REFUSED 9

DM8. Including yourself, how many adults, that is people age 18 and over, live in your household?

[] adults

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

[HOUSEHOLD MEMBERS INCLUDE PEOPLE WHO THINK OF THIS AS THEIR USUAL PLACE OF RESIDENCE. IT INCLUDES PERSONS WHO USUALLY STAY IN THE HOUSEHOLD BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR AWAY AT SCHOOL]

[(IF QREL 11 THRU 14) AND PH6=1 OR PH7=1, ASK DM9]

DM9. Is your [spouse/partner] the [CHILD]'S biological or adoptive parent?

Yes 1
No 2
DON'T KNOW 7
REFUSED 9

DM10. Now, for analysis purposes only, what was the total combined income in 2009 for all persons in your household?

[NOTE: INCLUDE SALARIES, INTEREST, RETIREMENT, AND ANY OTHER EARNINGS]

- 11. \$0 to \$5,000
- 12. \$5,001 to \$10,000
- 13. \$10,001 to \$15,000
- 14. \$15,001 to \$20,000
- 15. \$20,001 to \$25,000
- 16. \$25,001 to \$30,000
- 17. \$30,001 to \$35,000
- 18. \$35,001 to \$40,000
- 19. \$40,001 to \$45,000
- 20. \$45,001 to \$50,000
- 21. \$50,001 to \$55,000
- 22. \$55,001 to \$60,000
- 23. \$60,001 to \$65,000
- 24. \$65,001 to \$70,000
- 25. \$70,001 to \$75,000
- 26. \$75,001 to \$80,000
- 27. More than \$80,000

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

DM11. What is your zip code?

[___ ___ ___ ___ ___]

DON'T KNOW77777
REFUSED.....99999

DM12. Do you have a landline? Do not count lines used only by a computer or fax machine.

Yes.....1
No.....2

DON'T KNOW.....7
REFUSED.....9

DM13. Does anyone in your household own a cell phone?

Yes.....1
No.....2

DON'T KNOW7
REFUSED.....9

[IF DM13>1, SKIP TO CLOSE]

DM14. How many people in your household regularly use a cell phone?

_____people

DON'T KNOW 77

REFUSED..... 99

DM15. From all calls made by household members, would you say that cell phones are used for...

almost all calls, 1

most calls, 2

some calls, or..... 3

rarely used? 4

DON'T KNOW 7

REFUSED..... 9

CLOSE

Those are all the questions I have. I want to thank you very much for your time and cooperation. Your responses will be very helpful. Good-bye.

INTERVIEWER COMMENTS: