

NATIONAL SURVEY OF CHILDREN'S HEALTH **CATI SPECIFICATIONS**

**Health Resources and Services Administration
Maternal and Child Health Bureau**

**Centers for Disease Control and Prevention
National Center for Health Statistics
State and Local Area Integrated Telephone Survey**

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NIS/SLAITS ELIGIBILITY AND SCREENERS

INTRO_1 Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study.

S1 Am I speaking to someone who lives in this household who is over 17 years old?
IF NO, ASK "Is there someone who lives in this household who is over 17 that I may speak with?"

- | | |
|--------------------------------------|------------------------|
| (1) YES, I AM THAT PERSON | [SKIP TO S_NUMB] |
| (2) THIS IS A BUSINESS | [TERMINATE] |
| (3) NEW PERSON COMES TO PHONE | [SKIP BACK TO INTRO_1] |
| (7) REFUSED | [TERMINATE] |
| (8) DOES NOT LIVE IN HOUSEHOLD | [SCHEDULE APPT] |
| (9) NO PERSON AT HOME WHO IS OVER 17 | [SCHEDULE APPT] |

HELP SCREEN (S1): IF R SAYS 'GROUP QUARTERS': BARRACKS, DORMITORIES, HOSPITALS, SCHOOLS SHOULD BE CODED AS "DOES NOT LIVE IN HOUSEHOLD"

S_NUMB How many children between the ages of 12 months and 3 years old are living or staying in your household?

IF ONE OR MORE, ENTER
NUMBER OF CHILDREN ____

IF S_NUMB > 0, SKIP TO NIS INTERVIEW. AFTER NIS INTERVIEW IS COMPLETE, GO TO AGE GRID.

ELSE IF S_NUMB = 00 [SKIP TO S_UNDR18]

S_UNDR18 How many people less than 18 years old live in this household?

(00) PEOPLE

(01) PERSON

(02) PEOPLE

(03) PEOPLE

(04) PEOPLE

(05) PEOPLE

(06) PEOPLE

(07) PEOPLE

(08) PEOPLE

(09) PEOPLE

(96) DON'T KNOW **[TERMINATE]**

(97) REFUSED **[TERMINATE]**

IF SUNDR18 ≥ 01 **[SKIP TO AGE GRID]**

ELSE IF SUNDR18 =00 **[SKIP TO NOCHILD]**

NOCHILD Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.
[TERMINATE]

CATI INSTRUCTIONS (AGE GRID): IF S_UNDR18 = 1, FILL “age” AND “child”. ELSE, FILL “ages” AND “children”.

IF S_NUMB = 0, DISPLAY THIS TEXT WHEN CURSOR IS ON FIRST ROW OF GRID:
Many of my questions are only for children of certain ages. So, I’ll know which questions to ask, please tell me the [age/ages] of the [child/children] less than 18 years old living in this household.
FOR ALL SUBSEQUENT ROWS DISPLAY: (Please tell me the age of the next child who lives in this household.)

ELSE IF S_NUMB > 0, AND S_UNDR18 – S_NUMB > 1, USE THIS FILL WHEN CURSOR IS ON FIRST ROW OF GRID: Would you please tell me the [age/ages] of the other [child/children] living in this household. FOR ALL SUBSEQUENT ROWS DISPLAY: (Please tell me the age of the next child who lives in this household.)

[IF AGE IS LESS THAN 1 MONTH OLD, ROUND TO 1 MONTH]

INCLUDE: CHILDREN STAYING IN THE HH FOR MORE THAN 2 MONTHS AND THOSE WITHOUT A PERMANENT RESIDENCE WHO ARE STAYING IN THE HOUSEHOLD NOW.

PART TIME CUSTODY: INCLUDE CHILDREN STAYING IN THE HH ON THE DAY CONTACT IS MADE.

<u>YEARS</u>		<u>MONTHS</u>	
SCQ03A_1	---	SCQ03B_1	---
SCQ03A_2	---	SCQ03B_2	---
SCQ03A_3	---	SCQ03B_3	---
SCQ03A_4	---	SCQ03B_4	---
SCQ03A_5	---	SCQ03B_5	---
SCQ03A_6	---	SCQ03B_6	---
SCQ03A_7	---	SCQ03B_7	---
SCQ03A_8	---	SCQ03B_8	---
SCQ03A_9	---	SCQ03B_9	---

HELP SCREEN (S1Q05): EACH CHILD IN THE HOUSEHOLD MUST BE A CURRENT RESIDENT OF THE HOUSEHOLD. A CURRENT RESIDENCE IS DEFINED AS A PLACE WHERE THE CHILD IS STAYING FOR MORE THAN TWO MONTHS AT THE TIME OF THE SURVEY CONTACT. IF A CHILD HAS NO PLACE WHERE HE OR SHE USUALLY STAYS, THE CHILD SHOULD BE CONSIDERED A CURRENT RESIDENT REGARDLESS OF THE LENGTH OF THE CURRENT STAY.

CHILDREN AWAY FROM THEIR RESIDENCE FOR TWO MONTHS OR LESS, WHETHER TRAVELING OR IN THE HOSPITAL, ARE CONSIDERED “IN RESIDENCE.”

CHILDREN AWAY FROM THEIR RESIDENCE FOR MORE THAN TWO MONTHS ARE CONSIDERED “NOT IN RESIDENCE” UNLESS THE CHILD IS AWAY AT SCHOOL (I.E., BOARDING SCHOOL, MILITARY ACADEMY, OR PREP SCHOOL, ETC.).

CHILDREN WHO ONLY LIVE PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES SHOULD BE INCLUDED IF THEY ARE STAYING THERE WHEN CONTACT WITH THE HOUSEHOLD IS MADE.

IF AGE OF ANY ROSTER CHILD = 01 YEAR [SKIP TOAGE_1Y]
ELSE [SKIP TO AGE_CONF]

AGE_1Y_1 **CATI INSTRUCTION (AGE 1Y 1):** IF MORE THAN ONE VALUE IN SCQ03A_1-SCQ03A_9 = 01, THEN FILL "first". ELSE NO FILL.

Because some of our questions are only for children of certain ages, can you please tell me the age of the [first] 1 year old child in months?

___ MONTHS

IF "first" FILLED [SKIP TO AGE_1Y_2]

ELSE, [SKIP TO AGE_CONF]

AGE_1Y_2

And how about the next 1 year old?

___ MONTHS

AGE_CONF

So, you have a [FILL WITH AGE IN YEARS FOR ALL CHILDREN 2 YEARS OLD OR OLDER, AND AGE IN MONTHS FOR ALL CHILDREN UNDER 2 YEARS/24 MONTHS OLD. INCLUDE AGES FOR ANY NIS-ELIGIBLE CHILDREN, I.E., 12 MONTH OLD, 10 YEAR OLD, 15 YEAR OLD] living at this address all or most of the time. Is that correct?

- (1) YES
- (2) NO, WRONG AGES
- (3) NO, WRONG NUMBER OF CHILDREN
- (4) NO, NOT ALL CHILDREN LIVING AT THIS ADDRESS ALL OR MOST OF THE TIME

IF AGE_CONF = 2, [SKIP TO AGE GRID]
ELSE IF AGE_CONF IN 3, 4 [SKIP TO S_UNDR18]
ELSE IF, TWO OR MORE CHILDREN ARE THE SAME AGE IN MONTHS OR YEARS [SKIP TO MULTIAGE]
ELSE, STORE TOTAL KIDS ROSTERED IN S_UNDR18 [SKIP TO RANDOM SAMPLING PROCESS]

MULTIAGE Since you have more than one child who is [FILL DUPLICATE AGES FROM AGE_CONF], I need a way to refer to each of them during the interview. Could you please tell me their first names or initials?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

IF MULTIAGE = (1) YES, RECORD
NAMES IN NAME_1 – NAME_9 AND [SKIP TO NSCH RANDOM SAMPLING PROCESS]
ELSE, [TERMINATE]

NSCH RANDOM SELECTION PROCESS

CATI: AT THIS POINT, A FOCAL CHILD MUST BE SELECTED FOR THE REST OF THE INTERVIEW FROM ALL CHILDREN ROSTERED.

ONE CHILD

IF ONLY ONE CHILD UNDER 18 YEARS OLD (AGE GRID HAS 1 CHILD LISTED) THAT CHILD IS THE FOCAL CHILD (S.C.) FROM THIS POINT.

MORE THAN ONE CHILD

IF THERE IS MORE THAN ONE CHILD UNDER THE AGE OF 18 (AGE GRID HAS > 1 CHILD LISTED) ONE OF THESE CHILDREN SHOULD BE RANDOMLY SAMPLED AND THAT CHILD IS THE FOCAL CHILD [S.C.] FROM THIS POINT.

IF NIS INTERVIEW WAS CONDUCTED IN HH BUT [S.C.]
WAS/IS NOT NIS-ELIGIBLE AGE [SKIP TO SCQ04]
ELSE IF NIS INTERVIEW WAS CONDUCTED IN HH AND S.C.
IS 12-35 MONTHS (NIS ELIG OR 2NDARY ELIG) [SKIP TO SL_INT3]
ELSE, IF NO NIS INTERVIEW WAS CONDUCTED IN HH [SKIP TO SCQ05]

SL_INT3 **CATI INSTRUCTIONS (SL_INT3):** IF S_NUMB = 1 AND S_UNDR18 = 01 (I.E. NIS CHILD IS ONLY CHILD IN HH) FILL: “Next, I have some other questions about the health and health care of [NIS-ELIGIBLE CHILD]. ELSE IF, S_NUMB > 01 CHILD (I.E. ALL CHILDREN IN HH ARE NIS CHILDREN) OR IF NIS_KID = “1”, (I.E. NIS-ELIGIBLE CHILD WAS IDENTIFIED DURING SLAITS ADMINISTRATION) FILL: “I appreciate your answers about the immunizations of [NIS CHILD/CHILDREN]. The next questions are about the health and health care of [SAMPLED NIS CHILD].”

[FILL] As before, you may choose not to answer any question you don't want to answer or stop at any time without penalty. This part of the survey will take about 25 minutes. I'd like to continue now unless you have any questions.

[SKIP TO S1Q01]

SCQ04 We need to talk to the parent or guardian who lives in this household who knows the most about the health and health care of [CHILD]. Who would that be?

(1) MYSELF [SKIP TO SL_INT2]

_____ {MKP NAME} [FILL MKP NAME IN SCQ06 AND SKIP TO SCQ07]

HELP SCREEN (SCQ04): IF THE HOUSEHOLD IS NIS-ELIGIBLE, IT MAY NOT ALWAYS BE TRUE THAT THE MKP FOR THE NIS IS THE SAME AS FOR THE NSCH.

SL_INT2 These questions will take about 25 minutes. As before, you may choose not to answer any questions you don't want to answer or stop at any time without penalty. I'd like to continue now unless you have any questions. [SKIP TO S1Q01]

SCQ05 The rest of the survey will be about the health and health care of [S.C.]. We need to talk to the parent or guardian who lives in this household who knows the most about the health and health care of [S.C.]. Who would that be?

HELP SCREEN (SCQ05): IF THE HOUSEHOLD IS NIS-ELIGIBLE, IT MAY NOT ALWAYS BE TRUE THAT THE MKP FOR THE NIS IS THE SAME AS FOR THE NSCH.

(1) MYSELF [IF LTR = 2 (I.E. NO LETTER SENT, SKIP TO SL_INTRO. ELSE, SKIP TO S3_LTR)]

(2) SOME ONE ELSE [SKIP TO SCQ06]

SCQ06 _____ [MKP NAME] [SKIP TO SCQ07]

SCQ07 May I speak with [MKP NAME] now?

(1) YES [SKIP TO NEW_RESP]

(2) NO [SCHEDULE APPOINTMENT]

NEW_RESP Hello, my name is [interviewer name]. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a survey about the health of children and teenagers in [name of state], and I was told that you were the person to talk with about the health of [SC].

IF LTR = 2 (I.E. NO LETTER SENT) OR S3_LTR ANSWERED IN NIS INTERVIEW [SKIP TO SL_INTRO]
ELSE, [SKIP TO S3_LTR]

S3_LTR A letter describing this survey may have been sent to your home recently. Do you remember seeing the letter?

(1) YES [SKIP TO SL_INTRO]

(2) NO [SKIP TO SL_INTRO]

(6) DON'T KNOW [SKIP TO SL_INTRO]

(7) REFUSED [SKIP TO SL_INTRO]

SL_INTRO

INFORMED CONSENT FOR NIS -INELIGIBLE HOUSEHOLDS:

Before we get to questions about the health of [S.C.], I'd like you to know that your answers will be kept strictly private, as required by the U.S. Public Health Service Act. Your participation in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time without penalty. The survey will take about 25 minutes. In order to evaluate my performance, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

HELP SCREEN: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act.

Section 1. Demographics

S1Q01 Is [S.C.] male or female?

- (1) MALE
- (2) FEMALE
- (6) DON'T KNOW
- (7) REFUSED

IF S1Q01 = 1, THEN ALL SUBSEQUENT GENDER FILLS = "his".
ELSE IF S1Q01 = 2, THEN ALL SUBSEQUENT GENDER FILLS = "her".
ELSE, ALL SUBSEQUENT GENDER FILLS = "his or her".

S1Q02 What is your relationship to [S.C.]?

- | | |
|--|-----------------|
| (01) MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) | [SKIP TO S1Q05] |
| (02) FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) | [SKIP TO S1Q05] |
| (03) SISTER (STEP/FOSTER/HALF/ADOPTIVE) | [SKIP TO S1Q05] |
| (04) BROTHER (STEP/FOSTER/HALF/ADOPTIVE) | [SKIP TO S1Q05] |
| (05) IN-LAW OF ANY TYPE | [SKIP TO S1Q05] |
| (06) AUNT | [SKIP TO S1Q05] |
| (07) UNCLE | [SKIP TO S1Q05] |
| (08) GRANDPARENT | [SKIP TO S1Q05] |
| (09) OTHER FAMILY MEMBER | [SKIP TO S1Q05] |
| (10) OTHER NON-RELATIVE | [SKIP TO S1Q05] |
| (11) FEMALE GUARDIAN | [SKIP TO S1Q05] |
| (12) MALE GUARDIAN | [SKIP TO S1Q05] |
| (96) DON'T KNOW | [SKIP TO S1Q05] |
| (97) REFUSED | [SKIP TO S1Q05] |

S1Q05

Please tell me how many people live in this household, including all children and anyone who normally lives here even if they are not here now, like someone who is away traveling or in a hospital.

INCLUDE: CHILDREN STAYING IN THE HH FOR MORE THAN 2 MONTHS AND THOSE WITHOUT A PERMANENT RESIDENCE WHO ARE STAYING IN THE HOUSEHOLD NOW.

PART TIME CUSTODY: INCLUDE CHILDREN STAYING IN THE HH ON THE DAY CONTACT IS MADE.

[RANGE: 02-18]

(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (S1Q05): EACH CHILD IN THE HOUSEHOLD MUST BE A CURRENT RESIDENT OF THE HOUSEHOLD. A CURRENT RESIDENCE IS DEFINED AS A PLACE WHERE THE CHILD IS STAYING FOR MORE THAN TWO MONTHS AT THE TIME OF THE SURVEY CONTACT. IF A CHILD HAS NO PLACE WHERE HE OR SHE USUALLY STAYS, THE CHILD SHOULD BE CONSIDERED A CURRENT RESIDENT REGARDLESS OF THE LENGTH OF THE CURRENT STAY.

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S1Q05A

What is the highest level of education attained by anyone in your household?

___ ENTER NUMBER YEARS [RANGE CHECK: 01-24, 41, 51, 61, 71, 81, 96, 97]

[SKIP TO S1Q06]

(41) NEVER ATTENDED	[SKIP TO S1Q06]
(51) ELEMENTARY	[SKIP TO S1Q06]
(61) HIGH SCHOOL	[SKIP TO S1Q06]
(71) COLLEGE (2YR/4YR)	[SKIP TO S1Q06]
(81) GRADUATE SCHOOL	[SKIP TO S1Q06]
(96) DON'T KNOW	[SKIP TO S1Q06]
(97) REFUSED	[SKIP TO S1Q06]

HELP SCREEN (S1Q05A): THE HIGHEST LEVEL OF EDUCATION ATTAINED MEANS THE NUMBER OF YEARS COMPLETED. YOU MAY NEED TO PROBE FOR MORE INFORMATION. FOR EXAMPLE, IF A RESPONDENT SAYS THAT SOMEONE IN THE HOUSEHOLD HAD "SOME COLLEGE," PROBE TO DETERMINE HOW MANY YEARS WERE COMPLETED.

S1Q06

What is the primary language spoken in your home? **[READ RESPONSES ONLY IF NECESSARY]**

- | | |
|------------------------|------------------------|
| (1) English | [SKIP TO S2Q01] |
| (2) Spanish | [SKIP TO S2Q01] |
| (3) Any other language | [SKIP TO S2Q01] |
| (6) DON'T KNOW | [SKIP TO S2Q01] |
| (7) REFUSED | [SKIP TO S2Q01] |

S2Q04 Does [S.C.] currently need or use medicine prescribed by a doctor, other than vitamins?

