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**2011 NATIONAL SURVEY OF CHILDREN’S HEALTH
QUARTER 1 2012**

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NIS/SLAITS Screening

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.

(1) CONTINUE SEE LOGIC BELOW

IF INTRO_1=1 AND RDD_NCCELL_CCELL = 1, GO TO S1
 ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 1 , GO TO S_CELL
 ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 0 or 2 AND S_KIDS_FLAG=0, GO TO S_WARM
 ELSE IF (INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 0 or 2 AND SAMPLE_USE_CODE=3,5,6 AND PRE_KIDS=1 AND S_KIDS=NULL AND S_UNDR18=NULL) THEN GO TO S_KIDS
 ELSE IF (INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 0 or 2 AND SAMPLE_USE_CODE=3,5,6 AND PRE_KIDS=1 AND S_KIDS NOT MISSING) GO TO S_WARM.
 ELSE IF (INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 0 or 2 AND SAMPLE_USE_CODE=1,2,4 AND PRE_KIDS=1) GO TO S_WARM.

(2) CONFIRM BUSINESS GO TO SALZ
 (3) OUT OF SCOPE GO TO THANK_YOU_OOS
 (4) TERMINATE THE INTERVIEW GO TO T1

IF RDD_NCCELL_CCELL = 1 DISPLAY:
 (5) CELL PHONE..... GO TO CELL_1

ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1 DISPLAY:
 (5) LANDLINE - YOU WILL NOT TERMINATE GO TO S1 and set
 RDD_NCCELL_CCELL = 1

ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0 DISPLAY:
 (5) LANDLINE..... GO TO LANDLINE EXIT -
 set ITS=88

(6) ANSWERING MACHINE [FILL] GO TO S1
 If message is to be left then GO TO SASERV else hang up and set ITS =35
 (7) R WILL CALL 800 LINE/VERIFY WEBSITE GO TO P1/VERIFY_INFO
 set ITS =69
 (8) R ASKS FOR LETTER..... GO TO M1_NAME
 (9) SUPERVISOR REVIEW Set ITS = 49
 (15) Test sample - use only if respondent instruct that this call was a test => set ITS =119
 (16) CONTINUE THE CASE WITH LANGUAGE LINE

IF RDD_NCCELL_CCELL = 2, 3 DISPLAY:

(17) DRÖPPED CALL..... GO TO CNOTES_1_1> set
ITS=81(SCHEDULE A CALL
BACK FOR 1 MINUTE)

INTRO_1_HUDI Hello, my name is ____ . I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide study to prevent future outbreaks of childhood diseases.

CONTINUE WITH INTERVIEW1 GO TO S1
CONFIRM BUSINESS.....2 GO TO SALZ
ANSWERING MACHINE4 GO TO MSG_Y

INTRO_1
(for partial
completes)

Hello, my name is _____ and I am calling on behalf of the Centers for Disease Control and Prevention. We recently spoke to (MKR / an adult in this household) and began an important nationwide immunization study regarding (child's name or initials)'s vaccinations. I'm calling to complete the interview now, may I please speak with (MKR / that adult)?

CONTINUE WITH INTERVIEW1 GO TO S1
CONFIRM BUSINESS.....2 GO TO SALZ
Out of scope3 GO TO THANK_YOU_OOS
Terminate the Interview4 GO TO UNIVERSAL EXIT-T1
Cell phone5 GO TO UNIVERSAL EXIT-CELL_1
Answering machine6 GO TO MSG_Y
R will call 800 line/verify website7 GO TO CNOTES_1_1
R asks for letter8 GO TO UNIVERSAL EXIT MI_NAME
Supervisor review.....9 GO TO CNOTES_1_1
(Raise your hand to get permission before using this code)

INTRO_1

[Incentives_10/Address Available]

Hello. I'm calling on behalf of the Centers for Disease Control and Prevention to follow up on a letter that was sent to your home. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the [IF S_NUMB=1, THEN "child who lives" {IF S_NUMB>1, THEN "children who live"}] there. I'm calling back to continue the interview. In appreciation for your time, we will send you \$10.

CONTINUE WITH INTERVIEW1 GO TO S1
CONFIRM BUSINESS.....2 GO TO SALZ
Out of scope3 GO TO THANK_YOU_OOS
Terminate the Interview4 GO TO UNIVERSAL EXIT-T1
Cell phone5 GO TO UNIVERSAL EXIT-CELL_1
Answering machine6 GO TO MSG_Y
R will call 800 line/verify website7 GO TO CNOTES_1_1
R asks for letter8 GO TO UNIVERSAL EXIT MI_NAME
Supervisor review.....9 GO TO CNOTES_1_1
(Raise your hand to get permission before using this code)

INTRO_1

[Incentives_15/Telephone Only]

Hello. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, we had contacted your household to participate in a survey regarding the immunizations of the [IF S_NUMB=1, THEN "child who lives"/IF S_NUMB>1, THEN "children who live"] there. I'm calling back to continue the interview. In appreciation for your time, we will send you \$15.

CONTINUE WITH INTERVIEW	1	GO TO S1
CONFIRM BUSINESS.....	2	GO TO SALZ
Out of scope	3	GO TO THANK_YOU_OOS
Terminate the Interview	4	GO TO UNIVERSAL EXIT-T1
Cell phone	5	GO TO UNIVERSAL EXIT-CELL_1
Answering machine	6	GO TO MSG_Y
R will call 800 line/verify website	7	GO TO CNOTES_1_1
R asks for letter	8	GO TO UNIVERSAL EXIT M1_NAME
Supervisor review.....	9	GO TO CNOTES_1_1

(Raise your hand to get permission before using this code)

[IF MOST KNOWLEDGEABLE PARENT HAS NOT BEEN IDENTIFIED:
May I please speak with the parent or guardian who knows the most about the health of the child[ren] in the household?]

[IF MOST KNOWLEDGEABLE PARENT HAS BEEN DETERMINED:
May I please speak with [NAME]/the person who had started the interview?]

THANK_YOU
_OOS

We are only interviewing families living in their usual place of residence, those are all the questions I have. Thank you.

SALZ

Is this telephone number for business use only?		
Yes	1	GO TO SALZ_BUS
No.....	2	GO TO INTRO_1
DORM/PRISON/HOSTEL	3	GO TO SALZ_BUS
PAGING SERVICE	4	GO TO SALZ_BUS

SASERV

WAS THIS A BUSINESS, HOUSEHOLD, [IF RDD_NCCELL_CCELL = 1 DISPLAY "CELL PHONE"], OR COULD NOT BE DETERMINED?

- (1) Business – set to business disposition (ITS 38)
- (3) See the logic in the Additional skip logic
- (4) Could not determine – set as call back - ITS = 37
- (5) Answering Machine said "Take Me Off Your List"
- (9) See the logic in the Additional skip logic

Additional skip logic:

Response Option (3):

IF RDD_NCCELL_CCELL = 1, 2, OR 3 AND TXFLG = 0 or 2 DISPLAY
(3) Household – set to call back - ITS = 36

ELSE IF RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 1 DISPLAY
(3) LANDLINE - ITS = 37 - SET RDD_NCCELL_CCELL = 1

Response Option (9):

IF RDD_NCCELL_CCELL = 1 display
(9) Cell phone

IF TXFLG = 1 THEN SET RDD_NCCELL_CCELL = 3 AND SET ITS = 37, ELSE
TERMINATE AS ITS = 41

S_KIDS Are there any children living in your household?

- (1) YES [GO TO S_WARM]
- (2) NO [GO TO NOCHILD]
- (77) DON'T KNOW [GO TO S_WARM]
- (99) REFUSED [GO TO S_WARM]

S_CELL Am I speaking to you on your cell phone?

- (1) YES [GO TO S_WARM]
- (2) NO [GO TO S1 - SET RDD_NCCELL_CCELL =1]

S_WARM If you are currently driving a car or doing any activity that requires your full attention I need to call you back at a later time.

