FORM (7-1-94) DFS-1

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

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DISABILITY FOLLOWBACK SURVEY (NHIS PHASE II) **CHILD'S QUESTIONNAIRE** RT 01 3-7 8 RT 06 Part I - CALL RECORD 3-4 Date Beginning **Ending** Mode Results Comments Month time Day time 5 6-7 10-14 15-19 T a.m. a.m. p.m. p.m. T a.m. a.m. p.m. p.m. T a.m. a.m. p.m. p.m. a.m. a.m. p.m. p.m. T P a.m. a.m. p.m. Part II - STATUS A. Final Status Code 65-67 B. Mode D. Field representative's name 20-21 22 Interview 1 🗆 Telephone 01 Complete 2 Personal visit Notes 02 Partial (Explain in Notes) C. Respondent Noninterview 04 🗆 Refused Name 23-63 05 ☐ Unable to contact (Explain 06 ☐ Unable to locate 64 07 Deceased Notes) 1 Desired respondent (Name on label) 10 ☐ Moved o/s PSU, unable to phone 2 ☐ Preferred respondent (Name in PR box 11 Other noninterview on page 3) 3 Other respondent RT 07 Part III - NEW ADDRESS FOR CHILD A. Address (Different from label) Number and street 5-29 City 30-49 State 50-51 ZIP Code 52-60 B. Telephone (Different from label) Area code 61-63 Number 64-70 71 1 🗌 None 7 🗌 Refused 9 DK number

		RT 08
_		JING - CHILDREN 3-4
1.	I need to talk to <u>(desired respondent)</u> about <u>(sample child)</u> . Do they both live here?	1 ☐ Yes (Go to 2) 2 ☐ No (Skip to 6)
2.	May I speak with (desired respondent)?	1
3.	Will (desired respondent) [be available/return] before (closeout date)?	1 ☐ Yes (Arrange callback) 2 ☐ No (Go to 4)
4.	Why will <u>(desired respondent)</u> not be available before <u>(closeout date)</u> ?	1 ☐ Incapable 2 ☐ Institutionalized
5.	How can I get in contact with (desired respondent)?	1 □ Not possible (Skip to 8) 2 □ Address/telephone no. given (Record address and telephone no. on page 3)
6a.	Do EITHER of them still live here?	1
b.	Who?	1 ☐ Desired respondent (Skip to 8)
7a.	Did they move somewhere together?	1 ☐ Yes (Go to 7b) 2 ☐ No (Skip to 8)
b.	Where do (desired respondent) and (sample child) live?	13 □ DK (END interview-noninterview) 1 □ Address/telephone no. given (Record address and telephone no. on page 3)
Read	d with parenthetical first.	14
8a.	I need to speak to an adult [relative or guardian who lives with (sample child]] about (sample child's) health. Who would that be?	1 ☐ Respondent
b.	How [are you/is this person] related to (sample child)?	1 Mother 2 Father 3 Brother/Sister 4 Grandparent 5 Other relative 6 Nonrelative 9 DK
C.	Who would know who I should speak to about <u>(sample child's)</u> health?	16 1 □ Person given – (Record preferred respondent information on page 3) 2 □ No one (End interview – noninterview) 3 □ DK (End interview – noninterview)
9.	On what date did <u>(sample child)</u> die?	Date of Death//19 \(\) (Mark deceased on Cover Page)
	A When we conducted the interview several months ago, we recorded (sample child's) age as (age from label). Is this still correct?	23 1 □ Yes (Go to Section A on page 5) 2 □ No (Correct age on label, then go to Section A on page 5)
Note	es .	

INITIAL SCREENING - Continued									
NEW ADDRESS (First or only)	RT 09 3-4	Second (If appropriate)							
Name of place (If appropriate)	5-40	Name of place (If appropriate) 5-40							
Number and street	41-64	Number and street 41-64							
City 65-84 State 85-86 ZIP Code	87-95	City 65-84 State 85-86 ZIP Code 87-95							
Telephone		Telephone							
Area code 96-98 Number 99-105 1 None 9 DK	106	Area code 96-98 Number 99-105 1 None 9 DK							
7 □ Refused number		7 □ Refused number							
PREFERRED RESPONDENT (From 8a or 8c)	RT 11 3-4								
Name	5-40								
1 ☐ Mark box if same address/phone as SC (Skip to A1 on page 5)	41 42-65								
Number and street	42-05								
City 66-85 State 86-87 ZIP Code	88-96								
Telephone									
Area code 97-99 Number 100-106 1 None 9 DK	107								
7 ☐ Refused number									
GENERA	L INST	TRUCTIONS							
2. After appropriate introductions, begin all interviews with A on page 2.		 Long dash (—) – Insert the appropriate words or names from the list. Underlined italics in parentheses – Insert the specified words, name, date, etc. Regular type in parentheses – Either read or do not read the 							
3. If the respondent is not within your normal assignment area, call your office for instructions.		parenthetical, depending on the situation and the context of the question.							
4. Make minor corrections to address or phone number on the LABEL. Record new addresses and/or phone numbers above.		Brackets with a slash ([/]) – Choose the appropriate words or phrase for the particular interview. Pald conitals. Emphasize the world (a) when reading the second control in the second cont							
		 Bold capitals – Emphasize the word(s) when reading the question. 							
5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.		If the sample child is emancipated, interview the sample child on a DFS-2 questionnaire, transcribing all label information from the DFS-1 to the DFS-2.							
Notes									
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	0 4 4 101		RT 12
	Section A - HOM	E CARE SERVICES	3-4
READ TO	(child) has been selected for a special a complete picture of the health need of children in this survey. For this rea to (child), but your honest responses whealth status and health care needs o		3-4
		SPECIAL HELP AND SUPERVISION that (child) n help BEYOND what is needed by most children	
ITEM A1	Refer to child's age.	 1	5
that is, i getting	inid) NEED special help at home with personal care, help with bathing, dressing, eating, toileting, in or out of bed or chairs, or getting around inside the BEYOND WHAT IS NEEDED BY MOST CHILDREN AGE?		6
[his/her]	the past 12 months, did (child) receive, as part of care, training to increase [his/her] independence living skills, such as bathing, dressing, eating, and processing the control of the	1 ☐ Yes } 2 ☐ No } (Skip to 3)	7 7
2. Because (child) no	of any significant delays in development, does eed special help at home?	 1	8
<u>(child)</u> ne	of a physical, mental, or emotional problem, does eed constant supervision or need to be watched osely than other children [his/her] age?	 1 Yes 2 No 9 DK	9
ITEM A2	Refer to questions 1a, 2, and 3. (Special help or supervision)	 1 □ "Yes" in 1a, 2, and/or 3 (<i>Go to 4a</i>) 2 □ All other (<i>Skip to 10 on page 10</i>)	10
home. V with <u>(ch</u> TWO Wi provide volunte	d (child) needs [special help/(and) supervision] at what are the names of all the people who helped (ild's) [personal care/(and) supervision] in the PAST EEKS? This includes [special help/(and) supervision] d by you, other family members, friends, ers, or paid professionals. DO NOT INCLUDE AL OR OCCUPATIONAL THERAPISTS.	(Record up to 4 names in Table H on pages 6 and 7. Return to 4b) OR OR O□ None in past two weeks OB OF	11
b. Besides helped	nly if 4 names in Table H; otherwise skip to 5a on page 6. helpers you just mentioned, has anyone else child) AT HOME with personal care or supervision ast two weeks?	1	12
C. How ma	ny other people have helped?	Helper(s) (Number) 00 □ None 99 □ DK	13-14
d. How ma	ny of these additional helpers were paid?	Paid helper(s) (Number) 00 □ None 99 □ DK	15-16
Notes			
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$\overline{}$		_		RT 13
52/1	Section A - HOME CARE SERVICES - Continued		HELPER 01	3-4
	Ask 5–8 separately for each helper listed.		Helper name	5-6
5a.	Does (helper) help with (child's) personal care, supervision or both? Mark (X) only one.	5a.	1 ☐ Personal care 2 ☐ Supervision 3 ☐ Both 9 ☐ DK	7
	Verify and mark (X) if known or HAND CARD C1 and ask. Read categories if telephone interview. What is (helper's) relationship to (child)? Mark (X) only one.	b.	0 ☐ Parent (Skip to 6g) 1 ☐ Other relative in HH 2 ☐ Other relative not in HH 3 ☐ Non-relative in HH 4 ☐ Friend/Neighbor 5 ☐ Unpaid volunteer from an organization or business (Skip to 6 ☐ Paid employee of an organization or business 7 ☐ Paid employee of yours 8 ☐ Other 9 ☐ DK	o 6f) o to 6b)
6a.	Is this help paid for? HAND CARD C2. Read categories if telephone interview.	6a.	1 ☐ Yes (Go to 6b) 2 ☐ No } 9 ☐ DK } (Skip to 6f)	9
b.	Who pays for this help? (Anyone else?) Mark (X) all that apply.	b.	00 Parent(s) 01 Family in household 02 Family NOT in household 03 Private health insurance 04 Medicaid 05 Rehabilitation program 06 Parent's employer 07 School system 08 VA program 09 Other military 10 Other private source 11 Other public source 12 No one/Free	10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37
c.	Ask if more than one box marked in 6b; if only one, transcribe the number of the box marked without asking. Who pays for most of this help? Record box number from 6b.	c.	Paid most (Number)	38-39
d.	Ask 6d and e only if box 00 or 01 marked in 6b; otherwise, skip to 6f. DURING THE PAST 12 MONTHS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.	d.	00000 □ None \$ 00	40-44
e.	DURING THE PAST 2 WEEKS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.	ē.	00000 □ None \$ 00	45-49
f.	How satisfied or dissatisfied are you with this help? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? Mark (X) only one.	f.	1 □ Very satisfied 2 □ Somewhat satisfied 3 □ Somewhat dissatisfied 4 □ Very dissatisfied 9 □ DK	50
a.	ASK OR VERIFY: Is (helper) male or female?	g.	1 ☐ Male 2 ☐ Female	51
7.	How many days in the past 2 weeks did (helper) help?	7.	9 □ DK 00 □ None (Go to 5a for next helper, or A3 on page 8) □ □ □ Days 14 □ AII 99 □ DK	52-53
8.	How many hours per day did (<u>helper)</u> help in the past 2 weeks?	8.	00 ☐ None Hours Go to 5a next help or A3 on page 8) Go to 5a next help or A3 on page 8)	er,
L Page	6	1	FORM	DFS-1 (7-1-94)