- (1) YES [SKIP TO S2Q05]
- (2) NO [SKIP TO S2Q07]
- (6) DON'T KNOW [SKIP TO S2Q07]
- (7) REFUSED [SKIP TO S2Q07]

HELP SCREEN (S2Q04): This only applies to medications prescribed by a doctor. Over-the-counter medications such as cold or headache medication, or other vitamins, minerals, or supplements purchased without a prescription are not included.

S2Q05 Is [his/her] need for prescription medicine because of ANY medical, behavioral, or other health condition?

- (1) YES [SKIP TO S2Q06]
- (2) NO [SKIP TO S2Q07]
- (6) DON'T KNOW [SKIP TO S2Q07]
- (7) REFUSED [SKIP TO S2Q07]

S2Q06 Is this a condition that has lasted or is expected to last 12 months or longer?

- (1) YES [SKIP TO S2Q07]
- (2) NO [SKIP TO S2Q07]
- (6) DON'T KNOW [SKIP TO S2Q07]
- (7) REFUSED [SKIP TO S2Q07]

S2Q07 Does [S.C.] need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- (1) YES [SKIP TO S2Q08]
- (2) NO [SKIP TO S2Q10]
- (6) DON'T KNOW [SKIP TO S2Q10]
- (7) REFUSED [SKIP TO S2Q10]

HELP SCREEN (S2Q07): The child requires more medical care, the use of more mental health services, or the use of more educational services than most children the same age.

S2Q08 Is [his/her] need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?

- (1) YES [SKIP TO S2Q09]
- (2) NO [SKIP TO S2Q10]
- (6) DON'T KNOW [SKIP TO S2Q10]
- (7) REFUSED [SKIP TO S2Q10]

S2Q09 Is this a condition that has lasted or is expected to last 12 months or longer?

- (1) YES [SKIP TO S2Q10]
- (2) NO [SKIP TO S2Q10]
- (6) DON'T KNOW [SKIP TO S2Q10]
- (7) REFUSED [SKIP TO S2Q10]

S2Q10 Is [S.C.] limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?

- (1) YES [SKIP TO S2Q11]
- (2) NO [SKIP TO S2Q13]
- (6) DON'T KNOW [SKIP TO S2Q13]
- (7) REFUSED [SKIP TO S2Q13]

HELP SCREEN (S2Q10): A child is limited or prevented when there are things the child can't do as much or can't do at all that most children the same age can.

S2Q11 Is [his/her] limitation in abilities because of ANY medical, behavioral, or other health condition?

- (1) YES [SKIP TO S2Q12]
- (2) NO [SKIP TO S2Q13]
- (6) DON'T KNOW [SKIP TO S2Q13]
- (7) REFUSED [SKIP TO S2Q13]

S2Q12 Is this a condition that has lasted or is expected to last 12 months or longer?

- (1) YES [SKIP TO S2Q13]
- (2) NO [SKIP TO S2Q13]
- (6) DON'T KNOW [SKIP TO S2Q13]
- (7) REFUSED [SKIP TO S2Q13]

S2Q13 Does [S.C.] need or get special therapy, such as physical, occupational, or speech therapy?
[SPECIAL THERAPY INCLUDES PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY.
DO NOT INCLUDE PSYCHOLOGICAL THERAPY.]

- (1) YES [SKIP TO S2Q14]
- (2) NO [SKIP TO S2Q16]
- (6) DON'T KNOW [SKIP TO S2Q16]
- (7) REFUSED [SKIP TO S2Q16]

S2Q14 Is [his/her] need for special therapy because of ANY medical, behavioral, or other health condition?

- (1) YES [SKIP TO S2Q15]
- (2) NO [SKIP TO S2Q16]
- (6) DON'T KNOW [SKIP TO S2Q16]
- (7) REFUSED [SKIP TO S2Q16]

S2Q15 Is this a condition that has lasted or is expected to last 12 months or longer?

- (1) YES [SKIP TO S2Q16]
- (2) NO [SKIP TO S2Q16]
- (6) DON'T KNOW [SKIP TO S2Q16]
- (7) REFUSED [SKIP TO S2Q16]

S2Q16 Does [S.C.] have any kind of emotional, developmental, or behavioral problem for which [he/she] needs treatment or counseling?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

HELP SCREEN (S2Q16): These are remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem.

IF S2Q16 = 1 [SKIP TO S2Q17]
ELSE DO
IF S.C. < 36 MONTHS [SKIP TO S2Q19]
ELSE, [SKIP TO S2Q18]

S2Q17 Has [his/her] emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

- (1) YES [SKIP TO S2Q18]
- (2) NO [SKIP TO S2Q18]
- (6) DON'T KNOW [SKIP TO S2Q18]
- (7) REFUSED [SKIP TO S2Q18]

Subdomain 3: Common acute and chronic conditions

S2Q18 **CATI INSTRUCTION (S2Q18):** IF S.C. < 36 MONTHS, SKIP TO ST_S2Q19. ELSE, SKIP TO S2Q18.

Has a doctor, health professional, teacher, or school official ever told you [S.C.] has a learning disability?

- (1) YES [SKIP TO S2Q19]
- (2) NO [SKIP TO S2Q19]
- (6) DON'T KNOW [SKIP TO S2Q19]
- (7) REFUSED [SKIP TO S2Q19]

ST_S2Q19 [Has a doctor or health professional ever told you that [S.C.] has any of the following conditions]?

“READ AS NECESSARY: [Has a doctor or health professional ever told you that [S.C.] has...]
[FILL CONDITIONS FROM S2Q19 – S2Q24, S2Q26, S2Q35, S2Q37]

S2Q19 Asthma? (1) YES (2) NO (6) DK (7) REFUSED

HELP SCREEN (S2Q19): IF THE RESPONDENT NEVER HEARD OF THE MEDICAL CONDITION OR DOES NOT KNOW WHAT THE CONDITION IS, THEN A DOCTOR OR HEALTH PROFESSIONAL PROBABLY HAS NOT TOLD THE RESPONDENT THAT THE S.C. HAS THE CONDITION. IF A DOCTOR OR HEALTH PROFESSIONAL HAS NOT TOLD THE RESPONDENT THAT THE S.C. HAS THE CONDITION, BUT THE RESPONDENT INSISTS THAT THE S.C. HAS THE CONDITION, WE STILL NEED TO CODE THE ANSWER AS “NO.”

IF S.C. < 24 MONTHS [SKIP TO S2Q24]
ELSE [SKIP TO S2Q20]

S2Q20 Hearing problems or vision problems that cannot be corrected with glasses or contact lenses?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO S2Q21]

S2Q21 Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO S2Q22]

S2Q22 Depression or anxiety problems?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO S2Q23]

S2Q23 Behavioral or conduct problems?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO S2Q24]

S2Q24 Bone, joint, or muscle problems?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO S2Q26]

S2Q26 Diabetes?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO S2Q35]

S2Q35 Autism?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO S2Q37]

S2Q37 Any developmental delay or physical impairment?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO ST_S2Q38]

ST_S2Q38

The next set of questions asks about conditions [S.C.] may have had over the past 12 months.
QUESTION STEM: During the past 12 months, that is since [FILLCURRENT MONTH AND (CURRENT YEAR - 1)] have you been told by a doctor or other health care professional that [he/she] had any of the following conditions?

[CATI: DISPLAY THIS STEM (INCLUDING BRACKETS) FOR EACH OF THE FOLLOWING SCREENS: “READ AS NECESSARY: [During the past 12 months, that is since [FILL CURRENT MONTH AND YEAR-1] have you been told by a doctor or other health care professional that [he/she] had...][FILL CONDITIONS S2Q38-S2Q42, S2Q44]

S2Q38 Hay fever or any kind of respiratory allergy?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO ST_S2Q39]

S2Q39 Any kind of food or digestive allergy?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO ST_S2Q40]

S2Q40 Eczema or any kind of skin allergy?

(1) YES (2) NO (6) DK (7) REFUSED

HELP SCREEN (S2Q40): Eczema is skin condition characterized by redness, itching and dry, flaky, scaly skin.

IF AGE < 36 MONTHS [SKIP TO S2Q47]
ELSE [SKIP TO S2Q41]

S2Q41 Frequent or severe headaches, including migraines?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO ST_S2Q42]

S2Q42 Stuttering, stammering, or other speech problems?

(1) YES (2) NO (6) DK (7) REFUSED

HELP SCREEN (S2Q42): A speech problem is any condition that interferes with the formation of words.

[ALL SKIP TO ST_S2Q44]

S2Q44 Three or more ear infections?

(1) YES (2) NO (6) DK (7) REFUSED
[ALL SKIP TO ST_S2Q47]

S2Q47

CATI INSTRUCTIONS (S2Q47): THE SERIES OF INSTRUCTIONS BELOW REFERENCE QUESTIONS THAT ASK ABOUT PRESENT AND PAST MEDICAL CONDITIONS. DEPENDING ON HOW THESE REFERENCED QUESTIONS ARE ANSWERED, VARYING TENSES ARE NECESSARY.

IF ONE OR MORE VALUES FOR S2Q19-S2Q44= (1) Yes, OR S2Q10 = (1) Yes ASK S2Q47 AND S2Q49. ELSE SKIP TO S2Q49.

IF ONE OR MORE VALUES FOR S2Q19-S2Q37 = (1) Yes, OR (S2Q10= (1) Yes AND NO VALUES FOR S2Q38-S2Q44 ARE EQUAL (1) Yes) FILL “has”.

ELSE, IF ONE OR MORE VALUES FOR S2Q38-S2Q44 = (1) Yes AND (VALUES FOR S2Q19-S2Q37 DO NOT EQUAL (1) Yes AND S2Q10 = 2, 6, 7) FILL “had”.

ELSE IF ONE OR MORE VALUES FOR (S2Q19-S2Q37 = (1) Yes, OR S2Q10 = (1) Yes) AND IF ONE OR MORE VALUES FOR S2Q38-S2Q44 = (1) Yes, FILL “has or has had”.

ELSE IF VALUE OF S2Q19-S2Q44 = (1) Yes, FILL NAME OF EACH CONDITION IN S2Q47.

ELSE, IF VALUE OF S2Q10 = (1) Yes, FILL “a condition that limits [his/her] ability to do the things that most children the same age can do”.

IF MORE THAN ONE CONDITION INDICATED IN S2Q19-S2Q46 INSERT “and” PRIOR TO LAST CONDITION ON LIST.

You said that [S.C.] [has/had/has or has had] [NAMES OF CONDITIONS S2Q19-S2Q46].
Would you describe [his/her] health condition(s) as minor, moderate, or severe?

- | | |
|----------------|-----------------|
| (1) MINOR | [SKIP TO S2Q49] |
| (2) MODERATE | [SKIP TO S2Q49] |
| (3) SEVERE | [SKIP TO S2Q49] |
| (6) DON'T KNOW | [SKIP TO S2Q49] |
| (7) REFUSED | [SKIP TO S2Q49] |

HELP SCREEN: IF THE RESPONDENT ASKS WHICH HEALTH CONDITION TO CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE RESPONDENT TO CONSIDER [S.C.]’s MOST SEVERE CONDITION.

S2Q49

CATI INSTRUCTION (S2Q49): IF S2Q19 IN (2, 6, 7) SKIP TO S2Q54. ELSE, SKIP TO S2Q49.

Does [S.C.] still have asthma?

- | | |
|----------------|-----------------|
| (1) YES | [SKIP TO S2Q50] |
| (2) NO | [SKIP TO S2Q52] |
| (6) DON'T KNOW | [SKIP TO S2Q52] |
| (7) REFUSED | [SKIP TO S2Q52] |

S2Q50 Would you describe the health difficulties caused by [his/her] asthma as minor, moderate, or severe?

- (1) MINOR DIFFICULTIES [SKIP TO S2Q51]
- (2) MODERATE DIFFICULTIES [SKIP TO S2Q51]
- (3) SEVERE DIFFICULTIES [SKIP TO S2Q51]
- (6) DON'T KNOW [SKIP TO S2Q51]
- (7) REFUSED [SKIP TO S2Q51]

S2Q51 Overall, would you say [his/her] asthma puts a burden on your family a great deal, a medium amount, a little, or not at all?

- (1) A GREAT DEAL [SKIP TO S2Q52]
- (2) A MEDIUM AMOUNT [SKIP TO S2Q52]
- (3) A LITTLE [SKIP TO S2Q52]
- (4) NOT AT ALL [SKIP TO S2Q52]
- (6) DON'T KNOW [SKIP TO S2Q52]
- (7) REFUSED [SKIP TO S2Q52]

S2Q52 How long has it been since [he/she] last took asthma medication?
[READ RESPONSES ONLY IF NECESSARY].

- (01) Less than one day ago [SKIP TO S2Q52A]
- (02) 1-6 days ago [SKIP TO S2Q52A]
- (03) 1 week to less than 3 months ago [SKIP TO S2Q52A]
- (04) 3 months to less than 1 year ago [SKIP TO S2Q52A]
- (05) 1 year to less than 3 years ago [SKIP TO S2Q52A]
- (06) 3 years to 5 years ago [SKIP TO S2Q52A]
- (07) More than 5 years ago [SKIP TO S2Q52A]
- (08) Has never used medication [SKIP TO S2Q52A]
- (96) DON'T KNOW [SKIP TO S2Q52A]
- (97) REFUSED [SKIP TO S2Q52A]

S2Q52A During the past 12 months, [S.C.] had an episode of asthma or an asthma attack?

- (1) YES [SKIP TO S2Q53]
- (2) NO [SKIP TO S2Q53]
- (6) DON'T KNOW [SKIP TO S2Q53]
- (7) REFUSED [SKIP TO S2Q53]

HELP SCREEN (S2Q52A): Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make the respondent limit his/her activity more than usual, or makes him/her seek medical care.

S2Q53 During the past 12 months, has [S.C.] stayed overnight in a hospital because of (his/her) asthma?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

HELP SCREEN (S2Q53): IF THE CHILD IS IN THE HOSPITAL FOR ASTHMA AND OTHER REASONS THE CORRECT ANSWER CHOICE IS YES.

Subdomain 4: Dental health

S2Q54 **CATI INSTRUCTION (S2Q54):** IF SCQ03B \leq 12, SKIP TO S2Q62. ELSE SKIP TO S2Q54.

The next questions are about dental health.

How would you describe the condition of [S.C.]'s teeth: excellent, very good, good, fair, poor?

- (01) Excellent [SKIP TO S2Q56]
- (02) Very good [SKIP TO S2Q56]
- (03) Good [SKIP TO S2Q56]
- (04) Fair [SKIP TO S2Q55]
- (05) Poor [SKIP TO S2Q55]
- (06) HAS NO NATURAL TEETH [SKIP TO S2Q59]
- (96) DON'T KNOW [SKIP TO S2Q56]
- (97) REFUSED [SKIP TO S2Q56]

S2Q55 INDEX QUESTION STEM: [What specific problems does [S.C.] have with [his/her] teeth?] [MARK ALL THAT APPLY. ONLY READ RESPONSES IF NECESSARY]

- | | |
|---|-------------------------------|
| S2Q55X01 Pain | (1) YES (0) NO (6) DK (7) REF |
| S2Q55X02 Cavities | (1) YES (0) NO (6) DK (7) REF |
| S2Q55X03 Broken front tooth (or teeth that need repair) | (1) YES (0) NO (6) DK (7) REF |
| S2Q55X04 Crooked teeth, or teeth that need braces | (1) YES (0) NO (6) DK (7) REF |
| S2Q55X05 Other | (1) YES (0) NO (6) DK (7) REF |

- (96) DON'T KNOW
- (97) REFUSED

HELP SCREEN: USE PRESET CATEGORIES AS MUCH AS POSSIBLE. THE "OTHER" CATEGORY SHOULD ONLY BE USED WHEN YOU ARE UNABLE TO CODE THE RESPONSE INTO ONE OF THE PRESENT CATEGORIES.

- IF S2Q55X05 = 1 [SKIP TO S2Q55_OS]
- ELSE DO
- ELSE [SKIP TO S2Q56]

S2Q55_OS READ IF NECESSARY: What kind of other problems?
 RECORD VERBATIM RESPONSE_____

[IF RESPONDENT WILL NOT GIVE A VERBATIM ANSWER ENTER: “NO ANSWER GIVEN”]

IF S2Q55_OS = MISSING [DISPLAY WARNING TEXT]
 ELSE, [SKIP TO S2Q56]

S2Q56 About how long has it been since [he/she] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.

(01) NEVER [SKIPTO S2Q59]
 (02) 6 MONTHS OR LESS [SKIPTO S2Q59]
 (03) MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO [SKIPTO S2Q59]
 (04) MORE THAN 1 YEAR, BUT NOT MORE THAN 2 YEARS AGO [SKIPTO S2Q59]
 (05) MORE THAN 2 YEARS, BUT NOT MORE THAN 5 YEARS AGO [SKIPTO S2Q59]
 (06) MORE THAN 5 YEARS AGO [SKIPTO S2Q59]
 (96) DON’T KNOW [SKIPTO S2Q59]
 (97) REFUSED [SKIPTO S2Q59]

Subdomain 5: Emotional and behavioral health

S2Q59 **CATI INSTRUCTION (S2Q59):** IF AGE OF S.C. = 0-35 MONTHS SKIP TO S2Q62. ELSE, CONTINUE WITH S2Q59.