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE:
THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A
PREVIOUS CALL. THE ORIGINAL NUMBER IS [OLD_NUMBER].

- (1) CONTINUE [GO TO S1]
- (2) R UNABLE TO CONTINUE [GO TO S_ATTN]
- (3) NOT A CELL PHONE [GO TO S1]

S_ATTN For your safety, we will call you back at another time.

EVEN IF THE RESPONDENT IS USING A HANDS-FREE DEVICE WHILE DRIVING, YOU
MUST END THE CALL.

- (1) CALL BACK ANOTHER TIME [GO TO CB1]
- (2) CALL BACK AT ANOTHER NUMBER REQUESTED [GO TO CB1N_WARNING]
- (3) WRONG TIME ZONE FOR CELL PHONE [GO TO CELL_TZ_1]
- (4) GO BACK TO S_WARM

CELL_TZ_1 In what time zone would you like to be called?

- (1) ATLANTIC TIME [Change TZ variable to 58 and GO TO CB1]
- (2) EASTERN STANDARD TIME [Change TZ variable to 62 and GO TO CB1]
- (3) CENTRAL STANDARD TIME [Change TZ variable to 65 and GO TO CB1]
- (4) STANDARD MOUNTAIN TIME [Change TZ variable to 69 and GO TO CB1]
- (5) US STANDARD MOUNTAIN TIME (AZ) [Change TZ variable to 68 & GO TO CB1]
- (6) PACIFIC STANDARD TIME [Change TZ variable to 70 and GO TO CB1]
- (7) ALASKAN STANDARD TIME [Change TZ variable to 71 and GO TO CB1]
- (8) HAWAIIAN STANDARD TIME [Change TZ variable to 72 and GO TO CB1]
- (10) Go Back to INTRO_1 [GO TO INTRO_1 ELSE GO TO
N_INTRO1]
- (12) RESPONDENT DOESN'T KNOW / KEEP OLD TIME ZONE [GO TO CB1]
- (99) Refused to continue/ hung up [TERMINATE, SET ITS=41]

CELL_1 I have called (READ PHONE NUMBER FROM TOP SCREEN) is this your cell phone number or has this number been forwarded to your cell phone?

DO NOT USE THE HAND ON THIS SCREEN. IF YOU DON'T KNOW HOW TO CODE THIS CASE, ASK A SUPERVISOR FOR HELP.

- (1) Cell phone [GO TO CELL_EXIT]
- (2) Number forwarded to cell phone [GO TO CB1]
- (3) Respondent Hung Up Before Confirmation [TERMINATE, set ITS = 41]
- (4) Go Back to INTRO_1

CELL_EXIT We are not interviewing cell telephone numbers at the moment, sorry for the interruption. Thank you very much.

No Call Notes; TERMINATE INTERVIEW and Set ITS=41

S1 IF TXFLG=1 READ: Am I speaking to someone who lives in this household who is over 17 years old?

ELSE READ: Am I speaking to someone [IF RDD_NCELL_CCELL = 1 "who lives in this household"] who is over 17 years old?

[IF RDD_NCELL_CCELL=1 then display: "IF THE RESPONDENT SAYS NO: ASK TO SPEAK WITH SOMEONE OVER 17 WHO LIVES IN THE HOUSEHOLD."]

I AM THAT PERSON1 IF RDD_NCELL_CCELL = 2 OR 3 AND
TAKE_ALL_CELL_FLAG = 0, GO TO LANDLINE, ELSE
GO TO S_NUMB
THIS IS A BUSINESS2 GO TO SALZ
NEW PERSON COMES TO PHONE3 GO TO INTRO_1

IF RDD_NCELL_CCELL = 1 OR TXFLG = 1 DISPLAY:
DOESN'T LIVE IN HOUSEHOLD8 GO TO CALLBACK, SET
DISP AND TERMINATE -
Set ITS=27, 28 or 29

ELSE IF RDD_NCELL_CCELL = 2 or 3 DISPLAY:
DOESN'T USUALLY USE THIS PHONE8 GO TO CALLBACK, SET
DISP AND TERMINATE -
Set ITS=27, 28 or 29

IF RDD_NCELL_CCELL = 1 OR TXFLG = 1 DISPLAY:
NO PERSON AT HOME WHO IS OVER 17.....9 GO TO S2_B

ELSE IF RDD_NCELL_CCELL = 2 or 3 DISPLAY:
NO, R IS NOT 18 OR OLDER.....9 GO TO S2_B

REFUSED99 GO TO UNIVERSAL EXIT
R1

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SALZ_BUS We are interviewing only private residences. Thank you very much.

[TERMINATE INTERVIEW]

S2_B Does anyone [IF RDD_NCCCELL_CCELL =1 live in your household / IF RDD_NCCCELL_CCELL = 2, 3 use this cell phone] who is over 17 years old?

IF THE RESPONDENT SAYS NO, READ. "Just to clarify, no one 18 years of age or older [IF RDD_NCCCELL_CCELL = 1 lives in this household / IF RDD_NCCCELL_CCELL = 2, 3 uses this cell phone]?"

- (1) Yes, They are coming to the phone GO TO appropriate INTRO
- (2) Yes, But no one is home, so set a callback GO TO S2_B_1_WARNING_TEXT
- (3) No, No adults [IF RDD_NCCCELL_CCELL=1 live in the household at any time / IF RDD_NCCCELL_CCELL =2,3 use this cell phone] [GO TO MINOR_EXIT]

IF RDD_NCCCELL_CCELL=1 DISPLAY:

- (4) Teen Line (Collect another telephone number) GO TO S2_C
- (99) REFUSED GO TO R1

S2_B_WARNING_TEXT

Thank you, we'll try back another time.
[CREATE AN APPOINTMENT OR SET GENERAL CALL BACK. ENTER DATE/TIME AND CONTACT NAME IF KNOWN]

MINOR_EXIT 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 RDD_NCCCELL_CCELL = 2, 3 THEN TERMINATE AND ASSIGN ITS 79

ELSE IF RDD_NCCCELL_CCELL = 1 TERMINATE AND ASSIGN ITS 60 - [If call count of ITS 60 =1 delay it for 7 days or 21 shifts else if call count of ITS 60 >1 then finalize the case]

S2_C Is there another telephone number that I should call? _____

GO TO INSTRUCTION: WARNING: THE PHONE NUMBER FOR THIS INTERVIEW IS CHANGED NOW FROM X TO X.

GO TO CB1 (APPOINTMENT SCREEN) THEN C_NOTES_1_1

NIS Screening

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 # OF CHILDREN (ENTER 01 to 09)
IF NO CHILDREN ENTER 0 (SEE ADDITIONAL SKIP INSTRUCTIONS BELOW)
(77) DON'T KNOW GO TO SOFTCHECK_77
(99) REFUSED GO TO UNIVERSAL EXIT-R1

IF S_NUMB=0 THEN:
IF SUC=1 & ASK_TEEN=0, THEN (GO TO LF_INTRO)
ELSE IF ASK_TEEN=1, THEN GO TO TIS_UNDER18
IF SUC=2, THEN GO TO S_UNDER18 (CSHCN-SCREENER)
IF SUC=4 & ASK_TEEN=0 THEN GO TO S_UNDER18
ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18

SOFT
CHECK_77 ASK FOR ANOTHER PERSON OR SCHEDULE APPOINTMENT ON THE NEXT SCREEN

(1) CONTINUE..... GO TO S_NUMB
(2) APPOINTMENT..... GO TO UNIVERSAL EXIT-CB1

Augmentation Sample

INTRO_AUG IF SAMPLE_USE_CODE = 3, READ INTRO_AUG.

Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a national survey [IF RDD_NCCELL_CCELL=2, 3 "on cell phones"] about the health of children and teenagers. Your [IF RDD_NCCELL_CCELL=2,3 "cell phone"; ELSE "telephone"] number has been selected at random to be included in the study.