	Section	A - HOME CARI	E SE	RVICES - Continued	RT 14 3-4			
		A HOME OATE		- Continuou	5			
ITEM A3	Refer to question 5b for ALL HELPER (Any related household members)	S in Table H.	 	1 ☐ Box "0" or "1" marked (<i>Go to 9</i>) 2 ☐ Other (<i>Skip to 10 on page 10</i>)				
provide or fam someo	e care for children with special need ed by a person or organization to re ily caregivers. It can be provided at ne else's home, a home run by an or r, or an institution.	ieve the parent your home.	 					
for (chi	the past 12 months, have you used $\frac{ d }{d}$ so that you or your family could take a break, or go on vacation?	any respite care go out for a	! ! !	1				
b. During (addition	the past 12 months, have you NEEI onal) respite care for <u>(child)</u> ?	DED any	1 	1	<u> </u> -7-			
ITEM A4	Refer to question 9a. (Respite care in past 12 months)		 1					
9c. Was an	1)-(5) before going to 9d-f. ny of this respite care in the past 12 ed by —	months	 9d. 	Ask 9d-f for each provider marked "Yes" in 9c. Altogether, how many days in the past 12 months of use care provided by ("Yes" in 9c)?	did you			
(1) A r	elative, friend, or neighbor?	1 Yes 9 2 No 9 DK 1	(1) (1)	—————————————————————————————————————	10-11			
(2) An org	unpaid volunteer from an	 1	(2)	Days (Number) 99 □ DK	20-21			
— — (З) А р or l	aid employee of an organization business?	1 Yes 29 2 No 9 DK	(3)	Days (Number) 99 □ DK	30-31			
— - (4) А р	paid employee of yours?	1	 (4) 	Days (Number) 99 □ DK	40-41			
(5) An	y other source?	 1	 (5) 	Days (Number) 99 □ DK	50-51			
**************************************			-	The second secon				
Notes					tot vilo i. <u>i</u>			

	Section A - HOME	CAR	E SE	RVICES - Continued	
			- 11-		
1					
l					
	- Continue C				
	Annual Control				
	Programmed Company Com				
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The second of th					
1200	Control (1997) Contro		Contraction of the contraction o	The state of the s	
0-	Read categories if necessary.		ا 		
e.	On the day(s) that you used this care, on the average ho many hours did you use it?	w	9f.	Where was this care provided?	
				Anywhere else?	
	Round fractions to the nearest whole hour.		i	Mark (X) all that apply	
(1)	1 ☐ Less than 1 hour	12	(1)	1 ☐ Child's home	13
` '	2 ☐ 1–2 hours	12] \ - /	2 ☐ Home run by organization	14
Ì	3 - 11 hours		İ	3 ☐ Other private home	15 16
	4 ☐ 12–24 hours 9 ☐ DK		!	4 ☐ Facility or institution 5 ☐ Other	17
			 	9 DK	18
			- – –		
(2)	1 ☐ Less than 1 hour	22	(2)	1 ☐ Child's home	23
	2 ☐ 1–2 hours 3 ☐ 3–11 hours		1	2 ☐ Home run by organization	24 25
	4 🗆 12–24 hours		1	3 ☐ Other private home 4 ☐ Facility or institution	26
	9 □ DK		i I	5 ☐ Other	27
			i	9 ☐ DK	28
(2)			† 		
(3)	1 ☐ Less than 1 hour 2 ☐ 1–2 hours	32	(3)	1 ☐ Child's home 2 ☐ Home run by organization	33 34
	3 ☐ 3–11 hours		İ	3 ☐ Other private home	35
	4 ☐ 12–24 hours		1	4 ☐ Facility or institution	36
	9 □ DK		i	5 □ Other 9 □ DK	37 38
L -	·		<u> </u>		
(4)	1 ☐ Less than 1 hour	42	 (4)	1 ☐ Child's home	43
``	2 ☐ 1–2 hours	42	\-'	2 ☐ Home run by organization	44
	3 ☐ 3–11 hours 4 ☐ 12–24 hours		ļ .	3 ☐ Other private home	45 46
	9 DK		l I	4 ☐ Facility or institution 5 ☐ Other	47
			i	9 ☐ DK	48
			<u> </u>		
(5)	1 ☐ Less than 1 hour	52	(5)	1 ☐ Child's home	53
	2 ☐ 1–2 hours 3 ☐ 3–11 hours		I	2 ☐ Home run by organization 3 ☐ Other private home	54 55
	4 ☐ 12–24 hours		l I	4 ☐ Facility or institution	56
	9 🗆 DK		i	5 Other	57
	<u>.</u>		1	9 □ DK	58
50000000000000000000000000000000000000					
Note	es				
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	Section A – HOME CARE	SERVICES - Continued	
10.	Does (child's) health require that [he/she] be left only with a person trained to handle MEDICAL EMERGENCIES or perform special procedures?	1 ☐ Yes 2 ☐ No 9 ☐ DK	59
11a.	Does (<u>child)</u> regularly receive any shots or injections at home?	1 ☐ Yes (<i>Go to 11b</i>) 2 ☐ No 9 ☐ DK	60
b.	Who gives the shots? Anyone else? Mark (X) all that apply.	1 ☐ Parent 2 ☐ Child (him/herself) 3 ☐ Doctor/Nurse 4 ☐ Other 9 ☐ DK	61 62 63 64 65
12.	HAND CARD C4. Read categories if telephone interview. Did you have any of these problems trying to get help at home for (child) during the past 12 months? (Anything else?) Mark (X) all that apply.	00 ☐ Did not try to get home care services 01 ☐ Service not available 02 ☐ Had trouble finding the right kind of service 03 ☐ Medicaid not accepted 04 ☐ Insurance did not cover 05 ☐ Too expensive/can't afford 06 ☐ Difficulty arranging it 07 ☐ Helpers not reliable 08 ☐ Helpers not properly trained or equipped 09 ☐ Helpers hours not convenient 10 ☐ Could not take off from work to arrange it 11 ☐ Other problem	66-67 68-69 70-71 72-73 74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89
Notes		12 □ No problem getting help 99 □ DK	90-91 92-93
Notes			

Section R - W	IORK/CHILD CARE 3-4
a. Have you worked at a job or business for pay in the past	5
month?	1 ☐ Yes (Go to 1b) 2 ☐ No (Skip to 2)
b. How many hours do you usually work each week?	6-7
	Number of hours worked each week
	I 99 □ DK
2a. Did you attend school in the past month?	
-a. Did you attend school in the past months	1 ☐ Yes (Go to 2b)
	2 No (Skip to Item B1)
b. How many hours do you usually attend school each week?	9-10
	Number of hours in school each week
	99 □ DK
	11
Refer to questions 1a and 2a above.	1 ☐ "Yes" in 1a or 2a (Go to Item B2)
(Work and/or attend school)	² ☐ All other (Skip to Section C on page 12)
	12
Refer to child's age on label.	 1 □ 3 + years old (Go to 3)
B2	2 ☐ Other (Skip to 4)
Prid (abid) associated to the control of the contro	
Did <u>(child)</u> attend school during the past month? (Include preschool, nursery school, and kindergarten, as well as	1 Yes
regular schools.)	2
 (Not counting (child's) regular school hours) who took care of (child) MOST OFTEN when you were at [work/(or) school] 	[14-15] 01 □ MOTHER/FATHER only works]
during the past month?	during school hours (Skip to Section C
Mark (X) only one.	02 ☐ MOTHER cares for child
	04 ☐ CHILD cares for self (Go to 4b)
	OTHER RELATIVES care for child (Skip to 4c) OF □ UNRELATED BABYSITTER (Skip to 4d)
	or ☐ Care provided at SCHOOL
	08 DAY CAMP (Skip to 4e)
	l o∍ ☐ DAY CAMP I 1o ☐ Other <i>(Skip to 4d)</i>
	99 ☐ DK (Skip to Section C on page 12)
b. Approximately how many hours did (child) take care of	16-17
[himself/herself] LAST WEEK?	₀₀ □ None
	Number of hours (Skip to Section C on page 12)
	1 99 □ DK
C. How is this person related to (child)?	l □ Brother/sister
	₂ ☐ Grandparent
	3 ☐ Other 9 ☐ DK
d Mhara was /shill aged for wast	
d. Where was <u>(child)</u> cared for most often, at home or somewhere else?	1 Child's home
	l 2 ☐ Somewhere else l 9 ☐ DK
e. Approximately how many hours was (child) cared for by	
(answer in 4a) while you [worked/(or) went to school] LAST	00
WEEK?	Number of hours
	99 DK
f. Do you pay for this child care?	. 1 □ Yes
	2 □ No
	9 DK
g. How satisfied are you with this child care? Are you very	
satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	1 ☐ Very satisfied 2 ☐ Somewhat satisfied
	I 3 ☐ Somewhat dissatisfied
	l 4 ☐ Very dissatisfied l 9 ☐ DK
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Section C - MEDICAL SERVICES									
The following questions concern medical care for <i>(child)</i> . Do not count visits for counseling or mental health therapy.	24								
During the past 12 months, has (child) had ANY visits to a doctor's office, clinic, hospital, or some other place for health care?	1 ☐ Yes (Go to 2) 1								
HAND CARD C5. Read categories if telephone interview.									
Why did (<u>child)</u> LAST go to a clinic, health center, hospital, doctor's office, or other medical facility? (Anything else?)	1 □ Well child care such as a physical or immunization 25 2 □ Care for an illness, injury or specific condition 3 □ Consultation 4 □ Other 25 26 27 28								
Mark (X) all that apply.	9 □ DK 29								
3. During the past 12 months, how many times has (child) been to a hospital emergency room?									
	Times (Number) ∍∍ □ DK								
4. During the past 12 months, has (child) received any treatments AT A HOSPITAL ON A REGULAR BASIS?	1								
Read if necessary: For example, dialysis, IV treatments, radiation treatments, chemotherapy, transfusions, or physical therapy.	2 □ No 9 □ DK 								
Notes									