Overall, do you think that [S.C.] has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

IF S2Q21 = 1 (I.E. S.C. HAS ADD), AND S2Q59 IN (2, 6, 7) [SKIP TO S2Q62]
 ELSE IF S2Q59 = 2, 6, 7 AND S2Q21 IN (2,6,7) [I.E. SC DOES NOT HAVE ADD] [SKIP TO IN_S3Q01]
 ELSE [SKIP TO S2Q60]

S2Q60 Would you describe these difficulties as minor, moderate, or severe?

(1) Minor [SKIP TO S2Q61]
 (2) Moderate [SKIP TO S2Q61]
 (3) Severe [SKIP TO S2Q61]
 (6) DON’T KNOW [SKIP TO S2Q61]
 (7) REFUSED [SKIP TO S2Q61]

S2Q61

Overall, would you say [S.C.]’s mental and emotional health puts a burden on your family a great deal, a medium amount, a little, or not at all?

- (1) A great deal
- (2) A medium amount
- (3) A little
- (4) Not at all
- (6) DON’T KNOW
- (7) REFUSED

IF S2Q21 IN (2, 6, 7) **[SKIP TO IN_S3Q01]**
ELSE **[SKIP TO S2Q62]**

S2Q62

CATI INSTRUCTION (S2Q62): IF S2Q21 = 1, SKIP TO S2Q62. ELSE, SKIP TO IN_S3Q01.

Earlier, you said [S.C.] had Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD. Is [S.C.] currently taking medication for ADD or ADHD?

- (1) YES **[SKIP TO IN_S3Q01]**
- (2) NO **[SKIP TO IN_S3Q01]**
- (6) DON’T KNOW **[SKIP TO IN_S3Q01]**
- (7) REFUSED **[SKIP TO IN_S3Q01]**

Section 3: Health Insurance Coverage

IN_S3Q01 The next questions are about health insurance.

S3Q01 Does [S.C.] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- (1) YES [SKIP TO S3Q02]
- (2) NO [SKIP TO S3Q05]
- (6) DON'T KNOW [SKIP TO S3Q02]
- (7) REFUSED [SKIP TO S3Q02]

HELP SCREEN (S3Q01): Medicaid refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program that is administered by the states.

Private health insurance refers to any type of health insurance, including Health Maintenance Organizations (HMOs), other than public programs. These plans may be provided in part or fully by the person's employer or union, or purchased directly by the individual.

S3Q02 **CATI INSTRUCTION (S3Q02):** IF S3Q01 IN (1, 6, 7,) THEN FILL "Is that coverage". ELSE, fill "Is [S.C.] insured by.../

[Is that coverage,/Is [he/she] insured by] Medicaid or the State Children's Health Insurance Program, S-CHIP? In this state, the program is sometimes called [FILL MEDICAID NAME, SCHIP NAME].

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

HELP SCREEN: S-CHIP is a type of state -sponsored health insurance coverage that a child may have. The name of the plan may vary from state-to-state. CATI WILL AUTOMATICALLY FILL IN THE NAMES FOR YOU.

IF S3Q01 IN (6, 7) AND S3Q02 IN (2, 6, 7), [SKIP TO S3Q05]
(I.E. NO INSURANCE REPORTED FOR S.C.)
ELSE, [SKIP TO S3Q04]

S3Q04

(During the past 12 months.../Since [his/her] birth...), was there any time when [he/she] was not covered by ANY health insurance?

- (1) YES [SKIP TO S3Q03]
- (2) NO [SKIP TO S3Q03]
- (6) DON'T KNOW [SKIP TO S3Q03]
- (7) REFUSED [SKIP TO S3Q03]

S3Q05 (During the past 12 months.../Since [his/her] birth...) has [he/she] had health coverage?

- (1) YES [SKIP TO S3Q03]
- (2) NO [SKIP TO S3Q03]
- (6) DON'T KNOW [SKIP TO S3Q03]
- (7) REFUSED [SKIP TO S3Q03]

S3Q03 Does (S.C.) have insurance that helps pay for any routine dental care including cleanings, x-rays and examinations?

- (1) YES [SKIP TO S4Q01]
- (2) NO [SKIP TO S4Q01]
- (6) DON'T KNOW [SKIP TO S4Q01]
- (7) REFUSED [SKIP TO S4Q01]

Section 4: Health Care Access And Utilization

S4Q01 [During the past 12 months/Since [his/her] birth], did S.C. see a doctor, nurse, or other health care professional for any kind of medical care, including sick-child care, well-child check-ups, physical exams, and hospitalizations?

- (1) YES [SKIP TO S4Q03]
- (2) NO [SKIP TO S4Q02]
- (6) DON'T KNOW [SKIP TO S4Q02]
- (7) REFUSED [SKIP TO S4Q02]

S4Q02 [During the past 12 months/Since [his/her] birth], was there any time when [he/she] needed any kind of medical care?

[INCLUDE SICK-CHILD CARE, WELL-CHILD CHECK-UPS, PHYSICAL EXAMS, AND HOSPITALIZATIONS.]

- (1) YES [SKIP TO S4Q08]
- (2) NO [SKIP TO S4Q09]
- (6) DON'T KNOW [SKIP TO S4Q09]
- (7) REFUSED [SKIP TO S4Q09]

S4Q03 [During the past 12 months/Since [his/her] birth], how many times did (S.C.) see a doctor, nurse, or other health care professional for preventive medical care such as a physical exam or well-child check-up?

___ ___ ___ TIMES
(996) DON'T KNOW
(997) REFUSED

S4Q04 [During the past 12 months/Since [his/her] birth], how many times did (S.C.) go to a hospital emergency room about (his/her) health? This includes emergency room visits that resulted in a hospital admission.

___ ___ ___ TIMES
(996) DON'T KNOW
(997) REFUSED

IF S4Q04 = 000, [SKIP TO S4Q06]
ELSE IF S4Q04=001, [SKIP TO S4Q04A]
ELSE, [SKIP TO S4Q05]

S4Q04A Was this visit because of an accident, injury, or poisoning?

- (1) YES [SKIP TO S4Q06]
- (2) NO [SKIP TO S4Q06]
- (6) DON'T KNOW [SKIP TO S4Q06]
- (7) REFUSED [SKIP TO S4Q06]

S4Q05 How many emergency room visits were because of an accident, injury, or poisoning?

___ ___ ___ TIMES
(996) DON'T KNOW
(997) REFUSED

IF S4Q05 > VALUE OF S4Q04, [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S4Q06]

S4Q06 Excluding emergency room visits, hospitalizations, and well-child care, how many times [during the past 12 months/Since [his/her] birth], did [he/she] see a doctor, nurse, or other health care professional for sick-child care?

___ ___ ___ TIMES
(996) DON'T KNOW
(997) REFUSED

IF S4Q06 > 997 [DISPLAY WARNING TEXT]
ELSE [SKIP TO S4Q07]

S4Q07 [During the past 12 months/Since [his/her] birth], did S.C. receive all the medical care (he/she) needed?

(1) YES [SKIP TO S4Q09]
(2) NO [SKIP TO S4Q08]
(6) DON'T KNOW [SKIP TO S4Q09]
(7) REFUSED [SKIP TO S4Q09]

S4Q08 INDEX Why did S.C. not get all the medical care that (he/she) needed?
[MARK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY.]

S4Q08X01 Cost too much	(1) YES (0) NO (6) DK (7) REF
S4Q08X02 No insurance	(1) YES (2) NO (6) DK (7) REF
S4Q08X03 Health plan problem	(1) YES (0) NO (6) DK (7) REF
S4Q08X04 Can't find doctor who accepts child's insurance	(1) YES (2) NO (6) DK (7) REF
S4Q08X05 Not available in area/transport problems	(1) YES (0) NO (6) DK (7) REF
S4Q08X06 Not convenient times/could not get appointment	(1) YES (0) NO (6) DK (7) REF
S4Q08X07 Doctor did not know how to treat or provide care	(1) YES (0) NO (6) DK (7) REF
S4Q08X08 Dissatisfaction with doctor	(1) YES (0) NO (6) DK (7) REF
S4Q08X09 Did not know where to go for treatment	(1) YES (0) NO (6) DK (7) REF
S4Q08X10 Child refused to go	(1) YES (0) NO (6) DK (7) REF
S4Q08X11 Treatment is ongoing	(1) YES (0) NO (6) DK (7) REF
S4Q08X12 Vaccine shortage	(1) YES (0) NO (6) DK (7) REF
S4Q08X13 Other	(1) YES (0) NO (6) DK (7) REF

(96) DK
(97) REFUSED

IF S4Q08X13 = 1, [SKIP TO S4Q08_OS]
ELSE, [SKIP TO S4Q09]

S4Q08_OS [FILL VERBATIM RESPONSE]_____ [SKIP TO S4Q09]

[IF RESPONDENT WILL NOT GIVE A VERBATIM ANSWER ENTER: "NO ANSWER GIVEN"]

IF S4Q08_OS = MISSING [DISPLAY WARNING TEXT]
ELSE, SKIP TO S4Q09.

S4Q09 **CATI INSTRUCTION (S4Q09):** IF S2Q56 IN (01, 04, 05, 06) [I.E. S.C. HAS NOT SEEN A DENTIST FOR 1 YEAR OR MORE], SKIP TO S4Q10. IF S2Q54 = 06 [I.E. S.C. HAS NO NATURAL TEETH], SKIP TO S4Q13. ELSE, SKIP TO S4Q09.

During the past 12 months/Since [his/her] birth, did (S.C.) see a dentist for any routine preventive dental care, including check-ups, screenings, and sealants? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.

- (1) YES [SKIP TO S4Q13]
- (2) NO [SKIP TO S4Q10]
- (6) DON'T KNOW [SKIP TO S4Q10]
- (7) REFUSED [SKIP TO S4Q10]

S4Q10 **CATI INSTRUCTION (S4Q10):** IF S2Q54 = 06 [I.E. S.C. HAS NO NATURAL TEETH] OR AGE OF S.C. \leq 12 MONTHS, SKIP TO S4Q15. ELSE, SKIP TO S4Q10.

[During the past 12 months/Since [his/her] birth], was there any time when S.C. needed routine preventive dental care?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

HELP SCREEN (S4Q10): Include check-ups, screenings, and sealants.

IF S4Q10 IN (2,6,7) [SKIP TO S4Q15]
ELSE, [SKIP TO S4Q14]

S4Q13 [During the past 12 months/Since [his/her] birth], did [he/she] receive all the routine preventive dental care [he/she] needed?

- (1) YES [SKIP TO S4Q15]
- (2) NO [SKIP TO S4Q14]
- (6) DON'T KNOW [SKIP TO S4Q15]
- (7) REFUSED [SKIP TO S4Q15]

S4Q14 INDEX

Why did S.C. not get all the dental care that (he/she) needed?

[MARK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY.]

S4Q14X01 Cost too much (1) YES (0) NO (6) DK (7) REF
 S4Q14X02 No insurance (1) YES (0) NO (6) DK (7) REF
 S4Q14X03 Health plan problem (1) YES (0) NO (6) DK (7) REF
 S4Q14X04 Can't find doctor who accepts child's insurance (1) YES (0) NO (6) DK (7) REF
 S4Q14X05 Not available in area/transport problems (1) YES (0) NO (6) DK (7) REF
 S4Q14X06 Not convenient times/could not get appointment (1) YES (0) NO (6) DK (7) REF
 S4Q14X07 Doctor did not know how to treat or provide care (1) YES (0) NO (6) DK (7) REF
 S4Q14X08 Dissatisfaction with doctor (1) YES (0) NO (6) DK (7) REF
 S4Q14X09 Did not know where to go for treatment (1) YES (0) NO (6) DK (7) REF
 S4Q14X10 Child refused to go (1) YES (0) NO (6) DK (7) REF
 S4Q14X11 Treatment is ongoing (1) YES (0) NO (6) DK (7) REF
 S4Q14X12 Vaccine shortage (1) YES (0) NO (6) DK (7) REF
 S4Q14X13 Other
 (96) DK
 (97) REFUSED

IF S4Q14X13 =1, [SKIP TO S4Q14_OS]
 ELSE DO,
 IF S2Q04 = 1, [SKIP TO S4Q17]
 ELSE, [SKIP TO S4Q15]

S4Q14_OS [FILL VERBATIM RESPONSE] _____
 (99999996) DON'T KNOW
 (99999997) REFUSED
 [IF RESPONDENT WILL NOT GIVE A VERBATIM ANSWER ENTER: "NO ANSWER GIVEN"]

IF S4Q14_OS = MISSING [DISPLAY WARNING TEXT]
 ELSE, DO
 IF S2Q04 = 1 [SKIP TO S4Q17]
 ELSE [SKIP TO S4Q15]

S4Q15 During the past 12 months/Since [his/her] birth], did S.C. use any prescription medication?

(1) YES [SKIP TO S4Q17]
 (2) NO [SKIP TO S4Q16]
 (6) DON'T KNOW [SKIP TO S4Q17]
 (7) REFUSED [SKIP TO S4Q17]

S4Q16 [During the past 12 months/Since [his/her] birth], was there any time when [he/she] needed prescription medication?

(1) YES [SKIP TO S4Q17]
 (2) NO [SKIP TO S4Q23]
 (6) DK [SKIP TO S4Q23]
 (7) REFUSED [SKIP TO S4Q23]

S4Q17

CATI INSTRUCTION (S4Q17): IF S2Q04 = 1, FILL: “Earlier you told me your child currently uses or needs prescription medication.” ELSE, NO FILL.

[FILL] [During the past 12 months/Since [his/her] birth], did (S.C.) receive all the prescription medication he/she needed?

- (1) YES [SKIP TO S4Q23]
- (2) NO [SKIP TO S4Q18]
- (6) DON'T KNOW [SKIP TO S4Q23]
- (7) REFUSED [SKIP TO S4Q23]

S4Q18 INDEX

Why did S.C. not get all the prescription medication that (he/she) needed?
[MARK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY.]

- S4Q18X01 Costs too much (1) YES (0) NO (6) DK (7) REF
- S4Q18X02 No insurance (1) YES (0) NO (6) DK (7) REF
- S4Q18X03 Health plan problem (1) YES (0) NO (6) DK (7) REF
- S4Q18X04 Can't find doctor who accepts child's insurance (1) YES (0) NO (6) DK (7) REF
- S4Q18X05 Not available in area/transport problems (1) YES (0) NO (6) DK (7) REF
- S4Q18X06 Not convenient times/could not get appointment (1) YES (0) NO (6) DK (7) REF
- S4Q18X07 Doctor did not know how to treat or provide care (1) YES (0) NO (6) DK (7) REF
- S4Q18X08 Dissatisfaction with doctor (1) YES (0) NO (6) DK (7) REF
- S4Q18X09 Did not know where to go for treatment (1) YES (0) NO (6) DK (7) REF
- S4Q18X10 Child refused to go (1) YES (0) NO (6) DK (7) REF
- S4Q18X11 Treatment is ongoing (1) YES (0) NO (6) DK (7) REF
- S4Q18X12 Vaccine shortage (1) YES (0) NO (6) DK (7) REF
- S4Q18X13 Other
- (96) DON'T KNOW
- (97) REFUSED

IF S4Q18X13 =1 [SKIP TO S4Q18_OS]
ELSE [SKIP TO S4Q23]

S4Q18_OS

[FILL VERBATIM RESPONSE] _____
[IF RESPONDENT WILL NOT GIVE A VERBATIM ANSWER ENTER: “NO ANSWER GIVEN”]

IF S4Q18_OS = MISSING [DISPLAY WARNING TEXT]
ELSE, DO

(99999996) DON'T KNOW
(99999997) REFUSED

S4Q23

CATI INSTRUCTION (S4Q23): IF SCQ03B ≤ 12, SKIP TO S4Q27. ELSE, SKIP TO S4Q23.

[During the past 12 months/Since [his/her] birth], did (S.C.) receive any mental health care or counseling?

- (1) YES [SKIP TO S4Q27]
- (2) NO [SKIP TO S4Q27]
- (6) DON'T KNOW [SKIP TO S4Q27]
- (7) REFUSED [SKIP TO S4Q27]

S4Q27

CATI INSTRUCTION (S4Q27): IF AGE OF CHILD IS <24 MONTHS, SKIP TO S5Q01. THIS QUESTION IS ASKED ONLY IN CERTAIN IAP AREAS. IF IAPID NOT IN (46, 49, 50, 51, 52, 53, 54, 55, 58, 60, 61, 63, 64, 65, 66, 67, 68, 69, 70, 71, 73, 74, 75, 76, 77, 78) THEN SKIP TO S5Q01. ELSE SKIP TO S4Q27.

The hepatitis A vaccine is a shot that can be given to children who are over 2 years of age. It is different from a hepatitis B shot and it has only been available since 1995. Has (S.C.) ever received any hepatitis A vaccine shots?

- (1) YES [SKIP TO S4Q28]
- (2) NO [SKIP TO S4Q30]
- (6) DON'T KNOW [SKIP TO S4Q30]
- (7) REFUSED [SKIP TO S4Q30]

HELP SCREEN (S4Q27): IF RESPONDENT ASKS FOR THE NAME OF THE VACCINE:
The vaccine for hepatitis A is called either Vaqta or Havrix. The vaccine for hepatitis B is called Recombivax or Engerix.

S4Q28

Please tell me how many hepatitis A vaccine shots (S.C.) has received.