(1) CONTINUE SEE LOGIC BELOW

IF INTRO_1=1 AND RDD_NCCELL_CCELL = 1, GO TO S1
ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 1, GO TO S_CELL
ELSE IF INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 0 or 2 AND S_KIDS_FLAG=0, GO TO S_WARM
ELSE IF (INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 0 or 2 AND SAMPLE_USE_CODE=3,5,6 AND PRE_KIDS=1 AND S_KIDS=NULL AND S_UNDR18=NULL) THEN GO TO S_KIDS
ELSE IF (INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 0 or 2 AND SAMPLE_USE_CODE=3,5,6 AND PRE_KIDS=1 AND S_KIDS NOT MISSING) GO TO S_WARM.
ELSE IF (INTRO_1=1 AND RDD_NCCELL_CCELL = 2 OR 3 AND TXFLG = 0 or 2 AND SAMPLE_USE_CODE=1,2,4 AND PRE_KIDS=1) GO TO S_WARM.

(2) CONFIRM BUSINESS GO TO SALZ
(3) OUT OF SCOPE GO TO THANK_YOU_OOS
(4) TERMINATE THE INTERVIEW GO TO T1

IF RDD_NCCELL_CCELL = 1 DISPLAY :
(5) CELL PHONE..... GO TO CELL_1

ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 1 DISPLAY:
(5) LANDLINE - YOU WILL NOT TERMINATE..... GO TO S1 and set RDD_NCCELL_CCELL=1

ELSE IF RDD_NCCELL_CCELL = 2, 3 AND TXFLG = 0 DISPLAY:
(5) LANDLINE..... GO TO LANDLINE EXIT and set ITS=88

(6) ANSWERING MACHINE [FILL] GO TO S1
If message is to be left then GO TO SASERV else hang up and set ITS =35

(7) R WILL CALL 800 LINE/VERIFY WEBSITE GO TO P1/VERIFY_INFO / Set ITS =69

(8) R ASKS FOR LETTER..... GO TO M1_NAME

(9) SUPERVISOR REVIEW Set ITS = 49

(15) Test sample - use only if respondent instruct that this call was a test - Set ITS =119

(16) CONTINUE THE CASE WITH LANGUAGE LINE

IF RDD_NCCELL_CCELL = 2, 3 DISPLAY:
(17) DROPPED CALL GO TO CNOTES_1_1> set ITS=81 (SCHEDULE A CALL BACK FOR 1 MINUTES)

S_KIDS Are there any children living in your household?

HELP TEXT DISPLAYED FOR SLAITS-ONLY CASES:

A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:

- HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL

- (1) YES [GO TO S_WARM]
- (2) NO [GO TO NOCHILD]
- (77) DON'T KNOW [GO TO S_WARM]
- (99) REFUSED [GO TO S_WARM]

S_CELL Am I speaking to you on your cell phone?

- (1) YES [GO TO S_WARM]
- (2) NO [GO TO S1 - SET RDD_NCCELL =1]

S_WARM If you are currently driving a car or doing any activity that requires your full attention I need to call you back at a later time.

- (1) CONTINUE [GO TO S1]
- (2) R UNABLE TO CONTINUE [GO TO S_ATTN]
- (3) NOT A CELL PHONE [GO TO S1]

S_ATTN For your safety, we will call you back at another time.

EVEN IF THE RESPONDENT IS USING A HANDS-FREE DEVICE WHILE DRIVING, YOU MUST END THE CALL.

- (1) CALL BACK ANOTHER TIME [GO TO CB1]
- (2) CALL BACK AT ANOTHER NUMBER REQUESTED [GO TO CB1N_WARNING]
- (3) WRONG TIME ZONE FOR CELL PHONE [GO TO CELL_TZ_1]
- (4) GO BACK TO S_WARM

CELL_TZ_1 In what time zone would you like to be called?

- (1) ATLANTIC TIME [Change TZ variable to 58 and GO TO CB1]
- (2) EASTERN STANDARD TIME [Change TZ variable to 62 and GO TO CB1]
- (3) CENTRAL STANDARD TIME [Change TZ variable to 65 and GO TO CB1]
- (4) STANDARD MOUNTAIN TIME [Change TZ variable to 69 and GO TO CB1]
- (5) US STANDARD MOUNTAIN TIME (ARIZONA) [Change TZ variable to 68 & GO TO CB1]
- (6) PACIFIC STANDARD TIME [Change TZ variable to 70 and GO TO CB1]
- (7) ALASKAN STANDARD TIME [Change TZ variable to 71 and GO TO CB1]
- (8) HAWAIIAN STANDARD TIME [Change TZ variable to 72 and GO TO CB1]

- (10) Go Back to INTRO_1 [GO TO INTRO_1 ELSE GO TO N_INTRO1]
- (12) RESPONDENT DOESN'T KNOW / KEEP OLD TIME ZONE [GO TO CB1]
- (99) Refused to continue/ hung up [TERMINATE , SET ITS=41]

CELL_1 I have called (READ PHONE NUMBER FROM TOP SCREEN), is this your cell phone number or has this number been forwarded to your cell phone?

DO NOT USE THE HAND ON THIS SCREEN. IF YOU DON'T KNOW HOW TO CODE THIS CASE, ASK A SUPERVISOR FOR HELP.

- (1) Cell phone [GO TO CELL_EXIT]
- (2) Number forwarded to cell phone [GO TO CB1]
- (3) Respondent Hung Up Before Confirmation [TERMINATE, set ITS = 41]
- (4) Go Back to INTRO_1

CELL_EXIT We are not interviewing cell telephone numbers at the moment, sorry for the interruption. Thank you very much.

[No Call Notes; TERMINATE INTERVIEW and Set ITS=41]

S1 IF TXFLG=1 READ: Am I speaking to someone who lives in this household who is over 17 years old?

ELSE READ: Am I speaking to someone [IF RDD_NCCELL_CCELL = 1 "who lives in this household"] who is over 17 years old?

[IF RDD_NCCELL_CELL=1 then display: "IF THE RESPONDENT SAYS NO: ASK TO SPEAK WITH SOMEONE OVER 17 WHO LIVES IN THE HOUSEHOLD."]

I AM THAT PERSON1 IF [S.C.] IS SELECTED,GO TO REMIND1/ ELSE CONTINUE WITH INTERVIEW

THIS IS A BUSINESS2 GO TO SALZ
NEW PERSON COMES TO PHONE.....3 GO TO INTRO_1

IF RDD_NCCELL_CCELL = 1 OR TXFLG = 1 DISPLAY:
DOESN'T LIVE IN HOUSEHOLD8 GO TO CALLBACK, SET DISP AND TERMINATE - Set ITS=27, 28 or 29

ELSE IF RDD_NCCELL_CCELL = 2 or 3 DISPLAY:
DOESN'T USUALLY USE THIS PHONE.....8 GO TO CALLBACK, SET DISP AND TERMINATE - Set ITS=27, 28 or 29

IF RDD_NCCELL_CCELL = 1 OR TXFLG = 1 DISPLAY:
NO PERSON AT HOME WHO IS OVER 17.....9 GO TO S2_B

ELSE IF RDD_NCCELL_CCELL = 2 or 3 DISPLAY:
NO, R IS NOT 18 OR OLDER.....9 GO TO S2_B

REFUSED99 GO TO UNIVERSAL EXIT R1

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S2_B Does anyone [IF RDD_NCCELL_CCELL =1 live in your household / IF RDD_NCCELL_CCELL = 2, 3 use this cell phone] who is over 17 years old?

IF THE RESPONDENT SAYS NO, READ. "Just to clarify, no one 18 years of age or older [IF RDD_NCCELL_CCELL = 1 lives in this household / IF RDD_NCCELL_CCELL = 2, 3 uses this cell phone]?"