Section D - ASSISTIVE DE	VICES AI	ND TE	CHNOI	OGIES				RT 16
The next questions are about medical devices and implants.	TIOLO AI	10 12	.0111401	<u>-OGILO</u>				
Ask 1a–o before going to 2.					Ask for	r each "	Yes" in 1	
 In the past 12 months, did (<u>child</u>) use any of the following medical devices or supplies? 					2. Did <u>(c)</u> the pa		e <u>(device</u> weeks?	
	Yes	No	DK		Yes	No	DK	
a. A tracheotomy tube?	i	2 🗌	9 🗌	5	a. ₁□	2 🔲	9 🗌	6
b. A respirator?	1	2 🗌	9 🗌	7	b. ₁□	2 🗌	9 🗌	8
C. An ostomy bag?	. C. 1□	2 🗌	9 □ .	9	C. 1	2 🔲	9 🗌	10
d. Catheterization equipment?	. i d. 1□	2 🗌	9 🗆	11	d. 1□	2 🗆	9 🗆	12
e. A glucose monitor?	. e. 1□	2 🗆	9 🔲	13	e. ₁□	2 🗆	9 🗀	14
f. Diabetic equipment or supplies?	f. 1□	2 🗌	9 🗆	15	f. 1□	2 🗌	9 🗌	16
g. An inhaler?		2 🗆	9 🗌	17	g. ₁□	2 🗌	9 🗌	18
h. A nebulizer?	. h. ₁□	2 🔲	9 🔲	19	h. ₁□	2 🔲	9 🔲	20
i. A hearing aid?	. 1□	2 🗆	9 🗌	21	i. 1□	2 🗌	9 🗌	22
j. A feeding tube?	j. ₁□	2 🗆	9 🗆	23	j. ₁□	2 🗆	9 🗌	24
k. A wheelchair?	. k. ₁□	2 🔲	9 🔲	25	k. ₁□	2 🗀	9 🔲	26
I. A scooter?	l. 1□	2 🗌	9 🔲	27	I . 1 🗆	2 🔲	9 🔲	28
m. Crutches?	m. ₁□	2 🗌	9 🔲	29	m. ₁□	2 🔲	9 🗌	30
n. A Cane?	¦ n. ₁□	2 🗆	9 🔲	31	n. 1 🗆	2 🗆	9 🔲	32
O. A Walker?	O. 1	2 🗆	9 🔲	33	O. 1 🗆	2 🔲	9 🔲	34
ITERA	<u> </u>							35
Refer to question 1 above. (Devices used in the past 12 months)			or more (used (Go to	o 3)			
During the past 12 months, about how much did the								36-40
family pay for [this device/these devices]? Do not include money reimbursed by insurance or any other source.	. 00000 □ N	lone			[]			30-40
, , , , , , , , , , , , , , , , , , , ,	\$		•		00			
	99999 🗌 🖸	K					-	
4. Does <u>(child)</u> now have any of the following implants?	l Yes	No	DK					
a. An ear vent tube?	1	2 🗌	9 🗌					41
b. Any shunt that drains away fluid?	ı	2 🔲	9 🗌					42
C. An artificial joint?	C. 1	2 🗌	9 🗌					43
d. Implanted lens?	d. ₁□	2 🗌	9 🗌					44
e. Implanted pin, screw, nail, wire, rod, or plate?	e. 1□	2 🗆	9 🗌					45
f. An artificial heart valve?	I	2 🔲	9 🗌					46
g. A pacemaker?	g. ₁□	2 🗌	9 🗌					47
h. Silicone implant?	h. ₁□	2 🗆	9 🗌					48
i. Infusion pump?	 i. 1□	2 🗆	9 🔲					49
j. A cochlear (kŏk′lē-ər) implant?	¦ j. ₁□	2 🗆	9 🗌					50
k. Any other organ implant?	k. 1□	2 🗆	9 🔲					51
Notes								
				•				
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				RT 17			RT 17
	Section E - OTHER SERVICES		A	3-4		В	3-4
	The next questions are about other services (child) may have received.	01	A physical therapist	5-6	02	An occupational therapist	5-6
1a.	During the past 12 months, did <u>(child)</u> receive any services from ?	1a.	1 ☐ Yes (Skip to 2a) 2 ☐ No 9 ☐ DK	7	1a.	1 ☐ Yes (Skip to 2a) 2 ☐ No 9 ☐ DK	7
b.	Did <u>(child)</u> need the services of in the past 12 months?	b.	1 ☐ Yes (Skip to 5) 2 ☐ No	8	b.	1 ☐ Yes (Skip to 5) 2 ☐ No	
2a.	During the past 12 months, in how many months did (child) receive services from?	2a.	Months (Number) 99 □ DK	9-10	2a.	(Number) Months	9-10
b.	What was the total number of times (child) received services from during [that/those] month(s)?	b.	Times (Number) 99 □ DK	11-12	b.	Times (Number) 99 □ DK	11-12
	HAND CARD C2. Read categories if telephone interview.		00 Parent(s)	13-14		00 ☐ Parent(s)	13-14
За.	Who paid or will pay for the services <u>(child)</u> received from in the past 12 months?	3a.	01 ☐ Family in household 02 ☐ Family NOT in	15-16 17-18	3a.	01 ☐ Family in household 02 ☐ Family NOT in	15-16
	(Anyone else?)		household 03 🏻 Private health	19-20		household ₀₃ ☐ Private health	19-20
	Mark (X) all that apply.		insurance 04 ☐ Medicaid 05 ☐ Rehabilitation	21-22		insurance 04 ☐ Medicaid 05 ☐ Rehabilitation	21-22 23-24
			program 06 ☐ Parent's employer 07 ☐ School system 08 ☐ VA program 09 ☐ Other military 10 ☐ Other private source 11 ☐ Other public source 12 ☐ No one/	25-26 27-28 29-30 31-32 33-34 35-36		program o6 Parent's employer o7 School system o8 VA program o9 Other military o1 Other private source 11 Other public source	
			Free (Skip to 4)	39-40		Free	39-40
	Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking.			41-42			41-42
	Who paid most of the cost for the services received from in the past 12 months? Record number of main source.	b.	Paid most (Number)		b.	LPaid most (Number) 99 ☐ DK	
C.	Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for the services received from? Do not count any money that has been or will be reimbursed by insurance or any other source.	c.	00000 □ None (Skip to 4) \$	43-47	C.	00000 ☐ None (Skip to 4) \$	00
d.	DURING THE PAST 2 WEEKS, about how much did the family pay for services from ?	d.	00000 ☐ None \$	48-52	d.	00000 □ None \$	48-52 00
			99999 DK			99999 DK	
4.	During <u>(month)</u> did <u>(child)</u> receive services from ?	4.	1 ☐ Yes (Skip to 1 for next service) 2 ☐ No (Go to 5) 9 ☐ DK (Skip to 1 for	53	4.	1 ☐ Yes (Skip to 1 for next service) 2 ☐ No (Go to 5) 9 ☐ DK (Skip to 1 for	53
			next service)			next service)	
5.	HAND CARD A7. Read categories if telephone interview. Why didn't (child) receive services from [in (month)] in the past 12 months]?	5.	00 Didn't need services 01 Provider thinks no longer needed	54-55 56-57	5.	00 Didn't need services 01 Provider thinks no longer needed	54-55 56-57
			02 Too expensive/ [can't afford	58-59		02 ☐ Too expensive/ can't afford	58-59
	(Anything else?)		03 Insurance doesn't [60-61		03 🗌 Insurance doesn't	60-61
	Mark (X) all that apply.		cover 04 ☐ Insurance no [62-63		cover ₀₄ ☐ Insurance no	62-63
			Ionger covers			longer covers	
			Medicaid 06 ☐ Provider not	66-67		05 ☐ No longer on Medicaid 06 ☐ Provider not	64-65
			available			available	66-67
			07 Didn't like provider 08 Transportation problems	68-69 70-71		07 ☐ Didn't like provider 08 ☐ Transportation problems	70-71
			09 ☐ Could not take time off from work	72-73		09 Could not take time off from work	72-73
			10 □ Other 99 □ DK	74-75 76-77		10 ☐ Other 99 ☐ DK	74-75 76-77