- (1) ONE [SKIP TO S4Q29]
- (2) TWO [SKIP TO S4Q29]
- (3) THREE OR MORE [SKIP TO S4Q29]
- (4) ALL THAT ARE RECOMMENDED [SKIP TO S4Q29]
- (6) DON'T KNOW [SKIP TO S4Q29]
- (7) REFUSED [SKIP TO S4Q29]

S4Q29

Where did [he/she] get (his/her) first hepatitis A vaccine shot?
[READ RESPONSES IF NECESSARY]

- (01) Doctor's office [SKIP TO S5Q01]
- (02) School clinic [SKIP TO S5Q01]
- (03) Community clinic [SKIP TO S5Q01]
- (04) Head Start program or daycare [SKIP TO S5Q01]
- (05) Health department [SKIP TO S5Q01]
- (06) Pharmacy [SKIP TO S5Q01]
- (07) Some other place [SKIP TO S4Q29_O]
- (96) DON'T KNOW [SKIP TO S5Q01]
- (97) REFUSED [SKIP TOS5Q01]

S4Q29_O

Where did (S.C.) get (his/her) first hepatitis A vaccine shot?

ENTER VERBATIM TEXT _____ [SKIP TO S5Q01]

[IF RESPONDENT WILL NOT GIVE A VERBATIM ANSWER ENTER: "NO ANSWER GIVEN"]

IF S4Q29_OS = MISSING [DISPLAY WARNING TEXT]
ELSE, DO

S4Q30

Has a doctor or other health care professional ever recommended that [he/she] be vaccinated for hepatitis A?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

Section 5: Medical Home

S5Q01 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 assistant. Do you have one or more persons you think of as [S.C.]'s personal doctor or nurse?

- | | |
|----------------|-----------------|
| (1) YES | [SKIP TO S5Q02] |
| (2) NO | [SKIP TO S5Q13] |
| (6) DON'T KNOW | [SKIP TO S5Q13] |
| (7) REFUSED | [SKIP TO S5Q13] |

S5Q02 How often does [S.C.]'s personal doctor or nurse spend enough time with [him/her]?
Would you say never, sometimes, usually, or always?

- | | |
|----------------|-----------------|
| (1) Never | [SKIP TO S5Q04] |
| (2) Sometimes | [SKIP TO S5Q04] |
| (3) Usually | [SKIP TO S5Q04] |
| (4) Always | [SKIP TO S5Q04] |
| (6) DON'T KNOW | [SKIP TO S5Q04] |
| (7) REFUSED | [SKIP TO S5Q04] |

S5Q04 **CATI INSTRUCTION (S5Q04):** IF S.C. > 36 MONTHS, FILL "and S.C.". ELSE, NO FILL.

How often does [S.C.]'s personal doctor or nurse explain things in a way that you [and S.C.] can understand? Would you say never, sometimes, usually, or always?

- | | |
|----------------|-----------------|
| (1) Never | [SKIP TO S5Q06] |
| (2) Sometimes | [SKIP TO S5Q06] |
| (3) Usually | [SKIP TO S5Q06] |
| (4) Always | [SKIP TO S5Q06] |
| (6) DON'T KNOW | [SKIP TO S5Q06] |
| (7) REFUSED | [SKIP TO S5Q06] |

S5Q06 [During the past 12 months/Since [S.C.]'s birth], have you needed to call [his/her] personal doctor or nurse for help or advice over the phone?

- | | |
|----------------|------------------|
| (1) YES | [SKIP TO S5Q06A] |
| (2) NO | [SKIP TO S5Q07] |
| (6) DON'T KNOW | [SKIP TO S5Q07] |
| (7) REFUSED | [SKIP TO S5Q07] |

S5Q06A When you have called [S.C.]’s personal doctor or nurse for help or advice over the phone, how often were you able to get the help or advice you needed for [him/her]? Would you say never, sometimes, usually, or always?

- (1) Never [SKIP TO S5Q07]
- (2) Sometimes [SKIP TO S5Q07]
- (3) Usually [SKIP TO S5Q07]
- (4) Always [SKIP TO S5Q07]
- (6) DON’T KNOW [SKIP TO S5Q07]
- (7) REFUSED [SKIP TO S5Q07]

S5Q07 [During the past 12 months/Since [S.C.]’s birth], has [he/she] needed care right away from [his/her] personal doctor or nurse for an illness or injury?

- (1) YES [SKIP TO S5Q07A]
- (2) NO [SKIP TO S5Q08A]
- (6) DON’T KNOW [SKIP TO S5Q08A]
- (7) REFUSED [SKIP TO S5Q08A]

S5Q07A When [S.C.] needed care right away for an illness or injury, how often did [he/she] get this care from his/her personal doctor or nurse as soon as you wanted? Would you say never, sometimes, usually, or always?

- (1) Never [SKIP TO S5Q08A]
- (2) Sometimes [SKIP TO S5Q08A]
- (3) Usually [SKIP TO S5Q08A]
- (4) Always [SKIP TO S5Q08A]
- (6) DON’T KNOW [SKIP TO S5Q08A]
- (7) REFUSED [SKIP TO S5Q08A]

S5Q08A Preventive care visits include things like a well-child check-up, a routine physical exam, immunizations, or health screening tests? [During the past 12 months/Since [S.C.]’s birth], did [he/she] visit [his/her] personal doctor or nurse for preventive care?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

IF S5Q08A IN (1, 6, 7) [SKIP TO S5Q09]
ELSE, DO

IF AGE OF S.C. \geq 24 MONTHS, [SKIP TO S5Q08B]
ELSE, [SKIP TO S5Q09]

S5Q08B During the past 24 months, did [he/she] visit [his/her] personal doctor or nurse for preventive care?

- (1) YES [SKIP TO S5Q09]
- (2) NO [SKIP TO S5Q09]
- (6) DON’T KNOW [SKIP TO S5Q09]
- (7) REFUSED [SKIP TO S5Q09]

S5Q09 Specialists are doctors like surgeons, heart doctors, allergy doctors, psychiatrists, skin doctors, and others who specialize in one area of health care. During the past 12 months/Since [S.C.]’s birth, did you or [S.C.]’s personal doctor or nurse think that [he/she] needed to see any specialist doctor or doctors?

- (1) YES [SKIP TO S5Q09A]
- (2) NO [SKIP TO S5Q10]
- (6) DON’T KNOW [SKIP TO S5Q10]
- (7) REFUSED [SKIP TO S5Q10]

S5Q09A How much of a problem, if any, was it to get the care from the specialist doctor or doctors? Would you say you had a big problem, moderate problem, small problem, or no problem at all?

- (1) A big problem [SKIP TO S5Q09B]
- (2) A moderate problem [SKIP TO S5Q09B]
- (3) A small problem [SKIP TO S5Q09B]
- (4) No problem at all [SKIP TO S5Q09B]
- (6) DON’T KNOW [SKIP TO S5Q09B]
- (7) REFUSED [SKIP TO S5Q09B]

S5Q09B Did [S.C.]’s personal doctor or nurse or someone from their office or clinic do anything to help you get the care from the specialist doctor or doctors?

- (1) YES [SKIP TO S5Q09C]
- (2) NO [SKIP TO S5Q09C]
- (6) DON’T KNOW [SKIP TO S5Q09C]
- (7) REFUSED [SKIP TO S5Q09C]

S5Q09C How often did [S.C.]’s personal doctor or nurse talk with you about what happens during [his/her] visits to a specialist doctor or doctors? Would you say never, sometimes, usually, or always?

- (1) Never [SKIP TO S5Q10]
- (2) Sometimes [SKIP TO S5Q10]
- (3) Usually [SKIP TO S5Q10]
- (4) Always [SKIP TO S5Q10]
- (5) NO VISITS TO THE SPECIALIST DOCTOR [SKIP TO S5Q10]
- (6) DON’T KNOW [SKIP TO S5Q10]
- (7) REFUSED [SKIP TO S5Q10]

S5Q10 Children sometimes need other special types of services that they can’t get from their personal doctor or nurse. For example, children may need special services like physical therapy, medical equipment like wheelchairs, special educational services, or counseling. [During the past 12 months/Since [his/her] birth], did [S.C.] need any type of special services, equipment, or other care for (his/her) health?

- (1) YES [SKIP TO S5Q10A]
- (2) NO [SKIP TO S5Q13]
- (6) DON’T KNOW [SKIP TO S5Q13]
- (7) REFUSED [SKIP TO S5Q13]

S5Q10A How much of a problem, if any, did you have getting the special services, equipment, or other care [he/she] needed? Would you say you had a big problem, moderate problem, small problem, or no problem at all?

- (1) A big problem [SKIP TO S5Q10B]
- (2) A moderate problem [SKIP TO S5Q10B]
- (3) A small problem [SKIP TO S5Q10B]
- (4) No problem at all [SKIP TO S5Q10B]
- (6) DON'T KNOW [SKIP TO S5Q10B]
- (7) REFUSED [SKIP TO S5Q10B]

S5Q10B Did [S.C.]'s personal doctor or nurse or someone from their office or clinic do anything to help you get the special care or equipment that [he/she] needed?

- (1) YES [SKIP TO S5Q10C]
- (2) NO [SKIP TO S5Q10C]
- (6) DON'T KNOW [SKIP TO S5Q10C]
- (7) REFUSED [SKIP TO S5Q10C]

S5Q10C How often did [S.C.]'s personal doctor or nurse talk with you about the special care or equipment that [he/she] gets? Would you say never, sometimes, usually, or always?

- (1) Never [SKIP TO S5Q13]
- (2) Sometimes [SKIP TO S5Q13]
- (3) Usually [SKIP TO S5Q13]
- (4) Always [SKIP TO S5Q13]
- (5) NO SPECIAL CARE OR EQUIPMENT RECEIVED [SKIP TO S5Q13]
- (6) DON'T KNOW [SKIP TO S5Q13]
- (7) REFUSED [SKIP TO S5Q13]

S5Q13 **CATI INSTRUCTION (S5Q13):** IF S1Q06 IN (1, 6, 7) [I.E. LANGUAGE ENGLISH OR UNKNOWN] SKIP TO S6Q08. ELSE, SKIP TO S5Q13. IF S.C. >36 MONTHS, FILL [or S.C.]. ELSE, NO FILL.

An interpreter is someone who repeats what one person says in a language used by another person. During the past 12 months\Since [S.C.]'s birth, did you [or S.C.] need an interpreter to help speak with his or her doctors or nurses?

- (1) YES [SKIP TO S5Q13A]
- (2) NO [SKIP TO S6Q08]
- (6) DON'T KNOW [SKIP TO S6Q08]
- (7) REFUSED [SKIP TO S6Q08]

S5Q13A

CATI INSTRUCTION (S5Q13): IF S.C. >36 MONTHS, FILL [or S.C.]. ELSE, DO NOT FILL.

When you [or S.C.] needed an interpreter, how often were you able to get someone other than a family member to help you speak with the doctors or nurses? Would you say never, sometimes, usually, or always?

- | | |
|----------------|-----------------|
| (1) Never | [SKIP TO S6Q08] |
| (2) Sometimes | [SKIP TO S6Q08] |
| (3) Usually | [SKIP TO S6Q08] |
| (4) Always | [SKIP TO S6Q08] |
| (6) DON'T KNOW | [SKIP TO S6Q08] |
| (7) REFUSED | [SKIP TO S6Q08] |

Section 6: Early Childhood (0-5 years)

Subdomain 2: Parent concerns

S6Q08 Do you have any concerns about [S.C.]’s learning, development, or behavior?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

IF AGE OF S.C. \leq 3 MONTHS [SKIP TO S6Q28]
ELSE, [SKIP TO S6Q_AGE]

S6Q_AGE **CATI INSTRUCTION (S6Q_AGE):** IF AGE OF S.C. 4 - 9 MONTHS, ASK VERSION I, S6Q09 - S6Q12. ELSE, IF AGE OF S.C. 10 - 17 MONTHS, ASK VERSION II, S6Q13 - S6Q19. ELSE, IF AGE OF S.C. 18 – 71 MONTHS, ASK VERSION III, S6Q20 - S6Q27.

The next section asks about specific concerns some parents may have. Please tell me if you are currently concerned a lot, a little, or not at all about the following.

(1) PRESS ‘1’ TO CONTINUE.

QUESTION STEM: [Are you concerned a lot, a little, or not at all about]

- (1) A lot
- (2) A little
- (3) Not at all
- (6) DON’T KNOW
- (7) REFUSED

[CATI: DISPLAY QUESTION STEM FOR EACH OF THE FOLLOWING SCREENS.]

Age-Specific Question Sequence		
Version I	Version II	Version III
<u>4-9 Months Old</u>	<u>10-17 Months Old</u>	<u>18-71 Months</u>
S6Q09 How [S.C.] makes speech sounds? [SKIP TO S6Q10]	S6Q13 How [S.C.] talks and makes speech sounds? [SKIP TO S6Q14]	S6Q20 How [S.C.] talks and makes speech sounds? [SKIP TO S6Q21]
S6Q10 How [he/she] understands what you say? [SKIP TO S6Q11]	S6Q14 How [he/she] understands what you say? [SKIP TO S6Q15]	S6Q21 How [he/she] understands what you say? [SKIP TO S6Q22]
S6Q11 How [he/she] uses [his/her] hands and fingers to do things? [SKIP TO S6Q12]	S6Q15 How [he/she] uses [his/her] hands and fingers to do things? [SKIP TO S6Q16]	S6Q22 How [he/she] uses [his/her] hands and fingers to do things? [SKIP TO S6Q23]
S6Q12 How [he/she] uses [his/her] arms and legs?	S6Q16 How [he/she] uses [his/her] arms and legs? [SKIP TO S6Q17]	S6Q23 How [he/she] uses [his/her] arms and legs? [SKIP TO S6Q24]
	S6Q17 How [he/she] behaves? [SKIP TO S6Q18]	S6Q24 How [he/she] behaves? [SKIP TO S6Q25]
	S6Q18 How [he/she] gets along with others? [SKIP TO S6Q19]	S6Q25 How [he/she] gets along with others? [SKIP TO S6Q26]
	S6Q19 How [he/she] is learning to do things for (himself/herself)?	S6Q26 How [he/she] is learning to do things for (himself/herself)? [SKIP TO S6Q27]
		S6Q27 How [he/she] is learning pre-school or school skills?
IF S4Q01 IN (2,6,7) [SKIP TO S6Q48]	IF S4Q01 IN (2,6,7) [SKIP TO S6Q48] ELSE, [SKIP TO S6Q28]	IF S4Q01 IN (2,6,7) [SKIP TO S6Q48] ELSE, [SKIP TO S6Q28]
ELSE, [SKIP TO S6Q28]		

S6Q28 During the past 12 months **[IF CHILD IS UNDER 12 MONTHS “Since SC’s birth”]** did [S.C.]’s doctors or other health care professionals ask if you have concerns about [his/her] learning, development, or behavior?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

IF ANY VALUE IN QUESTIONS S6Q09 – S6Q27 = 1 [I.E. PARENT HAS ONE OR MORE CONCERNS], OR IF S6Q28 = 1 **[SKIP TO S6Q29]**

ELSE

[SKIP TO S6Q48]

S6Q29 During the past 12 months **[IF CHILD IS UNDER 12 MONTHS “Since SC’s birth”]** did [his/her] doctors or other health care professionals give you specific information to address your concerns about [his/her] learning, development, or behavior?

- | | |
|----------------|------------------------|
| (1) YES | [SKIP TO S6Q48] |
| (2) NO | [SKIP TO S6Q48] |
| (6) DON’T KNOW | [SKIP TO S6Q48] |
| (7) REFUSED | [SKIP TO S6Q48] |

Subdomain 4: Child-care

S6Q48 [During the past month, did [S.C.] regularly attend:]

S6Q48 A child care center?

- (1) YES (2) NO (6) DON’T KNOW (7) REFUSED

HELP SCREEN (S6Q48): By “regularly,” I mean at least once a week during the past month.

S6Q49 Family-based child care outside of your home?

- (1) YES (2) NO (6) DON’T KNOW (7) REFUSED

HELP SCREEN (S6Q49): By “regularly,” I mean at least once a week during the past month.

S6Q50 Child care in your home provided by a nanny or relative other than a parent or guardian

- (1) YES (2) NO (6) DON’T KNOW (7) REFUSED

HELPSCREEN (S6Q50): By “regularly,” I mean at least once a week during the past month.

THIS CAN INCLUDE CHILD-CARE IN THE HOME THAT IS PART OF A HOME DAY CARE CENTER RUN BY THE PARENTS”.

S6Q51 **CATI INSTRUCTIONS (S6Q51):** IF SCQ03 < 36 MONTHS, SKIP TO S6Q52.
ELSE, SKIP TO S6Q51.

Nursery school, preschool, or kindergarten
(1) YES (2) NO (6) DON'T KNOW (7) REFUSED

HELP SCREEN (S6Q51): By “regularly,” I mean at least once a week during the past month.

S6Q52 Head Start or Early Start program?

(1) YES (2) NO (6) DON'T KNOW (7) REFUSED

HELP SCREEN (S6Q52): By “regularly,” I mean at least once a week during the past month.

Head Start or Early Start programs are usually school-based programs that sometimes provide care for the child either before or after the school day and are usually operated only during the school year.

S6Q53 During the past month, how many times have you had to make different arrangements for childcare at the last minute because your usual plans changed due to circumstances beyond your control?