(1) Yes, They are coming to the phone GO TO appropriate INTRO
(2) Yes, But no one is home, so set a callback..... GO TO S2_B_1_WARNING_TEXT
(3) No, No adults [IF RDD_NCCELL_CCELL=1 live in the household at any time / IF RDD_NCCELL_CCELL =2,3 use this cell phone] [GO TO MINOR_EXIT]

IF RDD_NCCELL_CCELL=1 DISPLAY:
(4) Teen Line (Collect another telephone number) GO TO S2_C
(99) REFUSED GO TO R1

CP_LANDLINE

IF PAN_BANK=1 then skip to CP_CELLUSE, ELSE GO TO LANDLINE

LANDLINE Do you have a landline telephone in your household?

READ AS NECESSARY: Please do not include:

- modem-only lines,
- fax-only lines,
- lines used just for home security systems,
- beepers,
- Skype
- pagers, or
- cell phones.

Please include Voice Over I.P. or VOIP numbers.

- (1) YES [GO TO CELLUSE]
- (2) NO [GO TO CP_CELLUSE]
- (77) DON'T KNOW [GO TO CP_CELLUSE]
- (99) REFUSED [GO TO CP_CELLUSE]

CELLUSE Thinking just about the land line home phone, not your cell phone, if that telephone rang and someone were home, under normal circumstances how likely is it that it would be answered? Would you say extremely likely, somewhat likely, somewhat unlikely, or not at all likely?

- (1) EXTREMELY LIKELY [GO TO LANDLINE_EXIT]
- (2) SOMEWHAT LIKELY [GO TO LANDLINE_EXIT]
- (3) SOMEWHAT UNLIKELY [GO TO CP_CELLUSE]
- (4) NOT AT ALL LIKELY [GO TO CP_CELLUSE]
- (77) DON'T KNOW [GO TO LANDLINE_EXIT]
- (99) REFUSED [GO TO LANDLINE_EXIT]

IF CELLUSE = 3 OR 4 OR LANDLINE 2,77,99 SET CELL_OM=1, ELSE CELL_OM=NULL (default)

CP_CELLUSE IF SAMPLE_USE_CODE = 3,5,6, FOLLOW AUGMENTION PATHWAYS.

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S_UNDR18 [IF S_NUMB GE 1 AND NIS IS DONE, FILL S_UNDR18 FROM NIS DATA
S_UNDR18 = C1 - C1A. C1 - C1A CANNOT BE LE 0. IF THAT IS THE CASE, ASK
S_UNDR18]

[(IF RDD_NCCELL_CCELL=2,3 and PRE_KIDS=1 and S_KIDS=1) then display: "Please tell
me how many people less than 18 years old live in this household."

ELSE IF (RDD_NCCELL_CCELL=1 OR (RDD_NCCELL_CCELL=2,3 and
S_KIDS_FLAG=0)) then display "How many people less than 18 years old live in this
household?"]

1 OR GREATER [SKIP TO ISC200]
(0) [SKIP TO NOCHILD]
(77) DON'T KNOW [GO TO ASK_ANOTHER]
(99) REFUSED [TERMINATE AND SET AS REFUSAL ((IF INCENTIVE > 0 THEN
GO TO ADDRESS COLLECTION), THEN GO TO R1, SET ITS =
23)]

A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:
- HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST
TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER
PLACE WHERE THE CHILD USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN
TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY
OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO
MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING
SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT
IS STAYING THERE AT THE TIME OF THE CALL

NUMBER OF CHILDREN = 0 [GO TO NOCHILD]
NUMBER OF CHILDREN > 1 AND HH NIS-ELIGIBLE [GO TO SL_INTRO]
NUMBER OF CHILDREN > 1 AND HH NIS-INELIGIBLE [GO TO ISC200]

S_UNDR18_CONF

WARNING: ACCORDING TO NIS THERE [IF S_NUMB=1 THEN FILL: IS / IF S_NUMB > 1
THEN FILL: ARE] AT LEAST [FILL S_NUMB] [if S_NUMB=1 THEN FILL: CHILD / IF
S_NUMB > 1 THEN FILL: CHILDREN] IN THE HOUSEHOLD.

PLEASE RE-ASK S_UNDR18 ASKING FOR ALL OF THE CHILDREN IN THE
HOUSEHOLD.

(1) Count incorrect - change total number of children [SKIP BACK TO S_UNDR18]
(2) Total number of children confirmed as correct [GO TO LL_TYPE if Language
Line case, ELSE go to
CHECKPOINT.]

LL_TYPE WHAT LANGUAGE WAS NEEDED TO COMPLETE THIS INTERVIEW?

(01) KOREAN [Go to LL_END]
(02) MANDARIN [Go to LL_END]
(03) CANTONESE [Go to LL_END]

(04) VIETNAMESE	[Go to LL_END]
(05) ARABIC	[Go to LL_END]
(06) FRENCH/CREOLE/HAITIAN	[Go to LL_END]
(07) ITALIAN	[Go to LL_END]
(08) JAPANESE	[Go to LL_END]
(09) POLISH	[Go to LL_END]
(10) PORTUGUESE	[Go to LL_END]
(11) TAGALOG/FILIPINO	[Go to LL_END]
(12) ENGLISH	[CONTINUE WITH INTERVIEW AS USUAL]
(13) SPANISH	[CONTINUE WITH INTERVIEW AS USUAL]
(14) ANOTHER LANGUAGE	[Go to LL_END]

LL_END IF LL_TYPE = 1,2,3, or 4 DISPLAY:

Those are all the questions I have at this time. Someone who speaks [IF LL_TYPE=1 display "Korean"; IF LL_TYPE=2 display "Mandarin"; IF LL_TYPE=3 display "Cantonese"; IF LL_TYPE=4 display "Vietnamese"] will call you back to complete the interview as soon as possible. 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 [IF SUC = 1, 2, 4 FILL 1 - 8 6 6 - 9 9 9 - 3 3 4 0 / IF SUC = 3, 5, 6 FILL 1 - 8 8 8 - 9 9 0 - 9 9 8 6]. If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.

ELSE, DISPLAY:

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 [IF SUC = 1, 2, 4 FILL 1 - 8 6 6 - 9 9 9 - 3 3 4 0 / IF SUC = 3, 5, 6 FILL 1 - 8 8 8 - 9 9 0 - 9 9 8 6]. If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.

- (1) EXIT SCRIPT READ
- (2) ASIAN LANGUAGE INTERVIEWERS CONTINUE INTERVIEW

ASK_ANOTHER

Is there anyone in your household who knows how many people in this household are less than 18 years old?

- | | |
|-------------------------------|---|
| (1) NEW PERSON COMES TO PHONE | [GO TO INTRO_SWITCH] |
| (2) NO | [IF INCENTIVE>0 THEN GO TO ADDRESS COLLECTION THEN GO TO NSCH_TERM] |

NSCH_TERM Thank you, we'll try back another time.

INTRO_SWITCH

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are doing a national survey about the health of children and teenagers, and I was told that you were the person to talk with about the health of the [IF S_UNDR18 =1, INSERT "child"; IF S_UNDR18 > 1 INSERT "children"] in the household.

- (0) CONTINUE

GO TO S_UNDR18

NOCHILD (IF INCENTIVE > 0 THEN GO TO ADDRESS COLLECTION), THEN READ NOCHILD

Those are all the questions I have. We are only interviewing in households with children. 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 [SET ITS = 61]

NEW_RESP Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are doing a national survey about the health of children and teenagers, and I was told that you were the person to talk with about the health of the [IF S_UNDR18 =1, INSERT "child"; IF S_UNDR18 > 1 INSERT "children"] in the household.

(1) CONTINUE

S3_NSCH_LTR

IF NO ADVANCE LETTER SENT, THEN SKIP TO SL_INTRO

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

AGE_X CATI INSTRUCTION (AGE_GRID) IF S_UNDR18 = 1, FILL "age" AND "child". ELSE, FILL "ages" AND "children".