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		RT 17 3-4			RT 17			RT 17			RT-17
	C			D	3-4	E		3-4		F	3-4
03	An audiologist	5-6	04	A speech therapist or pathologist	5-6	05	A recreational therapist	5-6	06	A visiting nurse	5-6
1a.	1 ☐ Yes (Skip to 2a)	7	1a.	1 ☐ Yes (Skip to 2a)	7	1a.	1 ☐ Yes (Skip to 2a)	7	1a.	1 ☐ Yes (Skip to 2a)	7
	² ☐ No ⁹ ☐ DK			2 No } (Go to 1b)			2 □ No } (Go to 1b)			2 □ No } (Go to 1b)	
b.		-8	b.	1 ☐ Yes (Skip to 5)	T -8-	b .		_ _	 b.	=	- -
	2 □ No \ (Go to 1 for		υ.	2 □ No \ (Go to 1 for		IJ.	1 ☐ Yes (Skip to 5) 2 ☐ No	_	D.	1 ☐ Yes (Skip to 5) 2 ☐ No	
	9 ☐ DK ∫ next service)			9 ☐ DK ∫ next service	e)		9 □ DK ∫ next service	e)		9 □ DK ∫ service on p	
2a.	Months	9-10	2a.	Months	9-10	2a.	Months	9-10	2a.	Manda	9-10
	(Number)			(Number)			(Number)			(Number)	
L_	99 DK	·]	L	99 DK			99 🗌 DK			99 🔲 DK	
b.	Times	11-12	b.	Times	11-12	b.	Times	11-12	b.	Times	11-12
	(Number)			(Number)			(Number)			(Number)	
	99 DK			99 🗌 DK			99 🗌 DK			99 🗌 DK	
		13-14		00 Parent(s)	13-14		00 Parent(s)	13-14		oo ☐ Parent(s)	13-14
3a.	01 ☐ Family in household	15-16	3a.	01 ☐ Family in household	15-16	3a.	01 ☐ Family in household	15-16	3a.	01 ☐ Family in household	15-16
	02 Family NOT in	17-18		02 🗌 Family NOT in	17-18		02 Family NOT in	17-18		02 🗌 Family NOT in	17-18
	household 03 Private health	19-20		household 03 🗆 Private health	19-20		household 03 🗆 Private health	19-20		household 03 🏻 Private health	19-20
	insurance			insurance			insurance			insurance	13-20
		21-22 23-24		04 ☐ Medicaid 05 ☐ Rehabilitation	21-22		04 ☐ Medicaid 05 ☐ Rehabilitation	21-22		04 ☐ Medicaid 05 ☐ Rehabilitation	21-22
	program			program .			program			program	
		25-26 27-28		06 ☐ Parent's employer 07 ☐ School system	25-26 27-28		06 ∐ Parent's employer 07 ☐ School system	25-26 27-28		06 ☐ Parent's employer 07 ☐ School system	25-26 27-28
	08 □ VA program	29-30		08 ☐ VA program	29-30		08 ☐ VA program	29-30		08 ☐ VA program	29-30
		31-32		09 ☐ Other military	31-32		09 Other military	31-32		09 🗌 Other military	31-32
	source	33-34		10 ☐ Other private source	33-34		10 🗌 Other private source	33-34		10 ☐ Other private source	33-34
	11 Other public source	35-36		11 Other public source	35-36		11 Other public source	35-36		11 Other public . source	35-36
	12 No one/ Skip	37-38		12 ☐ No one/ } Free } (Skip	37-38		12 No one/	37-38		12 No one/	37-38
		39-40		99 DK \(\int \text{to 4} \)	39-40		Free	39-40		Free S (Skip to 4)	39-40
	<u>-</u> <u>-</u>	41-42			41-42			41-42			41-42
	Paid most										
b.	(Number)		b.	Paid most (Number)		b.	└──┴── Paid most (Number)		b.	Paid most (Number)	
	99 🗌 DK			99 🔲 DK	4		99 DK			99 DK	
		43-47			43-47			43-47			43-47
C.	00000 None (Skip to 4)		C.	00000 ☐ None (Skip to 4)	00	C.	00000 None (Skip to 4)	00	Ç.	00000 None (Skip to 4)	00
	5			\$E	90]		\$B	00		\$ l	00
L -	99999			99999			99999	_		99999	
d.	00000 None	48-52	d.	00000 ☐ None	48-52	d.	00000 □ None	48-52	d.	00000 🗀 None	48-52
	\$00)		\$	00			00		\$	00
	99999 DK			99999 □ DK			99999 □ DK	لند		⊅ L 99999 □ DK	
4.		53	4.		53	4.	50000 EJ BK	53	4.	33333	53
	1 ☐ Yes (Skip to 1 for ☐ next service)			1 ☐ Yes (Skip to 1 for next service)		-7•	1 ☐ Yes (Skip to 1 for next service)		••	1 ☐ Yes (Skip to 1 for next service on pa	
	2 No (Go to 5)			2 No (Go to 5)			2 No (Go to 5)			2 ☐ No (Go to 5)	.90 10/
	9 ☐ DK (Skip to 1 for next service)			9 ☐ DK (Skip to 1 for next service)			9 ☐ DK (Skip to 1 for next service)			9 DK (Skip to 1 for next service on pa	age 16
	00 Didn't need services	54-55		00 ☐ Didn't need services	54-55		00 ☐ Didn't need services			oo ☐ Didn't need services	
5.	01 Provider thinks no	56-57	5.	01 Provider thinks no	56-57	5.	01 Provider thinks no	54-55 56-57	5.	01 Provider thinks no	54-55 56-57
-	longer needed 02 Too expensive/	58-59	٠.	longer needed 02 ☐ Too expensive/	58-59	٥.	longer needed 02 ☐ Too expensive/		٥.	longer needed 02 Too expensive/	
	can't afford			_ can't afford	38-33		can't afford	58-59		can't afford	58-59
	03 Insurance doesn't cover	60-61		03 ∐ Insurance doesn't cover	60-61		03 ∐ Insurance doesn't cover	60-61		03 Insurance doesn't cover	60-61
	04 ☐ Insurance no longer covers	62-63		04 Insurance no longer covers	62-63		04 ☐ Insurance no longer covers	62-63		04 ☐ Insurance no	62-63
	05 No longer on	64-65		05 ☐ No longer on	64-65		05 ☐ No longer on	64-65		longer covers 05 ☐ No longer on	64-65
	Medicaid 06 □ Provider not	66-67		Medicaid 06 □ Provider not	66-67		Medicaid 06 ☐ Provider not	66-67		Medicaid ₀₅ ☐ Provider not	66-67
	available			available			available			available	
		68-69 70-71		07 ☐ Didn't like provider 08 ☐ Transportation	68-69 70-71	•	07 ☐ Didn't like provider 08 ☐ Transportation	68-69 70-71		07 ☐ Didn't like provider 08 ☐ Transportation	68-69 70-71
	problems			_ problems			_ problems			_ problems	
	_ time off from work	72-73		09 ☐ Could not take time off from work	72-73		09 ☐ Could not take time off from work	72-73		09 Could not take time off from work	72-73
		74-75		10 Other	74-75		10 🗌 Other	74-75		10 🗌 Other	74-75
Ш		76-77		99 DK	76-77		99 DK	76-77	_	99 DK	76-77
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	Section E - OTHER SERVICES - Continued		G	RT 17		Н	RT 17
-	Section E - OTHER SERVICES - Continued	07 6	personal care attendant	5-6	08	A reader or	5-6
		(ot	her than family or a friend)			interpreter	
1a.	During the past 12 months, did (child) receive any services from?	1a.	1 ☐ Yes (Skip to 2a) 2 ☐ No 9 ☐ DK } (Go to 1b)	7	1a.	1 ☐ Yes (Skip to 2a) 2 ☐ No 9 ☐ DK } (Go to 1b)	7
b.	Did <u>(child)</u> need the services of in the past 12 months?	b .	1 ☐ Yes (Skip to 5) 2 ☐ No	8 -	b.	1 ☐ Yes (Skip to 5) 2 ☐ No	8 r
2a	During the past 12 months, in how many months did (child)	2a.	g □ DK → Hext service	9-10	2a.	g DK) next service	9-10
	receive services from?	Za.	(Number) Months 99 □ DK	0.0	2 a.	(Number) 99 □ DK	
b.	What was the total number of times <u>(child)</u> received services from during [that/those] months?	b.	(Number) Times	11-12	b.	(Number) Times	11-12
	HAND CARD C2. Read categories if telephone interview.		00 Parent(s)	13-14		00 ☐ Parent(s)	13-14
За.	Who paid or will pay for the services (<u>child)</u> received from in the past 12 months?	3a.	01 ☐ Family in household 02 ☐ Family NOT in household	15-16 17-18	3a.	01 ☐ Family in household 02 ☐ Family NOT in household	15-16 17-18
	(Anyone else?)		03 ☐ Private health	19-20		03 Private health	19-20
	Mark (X) all that apply.		insurance 04 □ Medicaid	21-22		insurance 04 Medicaid	21-22
			05 ☐ Rehabilitation program	23-24		05 Rehabilitation	23-24
			06 ☐ Parent's employer			06 Parent's employe	
			07 ☐ School system 08 ☐ VA program	27-28 29-30		07 ☐ School system 08 ☐ VA program	27-28 29-30
			09 ☐ Other military 10 ☐ Other private	31-32		09 ☐ Other military 10 ☐ Other private	31-32
			source	33-34		source	33-34
			11 ☐ Other public source	35-36		11 Other public source	35-36
			12 ☐ No one/ Free	37-38		12 No one/ Free (Skip	37-38
		↓	99 □ DK	39-40		99 □ DK	39-40
h	Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking. Who paid most of the cost for the services received from	Ь.	Paid most	41-42	L	Paid most	41-42
5.	in the past 12 months? Record number of main source.		(Number) 99		b. 	(Number) 99	
c.	Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for the services received from? Do not count any money that has been or will be reimbursed by insurance or any other source.	C.	00000 □ None <i>(Skip to 4)</i> \$ 99999 □ DK	43-47 00	C.	00000 ☐ None (Skip to 4) \$ 99999 ☐ DK	00
d.	DURING THE PAST 2 WEEKS, about how much did the family pay for services from?	d.	00000 □ None	48-52	d.	00000 □ None	48-52
	running pay for services from :			00		\$.[00
			99999 DK			99999 DK	
4.	During (month) did (child) receive services from ?	4.	1 ☐ Yes (Skip to 1 for	53	4.	1 ☐ Yes (Skip to 1 for	53
			next service) 2 \sum No (Go to 5)			next service) 2 \(\sum \text{No (Go to 5)} \)	
			9 ☐ DK (Skip to 1 for			9 ☐ DK (Skip to 1 for	
	HAND CARD A7. Read categories if telephone interview.		next service)			next service)	
5.	Why didn't (child) receive services from [in (month)] in the past 12 months]?	5.	00 ☐ Didn't need services 01 ☐ Provider thinks no longer needed	54-55 56-57	5.	00 ☐ Didn't need services 01 ☐ Provider thinks no longer needed	56-57
	(Anything else?)		02 ∐ Too expensive/ can't afford	58-59		02 ☐ Too expensive/ can't afford	58-59
	Mark (X) all that apply.		03 L Insurance doesn't cover	60-61		03 Insurance doesn't cover	60-61
	•••		04 ☐ Insurance no Ionger covers	62-63		04 Insurance no longer covers	62-63
			05 ☐ No longer on [Medicaid	64-65		05 ☐ No longer on Medicaid	64-65
			06 ☐ Provider not available	66-67		06 ☐ Provider not available	66-67
			07 Didn't like provider 08 Transportation problems	68-69 70-71		07 ☐ Didn't like provider 08 ☐ Transportation	68-69 70-71
			problems 09 Could not take [time off from work	72-73		problems □ Could not take time off from work	72-73
			10 🗌 Other	74-75		10 🗆 Other	74-75
Dom:	16		99 DK	76-77		99 🗆 DK	76-77
² age	10					FORM I	DFS-1 (7-1-94)

		RT 17		
	i	3-4	Notes	
09	Home visits from a doctor	5-6		
1a.	1 ☐ Yes (Skip to 2a)	7		
	$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} \right\} (Go \text{ to } 1b) $			
b.		8		
	2 No Go to 1 for	next		
1	9 □ DK ∫ service on	9-10		
2a.	(Number) Months	3-10		
	99 🗌 DK			
b .	Times	11-12		
	(Number) 99 DK			
\vdash	00 ☐ Parent(s)			
3a.	01 ☐ Family in	13-14 15-16		
Ou.	houséhold ₀₂ ☐ Family NOT in	17-18		
	household 03 🗆 Private health	19-20	·	
	insurance 04 Medicaid			
	05 🗌 Rehabilitation	21-22 23-24		
	program 06 ☐ Parent's employer	25-26		
	07 ☐ School system 08 ☐ VA program	27-28 29-30		
	09 🗌 Other military	31-32		
	10 ☐ Other private source	33-34		
	11 ☐ Other public source	35-36		
	12 ☐ No one/ } Free } (Skip	37-38		
	99 □ DK	39-40		
		41-42		
Ь.	Paid most (Number)			
	99 DK			
		43-47		
C.	00000 ☐ None (Skip to 4)	00		
	99999 □ DK			
		48-52		
d.	00000 ☐ None	00		
	\$ l			
4.		53		
	1 ☐ Yes (Skip to 1 for next service on pa	ge 18)		
	2 ☐ No (Go to 5) 9 ☐ DK (Skip to 1 for			
<u> </u>	next service on pa			
5.	00 ☐ Didn't need services 01 ☐ Provider thinks no	54-55 56-57		
9.	longer needed 02 ☐ Too expensive/	58-59		
	can't afford 03 ☐ Insurance doesn't		1 1	
	cover			
	04 Insurance no longer covers	62-63		
	05 ☐ No longer on Medicaid	64-65		
	06 ☐ Provider not available	66-67		
	07 Didn't like provider 08 Transportation			
	_ problems	70-71		
	09 Could not take time off from work	72-73		
	10 ☐ Other 99 ☐ DK	74-75 76-77		
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				RT 17			RT 17
L	Section E - OTHER SERVICES - Continued		J	3-4		K	3-4
	The next questions are about other services (child) may have received.	10	Services from a center for independent living	5-6	11	Respiratory therapy services	5-6
1a.	During the past 12 months, did (child) receive?	1a.	1 ☐ Yes (Skip to 2a) 2 ☐ No 9 ☐ DK	7	1a.	1 ☐ Yes (Skip to 2a) 2 ☐ No 9 ☐ DK } (Go to 1b)	7
b.	Did <u>(child)</u> need in the past 12 months?	b.	1 ☐ Yes (Skip to 5) 2 ☐ No		b.	1 ☐ Yes (Skip to 5) 2 ☐ No	8
2a.	During the past 12 months, in how many months did (child) receive ?	2a.	(Number) Months	9-10	2a.	(Number) Months	9-10
b.	What was the total number of times (child) received during [that/those] months?	b.	Times (Number) 99 □ DK	11-12	b.	Times (Number) 99 □ DK	11-12
	HAND CARD C2. Read categories if telephone interview.		00 Parent(s)	13-14		00 ☐ Parent(s)	13-14
За.	Who paid or will pay for the services (<i>child</i>) received from in the past 12 months?	3a.	01 ☐ Family in household 02 ☐ Family NOT in	15-16 17-18	3a.	01 ☐ Family in household 02 ☐ Family NOT in	15-16
c.	Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking. Who paid most of the cost for in the past 12 months? Record number of main source. Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for? Do not count any money that has been or will be reimbursed by insurance or any other source. DURING THE PAST 2 WEEKS, about how much did the family pay for?	b. c.	household 03	19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42	b. c.	household O3	19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42
				00			00
4.	During (month) did (child) receive ?	4.	1 ☐ Yes (Skip to 1 for next service) 2 ☐ No (Go to 5) 9 ☐ DK (Skip to 1 for next service)	53	4.	1 ☐ Yes (Skip to 1 for next service) 2 ☐ No (Go to 5) 9 ☐ DK (Skip to 1 for next service)	53
5.	HAND CARD A7. Read categories if telephone interview. Why didn't (child) receive [in (month)] in the past 12 months]? (Anything else?)	5.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't	54-55 56-57 58-59	5.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't	56-57 58-59
	Mark (X) all that apply.		cover 14 Insurance no longer covers 15 No longer on Medicaid 16 Provider not available 17 Didn't like provider 18 Transportation problems 19 Could not take time off from work 10 Other 10 DK	62-63 64-65 66-67		cover oscillation desired covers oscillation desired cov	62-63 64-65 66-67