___ ___ NUMBER OF TIMES [RANGE CHECK: 000-995]

DON'T KNOW (996)
REFUSED (997)

HELP SCREEN: EXAMPLES OF CIRCUMSTANCES BEYOND ONE'S CONTROL INCLUDE A CHILD BECOMING ILL, OR A CHILDCARE PROVIDER CHANGING HIS/HER PLANS OR SCHEDULE SUDDENLY.

IF S6Q53 > 997, [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S6Q54]

S6Q54 During the past 12 months [IF CHILD IS UNDER 12 MONTHS “Since SC's birth”] did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for [S.C.]?

(1) YES [SKIP TO S5Q55]
(2) NO [SKIP TO S5Q55]
(6) DON'T KNOW [SKIP TO S5Q55]
(7) REFUSED [SKIP TO S5Q55]

Subdomain 5: Injuries and poisonings

S6Q55 During the past 12 months **[IF CHILD IS UNDER 12 MONTHS “Since SC’s birth”]** has (S.C.) been injured and required medical attention?

- (1) YES [SKIP TO S5Q56]
- (2) NO [SKIP TO S5Q57]
- (6) DON’T KNOW [SKIP TO S5Q57]
- (7) REFUSED [SKIP TO S5Q57]

HELP SCREEN (S6Q55): MEDICAL ATTENTION HERE IS NOT LIMITED TO EMERGENCY ROOM VISITS, OR ATTENTION THAT REQUIRES A DOCTOR. THIS INCLUDES SITUATIONS WHERE THE PARENT IS ABLE TO PROVIDE THE MEDICAL ATTENTION THEMSELVES, OR WHERE A CALL IS PLACED TO A DOCTOR, BUT THE CARE IS ADMINISTERED BY THE PARENT, ETC.

S6Q56-INDEX Did the injury occur at home, at child-care, or some other place? [MARK ALL THAT APPLY]

- S6Q56X01 Home (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- S6Q56X02 Child-care (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- S6Q56X03 Some other place (1) YES (0) NO (6) DON’T KNOW (7) REFUSED

S6Q57 During the past 12 months **[IF CHILD IS UNDER 12 MONTHS “Since SC’s birth”]** has [S.C.] been poisoned by accident and required medical attention?

- (1) YES [SKIP TO S6Q58]
- (2) NO [SKIP TO S6Q59]
- (6) DON’T KNOW [SKIP TO S6Q59]
- (7) REFUSED [SKIP TO S6Q59]

HELP SCREEN: MEDICAL ATTENTION HERE IS NOT LIMITED TO EMERGENCY ROOM VISITS, OR ATTENTION THAT REQUIRES A DOCTOR. THIS INCLUDES SITUATIONS WHERE THE PARENT IS ABLE TO PROVIDE THE MEDICAL ATTENTION THEMSELVES, OR WHERE A CALL IS PLACED TO A POISON CONTROL CENTER, BUT THE CARE IS ADMINISTERED BY THE PARENT, ETC.

S6Q58-INDEX Did the poisoning occur at home, at child-care, or some other place? [MARK ALL THAT APPLY]

- S6Q58X01 Home (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- S6Q58X02 Child-care (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- S6Q58X03 Some other place (1) YES (0) NO (6) DON’T KNOW (7) REFUSED

Subdomain 6: Age-specific activities

S6Q59 Was [S.C.] ever breastfed or fed breast milk?

- (1) YES [SKIP TO S6Q60]
- (2) NO [SKIP TO S6Q62]
- (6) DON'T KNOW [SKIP TO S6Q62]
- (7) REFUSED [SKIP TO S6Q62]

S6Q60 How old was [he/she] when [he/she] completely stopped breastfeeding or being fed breast milk?
____ _ [ENTER NUMBER] [RANGE CHECK: 000-994]

- (995) STILL BREASTFEEDING
- (996) DON'T KNOW
- (997) REFUSED

IF S6Q60 > 997 OR IF VALUE EXCEEDS AGE OF CHILD [DISPLAY WARNING TEXT]
IF S6Q60 IN (995, 996, 997) [SKIP TO S6Q62]
ELSE, [SKIP TO S6Q60A]

S6Q60A [MARK PERIOD]

- (1) DAYS
- (2) WEEKS
- (3) MONTHS
- (4) YEARS
- (6) DON'T KNOW
- (7) REFUSED

IF S6Q60A = 1 AND S6Q60 EXCEEDS
[(AGE OF CHILD IN MONTHS * 31) + 30] [DISPLAY WARNING TEXT]

ELSE IF S6Q60A = 2, AND S6Q60 EXCEEDS
[(AGE OF CHILD IN MONTHS * 4) + 4]
OR IF S6Q60 > 71 [DISPLAY WARNING TEXT]

ELSE IF S6Q60A = 3, S6Q60 EXCEEDS
AGE OF CHILD IN MONTHS OR S6Q60 > 71, [DISPLAY WARNING TEXT]

ELSE, [SKIP TO S6Q62]

S6Q62 During the past week, how many days did you or other family members read stories to [S.C.]?

____NUMBER OF DAYS [RANGE CHECK: 00-07]
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: STORIES INCLUDE BOOKS WITH WORDS OR PICTURES BUT NOT BOOKS READ BY OR WITH THE ASSISTANCE OF AN AUDIO TAPE, RECORD, CD, OR COMPUTER.

ELSE IF (S6Q62 > 07 AND < 96) [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S8Q01]

Section 7: Middle Childhood and Adolescence (6-17 years)

Subdomain 2: School performance

S7Q01 **CATI INSTRUCTION (S7Q01):** IF CURRENT DATE \geq 6/01/YYYY AND \leq 09/01/YYYY THEN
FILL "During the last school year, what kind of school was [S.C.] enrolled in? Is it a public school,
private school, or home-school?
ELSE FILL "What kind of school is (S.C.) currently enrolled in? Is it a public school, private school, or
home-school?"

[USE FILL FROM ABOVE]

(1) Public	[SKIP TO S7Q02]
(2) Private	[SKIP TO S7Q02]
(3) Home-schooled	[SKIP TO S7Q02]
(4) [S.C.] IS NOT ENROLLED IN SCHOOL.	[SKIP TO S7Q01F]
(6) DON'T KNOW	[SKIP TO S7Q02]
(7) REFUSED	[SKIP TO S7Q02]

HELP SCREEN (S7Q01): IF THE CHILD WAS ENROLLED IN MORE THAN ONE TYPE OF SCHOOL DURING THE CURRENT OR LAST SCHOOL YEAR, LIST THE TYPE OF SCHOOL THAT THE CHILD HAS MOST RECENTLY ATTENDED.

S7Q01F During the past 12 months, was (S.C.) enrolled in a public school, a private school, or home school?

(1) YES	[SKIP TO S7Q02]
(2) NO	[SKIP TO S7Q09]
(6) DON'T KNOW	[SKIP TO S7Q09]
(7) REFUSED	[SKIP TO S7Q09]

S7Q02 During the past 12 months that is, since [FILL: CURRENT MONTH, 1 YEAR AGO] about how many days did [S.C.] miss school because of illness or injury?

____ DAYS [RANGE CHECK: 000-240]
(000) NONE
(240) ENTIRE SCHOOL YEAR
(994) HOME SCHOOLED
(995) DID NOT GO TO SCHOOL
(996) DON'T KNOW
(997) REFUSED

IF S7Q02 (> 240 AND < 994) OR S7Q02 > 997, [DISPLAY WARNING TEXT]
ELSE DO

IF S7Q02 \leq 20, OR S7Q02 = 996, 997	[SKIP TO S7Q04]
ELSE IF S7Q02 IN (994, 995)	[SKIP TO S7Q09]
ELSE IF S7Q02 > 20,	[SKIP TO S7Q03]

S7Q03 I have [FILL ANSWER FROM S7Q02]. Is that correct?

- (1) YES
- (2) NO

IF S7Q03 = 2, [SKIP TO S7Q02]
ELSE DO [SKIP TO S7Q04]
IF [(S7Q01F IN (2, 6, 7) AND (S7Q01 = 4)] OR (S7Q02 = 994, 995)
OR S7Q01 = 3 [I.E. NOT ENROLLED IN PAST 12 MONTHS/HOME-SCHOOLED]
[SKIP TO S7Q09]
ELSE, [SKIP S7Q04]

S7Q04 **CATI INSTRUCTION (S7Q04):** IF [(S7Q01F IN (2, 6, 7) AND (S7Q01 = 4)] OR S7Q01 = 3 [I.E. NOT ENROLLED IN PAST 12 MONTHS/HOME-SCHOOLED], SKIP TO S7Q09. ELSE, SKIP TO S7Q04.

During the past 12 months, how many times has [S.C.]’s school contacted you or another adult in your household about any problems [he/she] is having with school?

- (0) Never
- (1) Once
- (2) More than once
- (6) DON’T KNOW
- (7) REFUSED

HELP SCREEN (S7Q04): THIS INCLUDES SCHOOL RELATED PROBLEMS BUT NOT HEALTH RELATED PROBLEMS.

S7Q09 Since starting kindergarten, has [he/she] repeated any grades?

- (1) YES [SKIP TO S7Q10]
- (2) NO [SKIP TO S7Q10]
- (6) DON’T KNOW [SKIP TO S7Q10]
- (7) REFUSED [SKIP TO S7Q10]

Subdomain 3: After school activities

S7Q10 During the past 12 months, was [S.C.] on a sports team or did [he/she] take sports lessons after school or on weekends?

[Include any teams run by your child’s school or community groups].

- (1) YES [SKIP TO S7Q11]
- (2) NO [SKIP TO S7Q11]
- (6) DON’T KNOW [SKIP TO S7Q11]
- (7) REFUSED [SKIP TO S7Q11]

S7Q11 During the past 12 months, did [he/she] participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or [Boy/Girl]'s club?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

IF S7Q10 AND S7Q11 IN (2, 6, 7) **[SKIP TO S7Q11A]**
ELSE, **[SKIP TO S7Q12]**

S7Q11A During the past 12 months, did [he/she] participate in any other organized events or activities?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

IF S7Q10 AND S7Q11, S7Q11A = (2,6,7) [I.E. NO ORGANIZED ACTIVITIES] **[SKIP TO S7Q14]**
ELSE, **[SKIP TO S7Q12]**

S7Q12 During the past week, how many days did [S.C.] participate in clubs, organizations, or sports teams?

___ NUMBER OF DAYS **[RANGE CHECK: 00-07]**
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (S7Q12): Include any teams run by your child's school or community groups.

IF S7Q12 > 07 AND < 96 OR S7Q12 >97 **[DISPLAY WARNING TEXT]**
ELSE, **[SKIP TO S7Q13]**

S7Q13 During the past 12 months, how often did you attend events or activities that [S.C.] and [his/her] friends participated in? Would you say never, sometimes, usually or always?

- (1) Never **[SKIP TO S7Q14]**
- (2) Sometimes **[SKIP TO S7Q14]**
- (3) Usually **[SKIP TO S7Q14]**
- (4) Always **[SKIP TO S7Q14]**
- (6) DON'T KNOW **[SKIP TO S7Q14]**
- (7) REFUSED **[SKIP TO S7Q14]**

S7Q14 Regarding [S.C.]’s friends, would you say that you have met all of [his/her] friends, most of [his/her] friends, some of [his/her] friends, or none of [his/her] friends?

- (1) All of [his/her] friends
- (2) Most of [his/her] friends
- (3) Some of [his/her] friends
- (4) None of [his/her] friends
- (5) CHILD HAS NO FRIENDS
- (6) DON’T KNOW
- (7) REFUSED

IF AGE OF S.C. IS > 143 MONTHS, **[SKIP TO S7Q17]**
ELSE, **[SKIP TO S7Q15]**

S7Q15 Sometimes children spend time caring for themselves, either at home or somewhere else, without an adult or older child responsible for them. During the past week, did [S.C.] spend time caring for (himself/herself) for even a small amount of time?

- (1) YES **[SKIP TO S7Q16]**
- (2) NO **[SKIP TO S7Q20]**
- (6) DON’T KNOW **[SKIP TO S7Q20]**
- (7) REFUSED **[SKIP TO S7Q20]**

HELP SCREEN(S7Q15): INCLUDE ALL TIMES WHEN A CHILD IS NOT IN THE DIRECT SUPERVISION OF AN ADULT OR OLDER CHILD. AN ADULT OR OLDER CHILD MAY OR MAY NOT BE AT HOME OR NEARBY.

S7Q16 During the past week, how many hours did [S.C.] take care of (himself/herself)?

- ___ NUMBER OF HOURS **[RANGE CHECK: 001-168]**
(995) MORE THAN ZERO, LESS THAN 1 HOUR
(996) DON’T KNOW
(997) REFUSED

IF S7Q16 = 000, OR (S7Q16 >168 AND <995) OR (S7Q16 > 997) **[DISPLAY WARNING TEXT]**
ELSE, **[SKIP TO S7Q20]**

S7Q17 During the past 12 months, has [S.C.] been involved in any type of community service or volunteer work at school, church, or in the community?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

S7Q19 **CATI INSTRUCTION (S7Q19):** IF AGE ≤ 143 MONTHS, SKIP TO S7Q20. ELSE, SKIP TO S7Q19.

During the past week, how many hours did [S.C.] work for pay?

____ NUMBER OF HOURS [RANGE CHECK: 000-168, 996, 997]
(995) MORE THAN ZERO, LESS THAN 1 HOUR
(996) DON'T KNOW
(997) REFUSED

HELP SCREEN (S7Q19): WORK FOR PAY INCLUDES ONLY WORK OUTSIDE THE HOME.

Subdomain 4: Child health behaviors

S7Q20 During the past week, on how many nights did [S.C.] get enough sleep for a child (his/her) age?

____ NUMBER OF DAYS [RANGE CHECK: 00-07]
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (S7Q20): “Enough sleep” is whatever you define it as for this child.

IF S7Q20 >07 AND S7Q20 <96, OR IF S7Q20 > 97, [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S7Q21]

S7Q21 During the past week, on how many days did [S.C.] exercise or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

____ NUMBER OF DAYS [RANGE CHECK: 00-07]
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: Include active sports such as baseball, softball, basketball, swimming, soccer, tennis, or football; riding a bike or rollerskating; walking or jogging; jumping rope; gymnastics; and active dance such as ballet.

IF S7Q21 >07 AND S7Q21 <96, OR IF S7Q21 > 97, [DISPLAY WARNING TEXT]
ELSE, NO [SKIP TO S7Q22]

S7Q22 During the past 12 months, has [S.C.] ridden a bike, scooter, skateboard, roller skates, or rollerblades?

(1) YES [SKIP TO S7Q23]
(2) NO [SKIP TO S7Q26]
(6) DON'T KNOW [SKIP TO S7Q26]
(7) REFUSED [SKIP TO S7Q26]

S7Q23 How often does [he/she] wear a helmet when riding a bike, scooter, skateboard, roller skates, or rollerblades? Would you say never, sometimes, usually or always?

- (1) Never [SKIP TO S7Q26]
- (2) Sometimes [SKIP TO S7Q26]
- (3) Usually [SKIP TO S7Q26]
- (4) Always [SKIP TO S7Q26]
- (6) DON'T KNOW [SKIP TO S7Q26]
- (7) REFUSED [SKIP TO S7Q26]

Subdomain 4: Age-specific activities

S7Q26 **CATI INSTRUCTION (S7Q26):** IF [(S7Q01F IN (2, 6, 7) AND (S7Q01 = 4)] OR (S7Q02 = 995) SKIP TO S7Q29. ELSE, SKIP TO S7Q26.

On an average school day, about how much time does [he/she] usually spend reading for pleasure?

INCLUDE TIME WHEN THE CHILD READS TO THEMSELVES OR IS READ TO BY SOMEONE ELSE. DO NOT INCLUDE TIME SPENT LISTENING TO BOOKS ON AUDIO TAPES, RECORDS, CDS OR A COMPUTER.

____ _ HOURS [RANGE CHECK 000-994]

- (995) CHILD CANT READ
- (996) DON'T KNOW
- (997) REFUSED

HELP SCREEN: TIME SPENT READING INCLUDES THE TIME A CHILD SPENDS READING TO THEMSELVES OR BEING READ TO BY ANOTHER PERSON. IT DOES NOT INCLUDE TIME SPENT LISTENING TO BOOKS READ BY OR WITH THE ASSISTANCE OF AN AUDIO TAPE, RECORD, CD, OR COMPUTER.

IF S7Q26 > 997, [DISPLAY WARNING TEXT]
ELSE IF S7Q26 IN (000, 995, 996, 997) [SKIP TO S7Q27]
ELSE, [SKIP TO S7Q26A]

S7Q26A [MARK PERIOD]

- (1) HOURS
- (2) MINUTES
- (6) DON'T KNOW
- (7) REFUSED

IF HOURS EXCEEDS 12, OR MINUTES EXCEEDS 720, [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S7Q27]

S7Q27 On an average school day, about how many hours does [S.C.] use a computer for purposes other than schoolwork?

____NUMBER OF HOURS [RANGE CHECK: 00-24]

- (25) MORE THAN 0, LESS THAN 1 HOUR
- (26) DON'T OWN COMPUTER
- (96) DON'T KNOW
- (97) REFUSED

IF (S7Q27 >26 AND <96) OR S7Q27 >97, [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S7Q28]

S7Q28 On an average school day, about how many hours does [S.C.] usually watch TV, watch videos, or play video games?