IF S_NUMB = 0, DISPLAY THIS TEXT WHEN ASKING ABOUT FIRST CHILD: "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 CHILDREN (LOOP UNTIL # OF CHILDREN=S_UNDR18) DISPLAY: (READ IF NECESSARY): "Please tell me the age of the next child who lives in this household."

ELSE IF (S_NUMB=S_UNDR18 then FILL AGE_1 (and AGE_1Y_X as needed) with age of child and skip to AGE_CONF.

ELSE IF S_NUMB > 0 AND S_UNDR18 - S_NUMB > 0, FILL: "You have already given me (FILL NAME OF NIS-ELIGIBLE CHILD OR CHILDREN)'s birth date(s). Now, would you please tell me the [age/ages] of the other [IF S_UNDR18 - S_NUMB = 1, INSERT "child"; IF S_UNDR18 - S_NUMB > 1, INSERT "children"] living in this household." FOR ALL SUBSEQUENT CHILDREN (LOOP UNTIL # OF CHILDREN=S_UNDR18 - S_NUMB) DISPLAY: (**READ IF NECESSARY:** "Please tell me the age of the next child who lives in this household.")

Display for AGE_1

INTERVIEWER: IF R PROVIDES AGES FOR ALL CHILDREN UP FRONT, TYPE IN THE AGES AS CATI PROMPTS FOR THEM.

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

IF AGE IS LESS THAN 1 MONTH OLD, RECORD 0 MONTHS. A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:

- HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL
____ ENTER VALUE

[IF 77 GO TO WHEN_CALL,
IF 99 GO TO AGE_REF]

AGES SHOULD BE STORED IN AGE_1 - AGE_9.

PLEASE VERIFY THAT TEEN "BACKGROUND" VARIABLES FOR ROSTER FILL APPROPRIATELY TO CSHCN. PLEASE ALSO VERIFY THAT MAGE AND YAGE FILL CORRECTLY.

IF SAMPLE_USE_CODE = 4: FILL AGE ROSTER FROM TEEN ROSTER.

AGE1_X ____ (1) MONTHS
 ____ (2) YEARS

CONTINUE TO LOOP FOR ALL REMAINING CHILDREN

IF MONTHS, RANGE CHECK = 1-24;
IF YEARS, RANGE CHECK = 1-17

THESE SHOULD APPEAR ON THE SAME SCREEN AS AGE_X.
AFTER LOOP ENDS, GO TO AGE_1Y_1.

WHEN_CALL What would be a good time to reach a person who knows the child's age?

- (1) SET APPOINTMENT FOR CALLBACK [GO TO CB1]
- (2) PERSON AVAILABLE [GO TO INTRO_AGE]

ON A CALL-BACK, POR IS AGE_X.

AGE_REF The reason we need your child's age is to know which health and health care questions to ask. The information you provide is completely confidential.

- (1) YES [GO TO AGE_X]
- (2) NO [GO TO AGE_TERM]

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AGE_TERM IF INCENTIVE>0 THEN GO TO ADDRESS COLLECTION THEN READ AGE_TERM.
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.

INTRO_AGE Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the health of children and teenagers, and I was told that you were the person to talk with about the health of the (IF S_UNDR18 =1, INSERT "child"; IF S_UNDR18 > 1 INSERT "children") in your household

(1) CONTINUE [RETURN TO AGE_X]

AGE_1Y_1 IF EXACTLY 1 AGE_X=1 YEAR OLD OR 0 YEARS OLD, THEN ASK "Because some of our questions are only for children of certain ages, can you please tell me the age of the [1-year-old/0-year-old] child in months? "

ELSE IF > 1 AGE_X = 1 YEAR OLD OR 0 YEARS OLD, THEN ASK "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/0-year-old] child in months? "

ELSE IF 0 AGE_X = 1 YEAR OLD THEN SKIP TO AGE_CONF.
____ MONTHS [RANGE: 0-24]

IF EXACTLY 1 AGE_X = 1 YEAR OLD, GO TO AGE_CONF, ELSE IF > 1 AGE_X = 1 YEAR OLD GO TO AGE_1Y_2-9.

AGE_1Y_2-
AGE_1Y_9 And how about the next [1 year old / 0 year old]?

____ MONTHS [RANGE: 0-24]

CONTINUE TO LOOP FOR ALL REMAINING 1 YEAR OLDS. THEN GO TO AGE_CONF.

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 24 MONTHS OLD., INCLUDING AGES FOR ANY NIS-ELIGIBLE CHILDREN. E.G., 16 month old, 10 year old, and 15 year old/ IF > 1 CHILD, INSERT 'and' BEFORE THE LAST AGE_X] living at this address all or most of the time. Is that correct?

(1) YES [SKIP TO MULTIAGE]
(2) NO, WRONG AGES [RETURN TO AGE_X]
(3) NO, WRONG NUMBER OF CHILDREN [SKIP TO S_UNDR18]
(4) NO, NOT ALL CHILDREN LIVING AT THIS ADDRESS ALL OR MOST OF THE TIME [RETURN TO S_UNDR18]

MULTIAGE CATI INSTRUCTION (MULTIAGE): IF NO CHILDREN ARE THE SAME AGE, SKIP TO C2Q03_X, ELSE ASK

Since you have more than one child who is [FILL DUPLICATE AGES FROM AGE_CONF, E.G. 3 years old], I need a way to refer to each of them during the interview.

(1) CONTINUE [RECORD NAMES IN NAME_1 – NAME_9]

(77) DON'T KNOW [GO TO REFNAME1]
(99) REFUSED [GO TO REFNAME1]

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IF SUC=4 THEN FILL FROM TIS_MULTIAGE.
CATI INSTRUCTION: loop for all NAME_X. GO TO NSCH RANDOM SELECTION PROCESS.

NAME_1 -NAME_9

CATI INSTRUCTION: loop for all NAME_X. GO TO NSCH RANDOM SELECTION PROCESS.

IF REFNAME1=99 THEN DISPLAY: INTERVIEWER INSTRUCTION: RESPONDENT REFUSED CHILD'S NAME, ENTER 99

IF REFNAME1 not equal 99 THEN DISPLAY: What is the [other] [FILL AGE] year old child's name or initials?

For all cases display the following in red:

ENTER NAME
(77) DON'T KNOW
(99) REFUSED

NAME: _____

IF SUC=4 THEN FILL FROM TIS_NAME_X.

FILL FROM NIS IF APPROPRIATE.

IF NAME_x = 77 or 99 then the AGEID for that child="[FILL AGE] CHILD [FILL x]" (where x is the roster position for that child).

REFNAME1 I would like to assure you that ALL information will be kept in strict confidence and will be summarized for research purposes only. Since you have two or more children of the same age, we must have some way to tell them apart. You could give me a first name, nickname, or their initials.

(1) RESPONDENT WILL GIVE NAMES [RETURN TO NAME_1 THROUGH NAME_9 AND ENTER]
(2) REFUSED [GO TO REFNAME2]

REFNAME2 (IF INCENTIVE > 0 THEN GO TO ADDRESS COLLECTION), THEN READ REFNAME2. 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 > SET ITS = 23; POINT OF RETURN SHOULD BE MULTIAGE

CPNIS_ELIG IF SAMPLE_USE_CODE = 2: IF AGE_X= 19-35 MONTHS AND S3_3M/D/Y_x = NULL, GO TO S2Q02A; ELSE SKIP TO NSCH RANDOM SELECTION PROCESS
ELSE IF SAMPLE_USE_CODE = 3, 4, 5, OR 6: IGNORE LOGIC ABOVE.

S2Q02A Based on the ages you have given me, I now have some questions about [AGEID OR AGEIDs].