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		RT 17			RT 17	
	L L	3-4		M	3-4	Notes
12	Social work services	5-6	13	Transportation services	5-6	
1a.	1 ☐ Yes (Skip to 2a) 2 ☐ No } 9 ☐ DK } (Go to 1b)	7	1a.	1 ☐ Yes (Skip to 2a) 2 ☐ No 9 ☐ DK	7	
b.	1 ☐ Yes (Skip to 5) 2 ☐ No	-8-	b.	1 ☐ Yes (Skip to 5) 2 ☐ No	8	
_	9 ☐ DK ∫ next service)	9-10		9 □ DK ∫ on page 20		
2a.	(Number) Months 99 □ DK	9-10	2a.	(Number) Months 99 □ DK	9-10	
b.	(Number) Times 99 □ DK	11-12	b.	— — — — Times (Number) 99	11-12	
3a.	01 ☐ Family in household 02 ☐ Family NOT in	13-14 15-16 17-18	3a.	00 ☐ Parent(s) 01 ☐ Family in household 02 ☐ Family NOT in	13-14 15-16	
	insurance 04 ☐ Medicaid ☐	19-20 21-22 23-24		household 03 ☐ Private health insurance 04 ☐ Medicaid 05 ☐ Rehabilitation	19-20	
	program os Parent's employer or School system os VA program os Other military	25-26 27-28 29-30 31-32 33-34		program of ☐ Parent's employer of ☐ School system os ☐ VA program op ☐ Other military of ☐ Other private	23-24 25-26 27-28 29-30 31-32 33-34	
	source 11 Other public source	35-36		source 11 Other public source	35-34	
	Free S (Skip -	37-38 39-40		12 No one/ Free 99 DK (Skip to 4)	37-38 39-40	
b.	Paid most (Number) 99 □ DK	41-42	b.	Paid most (Number) 99 DK	41-42	
C.	00000 ☐ None (Skip to 4) \$	43-47			43-47 00	
d.	00000 ☐ None \$	48-52	d.	00000 □ None	48-52 00	
4.	99999 DK 1 Yes (Skip to 1 for next service)	53	4.	99999	53	
	2 ☐ No (Go to 5) 9 ☐ DK (Skip to 1 for next service)			2 ☐ No (Go to 5) 9 ☐ DK (Skip to 6 on page 20)		
5.	01 ☐ Provider thinks no longer needed 02 ☐ Too expensive/ can't afford	54-55 56-57 58-59 60-61	5.	00 ☐ Didn't need services 01 ☐ Provider thinks no longer needed 02 ☐ Too expensive/ can't afford 03 ☐ Insurance doesn't	56-57 58-59	
	cover 04 Insurance no longer covers 05 No longer on	62-63 64-65		cover 04 □ Insurance no longer covers 05 □ No longer on	62-63	
	available	66-67 68-69		Medicaid 06 ☐ Provider not available 07 ☐ Didn't like provider	66-67 68-69	
	08 Transportation problems	70-71 72-73		08 ☐ Transportation problems 99 ☐ Could not take time off from work	70-71	
	10 Other	74-75 76-77		10 Other 99 DK	74-75 76-77	
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		· · · · · · · · · · · · · · · · · · ·	Section E - OTHER S	ERVICES – Continued		RT 18 3-4
6a.			in 6b if telephone interview. list for any of these	1 ☐ Yes (Go to 6b) 2 ☐ No } 9 ☐ DK (Skip to Section	on F on page 21)	5
b.	For which one	 es is <u>(child)</u> on a w		 		
	Anything else?			01 ☐ A physical therapist 02 ☐ An occupational ther	apist	6-7 8-9
	Mark (X) all the	at apply.		03	ist Idant, other than er octor er for independent living services	10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33
Notes	3					
				•		
			•			

	Section F - EDUC	ATIONAL SERVICES	3
ITEM F1	Refer to child's age on label.	1 ☐ 3+ years old (Go to 1) 2 ☐ Other (Skip to 5 on page 23)	
individual for by the	lucation is a program designed to meet the needs of children with special needs. It is paid public school system and may take place at a hool, a special school, a private school, at home, spital.	 	
type of sp	HE PAST 12 MONTHS, has <u>(child)</u> received any lecial education services or benefits? Do not fted or talented programs.	1 ☐ Yes (Go to 1b) 2 ☐ No } (Skip to 3 on page 22) 9 ☐ DK	
HAND CAP	RD A15. Read categories if telephone interview.		7
b. During the benefits d programs	e past 12 months, which of these services or lid <u>(child)</u> receive through special education ?	o1 ☐ Transportation services o2 ☐ Speech/Language therapy o3 ☐ Audiology services for hearing problems (such as testing, evaluation, and training)	9
(Anything	else?)	o₄ ☐ Mental health or counseling services	1:
	II that apply.	05 ☐ Developmental testing 06 ☐ Physical therapy	1
Walk (A) al	и шас арріу.	or Occupational therapy	H
		08 ☐ Recreational therapy 09 ☐ Respiratory therapy	2
		l 09 ☐ Respiratory therapy	1
		11 ☐ Eyeglasses	
		12 ☐ Hearing aids 13 ☐ Wheelchair	H
		14 🗆 Other assistive devices and training in their use	
		15 Medical services for diagnostic and evaluation purposes	
		16 ☐ Communication services (such as reader, interpreter, or writer) 1 17 ☐ Nursing services) - -
		l 18 ☐ Other	
		」	ئ_ا
	RD A16. Read categories if telephone interview.	o₁ ☐ Learning disabilities	
C. During the	e past 12 months, has <u>(child)</u> received special for any of these conditions?	₀₂ ☐ Speech or language problems	
		03 ☐ Mental retardation 04 ☐ Emotional disturbances	-
(Anything	•	os Deaf and blind	Ė
Mark (X) al	ll that apply.	06 ☐ Hearing, including deafness or hard of hearing	!
		o7 ☐ Visual, including blindness and other problems o8 ☐ Orthopedic problems	H
		on □ Autism	
		10 ☐ Traumatic brain injury 11 ☐ Developmental delay	-
		12 ☐ Multiple disabilities	[
		13 ☐ Other health problem 14 ☐ Not a specific condition	1
		14 □ Not a specific condition 99 □ DK	
HAND CAR	BD A17. Read categories if telephone interview.	+	
_		01 ☐ Regular classroom setting	H
special ed	e past 12 months, where did <u>(child)</u> receive these ucation services?	oz ☐ Resource room in regular school Separate class all day or part of a day in regular school	H
(Anywher	e else?)	04 ☐ Special school - day school	
	I that apply.	05 ☐ Special school - residential school	H
Mark (X) ar	типасаррту.	o7 ☐ Hospital or institution	
		□ os □ Provider's office □ os □ Other	-
Has (child)	received any special education services during	+	- ₁
the past n		1 ☐ Yes (Skip to Item F2 on page 22) 2 ☐ No (Go to 1f) 9 ☐ DK (Skip to Item F2 on page 22)	
f. Why hasn' in the pas	t <u>(child)</u> received any special education services t month?	Child did not need the service during the past month	
Anything		1 ☐ Provider/school thinks services no longer necessary	
		l 2 ☐ Child on vacation from school l 3 ☐ Provider/service no longer available	\vdash
Mark (X) al	l that apply.	4 ☐ Didn't like provider/service	-
		5 ☐ Transportation problems	
		6 ☐ Could not take time off from work to arrange it 7 ☐ Other reason	H
		J 9 □ DK	

	Section F - EDUCATIONAL SERVICES - Continued					
ITEM F2	Refer to child's age on label.	1 ☐ 16+ years old <i>(Go to 2)</i> 2 ☐ Other <i>(Skip to 3)</i>	105			
During the pa instruction th and keep a jo	ist 12 months, did <u>(child)</u> receive any prough special education about how to get b?	1	106 RT 20 3-4			
3a. During the pa (additional) s _l	nst 12 months, have you tried to get any pecial education services for (child)?	1 ☐ Yes (<i>Go to 3b</i>) 2 ☐ No } 9 ☐ DK	5			
HAND CARD A	15. Read categories if telephone interview.					
	nal) special education services did you try to ? e?)	oı ☐ Transportation services o₂ ☐ Speech/Language therapy o₃ ☐ Audiology services for hearing problems (such as testing, evaluation, and training) o₄ ☐ Mental health or counseling services o₅ ☐ Developmental testing o₆ ☐ Physical therapy o⊓ ☐ Occupational therapy oв ☐ Recreational therapy oв ☐ Respiratory therapy o□ ☐ Social work services or ☐ ☐ Eyeglasses or ☐ Hearing aids or ☐ Wheelchair or ☐ Other assistive devices and training in their use or ☐ ☐ Communication services (such as reader, interpreter, or writer) or ☐ Nursing services or ☐ Other or ☐ Other	6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37			
C. During the pa any special ed	st 12 months, was <u>(child)</u> on a waiting list for ducation services?	-	44			
		00 ☐ No problem getting services 01 ☐ Service is not available 02 ☐ Had trouble finding the right kind of service 03 ☐ Services available are inadequate 04 ☐ School did not think child needed the service 05 ☐ School would not test child for disabilities 06 ☐ School would not help in finding services 07 ☐ Could not take time off from work to arrange it 08 ☐ Other problems 99 ☐ DK	45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64			
services that	satisfied are you with the educational (child) receives? Are you very satisfied, tisfied, somewhat dissatisfied, or very	0 ☐ Does not receive educational services 1 ☐ Very satisfied 2 ☐ Somewhat satisfied 3 ☐ Somewhat dissatisfied 4 ☐ Very dissatisfied 9 ☐ DK	65			
Notes						

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	Section F - EDUCATIONA	AL SERVICES - Continued	
	Special education is a program designed to meet the individual needs of infants and very young children who have special needs. It is provided free and may include services at home, at a hospital, or somewhere else.		66
5a.	During the past 12 months, has $\underline{(child)}$ received any type of special education services?	1 ☐ Yes (Go to 5b) 2 ☐ No } 9 ☐ DK } (Skip to 6 on page 24)	
	HAND CARD C8. Read categories if telephone interview.		
b.	During the past 12 months, which of these special education services did (child) receive?	l o1 ☐ Transportation services l o2 ☐ Speech/Language therapy l o3 ☐ Audiology services for hearing problems	67-68 69-70 71-72
	(Anything else?)	(such as testing, evaluation, and training)	73-74
	Mark (X) all that apply.	05 🗌 Nursing or health services	75-74
		l 06 ☐ Physical therapy l 07 ☐ Occupational therapy	77-78 79-80
		08 Nutrition services	81-82
		□ 9 □ Social work services □ 10 □ Psychological services	83-84 85-86
		11 ☐ Service coordination/case management	87-88
		12 ☐ Special instruction 13 ☐ Vision services, including eye testing and obtaining glasses	89-90 91-92
		14 Other assistive devices and training in their use	93-94
	•	15 ☐ Medical services for diagnostic and evaluation purposes 16 ☐ Other early intervention services	95-96 97-98
		99 □ DK	99-100
c.	During the past 12 months, has (child) received special		
	education for a developmental delay, other health condition, or some other problem?	1 □ Developmental delay 2 □ Other health condition	101 102
	Mark (X) all that apply.	₃ ☐ Other problem	103
	mark propagation and approximation and approxima	4 □ DK	104
			RT 21
d.	During the past 12 months, where did (child) receive these	01 ☐ Home	
	special education services?	o₂ ☐ Family daycare	5-6 7-8
	Anywhere else?	03 ☐ Regular nursery school/daycare center 04 ☐ Outpatient services facility	9-10
	Mark (X) all that apply.	04 □ Outpatient services facility 05 □ Early intervention classroom/center	11-12 13-14
		oe ☐ Hospital as inpatient or ☐ Provider's office	15-16
		os ☐ Residential facility	17-18 19-20
		o∍ ☐ Other place ∍∍ ☐ DK	21-22
			23-24
e.	Has <u>(child)</u> received any special education services during the past MONTH?	1 ☐ Yes (Skip to 6 on page 24)	25
		2 ☐ No (Go to 5f)	
		9 □ DK (Skip to 6 on page 24)	
f.	Why didn't (child) receive special education services during the past MONTH?	□ Child did not need the service during the past month	26
	Anything else?	□ Provider/school thinks services no longer necessary	27
		2 ☐ Child on vacation from school 3 ☐ Provider/service no longer available	28
	Mark (X) all that apply.	4 ☐ Didn't like provider/service	30
		5 ☐ Transportation problems 6 ☐ Could not take time off from work to arrange it	31 32
		7 ☐ Other reason	33
		9 □ DK	34
Note	es		
	•		
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			Page 23