____NUMBER OF HOURS [RANGE CHECK: 00-24]

- (25) MORE THAN 0, LESS THAN 1 HOUR
- (26) DON'T OWN TELEVISION
- (96) DON'T KNOW
- (97) REFUSED

IF S7Q28 = 26, [SKIP TO ST_S7Q30]
ELSE IF (S7Q28 >26 AND <96) OR S7Q28 >97, [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S7Q29]

S7Q29 Are there family rules about what television programs [he/she] is allowed to watch?

- (1) YES [SKIP TO ST_S7Q30]
- (2) NO [SKIP TO ST_S7Q30]
- (6) DON'T KNOW [SKIP TO ST_S7Q30]
- (7) REFUSED [SKIP TO ST_S7Q30]

Subdomain 5: Parent concerns

ST_S7Q30 The next section asks about specific concerns you may have about [S.C.]. Please tell me if you are currently concerned a lot, a little, or not at all about the following:

- (1) PRESS '1' TO CONTINUE.

QUESTION STEM: [Are you currently concerned a lot, a little, or not at all about

S7Q30 [S.C.]'s Achievement

- (1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

HELP SCREEN (S7Q30): ACHIEVEMENT COULD BE EITHER ACADEMIC OR NON-ACADEMIC.

S7Q31 Having enough time with [S.C.]

- (1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

S7Q32 Your relationship with [him/her]
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

S7Q33 [His/Her] self-esteem
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

S7Q34 How [he/she] copes with stressful things
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

S7Q35 Learning difficulties
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

HELP SCREEN (S7Q35): LEARNING DIFFICULTIES ARE NOT LIMITED TO THOSE THAT ARE OFFICIALLY DIAGNOSED.

S7Q36 Depression or anxiety
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

HELP SCREEN (S7Q36): DEPRESSION AND ANXIETY ARE NOT LIMITED TO THOSE ILLNESSES THAT ARE CLINICALLY DIAGNOSED.

S7Q37 Substance abuse
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

S7Q38 Eating disorders
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

S7Q39 Being 'bullied' by classmates
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

S7Q40 Violence in the home, school, or neighborhood
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

Subdomain 6: Positive and negative behaviors

ST_S7Q41

I am going to read a list of items that sometimes describe children. For each item, please tell me how often this is true for [S.C.] during the past month. Would you say never, sometimes, usually, or always?

S7Q56 [He/She] argues too much.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

S7Q45 [He/She] bullies or is cruel or mean to others.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

S7Q53 [He/She] shows respect for teachers and neighbors.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

S7Q52 [He/She] gets along well with other children.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

S7Q44 [He/She] is disobedient.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

- S7Q41 [He/She] is stubborn, sullen, or irritable.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED
- S7Q54 [He/She] tries to understand other people's feelings.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED
- S7Q59 [He/She] tries to resolve conflicts with classmates, family, or friends.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED
- S7Q48 [He/She] feels worthless or inferior.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED
- S7Q62 [He/She] is unhappy, sad, or depressed.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED
- S7Q63 [He/She] is withdrawn, and does not get involved with others.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

Section 8: Family Functioning

Subdomain 1: Family activities

IF AGE OF S.C. > 071 MONTHS, SKIP TO S8Q03.
ELSE, CONTINUE WITH S8Q01.

S8Q01 During the past week, how many times did you or any family member take [S.C.] on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?)

___ NUMBER OF TIMES [RANGE CHECK: 00-95]
(96) DON'T KNOW
(97) REFUSED

IF (S8Q01 >95 AND <96) OR S8Q01 >97, [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S8Q03]

S8Q03 During the past week, on how many days did all the family members who live in the household eat a meal together?

___ [RANGE CHECK: 00-07]
(96) DON'T KNOW
(97) REFUSED

IF (S8Q03 >07 AND <96) OR S8Q03 >97, [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S8Q02]

S8Q02 About how often does [S.C.] attend a religious service?

___ [RANGE CHECK: 000-993]

[ENTER NUMBER]

(994) NEVER
(996) DON'T KNOW
(997) REFUSED

IF S8Q02 IN (000, 994, 996, 997) [SKIP TO S8Q04]
ELSE IF (S8Q02 >993 AND < 96) OR S8Q02 > 97, [DISPLAY WARNING TEXT]
ELSE, [SKIP TO S8Q02A]

S8Q02A [MARK PERIOD]

(1) PER DAY
(2) PER WEEK
(3) PER MONTH
(4) PER YEAR
(6) DON'T KNOW
(7) REFUSED

IF AGE OF S.C. < 071 MONTHS, [SKIP TO S8Q06]
ELSE, [SKIP TO S8Q04]

Subdomain 2: Parental involvement

S8Q04 **CATI INSTRUCTION S8Q04:** IF SC <071 MONTHS, SKIP TO S8Q06. ELSE, SKIP TO S8Q04.

Is your relationship with [S.C.] very close, somewhat close, not very close, not close at all?

- (1) Very close [SKIP TO S8Q05]
- (2) Somewhat close [SKIP TO S8Q05]
- (3) Not very close [SKIP TO S8Q05]
- (4) Not close at all [SKIP TO S8Q05]
- (6) DON'T KNOW [SKIP TO S8Q05]
- (7) REFUSED [SKIP TO S8Q05]

S8Q05 How well can you and [S.C.] share ideas or talk about things that really matter? Would you say very well, somewhat well, not very well, or not very well at all?

- (1) Very well [SKIP TO S8Q06]
- (2) Somewhat well [SKIP TO S8Q06]
- (3) Not very well [SKIP TO S8Q06]
- (4) Not very well at all [SKIP TO S8Q06]
- (6) DON'T KNOW [SKIP TO S8Q06]
- (7) REFUSED [SKIP TO S8Q06]

Subdomain 3: Family stress

S8Q06 **CATI INSTRUCTION (S8Q06):** IF S1Q02 = (1) Mother OR (2) FATHER FILL "parenthood". ELSE FILL "raising children".

In general, how well do you feel you are coping with the day to day demands of (parenthood/raising children)? Would you say that you are coping very well, somewhat well, not very well, or not well at all?

- (1) Very well [SKIP TO S8Q07]
- (2) Somewhat well [SKIP TO S8Q07]
- (3) Not very well [SKIP TO S8Q07]
- (4) Not well at all [SKIP TO S8Q07]
- (6) DON'T KNOW [SKIP TO S8Q07]
- (7) REFUSED [SKIP TO S8Q07]

S8Q07 During the past month, how often have you felt [S.C.] is much harder to care for than most children (his/her) age? Would you say never, sometimes, usually, or always?

- (1) Never [SKIP TO S8Q08]
- (2) Sometimes [SKIP TO S8Q08]
- (3) Usually [SKIP TO S8Q08]
- (4) Always [SKIP TO S8Q08]
- (6) DON'T KNOW [SKIP TO S8Q08]
- (7) REFUSED [SKIP TO S8Q08]

S8Q08 During the past month, how often have you felt [he/she] does things that really bother you a lot? [READ RESPONSES AS NECESSARY] Would you say never, sometimes, usually, or always?

- (1) NEVER [SKIP TO S8Q09]
- (2) SOMETIMES [SKIP TO S8Q09]
- (3) USUALLY [SKIP TO S8Q09]
- (4) ALWAYS [SKIP TO S8Q09]
- (6) DON'T KNOW [SKIP TO S8Q09]
- (7) REFUSED [SKIP TO S8Q09]

S8Q09 During the past month, how often have you felt you are giving up more of your life to meet [S.C.]'s needs than you ever expected? Would you say never, sometimes, usually, or always?

- (1) NEVER [SKIP TO S8Q10]
- (2) SOMETIMES [SKIP TO S8Q10]
- (3) USUALLY [SKIP TO S8Q10]
- (4) ALWAYS [SKIP TO S8Q10]
- (6) DON'T KNOW [SKIP TO S8Q10]
- (7) REFUSED [SKIP TO S8Q10]

S8Q10 During the past month, how often have you felt angry with [him/her]? Would you say never, sometimes, usually, or always?

- (1) NEVER [SKIP TO S8Q11]
- (2) SOMETIMES [SKIP TO S8Q11]
- (3) USUALLY [SKIP TO S8Q11]
- (4) ALWAYS [SKIP TO S8Q11]
- (6) DON'T KNOW [SKIP TO S8Q11]
- (7) REFUSED [SKIP TO S8Q11]

S8Q11 **CATI INSTRUCTION (S8Q11):** IF S1Q02 = (1) Mother OR (2) FATHER FILL "parenthood". ELSE FILL "raising children".

Is there someone that you can turn to for day-to-day emotional help with [parenthood/raising children]?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

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

- S8Q12 There are various ways that families deal with serious disagreements. **QUESTION STEM:** [When you have a serious disagreement with your household members, how often do you [FILL S8Q12-S8Q15]. Would you say never, rarely, sometimes, usually or always?]
- S8Q12 just keep your opinions to yourself?
[READ IF NECESSARY: Would you say never, rarely, sometimes, usually or always?]
(1) Never (2) Rarely (3) Sometimes (4) Usually (5) Always (6) DON'T KNOW (7) REFUSED
- S8Q13 discuss your disagreements calmly?
[READ IF NECESSARY: Would you say never, rarely, sometimes, usually or always?]
(1) Never (2) Rarely (3) Sometimes (4) Usually (5) Always (6) DON'T KNOW (7) REFUSED
- S8Q14 argue heatedly or shout?
[READ IF NECESSARY: Would you say never, rarely, sometimes, usually or always?]
(1) Never (2) Rarely (3) Sometimes (4) Usually (5) Always (6) DON'T KNOW (7) REFUSED
- S8Q15 end up hitting or throwing things? Would you say?
[READ IF NECESSARY: Would you say never, rarely, sometimes, usually or always?]
(1) Never (2) Rarely (3) Sometimes (4) Usually (5) Always (6) DON'T KNOW (7) REFUSED

Section 9: Parental Health

Subdomain 1:

S9SD1_IN The next few questions are about (S.C.)'s parents. Before I ask them, I need to know which parents live in this household with (S.C).

IF S1Q02 = (1) Mother OR (2) Father, CONTINUE WITH S9Q00.
ELSE SKIP TO S9Q01.

S9Q00 **CATI INSTRUCTION (S9Q00):** IF S1Q02 = 1, REMOVE RESPONSE CATEGORIES 05-08. ELSE IF S1Q02 = 2, REMOVE RESPONSE CATEGORIES 01-04.

Earlier you told me you are (S.C.)'s (Mother/Father). Are you (S.C.)'s biological, adoptive, step, or foster (mother/father)??

- | | |
|------------------------|-----------------|
| (01) BIOLOGICAL MOTHER | [SKIP TO S9Q01] |
| (02) STEP MOTHER | [SKIP TO S9Q01] |
| (03) FOSTER MOTHER | [SKIP TO S9Q01] |
| (04) ADOPTIVE MOTHER | [SKIP TO S9Q01] |
| (05) BIOLOGICAL FATHER | [SKIP TO S9Q01] |
| (06) STEP FATHER | [SKIP TO S9Q01] |
| (07) FOSTER FATHER | [SKIP TO S9Q01] |
| (08) ADOPTIVE FATHER | [SKIP TO S9Q01] |
| (09) OTHER | [SKIP TO S9Q01] |
| (96) DON'T KNOW | [SKIP TO S9Q01] |
| (97) REFUSED | [SKIP TO S9Q01] |

S9Q01 **CATI INSTRUCTION (S9Q01):** IF S1Q05 = S_UNDR18 + 1, [I.E. IF TOTAL PEOPLE = NUMBER OF CHILDREN + 1, THERE IS ONLY ONE PARENT IN HH] SKIP TO S9Q03. ELSE SKIP TO S9Q01. IF S1Q02 = (1) Mother OR (2) Father, FILL "other". ELSE, FILL "Earlier you told me you are [S.C.]'s".

[FILL: Earlier you told me you are (S.C.)'s (ANSWER TO S1Q02)]. Does S.C. have any (other) parents, or people who act as (his/her) parents, living here?

- | | |
|----------------|-----------------|
| (1) YES | [SKIP TO S9Q02] |
| (2) NO | [SKIP TO S9Q03] |
| (6) DON'T KNOW | [SKIP TO S9Q03] |
| (7) REFUSED | [SKIP TO S9Q03] |

S9Q02 INDEX

What is their relationship to (S.C.)? [MARK ALL THAT APPLY]

IF R RESPONDS "Mother" or "Father" PROBE: 'Is that (his/her) biological, adoptive, step, or foster (fill)?']

S9Q02X01	BIOLOGICAL MOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X02	STEP MOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X03	FOSTER MOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X04	ADOPTIVE MOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X05	BIOLOGICAL FATHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X06	STEP FATHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X07	FOSTER FATHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X08	ADOPTIVE FATHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X09	SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)	(1) YES (0) NO (6) DK (7) REF
S9Q02X10	IN-LAW OF ANY TYPE	(1) YES (0) NO (6) DK (7) REF
S9Q02X11	AUNT/UNCLE	(1) YES (0) NO (6) DK (7) REF
S9Q02X12	GRANDMOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X13	GRANDFATHER	(1) YES (0) NO (6) DK (7) REF
S9Q02X14	OTHER FAMILY MEMBER	(1) YES (0) NO (6) DK (7) REF
S9Q02X15	FEMALE GUARDIAN	(1) YES (0) NO (6) DK (7) REF
S9Q02X16	MALE GUARDIAN	(1) YES (0) NO (6) DK (7) REF
S9Q02X17	RESPONDENT'S PARTNER OR BOY/GIRLFRIEND	(1) YES (0) NO (6) DK (7) REF
S9Q02X18	OTHER NON-RELATIVE	(1) YES (0) NO (6) DK (7) REF
S9Q02X19	TWO OR MORE OF THE SAME RELATIONSHIP TYPE	(1) YES (0) NO (6) DK (7) REF

IF NUMBER OF SELECTIONS S9Q02-INDEX >

(S1Q05 - S_UNDR18),

[DISPLAY WARNING TEXT]

ELSE, DO

IF S9Q02X19 = 1,

[SKIP TO S9Q02_T]

ELSE DO,

IF (S9Q00 = 01 AND S9Q02X05 = 1)

OR (S9Q00 = 05 AND S9Q02X01 = 1) [I.E. BIOLOGICAL MOTHER AND BIOLOGICAL FATHER IN HH]

[SKIP TO S9Q08]

ELSE,

[SKIP TO S9Q03]

S9Q02_T

ENTER RELATIVE OR RELATIVES_____.

IF (S9Q00 = 01 AND S9Q02X05 = 1) OR (S9Q00 = 05 AND S9Q02X01 = 1) [I.E. BIOLOGICAL MOTHER AND BIOLOGICAL FATHER IN HH]

[SKIP TO S9Q08]

ELSE,

[SKIP TO S9Q03]

S9Q03

CATI INSTRUCTION (S9Q03): IF S1Q02 NE (01) Mother AND S9Q00 = (01) FILL “other” ELSE NO FILL.

Does S.C. have any (other) parents, or people who act as (his/her) parents, who do not live at this address?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

IF [S9Q00 IN (96, 97) AND S9Q01 =1 AND ALL VALUES FOR S9Q02 INDEX IN (6,7)] [I.E. THERE ARE PARENT(S), BUT TYPE IS UNKNOWN]

[SKIP TO S9Q09]

ELSE IF S9Q03 IN (2,6,7) [I.E. NO PARENTS OUTSIDE HOUSEHOLD]

[SKIP TO S9Q08]

ELSE,

[SKIP TO S9Q04]

S9Q04 INDEX

CATI INSTRUCTION (S9Q04): IF S1Q02 = 1 AND S9Q00 = 1 [R IS BIO. MOTHER] DO NOT DISPLAY RESPONSE OPTION 01. ELSE, IF S1Q02 = 1 AND S9Q00 = 1 [R IS BIO. FATHER] DO NOT DISPLAY RESPONSE OPTION 05.

What is their relationship to S.C.? [MARK ALL THAT APPLY]

IF R RESPONDS “Mother” or “Father” PROBE: ‘Is that (his/her) biological, adoptive, step, or foster (fill)?’]

S9Q04X01	BIOLOGICAL MOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X02	STEP MOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X03	FOSTER MOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X04	ADOPTIVE MOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X05	BIOLOGICAL FATHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X06	STEP FATHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X07	FOSTER FATHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X08	ADOPTIVE FATHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X09	SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)	(1) YES (0) NO (6) DK (7) REF
S9Q04X10	IN-LAW OF ANY TYPE	(1) YES (0) NO (6) DK (7) REF
S9Q04X11	AUNT/UNCLE	(1) YES (0) NO (6) DK (7) REF
S9Q04X12	GRANDMOTHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X13	GRANDFATHER	(1) YES (0) NO (6) DK (7) REF
S9Q04X14	OTHER FAMILY MEMBER	(1) YES (0) NO (6) DK (7) REF
S9Q04X15	FEMALE GUARDIAN	(1) YES (0) NO (6) DK (7) REF
S9Q04X16	MALE GUARDIAN	(1) YES (0) NO (6) DK (7) REF
S9Q04X17	RESPONDENT’S PARTNER OR BOY/GIRLFRIEND	(1) YES (0) NO (6) DK (7) REF
S9Q04X18	OTHER NON-RELATIVE	(1) YES (0) NO (6) DK (7) REF
S9Q04X19	TWO OR MORE OF THE SAME RELATIONSHIP TYPE	(1) YES (0) NO (6) DK (7) REF

IF S9Q04X19 = 1, [SKIP TO S9Q04_T]
ELSE [SKIP TO S9Q05]

S9Q04_T ENTER RELATIVE OR RELATIVE(S)_____.