(1) CONTINUE [GO TO S3_X]

FILL S_NUMB APPROPRIATELY AND GO TO S3_X.
ASK NIS FOR ALL CHILDREN THAT HAVE QUALIFIED.
AFTER NIS COMPLETE, SKIP TO NSCH SELECTION PROCESS

NSCH RANDOM SELECTION PROCESS

AT THIS POINT, A SAMPLE CHILD MUST BE SELECTED FOR THE REST OF THE INTERVIEW FROM ALL CHILDREN ROSTERED. IF ONLY ONE CHILD UNDER 18 YEARS OLD (AGE_GRID HAS 1 CHILD LISTED), THAT CHILD IS THE SAMPLE CHILD [S.C.] FROM THIS POINT. IF THERE IS MORE THAN ONE CHILD UNDER THE AGE OF 18 (AGE_X HAS > 1 CHILD LISTED), ONE OF THESE CHILDREN SHOULD BE RANDOMLY SAMPLED AND THAT CHILD IS THE SAMPLE CHILD [S.C.] FROM THIS POINT.

STORE SAMPLED CHILD IN VARIABLE: SC_NSCH

S.C. = "your N month/year old" or name from NAME_1 - NAME_9

IF SAMPLE_USE_CODE=4: PERFORM NEW RANDOM SELECTION OF CHILD FROM FULL ROSTER COMPLETELY INDEPENDENT OF TEEN SELECTION

Informed consent

SCQ02 IF S_NUMB=0 or SUC=3,5 or 6 or no ELIG_1-9=1, SKIP TO SCQ05. IF SAMPLE_USE_CODE=4 AND NOT NIS OR TEEN ELIGIBLE, SKIP TO SCQ05. ELSE IF NIS INTERVIEW WAS CONDUCTED BUT [S.C.] WAS NOT NIS-ELIGIBLE, SKIP TO SCQ03 AND DISPLAY SCRIPT 1. IF SAMPLE_USE_CODE=4 AND NIS OR TEEN DONE, BUT [S.C.] WAS NOT NIS OR TEEN-ELIGIBLE, SKIP TO SCQ03 AND DISPLAY SCRIPT 1. ELSE IF ELIG_1-9 NOT EQ 1, AND S3_INTRO DISPLAYED, SKIP TO SCQ03 AND DISPLAY SCRIPT 2. IF SAMPLE_USE_CODE=4 AND ELIG_1-9 NOT EQ 1, AND S3_INTRO DISPLAYED, AND TEEN NOT DONE, SKIP TO SCQ03 AND DISPLAY SCQ03 SCRIPT 2.

IF S_UNDR18 = 01, SAY: "Next, I have some other questions about the health and health care of [S.C.]. As before, you may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. [IF NSCH INCENTIVE CASE DISPLAY: In appreciation for your time, we will send you \$[MONEY_1/MONEY_2].] This part of the survey will take about [IF NSCH_TIME=0 THEN DISPLAY "half an hour"; ELSE IF NSCH_TIME=1 THEN DISPLAY "[MINUTES_1] minutes"; ELSE IF NSCH_TIME=2 THEN DISPLAY "[MINUTES_2] minutes"]. I'd like to continue now unless you have any questions."

IF S_UNDR18 > 01, SAY: "I appreciate your answers about the immunizations of [NIS-ELIGIBLE CHILDREN, IF SAMPLE_USE_CODE=4 AND TEEN INTERVIEW COMPLETE FILL WITH TEEN SC, ELSE FILL WITH NIS-ELIGIBLE CHILDREN]. The next questions are about the health and health care of [S.C.]. As before, you may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. [IF NSCH INCENTIVE CASE DISPLAY: In appreciation for your time, we will send you \$[MONEY_1/MONEY_2].] This part of the survey will take about [IF NSCH_TIME=0 THEN DISPLAY "half an hour"; ELSE IF NSCH_TIME=1 THEN DISPLAY "[MINUTES_1] minutes"; ELSE IF NSCH_TIME=2 THEN DISPLAY "[MINUTES_2] minutes"]. I'd like to continue now unless you have any questions."

(1) CONTINUE [SKIP TO K1Q01]

SCQ03 SCRIPT 1:

I appreciate your answers about the immunizations of [IF SAMPLE_USE_CODE = 2 then fill with NIS-ELIGIBLE CHILDREN, IF SAMPLE_USE_CODE=4 AND NIS DONE BUT NO TEEN THEN FILL WITH NIS-ELIGIBLE CHILDREN, IF SAMPLE_USE_CODE=4 AND TEEN INTERVIEW DONE THEN FILL WITH ST]. The next questions are about the health and health care of [S.C.]. We need to talk to a parent or guardian who lives in this household who knows about the health and health care of [S.C.]. Who would that be?

SCRIPT 2:

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

(1) MYSELF [SKIP TO SCQ04]

(2) SOMEONE ELSE [SKIP TO SCQ06]

SCQ04 As before, you may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. [IF NSCH INCENTIVE CASE DISPLAY: In appreciation for your time, we will send you \$[MONEY_1/MONEY_2].] This part of the survey will take about [IF NSCH_TIME=0 THEN DISPLAY "half an hour"; ELSE IF NSCH_TIME=1 THEN DISPLAY "[MINUTES_1] minutes"; ELSE IF NSCH_TIME=2 THEN DISPLAY "[MINUTES_2] minutes"]. I'd like to continue now unless you have any questions.

(1) CONTINUE [SKIP TO K1Q01]

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

(1) MYSELF [SKIP TO S3_NSCH_LTR]

(2) SOMEONE ELSE [SKIP TO SCQ06]

SCQ06 May I speak with that person now?

(1) YES [SKIP TO NEW_RESP]

(2) NO [SET APPOINTMENT FOR CALLBACK, GO TO CB1]

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NEW_RESP Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the health of children and teenagers, and I was told that you were the person to talk with about the health and health care of [S.C.].

(1) CONTINUE

S3_NSCH_LTR *IF NO ADVANCE LETTER SENT, THEN SKIP TO SL_INTRO.*

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

SL_INTRO Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical research. I can describe these laws if you wish. [IF NSCH INCENTIVE CASE DISPLAY: In appreciation for your time, we will send you \$[MONEY_1/MONEY_2].] The survey will take about [IF NSCH_TIME=0 THEN DISPLAY "half an hour"; ELSE IF NSCH_TIME=1 THEN DISPLAY "[MINUTES_1] minutes"; ELSE IF NSCH_TIME=2 THEN DISPLAY "[MINUTES_2] minutes"]. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

READ IF NECESSARY: The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ: The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics, the National Center for Immunization and Respiratory Diseases, and its agent, N-O-R-C at the University of Chicago, who works on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

- (1) CONTINUE, RECORDING ACCEPTABLE
- (2) CONTINUE, DO NOT RECORD

Section 1: Initial Demographics

K1Q01_INTRO

[SKIP TO K1Q01 IF NAME OF S.C. ALREADY GATHERED NAME_1-NAME_9 OR NIS INTERVIEW]

I can continue to refer to your child as (your N month/year old) for the rest of the interview, or if you prefer, you could give me a first name or initials.

(01) CONTINUE TO USE AGE REFERENCE [GO TO K1Q01]

(02) USE NAME [GO TO SELECTION1_NAME_A]

SELECTION
1_NAME_A

ENTER NAME/INITIALS: _____ [GO TO K1Q01]

K1Q01

Is [S.C.] male or female?

(1) MALE

(2) FEMALE

(77) DON'T KNOW

(99) REFUSED

K1Q02

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

PARENT

(1) MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)

(2) FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)

OLDER RELATIVES OR GUARDIANS

(11) GRANDMOTHER

(12) GRANDFATHER

(13) AUNT

(14) UNCLE

(15) FEMALE GUARDIAN

(16) MALE GUARDIAN

OTHER RELATIVES

(17) SISTER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)

(18) BROTHER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)

(19) COUSIN

(20) IN-LAW OF ANY TYPE

(22) OTHER RELATIVE / FAMILY MEMBER

OTHER NON-RELATIVES

(23) PARENT'S BOYFRIEND / MALE PARTNER

(24) PARENT'S GIRLFRIEND / FEMALE PARTNER

(25) PARENT'S PARTNER, but SEX REFUSED

(26) OTHER NON-RELATIVE OR FRIEND

(77) DON'T KNOW

(99) REFUSED

K1Q03 What is the primary language spoken in your home?