	Section F - EDUCATIONAL SERVICES - Continued					
6a.	During the past 12 months, have you tried to get any (additional) special education services for (child)?	1 ☐ Yes (<i>Go to 6b</i>) 2 ☐ No } 9 ☐ DK (<i>Skip to 7</i>)	35			
	HAND CARD C8. Read categories if telephone interview.					
b.	What (additional) special education services did you try to get for (child)? (Anything else?)	oı ☐ Transportation services o₂ ☐ Speech/Language therapy o₃ ☐ Audiology services for hearing problems	36-37 38-39 40-41			
	Mark (X) all that apply.	(such as testing, evaluation, and training) 04 ☐ Family training, counseling and home visits 05 ☐ Nursing or health services 06 ☐ Physical therapy 07 ☐ Occupational therapy 08 ☐ Nutrition services 09 ☐ Social work services 10 ☐ Psychological services 11 ☐ Service coordination/case management 12 ☐ Special instruction 13 ☐ Vision services, including eye testing and obtaining glasses 14 ☐ Other assistive devices and training in their use 15 ☐ Medical services for diagnostic and evaluation purposes 16 ☐ Other early intervention services 99 ☐ DK	42-43 44-45 46-47 48-49 50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69			
C.	During the past 12 months, was <u>(child)</u> on a waiting list for any special education services?	1	70			
	HAND CARD C7. Read categories if telephone interview.					
d.	What problems did you have trying to get special education services for <i>(child)</i> during the past 12 months?	₀ ☐ No problem getting services	71-72			
	(Anything else?)	on ☐ Service is not available color ☐ Had trouble finding the right kind of service	73-74 75-76			
	Mark (X) all that apply.	03 ☐ Services available are inadequate 04 ☐ School did not think child needed the service 05 ☐ School would not test child for disabilities 06 ☐ School would not help in finding services 07 ☐ Could not take time off from work to arrange it 08 ☐ Other problems 99 ☐ DK	77-78 79-80 81-82 83-84 85-86 87-88 89-90			
7.	Overall, how satisfied are you with the education services that <u>(child)</u> receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	o ☐ Did not receive any educational services 1 ☐ Very satisfied 2 ☐ Somewhat satisfied 3 ☐ Somewhat dissatisfied 4 ☐ Very dissatisfied 9 ☐ DK	91			
Note	es					

$\overline{}$			RT 22
<u></u>		NATION OF SERVICES	3-4
1a.	Is there any one doctor who you think of as the one who	l 1 ☐ Yes	5
	coordinates <u>(child's)</u> overall medical care? By coordinating, I mean one who keeps in touch with the different doctors	l 2 No	
	or therapists who (child) sees, who knows the results of all	J 9 □ DK	
	tests and treatments that <i>(child)</i> has, and who is aware of		
	(child's) different prescription medicines.	1	
b.	Do (child's) doctors talk to each other about [his/her] health	+	7-6-
	and the care [he/she] gets, including any tests or	1 ☐ Yes	
	medications?	2 □ No	
		₃ ☐ Only one doctor	
		9 □ DK	
2a.	Is there anyone who is NOT a doctor who coordinates		7
	(child's) medical care?	1 ☐ Yes (Go to 2b)	
		2 No } (Skip to 3)	
1		9 DK 5 13k/p to 3/	
þ.	Who does this for <u>(child)</u> ?		
	Anyone else?	o ☐ Parent/Guardian	9
	7yono cise.	I □ Friend/Family member I □ Nurse	10
	Mark (X) all that apply.	3 ☐ Therapist	11
		4 □ Social worker	12
1		5 Hospital discharge planner	13
1		l 6 ☐ Case manager	14
		l 7 ☐ Other	15
		! 9 □ DK	16
2-	Door ony physician and a second secon		4-
Ja.	Does any physician or someone in a physician's office help with arranging <i>(child's)</i> non-medical care, like social	1 ☐ Yes (Go to 3b)	17
	services and personal care services?		
		2 □ No	
		+	
D.	Is this person, or does this person work for a general care physician or a specialist?	1 ☐ General care physician	18
ŀ	physician of a specialist?	2 Specialist	
		₃ □ Someone else	
		9 □ DK	
	Is this person a —	+	
٠.	is this person a —	1 ☐ Physician?	19
l	Mark (X) all that apply.	1 2 Therapist?	20
		. ₃□ Nurse?	21
		₄ ☐ Social worker?	22
		5 ☐ Hospital discharge planner?	23
		6 ☐ Case manager?	24
		7 ☐ Something else?	25
		9 □ DK	26
4a.	Does anyone NOT in a physician's office help with		27
	arranging (child's) non-medical services?	1 ☐ Yes (Go to 4b)	
		2 □ No } (Skip to G1)	
	•	a □ DK J (= m² to a)	
b.	Who does this for (child)?	<u>+</u>	
		₀ ☐ Parent/Guardian	28
1	Anyone else?	1 Priend/Family member	29
	Mark (X) all that apply.	2 Nurse	30
		₃ ☐ Therapist	31
1		4 Social worker	32
		5 ☐ Hospital discharge planner 6 ☐ Case manager	34
		6 □ Case manager 7 □ Other	35
		9 DK	36
<u> </u>		1	
רן	FEM Refer to 1a, 2a, 3a and 4a.	. □ !!\/oo!! in arm (Co (: 5	37
		1 ☐ "Yes" in any <i>(Go to 5 on page 26)</i> 2 ☐ All other <i>(Skip to 9 on page 26)</i>	
Ŀ	G1 (Coordinates/arranges)	2 Li All Other (3kip to 3 off page 20)	
Note	es		
l			
1			
E021	FC 4 /7 4 O.U.		
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	Section G - COORDINATION OF SERVICES - Continued				
	HAND CARD C9. Read categories if telephone interview.				
5.	What kinds of medical or non-medical services [does this person/do these persons] provide for (child)? (Anything else?) Mark (X) all that apply.	o1	38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55 66-67 68-69 70-71 72-73 74-75 76-77 80-81		
I.	Refer to 4b on page 25. (Arranges non-medical services)	1 ☐ Only box "0" and/or box "1" marked (Skip to 9) 2 ☐ Other (Go to 6)	82		
6a.	. Was the help coordinating <u>(child's)</u> non-medical services paid for?	1 ☐ Yes (Go to 6b) 2 ☐ No } (Skip to 7) 9 ☐ DK }	83		
	HAND CARD C2. Read categories if telephone interview.	- +			
b.	Who paid or will pay for this help?	₀₀ ☐ Parent(s)	84-85		
	(Anyone else?)	01 ☐ Family in household 02 ☐ Family NOT in household	86-87 88-89		
	Mark (X) all that apply.	03	90-91 92-93 94-95 96-97 98-99 100-101 102-103 104-105 106-107 108-109 110-111		
c.	Ask if more than one box marked in 6b; if only one, transcribe the number of the box without asking. Who paid the most for the cost of this help?	Paid most (Number)	112-113		
	Record number of main source.	(Number) 99 □ DK			
7.	In the past 6 months, about how many times did you see or talk to the person(s) who help(s) arrange (child's) non-medical services?	000 None	114-116		
8.	Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the job [the person has/these people have] done to help in coordinating (child's) non-medical services? Mark (X) only one.	of the proof of t	117		
9.	During the past 12 months have you felt that you NEEDED someone to help arrange or coordinate (child's) personal care or social services?	I 1 ☐ Yes I 2 ☐ No I 3 ☐ Never thought about it I 9 ☐ DK	118		
Page	26	FORM	DFS-1 (7-1-94		

Section G - COORDINATION OF SERVICES - Continued					
Do you need help filling out (child's) insurance forms or benefit applications?	1 Yes (Go to 10b) (Skip to Section H 3 Never filled out forms/applications) on page 28)				
b. Who helps you fill out <u>(child's)</u> insurance forms or applications for public programs or benefits?		6			
Mark (X) all that apply.	1	7 8 9 10 11			
Notes	1				
·					
		;			
-					
•					

	Section H - PHYSICAL ACTIVITY			
 During the past 12 months, has (child) been limited in the kind or amount of physical activity [he/she] can do during play because of a physical, mental, or emotional problem? 	1 □ Yes(Go to 2) 2 □ No 9 □ DK }(Skip to 4)	13		
HAND CARD C10. Read categories if telephone interview.				
Sometimes things other than a person's health limit or prevent participation in physical education or recreational programs.				
 During the past 12 months, was (<u>child's</u>) participation in physical education or recreation programs limited or prevented for any of these reasons? 	o ☐ Did not try to find programs Lack of nearby facilities or programs	14		
(Anything else)?	2	16 17		
Mark (X) all that apply.	4 ☐ Cost is too high	18		
	I 5 ☐ Not prevented or limited for any of these reasons I 9 ☐ DK I	19 20		
3. During the past 12 months, has <u>(child)</u> participated in any physical education or recreation adapted for children with special needs?	1	21		
4. During the past 12 months, has (child) participated in any ORGANIZED GROUP activities (outside of school) that have adult supervision? Please include any group recreational or educational activities such as group lessons, sports teams, scout troops, and clubs.	1	22		
5. During the past 12 months, did (child) go to any kind of		23		
summer camp?	1			
Notes	1			