[SKIP TO S9Q05]

S9Q05 **CATI INSTRUCTION (S9Q05):** S9Q05 AND/OR S9Q05A WILL BE ASKED IF A BIO PARENT OUTSIDE HH. IF S9Q04X01 NE 1 AND S9Q04X05 NE 1, THEN SKIP TO S9Q08. ELSE, PROCEED THROUGH CONDITIONS BELOW.

IF S9Q04X01 = 1 SKIP TO S9Q05. ELSE, SKIP TO S9Q05A.

During the past 12 months, how often has [S.C.] seen (his/her) [biological] mother.

- (1) More than once a week
- (2) About once a week
- (3) 1 to 3 times a month
- (4) 1 to 11 times a year
- (5) Not at all
- (6) DON'T KNOW
- (7) REFUSED

IF S9Q04X05 = 1,SKIP TO S9Q05A. ELSE, SKIP TO S9Q08.

S9Q05A **CATI INSTRUCTION (S9Q05A):** IF S9Q00 IN (06, 07, 08) OR S9Q02X06 – S9Q02X08 = 1, FILL “Biological”. ELSE, NO FILL.

During the past 12 months, how often has [S.C.] seen his/her [biological] father?

- | | |
|---------------------------|------------------------|
| (1) More than once a week | [SKIP TO S9Q08] |
| (2) About once a week | [SKIP TO S9Q08] |
| (3) 1 to 3 times a month | [SKIP TO S9Q08] |
| (4) 1 to 11 times a year | [SKIP TO S9Q08] |
| (5) Not at all | [SKIP TO S9Q08] |
| (6) DON'T KNOW | [SKIP TO S9Q08] |
| (7) REFUSED | [SKIP TO S9Q08] |

Subdomain 2: Maternal and paternal health status

S9Q08

CATI INSTRUCTION (S9Q08):

IF S1Q02 = 1 OR ANY VALUE FOR S9Q02X01-S9Q02X04 = 1, SKIP TO S9Q08 [I.E. IF ANY MOTHER TYPE IN HH]
ELSE, SKIP TO S9Q09.

IF S1Q02 = 01 [I.E. RESPONDENT IS MOTHER], FILL “your”.
ELSE, FILL MOTHERTYPE.

Would you say that in general ([S.C.]’s MOTHER TYPE/your) health is excellent, very good, good, fair, or poor?

- | | |
|-----------------|-----------------|
| (01) Excellent | [SKIP TO S9Q09] |
| (02) Very good | [SKIP TO S9Q09] |
| (03) Good | [SKIP TO S9Q09] |
| (04) Fair | [SKIP TO S9Q09] |
| (05) Poor | [SKIP TO S9Q09] |
| (96) DON’T KNOW | [SKIP TO S9Q09] |
| (97) REFUSED | [SKIP TO S9Q09] |

S9Q09

CATI INSTRUCTION (S9Q09):

IF S1Q02 = 2, OR S9Q02X05-S9Q02X08 = 1 [I.E. ANY FATHER TYPE IN HOUSEHOLD] AND
[SKIP TO S9Q09]
ELSE, [SKIP TO S9Q10]

IF S1Q02 [I.E. RESPONDENT IS FATHER] = 02, FILL “your”.

ELSE, FILL FATHER TYPE.

Would you say that in general ([S.C.]’s FATHER TYPE/your) health is excellent, very good, good, fair, or poor?

- (01) Excellent
- (02) Very good
- (03) Good
- (04) Fair
- (05) Poor
- (96) DON’T KNOW
- (97) REFUSED

IF S1Q02 IN (1,2) [SKIP TO S9Q18]
ELSE, [SKIP TO S9Q10]

S9Q10 **CATI INSTRUCTION (S9Q10):** IF S1Q02 IN (1, 2) SKIP TO S9Q18). ELSE SKIP TO S9Q10.
[THIS QUESTION IS ASKED IF RESPONDENT IS NOT THE MOTHER OR FATHER].

Would you say that in general your health is excellent, very good, good, fair, or poor?

- (1) Excellent **[SKIP TO S9Q18]**
- (2) Very good **[SKIP TO S9Q18]**
- (3) Good **[SKIP TO S9Q18]**
- (4) Fair **[SKIP TO S9Q18]**
- (5) Poor **[SKIP TO S9Q18]**
- (6) DON'T KNOW **[SKIP TO S9Q18]**
- (7) REFUSED **[SKIP TO S9Q18]**

Subdomain 4: Maternal and paternal emotional health

S9Q18 **CATI INSTRUCTION (S9Q18):** IF S9Q08 ASKED[I.E. MOTHERTYPE IN HH], ASK S9Q18
USING CORRESPONDING FILLS. ELSE, SKIP TO S9Q19.

Would you say that in general ([S.C.]’s mother’s/your) mental and emotional health is excellent, very good, good, fair, or poor?

- (01) Excellent
- (02) Very good
- (03) Good
- (04) Fair
- (05) Poor
- (96) DON'T KNOW
- (97) REFUSED

S9Q19 **CATI INSTRUCTIONS (S9Q19):** IF S9Q09 ASKED [I.E. FATHERTYPE IN HH], ASK S9Q19
USING CORRESPONDING FILLS. ELSE, SKIP TO S9Q20

Would you say that in general ([S.C.]’s father’s/your) mental and emotional health is excellent, very good, good, fair, or poor?

- (01) Excellent
- (02) Very good
- (03) Good
- (04) Fair
- (05) Poor
- (96) DON'T KNOW
- (97) REFUSED

S9Q20 **CATI INSTRUCTIONS (S9Q20):** IF S9Q10 ASKED[RESPONDENT IS NOT MOTHER OR FATHER], ASK S9Q20 USING CORRESPONDING FILLS. ELSE, SKIP TO S9Q15

Would you say that in general ([S.C.]’s your) mental and emotional health is excellent, very good, good, fair, or poor?

- (01) Excellent
- (02) Very good
- (03) Good
- (04) Fair
- (05) Poor
- (96) DON’T KNOW
- (97) REFUSED

S9Q15 **CATI INSTRUCTION (S9Q15):** IF S9Q18 ASKED[I.E. SOME MOTHERTYPE IN HH], ASK S9Q15. ELSE SKIP TO S9Q15A.

IF S1Q02 = 01 [I.E. MOTHER IS RESPONDENT], FILL (1) you (2) you (3) your (4) you. ELSE, FILL (1) S.C.’s MOTHERTYPE (2) her (3) her (4) her..

During the past month, did [you/S.C.’s MOTHER] regularly exercise or play sports hard enough to make [you/her] breathe hard, make [your/her] heart beat fast, or make [you/her] sweat for 20 minutes or more?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

IF S9Q19 ASKED, [SKIP TO S9Q15A]
ELSE [SKIP TO S9Q15B]

S9Q15A **CATI INSTRUCTION (S9Q15A):** IF S1Q02 = 02 [I.E. FATHER IS RESPONDENT] USE FILL # 2 WITH THESE PRONOUN FILLS: (1) you (2) you (3) your (4) you. ELSE, FILL (1) S.C.’s

FATHERTYPE (2) his (3) his (4) his .

IF S9Q15 NOT SKIPPED, USE FILL #1 AND DISPLAY FILL #2 WITH BRACKET S AROUND IT. ELSE USE FILL #2 ONLY.

FILL #1: [And how about [S.C.]’s [FATHERTYPE]/YOU?]/ FILL #2: During the past month, did [you/S.C.’s FATHER] regularly exercise or play sports hard enough to make [you/him] breathe hard, make [your/his] heart beat fast, or make [you/him] sweat for 20 minutes or more?]

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

IF S9Q20 ASKED, [SKIP TO S9Q15B]
ELSE [SKIP TO S9Q15C]

S9Q15B **CATI INSTRUCTION (S9Q15B):** IF S9Q20 ASKED [I.E. RESPONDENT IS NOT MOTHER OR FATHER], ASK S9Q15B. ELSE, SKIP TO S9Q15C. IF S9Q15 OR S9Q15 ANSWERED, USE FILL #1 AND DISPLAY FILL #2 WITH BRACKETS AROUND IT. ELSE, USE FILL #2.

FILL #1: And how about you?/ FILL#2: During the past month, did you regularly exercise or play sports hard enough to make you breathe hard, make your heart beat fast, or make you sweat for 20 minutes or more?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

IF S9Q18 ASKED, [SKIP TO S9Q15C]
ELSE [SKIP TO S9Q15D]

S9Q15C **CATI INSTRUCTION (S9Q15C):** IF S9Q18 ASKED [I.E. MOTHERTYPE IN HH], ASK S9Q15C. ELSE, SKIP TO S9Q15D. IF S1Q02 = 01 [MOTHER IS RESPONDENT], FILL "you". ELSE, FILL (1) S.C.'s MOTHERTYPE.

[Do you/Does (S.C.)'s mother] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

S9Q15D **CATI INSTRUCTION (S9Q15D):** IF S9Q19 ASKED[I.E. FATHERTYPE IN HH], SKIP TO S9Q15D. ELSE, SKIP TO S9Q15E.
IF S1Q02 = (1) Father, THEN FILL: you.
ELSE DO:

IF S9Q15 ANSWERED THEN FILL "Does (S.C.)'s father?" ONLY.
ELSE IF S9Q15 NOT ANSWERED
ELSE, FILL, "Does (S.C.)'s FATHERTYPE..."

{Does (S.C.)'s father?/[Do you/Does (S.C.)'s father]} have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?}

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

S9Q15E

CATI INSTRUCTION (S9Q15E): IF S1Q02 NOT IN (01, 02) AND S9Q02X01-S9Q02X08 NE 1 [I.E. RESPONENT IS NOT MOTHER OR FATHER], THEN SKIP TO S9Q15E. ELSE, SKIP TO S9Q11B.

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | |
|----------------|------------------|
| (1) YES | [SKIP TO S9Q11B] |
| (2) NO | [SKIP TO S9Q11B] |
| (6) DON'T KNOW | [SKIP TO S9Q11B] |
| (7) REFUSED | [SKIP TO S9Q11B] |

Subdomain 3: Maternal and paternal health habits

S9Q11B

CATI INSTRUCTION (S9Q11B):-IF AGE OF S.C. <72 MONTHS, SKIP TO S10Q01. ELSE, SKIP TO S9Q11B.

Does anyone in the household use cigarettes, cigars, or pipe tobacco?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

Section 10: Neighborhood and Community Characteristics

S10Q01 Now, for the next five 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 say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?

- (1) Definitely agree [SKIP TO S10Q02]
- (2) Somewhat agree [SKIP TO S10Q02]
- (3) Somewhat disagree [SKIP TO S10Q02]
- (4) Definitely disagree [SKIP TO S10Q02]
- (6) DON'T KNOW [SKIP TO S10Q02]
- (7) REFUSED [SKIP TO S10Q02]

S10Q02 “We watch out for each other’s children in this neighborhood.” [READ ONLY WHEN NEEDED: Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]

- (1) Definitely agree [SKIP TO S10Q03]
- (2) Somewhat agree [SKIP TO S10Q03]
- (3) Somewhat disagree [SKIP TO S10Q03]
- (4) Definitely disagree [SKIP TO S10Q03]
- (6) DON'T KNOW [SKIP TO S10Q03]
- (7) REFUSED [SKIP TO S10Q03]

S10Q03 “There are people I can count on in this neighborhood.” [READ ONLY WHEN NEEDED: Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]

- (1) Definitely agree [SKIP TO S10Q04]
- (2) Somewhat agree [SKIP TO S10Q04]
- (3) Somewhat disagree [SKIP TO S10Q04]
- (4) Definitely disagree [SKIP TO S10Q04]
- (6) DON'T KNOW [SKIP TO S10Q04]
- (7) REFUSED [SKIP TO S10Q04]

S10Q04 **CATI INSTRUCTION (S10Q04):** IF S_UNDR18 = 1, THEN FILL “child”, ELSE FILL “children”.

“There are people in this neighborhood who might be a bad influence on my [child/children].” [READ ONLY WHEN NEEDED: Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]

- (1) Definitely agree [SKIP TO S10Q05]
- (2) Somewhat agree [SKIP TO S10Q05]
- (3) Somewhat disagree [SKIP TO S10Q05]
- (4) Definitely disagree [SKIP TO S10Q05]
- (6) DON'T KNOW [SKIP TO S10Q05]
- (7) REFUSED [SKIP TO S10Q05]

S10Q05 "If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child." [READ ONLY WHEN NEEDED: Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]

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

- (1) Definitely agree [SKIP TO S10Q06]
- (2) Somewhat agree [SKIP TO S10Q06]
- (3) Somewhat disagree [SKIP TO S10Q06]
- (4) Definitely disagree [SKIP TO S10Q06]
- (6) DON'T KNOW [SKIP TO S10Q06]
- (7) REFUSED [SKIP TO S10Q06]

S10Q06 How often do you feel [S.C.] is safe in your community or neighborhood? Would you say never, sometimes, usually, or always?

- (1) Never
- (2) Sometimes
- (3) Usually
- (4) Always
- (6) DON'T KNOW
- (7) REFUSED

IF [AGE OF S.C. < 72 MONTHS] OR [S7Q01 = 3] OR [S7Q01 = 4 AND S7Q01F IN (2, 6, 7)] OR [S7Q02 IN (994, 995)] [SKIP TO S10Q08]
ELSE, [SKIP TO S10Q07]

S10Q07 How often do you feel [he/she] is safe at school? Would you say never, sometimes, usually, or always?

- (1) Never [SKIP TO S10Q08]
- (2) Sometimes [SKIP TO S10Q08]
- (3) Usually [SKIP TO S10Q08]
- (4) Always [SKIP TO S10Q08]
- (6) DON'T KNOW [SKIP TO S10Q08]
- (7) REFUSED [SKIP TO S10Q08]

S10Q08 How often do you feel [he/she] is safe at home? Would you say never, sometimes, usually, or always?

- (1) Never [SKIP TO S11_TRAN]
- (2) Sometimes [SKIP TO S11_TRAN]
- (3) Usually [SKIP TO S11_TRAN]
- (4) Always [SKIP TO S11_TRAN]
- (6) DON'T KNOW [SKIP TO S11_TRAN]
- (7) REFUSED [SKIP TO S11_TRAN]

Section 11: Additional Demographics

S11_TRAN Now I have a few more general questions about [S.C.] and your household.

S11Q01 Is S.C of Hispanic or Latino origin?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED

S11Q02 Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe [S.C.]'s race. Is [S.C.] White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander? **[MARK ALL THAT APPLY]**

- | | | | | | |
|-----------|------------------------|---------|--------|--------|---------|
| S11Q02X01 | WHITE | (1) YES | (0) NO | (6) DK | (7) REF |
| S11Q02X02 | BLACK/AFRICAN-AMERICAN | (1) YES | (0) NO | (6) DK | (7) REF |
| S11Q02X03 | AMERICAN INDIAN | (1) YES | (0) NO | (6) DK | (7) REF |
| S11Q02X04 | ALASKA NATIVE | (1) YES | (0) NO | (6) DK | (7) REF |
| S11Q02X05 | ASIAN | (1) YES | (0) NO | (6) DK | (7) REF |
| S11Q02X06 | NATIVE HAWAIIAN | (1) YES | (0) NO | (6) DK | (7) REF |
| S11Q02X07 | PACIFIC ISLANDER | (1) YES | (0) NO | (6) DK | (7) REF |
| S11Q02X08 | OTHER | (1) YES | (0) NO | (6) DK | (7) REF |

- (96) DON'T KNOW
- (97) REFUSED

HELP SCREEN (S11Q02): BE SURE TO READ THE ENTIRE QUESTION AS WRITTEN (INCLUDING ALL RESPONSE CATEGORIES.)

RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS "WHATEVER RACE YOU CONSIDER YOURSELF TO BE." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS. MULTIPLE RACES MAY BE SELECTED.

IF S11Q02X08 = 1, **[SKIP TO S11Q02_OS]**
 ELSE, **[SKIP TO S11Q03_ST]**

S11Q02_OS ENTER RACE _____

S11Q03 **CATI INSTRUCTION (S11Q03):** IF S1Q02 = 01, MOTHER, FILL "Were you born in the United States?" ELSE IF S1Q02 NE 01 AND ANY VALUE FOR S9Q02X01-S9Q02X04 = 1, THEN FILL FIRST AVAILABLE MOTHER TYPE FOR S9Q02INDEX AND SKIP TO S11Q03. ELSE SKIP TO S11Q04.

[S.C.]'s [FILL MOTHER TYPE FROM S9Q02]/Were you born in the United States?

- (1) Yes
- (2) No
- (6) DON'T KNOW
- (7) REFUSED

[ALL SKIP TO S11Q04]

S11Q04

CATI INSTRUCTION S11Q04):

IF S1Q02 NE 02
THEN DO

IF NOVALUE FOR S9Q02X05-S9Q02X08 IN = 1, SKIP TO S11Q05.