- (1) ENGLISH
- (2) SPANISH
- (3) ARABIC
- (4) CHINESE
- (5) FRENCH
- (6) ITALIAN
- (7) JAPANESE
- (8) KOREAN
- (9) POLISH
- (10) RUSSIAN
- (11) TAGALOG
- (12) VIETNAMESE
- (13) ANY OTHER LANGUAGE
- (77) DON'T KNOW
- (99) REFUSED

Section 2: Health and Functional Status

Subdomain 1: General health status

K2Q01 In general, how would you describe [S.C.]’s health? Would you say [his/her] health is excellent, very good, good, fair, or poor?

- (1) EXCELLENT
- (2) VERY GOOD
- (3) GOOD
- (4) FAIR
- (5) POOR
- (77) DON'T KNOW
- (99) REFUSED

IF AGE < 12 MONTHS, SKIP TO K2Q02.

K2Q01_D How would you describe the condition of [S.C.]’s teeth: excellent, very good, good, fair, or poor?

- (1) EXCELLENT
- (2) VERY GOOD
- (3) GOOD
- (4) FAIR
- (5) POOR
- (6) HAS NO NATURAL TEETH
- (77) DON'T KNOW
- (99) REFUSED

K2Q02 How tall is [S.C.] now?

___ FEET / ___ INCHES / ___ CENTIMETERS /
(77) DON'T KNOW
99) REFUSED

K2Q03 How much does [S.C.] weigh now?

___ POUNDS / ___ KILOGRAMS /
(77) DON'T KNOW
99) REFUSED

K2Q04 What was [S.C.]’s birth weight?

___ POUNDS / ___ OUNCES / ___ GRAMS /
(77) DON'T KNOW
99) REFUSED

K2Q05 Was [S.C.] born prematurely, that is, more than 3 weeks before [his/her] due date?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

READ IF NECESSARY: Most pregnancies last about 40 weeks. A premature birth is when a baby is born more than three weeks before the due date.

Subdomain 2: Presence of a special health care need

K2Q10_INTRO The next questions are about any kind of health problems, concerns, or conditions that may affect [S.C.]’s behavior, learning, growth, or physical development.

K2Q10 Does [S.C.] currently need or use medicine prescribed by a doctor, other than vitamins?

READ IF NECESSARY: 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.

HELP TEXT: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR PRESCRIPTION MEDICINE. THE RESPONDENT SHOULD REPLY WITH “YES” IF THE CHILD CURRENTLY NEEDS OR USES PRESCRIPTION MEDICINE.

- | | |
|-----------------|-----------------|
| (1) YES | [SKIP TO K2Q11] |
| (2) NO | [SKIP TO K2Q13] |
| (77) DON’T KNOW | [SKIP TO K2Q13] |
| (99) REFUSED | [SKIP TO K2Q13] |

K2Q11 Is [his/her] need for prescription medicine because of ANY medical, behavioral, or other health condition?

- | | |
|-----------------|-----------------|
| (1) YES | [SKIP TO K2Q12] |
| (2) NO | [SKIP TO K2Q13] |
| (77) DON’T KNOW | [SKIP TO K2Q13] |
| (99) REFUSED | [SKIP TO K2Q13] |

K2Q12 Is this a condition that has lasted or is expected to last 12 months or longer?

- | | |
|-----------------|-----------------|
| (1) YES | [SKIP TO K2Q13] |
| (2) NO | [SKIP TO K2Q13] |
| (77) DON’T KNOW | [SKIP TO K2Q13] |
| (99) REFUSED | [SKIP TO K2Q13] |

K2Q13 Does [S.C.] need or use more medical care, mental health, or educational services than is usual for most children of the same age?

READ IF NECESSARY: 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.

HELP TEXT: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR SERVICES. THE RESPONDENT SHOULD REPLY WITH “YES” IF THE CHILD CURRENTLY NEEDS OR USES SERVICES

- | | |
|-----------------|-----------------|
| (1) YES | [SKIP TO K2Q14] |
| (2) NO | [SKIP TO K2Q16] |
| (77) DON’T KNOW | [SKIP TO K2Q16] |
| (99) REFUSED | [SKIP TO K2Q16] |

K2Q14 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 K2Q15]
- (2) NO [SKIP TO K2Q16]
- (77) DON'T KNOW [SKIP TO K2Q16]
- (99) REFUSED [SKIP TO K2Q16]

K2Q15 Is this a condition that has lasted or is expected to last 12 months or longer?

HELP TEXT: IF THE CONDITION, NEED, OR PROBLEM LASTS FOR SHORT PERIODS OF TIME BUT IS EXPECTED TO KEEP COMING BACK FOR 12 MONTHS OR LONGER, THE ANSWER SHOULD BE "YES."

- (1) YES [SKIP TO K2Q16]
- (2) NO [SKIP TO K2Q16]
- (77) DON'T KNOW [SKIP TO K2Q16]
- (99) REFUSED [SKIP TO K2Q16]

K2Q16 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?

READ IF NECESSARY: 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.

HELP TEXT: THIS QUESTION REFERS ONLY TO CURRENT LIMITATIONS. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD IS CURRENTLY LIMITED.

- (1) YES [SKIP TO K2Q17]
- (2) NO [SKIP TO K2Q19]
- (77) DON'T KNOW [SKIP TO K2Q19]
- (9) REFUSED [SKIP TO K2Q19]

K2Q17 Is [his/her] limitation in abilities because of ANY medical, behavioral, or other health condition?

- (1) YES [SKIP TO K2Q18]
- (2) NO [SKIP TO K2Q19]
- (77) DON'T KNOW [SKIP TO K2Q19]
- (99) REFUSED [SKIP TO K2Q19]

K2Q18 Is this a condition that has lasted or is expected to last 12 months or longer?

HELP TEXT: IF THE CONDITION, NEED, OR PROBLEM LASTS FOR SHORT PERIODS OF TIME BUT IS EXPECTED TO KEEP COMING BACK FOR 12 MONTHS OR LONGER, THE ANSWER SHOULD BE "YES."

- (1) YES [SKIP TO K2Q19]
- (2) NO [SKIP TO K2Q19]
- (77) DON'T KNOW [SKIP TO K2Q19]
- (99) REFUSED [SKIP TO K2Q19]

- K2Q19 Does [S.C.] need or get special therapy, such as physical, occupational, or speech therapy?
- READ IF NECESSARY: Special therapy includes physical, occupational, or speech therapy. Do not include psychological therapy.
- HELP TEXT: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR SPECIAL THERAPY. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES SPECIAL THERAPY.
- (1) YES [SKIP TO K2Q20]
(2) NO [SKIP TO K2Q22]
(77) DON'T KNOW [SKIP TO K2Q22]
(99) REFUSED [SKIP TO K2Q22]
- K2Q20 Is [his/her] need for special therapy because of ANY medical, behavioral, or other health condition?
- (1) YES [SKIP TO K2Q21]
(2) NO [SKIP TO K2Q22]
(77) DON'T KNOW [SKIP TO K2Q22]
(99) REFUSED [SKIP TO K2Q22]
- K2Q21 Is this a condition that has lasted or is expected to last 12 months or longer?
- HELP TEXT: IF THE CONDITION, NEED, OR PROBLEM LASTS FOR SHORT PERIODS OF TIME BUT IS EXPECTED TO KEEP COMING BACK FOR 12 MONTHS OR LONGER, THE ANSWER SHOULD BE "YES."
- (1) YES [SKIP TO K2Q22]
(2) NO [SKIP TO K2Q22]
(77) DON'T KNOW [SKIP TO K2Q22]
(99) REFUSED [SKIP TO K2Q22]
- K2Q22 Does [S.C.] have any kind of emotional, developmental, or behavioral problem for which [he/she] needs treatment or counseling?
- READ IF NECESSARY: These are remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem.
- (1) YES [SKIP TO K2Q23]
(2) NO [SKIP TO CATI INSTRUCTION BELOW]
(77) DON'T KNOW [SKIP TO CATI INSTRUCTION BELOW]
(99) REFUSED [SKIP TO CATI INSTRUCTION BELOW]
- K2Q23 Has [his/her] emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?
- HELP TEXT: IF THE CONDITION, NEED, OR PROBLEM LASTS FOR SHORT PERIODS OF TIME BUT IS EXPECTED TO KEEP COMING BACK FOR 12 MONTHS OR LONGER, THE ANSWER SHOULD BE "YES."
- (1) YES
(2) NO
(77) DON'T KNOW