		Section I - DEDSONAL AD HIST	MENT AN	D POLE SI	(III S /BA	.PC\	RT 24 3-4
		Section I - PERSONAL ADJUST	WENT AN	D KULE SI	CILLS (PA	<u>(45)</u>	5
ITEI I1	M	Refer to child's age on label.		ear old (Go to r (Skip to Sec		ge 31)	
in ti beh	he ne	ct questions, I'll ask about <u>(child's)</u> social s and activities.					
HAN	VD CA	RD C11.		T		r	
1. Dur	ring th	e past 30 days, has <u>(child)</u> —	Never or rarely	Sometimes	Often	Always	
	ent tin	ne with friends? Would you say — <u>(Read all</u> 	 a. 1	2 🗆	_ 3 🗆	4 🗆	
	de frie	nds without difficulty? (Would you say — <u>(Read all</u> <u>/</u> ?)	b. ₁□	2 🗆	3 🗆	4 🗆 _	
C. Joir	ned of	hers of [his/her] own accord? (Would you say — ategories <u>)</u> ?)	C. 1	2 🗆	3 🗆	4 🗆	
	d man	y different friends? (Would you say — <u>(Read all</u> <u>)?</u> ?)	. d. ₁□	2 🗆 _	3 🗆	4 🗆	
e. War (Wo	nted h	elp in things [he/she] could have done on own? ou say — <u>(Read all categories)</u> ?)	 e. 1	2 🗆 _	3 🗆	4	
f. Bee	en una — <u>(Re</u>	ble to decide things for [his/her] self? (Would you ad all categories/?)	f. 1□	2	3 🗆	4	
g. Ask out	ced fo ? (Wo	r help when [he/she] could have figured things uld you say — <u>(Read all categories)</u> ?)	g. 1□	2	_ 3 🗆	4	
h. Ask	ced un	e past 30 days, has <u>(child)</u> — necessary questions instead of working on own? ou say — <u>(Read all categories)</u> ?)	h. 10	2 🗆	_ 3 🗆	4 🗆	
i. Don (Wo	ne thii ould ye	ngs for attention even though punished for it? Du say — <u>(Read all categories)</u> ?)	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	2 🗆 —	3 🗆	14 - 4	
j. Flar (Wo	red up ould ye	when [he/she] couldn't have [his/her] own way? ou say — <u>(Read all categories)</u> ?)	 - j. 10	2	3 🗆	15 - 4	
k. Bec (Wo	ome i	pset if others did not agree with [him/her]? ou say — <u>(Read all categories)</u> ?)	 k. 1□	_ 2□	3	4	
l. Igno you	ored v say –	varnings to stop unacceptable behavior? (Would - (Read all categories)?)	 	2	3 🗆	4 🗆	
m. Tole	d lies?	(Would you say — (Read all categories)?)	 m. <u>1</u>	2	3 🗆	4 🗆	
n. Not	t respe	onded to discipline? (Would you say — <u>(Read all</u> 	i ∫ n. ₁□ ⊤	2		4	
o. Sta	yed w	e past 30 days, has <u>(child)</u> — ith tasks or assignments until finished? (Would – <u>(Read all categories)</u> ?)	 	2	3□	4 🗆	
p. Mac cate	de ful	use of abilities? (Would you say — <u>(Read all</u> <u> </u> ?) 	j p. ₁□	2	3	4 🗆 — — — — — — — — — — — — — — — — — —	
q. Dor say	ne wo <u>(Re</u>	rk without being pushed or punished? (Would you ad all categories)?)	 q. 1	2		4 <u>-</u>	
		vith tasks even when difficult? (Would you say — ategories <u>)</u> ?)	 	2	3 🗆	- 4	
	mplair egories	ned about problems? (Would you say — <u>(Read all</u> 	 S. 1	2	3 🗆	4 - 7 - 25	
	emed i	estless, tense? (Would you say — <u>(Read all</u>]?) 	 t. 1	2	3□	4 - 7 - 26	100 mm mm mm mm mm mm mm mm mm mm mm mm m
u. Said	d peop	ole didn't care about [him/her]? (Would you say —	1	_			

Section I - PERSONAL ADJUSTMENT	AND ROL	E SKILLS	(PARS) -	Continue	1
	Never or rarely	Sometimes	Often	Always	
During the past 30 days, has (child) —				27	
V. Seemed sad? (Would you say — (Read all categories)?)	v. 1	2 🗆	_ 3□	4 🗆	
W. Said [he/she] couldn't do things right? (Would you say — (Read all categories)?)	 w. 1	2 🗆	3□	28	
	+	┼ - ╧╚ - ┤	3		
X. Acted afraid or apprehensive? (Would you say — <u>(Read all categories)</u> ?)	 x. i	2	3 🗆	- 40	
y. Sat and stared without doing anything? (Would you say — (Read all categories)?)	 y. 1□	2 🗆	з 🗌	4 🗆	
z. Appeared listless and apathetic? (Would you say — (Read all categories)?)	 Z. 1	2 🗆	3 □	31	
29. Soomed unavers of things sains an around [him/h]?	· + = - · - ·	† 		32	
aa. Seemed unaware of things going on around [him/her]? (Would you say — <u>(Read all categories)</u> ?)	aa. 1□	2	3	4 🗆 – 7 – 33 –	
bb. Shown little interest in things, had to be pushed into activity? (Would you say — (Read all categories)?)	bb. 1 🗆	2 🗆	3 🗆	4 🗆	
Notes					
					·

	Section J – IMPAC	T ON THE FAM	ILY		
1a	. For reasons related to <u>(child's)</u> health, has anyone in the family EVER:	Yes	No	DK	
	(0) Not taken a job in order to care for (child)?	(0) 1 🗆	2 🗆	9 🔲	34
	(1) Quit working other than normal maternity leave?	(1) 1 🗆	2 🗆	9 🔲	35
	(2) Changed jobs?	(2) 1 🗆	2 🗆	9 🔲	36
	(3) Changed work hours to a different time of day?	(3) ₁□	2 🗆	9 🗆	37
	(4) Turned down a better job or promotion?	(4) 1 🗆	2 🗆	9 🗆	38
	(5) Worked fewer hours?	(5) 1 □ (Go to 1b) L	2 ☐ (Skip to 2)	9	39
b	Right BEFORE the family member changed hours the last time, how many hours a week did he or she work?	 			40-41
		(Number)			
		l 99 □ DK l			
C.	AFTER the family member changed hours, how many hours a week did he or she work?	 			42-43
		Hours (Number)			
		l 99			
2.	During the past 12 months, because of <u>(child's)</u> health, has anyone in the family had to change sleeping patterns for	l 1∐Yes			44
	more than a few nights at a time?	l 2 □ No l 9 □ DK			
3.		<u> </u>			45
	financial problems because of <u>(child's)</u> health?	l 1 ☐ Yes l 2 ☐ No			
Not	<u>.</u>	l 9 □ DK 			
INO	es				
	•				
					·
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	Section K - M	ENTAL HEALTH	RT 25
ITEM	Coolion K		5
K1	Refer to child's age on label.	1 ☐ 3+ years old (Go to 1) 2 ☐ Other (Skip to Section L on page 36)	
hospital	he past 12 months, did <u>(child)</u> stay OVERNIGHT in a or other place to receive services for mental r substance abuse?	1 ☐ Yes (Go to 1b) 2 ☐ No	6
b. Was this	for mental health, substance abuse or both? only one.	1 ☐ Mental health 2 ☐ Substance abuse 3 ☐ Both 9 ☐ DK	<u>-</u>
C. Where di substand (Anywhe	RD A9. Read categories if telephone interview. id (child) receive inpatient [mental health/(and) ce abuse] services during the past 12 months? ere else?) all that apply.	1 ☐ Private or public psychiatric hospital 2 ☐ Psychiatric service in a general hospital 3 ☐ Other hospital 4 ☐ Residential treatment center 5 ☐ Other place 9 ☐ DK	8 9 10 11 12 13
was <u>(chil</u> health/(a	he past 12 months, altogether how many times di admitted to (place(s) in 1c) for [mental nd) substance abuse] services?	Times admitted (Number) 99	14-15
(place(s)	er how many nights did <u>(child)</u> spend in the i <u>n 1c)</u> during the past 12 months?	Nights (Number) □ DK	10-17
ITEM K2	Refer to 1d. (Number of admissions)	1 ☐ 1 admission <i>(Go to 2a)</i> 2 ☐ 2 or more admissions <i>(Skip to 2b)</i> 9 ☐ DK <i>(Skip to 2c)</i>	18
2a. Was that	admission on an emergency basis?	1	19
b. How mai	ny of the (<u>number in 1d)</u> admissions were on an cy basis?	00 □ None 	20-21
	of the admissions in the past 12 months on an cy basis?	1 ☐ Yes (<i>Go to 2d</i>) 2 ☐ No } 9 ☐ DK } (<i>Skip to 2e</i>)	22
d. How mai	ny admissions were on an emergency basis?	I Emergency admissions (Number) 99 □ DK	23-24
e. Who paid substand 12 month (Anyone Mark (X)	else)? all that apply.	00	25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52
the numb	re than one box marked in 2e; if only one, transcribe er of the box marked without asking. I for MOST of the cost of the inpatient [mental nd] substances abuse] services?	Paid most (Number)	53-54
	nd) substances abuse] services? Imber of main source.	I I 99 □ DK	
Ask if box g. During the family pa substance	(00 or 01 marked in 2e; otherwise, skip to 3. the past 12 months, about how much did the ay for (child's) inpatient [mental health/(and) are abuse] services? Do not include costs that were a reimbursed by insurance or another source.	00000	55-59

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		L HEALTH - Continued	
includin	the past 12 months, did (child) receive any FIENT mental health or substance abuse services, g mental health or substance abuse services i from a general practitioner or any other health onal? Do not include treatment for smoking n.	1 ☐ Yes (<i>Go to 3b</i>) 2 ☐ No } (Skip to 5 on page 34)	60
b. Was this	s for mental health, substance abuse or both?	· +	61
	only one.	1 ☐ Mental health 2 ☐ Substance abuse 3 ☐ Both 9 ☐ DK	
HAND C	ARD A10. Read categories if telephone interview.	- †	62
C. From wi (and) su months	nom did <u>(child)</u> receive outpatient [mental health/ bstance abuse] services during the past 12 ?	2 ☐ Psychologist 3 ☐ Nurse 4 ☐ Social worker	63 64 65
(Anyone	else?)	5 ☐ Other mental health counselor or therapist Compared to a General practitioner or other medical doctor	66 67
Mark (X)	all that apply.	7 □ Other health professional	68 69
HAND CA	ARD A11. Read categories if telephone interview.	T □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	70
d. Where d substan	id <u>(child)</u> receive outpatient [mental health/(and) ce abuse] services during the past 12 months?	Outpatient mental health clinic, such as a community mental health center	71
(Anywho	ere else?)	I 3 ☐ Outpatient medical clinic I 4 ☐ HMO	72 73
Mark (X)	all that apply.	I 5 ☐ Other place I 9 ☐ DK	74 75
e. During t	he past 12 months, in how many MONTHS did	· 	76-77
(child) re abuse] s	ceive outpatient [mental health/(and) substance ervices?	(Number) Months 99 □ DK	
f. What wa	as the total number of times (child) received	· †	78-79
[mental those m	health/(and) substance abuse] services during onths?	(Number)	
		99 □ DK	
ITEM		1 ☐ 1 time (Go to 4a)	80
K3	Refer to 3f. (Number of times)	2 ☐ 2 or more times (Skip to 4b) 9 ☐ DK (Skip to 4c)	
4a. Was tha	t visit on an emergency basis?	1 Yes)	81
		2 No (Skip to 4e on page 34)	
	ny of the (<u>number in 3f)</u> visits were on an	 00 □ None	82-83
cinerger	ncy basis?	(Skip to 4e on page 34)	
		,	
c. were an emerger	y of the visits in the past 12 months on an ncy basis?	1 ☐ Yes (Go to 4d) 2 ☐ No } (Skip to 4e on page 34)	84
d. How ma	ny visits were on an emergency basis?	·+	85-86
		(Number) Emergency (Go to 4e on page 34)	
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	Section K - MENTAL	HEALTH - Continued	
HAND C	CARD C2. Read categories if telephone interview.	1	
health/(during t	nid, or will pay for the outpatient [mental (and) substance abuse] services <u>(child)</u> received the past 12 months? e else?) () all that apply.	00	87-88 89-90 91-92 93-94 95-96 97-98 99-100 101-102 103-104 105-106 107-108 109-110 111-112 113-114
the num f. Who pa	nore than one box marked in 4e; if only one, transcribe ober of the box marked without asking. In the cost of the outpatient [mental (and) substance abuse] services?	 	RT 26 3-4 5-6
	number of main source.	I 99 □ DK I	
g. During family p substan	ox 00 or 01 marked in 4e; otherwise, skip to 5. the past 12 months, about how much did the past for (child's) outpatient [mental health/(and) nce abuse] services? Do not include costs that were be reimbursed by insurance or another source.	00000	7-11
from a	the past 12 months, did (child) receive any services mental health community support program? A community support program for clients with mental or emotional problems is a program that makes available mental health, health, social and support services based on individual need.	 1	12
6. During outpation	the past 12 months, was <u>(child)</u> on a waiting list for ent mental health or substance abuse services?	1 Yes, mental health services 2 Yes, substance abuse services 3 Both 4 No 9 DK	13
ITEM K4	Refer to questions 1a, 3a, and 5. (Received mental health/substance abuse services)	1 ☐ Yes in 1a, 3a, or 5 (<i>Go to 7</i>) 2 ☐ Other (<i>Skip to 8 on page 35</i>)	14
health c	ild) receive any inpatient or outpatient mental or substance abuse services during the past 17 Again, do not include treatment for smoking on.	1	15
b. Why did services Any oth	CARD A7. Read categories if telephone interview. In't (child) get mental health or substance abuse s during the past month? Iner reason? I) all that apply.	00 ☐ Didn't need services 01 ☐ Provider thinks no longer needed 02 ☐ Too expensive/can't afford 03 ☐ Insurance doesn't cover 04 ☐ Insurance no longer covers 05 ☐ No longer on Medicaid 06 ☐ Provider not available 07 ☐ Didn't like provider 08 ☐ Transportation problems 09 ☐ Could not take time off from work 10 ☐ Other 99 ☐ DK	16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39
Notes			