ELSE DO

IF S11Q03 ANSWERED, USE FILL #1 WITH "FATHERTYPE" FILL AND
DISPLA Y FILL #3?"

ELSE IF S11Q03 NOT ANSWERED, USE FILL #2.

ELSE DO

IF S1Q02 = 02, THEN DO

IF S11Q03 ANSWERED, USE FILL #1 WITH "you" FILL AND DISPLAY FILL #3?"

ELSE IF S11Q03 NOT ANSWERED, USE FILL #3.

FILL #1: And how about [You/[S.C.]'s [FATHERTYPE]?

FILL #2: Was [S.C.]'s [FILL FATHER TYPE FROM S9Q02]

FILL #3: Were you born in the United States?

(1) Yes

(2) No

(6) DON'T KNOW

(7) REFUSED

[ALL SKIP TO S11Q05]

S11Q05

CATI INSTRUCTION S11Q04): IF S11Q03 ANSWERED, USE FILL #1, AND DISPLAY FILL #2
IN BRACKETS. ELSE USE FILL #2.

FILL #1: And how about [S.C.]?

FILL #2: Was [S.C.] born in the United States?

(1) Yes

(2) No

(6) DON'T KNOW

(7) REFUSED

[ALL SKIP TO S11Q05A]

S11Q05A

CATI INSTRUCTION (S11Q05A): IF S11Q03 = 2, ASK S11Q05A WITH SAME FILLS FROM
S11Q03. ELSE SKIP TO S11Q05C.

"How long [have you/has (S.C.'s) MOTHER TYPE FROM S9Q02] been in the United States?"

_____ [RANGE CHECK: 001-995, 996, 997]

(996) DON'T KNOW

(997) REFUSED

IF S11Q05A IN (000, 998, 999) > 997,

[DISPLAY WARNING TEXT]

ELSE IF S11Q05A IN (, 996, 997)

[SKIP TO S11Q05C]

ELSE,

[SKIP TO S11Q05B]

S11Q05B [MARK PERIOD]
(01) DAY(S)
(02) WEEK(S)
(03) MONTH(S)
(04) YEAR(S)
(05) HE/SHE HAS NEVER LIVED IN THE UNITED STATES
(06) HE/SHE IS DECEASED
(96) DON'T KNOW
(97) REFUSED

[ALL SKIP TO S11Q05C]

S11Q05C **CATI INSTRUCTION (S11Q05C):** IF S11Q04 = 2, ASK S11Q05C WITH SAME FILLS FROM S11Q04. ELSE SKIP TO S11Q05E.

“How long [have you/has (S.C.’s) FATHER TYPE FROM S9Q02] been in the United States?”

___ ___ [RANGE CHECK: 001-995, 996, 997]

(996) DON'T KNOW
(997) REFUSED

IF S11Q05C IN (000, 998, 999) [DISPLAY WARNING TEXT]
ELSE IF S11Q05C IN (996, 997) [SKIP TO S11Q05E]
ELSE, [SKIP TO S11Q05D]

S11Q05D [MARK PERIOD]
(01) DAY(S)
(02) WEEK(S)
(03) MONTH(S)
(04) YEARS
(05) HE/SHE HAS NEVER LIVED IN THE UNITED STATES
(06) HE/SHE IS DECEASED
(96) DON'T KNOW
(97) REFUSED

[ALL SKIP TO S11Q05E]

S11Q05E **CATI INSTRUCTION (S11Q05E):** IF S11Q05 = 2, ASK S11Q05E WITH SAME FILLS FROM S11Q05. ELSE SKIP TO S11Q06.

“How long has (S.C.) been in the United States?”

___ ___ [RANGE CHECK: 001-995, 996, 997]

(996) DON'T KNOW
(997) REFUSED

IF S11Q05E IN (000, 998, 999) ,[DISPLAY WARNING TEXT]
ELSE IF S11Q05E IN (996, 997) [SKIP TO S11Q06]
ELSE, [SKIP TO S11Q05F]

S11Q05F [MARK PERIOD]
 (01) DAY(S) [SKIP TO S11Q06]
 (02) WEEK(S) [SKIP TO S11Q06]
 (03) MONTH(S) [SKIP TO S11Q06]
 (04) YEARS [SKIP TO S11Q06]
 (05) HE/SHE HAS NEVER LIVED IN THE UNITED STATES [SKIP TO S11Q06]
 (06) HE/SHE IS DECEASED [SKIP TO S11Q06]
 (96) DON'T KNOW [SKIP TO S11Q06]
 (97) REFUSED [SKIP TO S11Q06]

S11Q06 How many times has [S.C.] ever moved to a new address?

___ ___ MOVES [RANGE CHECK: 000-995]

(996) DON'T KNOW
 (997) REFUSED

HELP SCREEN (S11Q06): PLEASE INCLUDE ANY AND ALL TIMES A CHILD HAS CHANGED THEIR PRIMARY RESIDENCE. DO NOT INCLUDE TEMPORARY CHANGES IN RESIDENCE SUCH AS A CHILD VISITING ANOTHER RESIDENCE DURING SUMMER VACATION OR OTHER BREAKS IN THE SCHOOL YEAR.

IF S11Q06 > 997, [DISPLAY WARNING TEXT]
 ELSE, [SKIP TO S11Q08]

S11Q08 Was anyone in the household employed at least 50 weeks out of the past 52 weeks?

(1) YES [SKIP TO C11Q01]
 (2) NO [SKIP TO C11Q01]
 (6) DON'T KNOW [SKIP TO C11Q01]
 (7) REFUSED [SKIP TO C11Q01]

C11Q01 Now I am going to ask you a few questions about your income. Please think about your total combined FAMILY income during (CATI: FILL LAST CALENDAR YEAR) for all members of the family. Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from business, farm, or rent, and any other money income received. Can you tell me that amount before taxes?

RECORD INCOME \$ _____ [SKIP TO C11CONF]
 DON'T KNOW (999999996) [SKIP TO W9Q02]
 REFUSED (999999997) [SKIP TO W9Q02]

HELP SCREEN: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION. BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

C11CONF Just to confirm that I entered it correctly, your income was [AMOUNT FROM C11Q01]. Is that correct?

(1) YES [SKIP TO C11Q11]
 (2) NO [SKIP TO C11Q01]

W9Q02 You may not be able to give us an exact figure for your total combined family income, but was your total family income during **(CATI: LAST CALENDAR YEAR)** more or less than \$20,000?

- (1) More than \$20,000 **[SKIP TO W9Q06]**
- (2) \$20,000 **[SKIP TO C11Q11]**
- (3) Less than \$20,000 **[SKIP TO W9Q03]**
- (6) DON'T KNOW **[SKIP TO C11Q11]**
- (7) REFUSED **[SKIP TO C11Q11]**

W9Q03 Was the total combined FAMILY income more or less than \$10,000?

- (1) More than \$10,000 **[SKIP TO W9Q05]**
- (2) \$10,000 **[SKIP TO C11Q11]**
- (3) Less than \$10,000 **[SKIP TO W9Q04]**
- (6) DON'T KNOW **[SKIP TO C11Q11]**
- (7) REFUSED **[SKIP TO C11Q11]**

W9Q04 Was it more than \$7,500?

- (1) Yes **[SKIP TO W9Q12]**
- (2) No **[SKIP TO W9Q12]**
- (6) DON'T KNOW **[SKIP TO C11Q11]**
- (7) REFUSED **[SKIP TO C11Q11]**

W9Q05 Was it more than \$15,000?

- (1) Yes **[SKIP TO W9Q05A]**
- (2) No **[SKIP TO W9Q05B]**
- (6) DON'T KNOW **[SKIP TO C11Q11]**
- (7) REFUSED **[SKIP TO C11Q11]**

W9Q05A Was it more than \$17,500?

- (1) Yes **[SKIP TO W9Q12]**
- (2) No **[SKIP TO W9Q12]**
- (6) DON'T KNOW **[SKIP TO C11Q11]**
- (7) REFUSED **[SKIP TO C11Q11]**

W9Q05B Was it more than \$12,500?

- (1) Yes **[SKIP TO W9Q12]**
- (2) No **[SKIP TO W9Q12]**
- (6) DON'T KNOW **[SKIP TO C11Q11]**
- (7) REFUSED **[SKIP TO C11Q11]**

W9Q06 Was the total combined FAMILY income more or less than \$40,000?

- (1) More than \$40,000 **[SKIP TO W9Q06A]**
- (2) \$40,000 **[SKIP TO C11Q11]**
- (3) Less than \$40,000 **[SKIP TO W9Q07]**
- (6) DON'T KNOW **[SKIP TO C11Q11]**
- (7) REFUSED **[SKIP TO C11Q11]**

W9Q06A Was the total combined FAMILY income more or less than \$60,000?

- (1) More than \$60,000 [SKIP TO W9Q08]
- (2) \$60,000 [SKIP TO C11Q11]
- (3) Less than \$60,000 [SKIP TO W9Q06B]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

W9Q06B Was the total combined FAMILY income more or less than \$50,000?

- (1) More than \$50,000 [SKIP TO W9Q12]
- (2) \$50,000 [SKIP TO C11Q11]
- (3) Less than \$50,00 [SKIP TO W9Q06C]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

W9Q06C Was the total combined FAMILY income more or less than \$45,000?

- (1) More than \$45,000 [SKIP TO W9Q12]
- (2) Less than \$45,000 [SKIP TO W9Q12]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

W9Q07 Was the total combined FAMILY income more or less than \$30,000?

- (1) More than \$30,000 [SKIP TO W9Q07A]
- (2) \$30,000 [SKIP TO C11Q11]
- (3) Less than \$30,000 [SKIP TO W9Q07B]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

W9Q07A Was the total combined FAMILY income more or less then \$35,000?

- (1) More than \$35,000 [SKIP TO W9Q12]
- (2) Less than \$35,000 [SKIP TO W9Q12]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

W9Q07B Was the total combined FAMILY income more or less than \$25,000?

- (1) More than \$25,000 [SKIP TO W9Q12]
- (2) Less than \$25,000 [SKIP TO W9Q12]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

W9Q08 Was the total combined FAMILY income more or less than \$75,000?

- (1) More than \$75,000 [SKIP TO W9Q12]
- (2) \$75,000 [SKIP TO C11Q11]
- (3) Less than \$75,000 [SKIP TO W9Q12]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

W9Q12 **CATI INSTRUCTION (W9Q12):** BASED ON THE RANGE ALREADY IDENTIFIED, THIS NEXT QUESTION WILL BE FILLED WITH A DOLLAR AMOUNT THAT FALLS WITHIN THE RANGE AND IS EQUIVALENT TO 50%, 100%, 133%, 150%, 185%, 200%, 300%, OR 400% OF THE FEDERAL POVERTY LEVEL BASED ON THE NUMBER OF FAMILY MEMBERS. IF THE RANGE IDENTIFIED IS NARROW ENOUGH THAT NONE OF THESE POVERTY LEVEL CUTOFFS FALL WITHIN THE RANGE, THEN SKIP TO W9Q12A. FOR A FEW RANGES, TWO ADDITIONAL QUESTIONS WILL BE NEEDED. REFER TO REFERENCE TABLES ON PAGE 91 FOR CORRECT INCOME FILLS.

Would you say this income was above or below [\$REF]?

- (1) MORE THAN [\$REF] (WHEN INDICATED, ASK W9Q12A)
- (2) EXACTLY [\$REF] [SKIP TO C11Q11]
- (3) LESS THAN [\$REF] [SKIP TO C11Q11]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

W9Q12A Would you say this income was above or below [\$REF]?

- (1) MORE THAN [\$REF] [SKIP TO C11Q11]
- (2) EXACTLY [\$REF] [SKIP TO C11Q11]
- (3) LESS THAN [\$REF] [SKIP TO C11Q11]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

C11Q11 **CATI INSTRUCTION (C11Q11):** CALCULATE HH INCOME.

IF HH POVERTY LEVEL CANNOT BE DETERMINED, SKIP TO C11Q11.

IF HH POVERTY LEVEL IS > 300% [SKIP TO C11Q14]

ELSE, [SKIP TO C11Q11]

At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from a state or county welfare program, such as [state TANF name]?

- (1) Yes [SKIP TO C11Q11A]
- (2) No [SKIP TO C11Q11A]
- (6) DON'T KNOW [SKIP TO C11Q11A]
- (7) REFUSED [SKIP TO C11Q11A]

C11Q11A **CATI INSTRUCTION (C11Q11A):** IF S_UNDR18 > 1, FILL “any child in the household”. ELSE, FILL (S.C.).

During the past 12 months, did [(S.C.)/ any child in the household] receive Food Stamps?

- (1) Yes [SKIP TO C11Q11B]
- (2) No [SKIP TO C11Q11B]
- (6) DON'T KNOW [SKIP TO C11Q11B]
- (7) REFUSED [SKIP TO C11Q11B]

C11Q11B **CATI INSTRUCTION (C11Q11B):** IF S_UNDR18 > 1, FILL “any child in the household”. ELSE, FILL (S.C.).

During the past 12 months, did any child in the household receive free or reduced-cost breakfasts or lunches at school?

- (1) Yes [SKIP TO S9Q34]
- (2) No [SKIP TO S9Q34]
- (6) DON'T KNOW [SKIP TO S9Q34]
- (7) REFUSED [SKIP TO S9Q34]

S9Q34 Does anyone who lives in the household currently receive benefits from the Women, Infants, and Children (WIC) Program?

- (1) YES
- (2) NO
- (3) NEVER HEARD OF WIC
- (6) DON'T KNOW
- (7) REFUSED

IF DIDNIS =1, [SKIP TO CWEND]
ELSE, [SKIP TO C11Q14]

C11Q14 The next few questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to {area code and telephone number called}? Please do not include cellular phones in your answer.

- (1) YES [SKIP TO C11Q15]
- (2) NO [SKIP TO C11Q20]
- (6) DON'T KNOW [SKIP TO C11Q20]
- (7) REFUSED [SKIP TO C11Q20]

C11Q15 Is this second number for home use only, for business use only, or for both home and business use?

- (1) HOME ONLY [SKIP TO C11Q16]
- (2) BUSINESS ONLY [SKIP TO C11Q17]
- (3) BOTH HOME AND BUSINESS [SKIP TO C11Q16]
- (6) DON'T KNOW [SKIP TO C11Q17]
- (7) REFUSED [SKIP TO C11Q17]

C11Q16 Is this second number used only for computer or fax communications?

- (1) YES [SKIP TO C11Q17]
- (2) NO [SKIP TO C11Q17]
- (6) DON'T KNOW [SKIP TO C11Q17]
- (7) REFUSED [SKIP TO C11Q17]

C11Q17 Do you have a third home phone number in addition to the two you have already told me about? Please do not include cellular phones in your answer.

- (1) YES [SKIP TO C11Q18]
- (2) NO [SKIP TO C11Q20]
- (6) DON'T KNOW [SKIP TO C11Q20]
- (7) REFUSED [SKIP TO C11Q20]

C11Q18 Is this third number for home use only, for business use only, or for both home and business use?

- (1) HOME ONLY [SKIP TO C11Q19]
- (2) BUSINESS ONLY [SKIP TO C11Q20]
- (3) BOTH HOME AND BUSINESS [SKIP TO C11Q19]
- (6) DON'T KNOW [SKIP TO C11Q20]
- (7) REFUSED [SKIP TO C11Q20]

C11Q19 Is this third number used only for computer or fax communications?

- (1) YES [SKIP TO C11Q20]
- (2) NO [SKIP TO C11Q20]
- (6) DON'T KNOW [SKIP TO C11Q20]
- (7) REFUSED [SKIP TO C11Q20]

C11Q20 During the past 12 months, has your household been without telephone service for 1 week or more? Please do not include cellular phones in your answer.

- (1) YES [SKIP TO C11Q21_A]
- (2) NO [SKIP TO C11Q22]
- (6) DON'T KNOW [SKIP TO C11Q22]
- (7) REFUSED [SKIP TO C11Q22]

C11Q21_A For how long was your household without telephone service in the past 12 months?

ENTER NUMBER ____ ____ ____

- (996) DON'T KNOW
- (997) REFUSED

IF C11Q21_A > 365 AND NOT IN (996, 997)

[DISPLAY WARNING TEXT]

ELSE, DO

IF C11Q21_A IN (996, 997),
ELSE,

[SKIP TO C11Q22]
[SKIP TO C11Q21]

C11Q21 ENTER PERIOD.

— —

- (1) DAYS
- (2) WEEK(S)
- (3) MONTH(S)
- (6) DON'T KNOW
- (7) REFUSED

IF C11Q21 = 02, AND C11Q21A > 52, [DISPLAY WARNING TEXT]
ELSE, IF C11Q21 = 03, AND C11Q21A > 12, [DISPLAY WARNING TEXT]

ELSE, VERIFY VALUE WITH POP-UP SCREEN
EXPRESSING VALUE IN WORDS, AS DONE IN
NIS INCOME QUESTION, AND [SKIP TO C11Q22]

C11Q22 (FAM.150)

Please tell me your zip code.

— — — — — (00001-99995)
(99996) DON'T KNOW
(99997) REFUSED

IF C11Q22 = 00000 OR (C11Q22 >99995), OR (C11Q22 > 99997) [DISPLAY WARNING TEXT]
ELSE, [SKIP TO CWEND]

CWEND

Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1-800-290-1296. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-223-8118. Thanks again.