	Section K - MENTAL HEALTH - Continued				
8a	 During the past 12 months, has (child) NEEDED any mental health or substance abuse services or counseling that [he/she] HAS NOT RECEIVED? 	l 1 ☐ Yes (<i>Go to 8b)</i> 2 ☐ No } (<i>Skip to 9</i>) 9 ☐ DK	40		
b	HAND CARD A12. Read categories if telephone interview. Which of these statements explains why (child) did not receive the mental health or substance abuse services [he/she] needed? (Anything else?) Mark (X) all that apply.	00 ☐ Did not try to get mental health services during the past 12 months 01 ☐ Too expensive/can't afford 02 ☐ Didn't know where to go to get services 03 ☐ No mental health services nearby 04 ☐ No nearby provider accepts Medicaid 05 ☐ Private insurance does not cover the services 06 ☐ Did not have insurance 07 ☐ Transportation problems 08 ☐ Trouble finding the right kind of mental health professional 09 ☐ Language barrier 10 ☐ Could not take time off from work 11 ☐ Other reasons 99 ☐ DK	41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66		
9.	Because of a physical, mental or emotional problem, during the past 12 months, did (child) receive any TRAINING in social skills, such as making and keeping friends or how to interact with other people?	1	67		
Not	lets				

	Section L - HOUSING A	ND TR	ANSP	ORTAT	TION	RT 27
	READ: These next questions are about the place (<u>child)</u> lives.					5
1a.	s it NECESSARY to use any stairs to get into this home from outside?	1 \ 2 N 9	10			
7	ASK OR VERIFY:	L				<u>-</u>
:	Counting basements and stepdown living areas as separate levels, does this home have more than one floor or level?	2 🗆 N	'es (Go t No (Skip OK (Go to	to 2)		
	Does this home have a bathrooom, bedroom and kitchen ALL on the SAME floor or level?	1 1 Y	lo.		·	7
2. i	Because of a physical impairment or health problem, does (child) have any difficulty:	l Ves	No	DK		
a.	Entering or leaving your home?	 1	2 🗆	9 🗌		8
b.	Opening or closing any of the doors in your home?	 1	2 🔲	9 🗌		9
c.	Reaching or opening cabinets in your home?	1 1 🗆	2 🗆	9 🗌		10
d.	Using the bathroom in your home?	 10 	2 🔲	9 🗌		11
3. 1	Does this home have any of these special features:	Yes	No	DK		
a.	Widened doorways or hallways?	1 🗆	2 🗆	9 🔲		12
b.	Ramps or street level entrances?	1 0	2 🗆	9 🔲		13
C.	Railings?	1 1 🗆	2 🗌	9 🗀		14
d.	Automatic or easy to open doors?	1 🗆	2 🗆	9 🔲		15
е.	Accessible parking or drop-off site?	1 0	2 🗆	9 🗆		16
f.	Bathroom modifications?	1 🗆	2 🗆	9 🗆		17
g.	Kitchen modifications?	1 🗆	2 🗆	9 🔲		18
h.	Elevator, chair lift, or stair glide?	 1	2 🔲	9 🗆		19
i. ,	Alerting devices?	1 🗆	2 🗀	9 🗆		20
j. ,	Any other special features?	1 🗆	2 🗆	9 🗆	,	21
	Does <u>(child)</u> NEED any of these special features to get around the home?	Yes	No	DK		
a. 1	Widened doorways or hallways?	1 1 🗆	2 🗌	9 🔲		22
b. 1	Ramps or street level entrances?	1 1	2 🗆	9 🔲		23
c. i	Railings?	 1	2 🗌	9 🗌		24
d	Automatic or easy to open doors?	 1	2 🗆	9 🔲		25
е.	Accessible parking or drop-off site?	 1	2 🗌	9 🔲		26
f. 1	Bathroom modifications?	 1	2 🗆	9 🔲		27
g.	Kitchen modifications?	1 🗆	2 🗌	9 🔲		28
h. 1	Elevator, chair lift, or stair glide?	1 🗆	2 🗆	9 🗆		29
i	Alerting devices?	1 🗆	2 🗆	9 🗌		30
j. ,	Any other special features?	1 🗆	2 🗆	9 🗆		31
5. <u>i</u>	DURING THE PAST 12 MONTHS, were you ever refused		• 1 • • •			32
:	nousing or rental accommodations because of any mpairment or health problem that (child) has or did you not look for housing in the past 12 months?	0 □ D 1 □ Y 2 □ N 9 □ D	o	ok		

	Section L – HOUSING AND TRANSPORTATION – Continued			
6a.	Do you have any special equipment on your car or other motor vehicle because of an impairment or health problem that <u>(child)</u> has?	1	33	
b.	What special equipment do you have because of (child's) impairment or health problem? Anything else? Mark (X) all that apply.	1	34 35 36 37 38 39 40 41 42	
c.	Did you NEED any (other) special equipment or features on a car or other motor vehicle because of any impairment or health problem that <u>(child)</u> has?	1 ☐ Yes (Go to 6d) 2 ☐ No (Skip to Section M on page 38)	43	
d.	What (other) equipment or features do you need? Anything else? Mark (X) all that apply.	1 ☐ Hand controls 2 ☐ Hand rails, straps, specialized handles, ramps, or lifts 3 ☐ Power controls for windows, mirrors, seat, or steering 4 ☐ Automatic transmission 5 ☐ Air conditioning 6 ☐ A button that opens the door 7 ☐ A large trunk or storage area 8 ☐ Other special features 9 ☐ DK	44 45 46 47 48 49 50 51	
Note	es			

			RT 28
	Section M – HEA	LTH INSURANCE	3-4
	The next questions are about health insurance coverage.		5
	There is a program called Medicaid that pays for health care for persons in need. In this state, it is also called <u>(state name)</u> .	 	
1a.	In <u>(month)</u> , was <u>(child)</u> covered by Medicaid or <u>(state name)</u> ?	1 ☐ Yes (Go to 1b) 1 2 ☐ No } (Skip to 2) 1 9 ☐ DK	
b.	How long has <u>(child)</u> been covered by Medicaid or <u>(state name)</u> ?	1 ☐ Less than 6 months 2 ☐ 6 months, but less than 1 year	6
	Read categories if necessary.	₃ ☐ 1 year, but less than 2 years	
	Mark (X) only one.	4 ☐ 2 years, but less than 5 years 5 ☐ 5 years or more 6 ☐ On and off for less than 2 years 7 ☐ On and off for 2 years, but less than 5 years 8 ☐ On and off for 5 years or more 9 ☐ DK	
2.	In <u>(month)</u> , was <u>(child)</u> covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is <u>(child's)</u> only source of care.		7
За.	In (month), was (child) covered by military care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?	1 ☐ Yes (<i>Go to 3b</i>) 2 ☐ No } (<i>Go to 4</i>) 9 ☐ DK	8
b.	Was this CHAMPUS or CHAMP-VA?	·	9 -
	Read if necessary: CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.	1	
c.	In (month), was (child) covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?	1	10
4.	In <u>(month)</u> , was <u>(child)</u> covered by the Indian Health Service?	│	11
5a.	(Not counting the Government health programs we just mentioned), in <u>(month)</u> was <u>(child)</u> covered by a private health insurance plan?	 1	12
	Read if necessary: Beside government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.	 	
b.	Was any of this private health insurance obtained originally through a workplace, that is through a parent's employer or union?	1 ☐ Employer 2 ☐ Union 3 ☐ Through workplace, DK which 4 ☐ No 9 ☐ DK	13
Not	es		

Section N – RESPONI	DENT INFORMATION 3-4
READ TO RESPONDENT: These next questions are about your re	elationship to <u>(sample child)</u> .
Mark if known or ask: 1a. How are you related to (child)?	0 ☐ Mother (Go to 1b) 1 ☐ Father 2 ☐ Brother/Sister (Skip to 1d) 3 ☐ Grandparent 4 ☐ Other relative (Skip to Contact 5 ☐ Nonrelative Information Intro) 9 ☐ DK
b. Are you the biological (natural), adoptive, step, or foster parent of <u>(child)</u> ?	1 ☐ Biological (Skip to Contact Information Intro) 2 ☐ Adoptive 3 ☐ Step 4 ☐ Foster
C. How old was <u>(child)</u> when [he/she] first started living with you?	(Age) { 1 ☐ Months 2 ☐ Years (Skip to Contact Information Intro)
d. Is (child) a full, half, step, adoptive, or foster [brother/sister] to you?	1 ☐ Full 2 ☐ Half 3 ☐ Step 4 ☐ Adoptive 5 ☐ Foster
CONTACT PERSO	N INFORMATION RT 30
Intro: The National Center for Health Statistics may wish to content health related information.	ontact you again to obtain additional
N1 Refer to CP on label.	1 ☐ CP on label (Ask 2a) 2 ☐ No CP on label (Ask 2b)
2a. The last time a Census Bureau interviewer talked to you or your family, we were told that (CP on label) will always know how to get in touch with you if we want to contact you again. Is (CP on label) still the best person to contact if we are unable to reach you?	1 ☐ Yes (Verify CP's address and phone number. If incorrect, enter correct information in 3 below.) 2 ☐ No (Go to 2b)
b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household. (Record information in 3)	
3. Contact Person current information	
Last name 7-26 First name 27-41 MI 42	
Number and street 43-67	
City 68-87 State 88-89 ZIP Code 90-98	
Telephone	
Area code 99-101 Number 102-108 1 None 9 DK 109 1 Refused 1 1 None 108 1 None 109 1 Non	
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