(99) REFUSED

CATI INSTRUCTION (SECTION 2, SUBDOMAIN 2): CREATE CATI SYSTEM FLAG (CSHCN) INDICATING WHETHER THE CHILD HAS A SPECIAL HEALTH CARE NEED. THIS FLAG SHOULD BE POSITIVE (CSHCN = 1) IF K2Q12 = 1, K2Q15 = 1, K2Q18 = 1, K2Q21 = 1, OR K2Q23 = 1.

Subdomain 3: Common chronic conditions

IF SC < 36 MONTHS, SKIP TO K2Q31_INTRO.

K2Q30A Has a doctor, health care provider, teacher, or school official ever told you [S.C.] had a learning disability?

- (1) YES [SKIP TO K2Q30B]
- (2) NO [SKIP TO K2Q31_INTRO]
- (77) DON'T KNOW [SKIP TO K2Q31_INTRO]
- (99) REFUSED [SKIP TO K2Q31_INTRO]

K2Q30B Does [S.C.] currently have a learning disability?

- (1) YES [SKIP TO K2Q30C]
- (2) NO [SKIP TO K2Q31_INTRO]
- (77) DON'T KNOW [SKIP TO K2Q31_INTRO]
- (99) REFUSED [SKIP TO K2Q31_INTRO]

K2Q30C Would you describe [his/her] learning disability as mild, moderate, or severe?

- (1) MILD
- (2) MODERATE
- (3) SEVERE
- (77) DON'T KNOW
- (99) REFUSED

K2Q31_INTRO Now I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that [S.C.] had the condition, even if [he/she] does not have the condition now.

INTERVIEWER INSTRUCTION: IF THE RESPONDENT HAS NEVER HEARD OF THE MEDICAL CONDITION OR DOES NOT KNOW WHAT THE CONDITION IS, THEN A DOCTOR OR OTHER HEALTH CARE PROVIDER PROBABLY HAS NOT TOLD THE RESPONDENT THAT THE S.C. HAS THE CONDITION. IF A DOCTOR OR OTHER HEALTH CARE PROVIDER 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 AGE_NSCH < 24 MONTHS SKIP TO K2Q40A.

(READ IF NECESSARY: Has a doctor or other health care provider ever told you that [S.C.] had...)

K2Q31A Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or ADHD?

HELP SCREEN: A child with Attention Deficit Disorder or Attention Deficit Hyperactive Disorder has problems paying attention or sitting still. It may cause the child to be easily distracted.

K2Q32A Depression?

HELP SCREEN: Depression is an illness that involves the body, mood, and thoughts. It is marked by persistent sadness or an anxious or empty mood. It affects how a person feels, and the way a person eats, sleeps, and functions.

K2Q33A Anxiety problems?

HELP SCREEN: Anxiety is a feeling of constant worrying. Children with severe anxiety problems may be diagnosed as having anxiety disorders. Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias.

K2Q34A Behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder?

HELP SCREEN: Oppositional defiant disorder is an ongoing pattern of defiant and hostile behavior that interferes with a child's life and daily activities.

K2Q35A Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder?

HELP SCREEN: Children with autism have delays in language, communication, and social skills, as well as routine repetitive behaviors or movements. They may have an intense interest in a single subject or topic. Children with Asperger's disorder have impaired social skills but may not have speech or language delays. Children with pervasive developmental disorder have severe and persistent delays in language, communication, and social skills.

INTERVIEWER INSTRUCTION: IF THE DOCTOR OR OTHER HEALTH CARE PROVIDER IS UNSURE ABOUT THE DIAGNOSIS AND HAS NOT OFFICALLY DIAGNOSED S.C., ALSO CODE RESPONSE AS “NO”.

K2Q36A Any developmental delay?

HELP SCREEN: A child with a developmental delay does not achieve certain skills as quickly other children of the same age. A developmental delay is a major delay in motor, language, social, or thinking skills.

K2Q60A Intellectual disability or mental retardation?

HELP SCREEN: Children with intellectual disabilities or mental retardation learn and develop more slowly than a typical child.

K2Q61A Cerebral palsy?

HELP SCREEN: Cerebral palsy is caused by damage that occurs to the brain prior to or shortly after birth that can affect body movement and muscle coordination.

K2Q37A Speech or other language problems?

K2Q38A Tourette Syndrome?

HELP SCREEN: Tourette Syndrome is a disorder that causes frequent sudden movements or sounds.

K2Q40A Asthma?

HELP SCREEN: Asthma is a disease that causes swelling in the tubes that carry air to the lungs. Sometimes asthma blocks or restricts the airways making it difficult to breathe.

K2Q41A Diabetes?

HELP SCREEN: Diabetes is a disease in which the body does not properly make or use insulin.

K2Q42A Epilepsy or seizure disorder?

HELP SCREEN: Epilepsy is a brain disease that involves recurrent seizures.

K2Q43A Hearing problems?

K2Q44A Vision problems that cannot be corrected with standard glasses or contact lenses?

K2Q45A Bone, joint, or muscle problems?

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K2Q46A A brain injury or concussion?

HELP SCREEN: A concussion is an injury of the brain that causes a brief disruption in brain function. Developmental and neurological conditions (such as autism or cerebral palsy) should not be included as head or brain injuries.

BRAIN TUMORS SHOULD NOT BE CONSIDERED BRAIN INJURIES.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

FOR EACH ITEM

BEGIN LOOP TO BE ASKED FOR EACH CONDITION IDENTIFIED BY PARENT. USE THE FOLLOWING TEXT FOR CONDITION FILLS:

[ADD or ADHD]	[developmental delay]
[depression]	[intellectual disability or mental retardation]
[anxiety problems]	[cerebral palsy]
[behavioral or conduct problems]	[speech or other language problems]
[autism or autism spectrum disorder]	[Tourette Syndrome]

K2QXXA_1 SKIP TO K2QXXB IF CONDITION IS DEPRESSION OR ANXIETY PROBLEMS.

Earlier you told me that [S.C.] has been diagnosed with [CONDITION].

How old was [S.C.] when you were first told by a doctor or other health care provider that [he/she] had [CONDITION]?

RECORD AGE IN YEARS OR MONTHS

(77) DON'T KNOW

(99) REFUSED

SKIP TO K2QXXB IF CONDITION IS NOT AUTISM OR ASD.

K2Q35A_1 Earlier you told me that [S.C.] has been diagnosed with Autism or an autism spectrum disorder, such as Asperger's disorder or pervasive developmental disorder.

How old was [S.C.] when you were first told by a doctor or other health care provider that [he/she] had autism or autism spectrum disorder?

HELP TEXT: AUTISM SPECTRUM DISORDER INCLUDES AUTISTIC DISORDER, ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER.

K2Q35D What type of doctor or other health care provider first told you that [S.C.] had autism or autism spectrum disorder?

HELP TEXT: AUTISM SPECTRUM DISORDER INCLUDES AUTISTIC DISORDER, ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER.

- (1) PEDIATRICIAN OR OTHER GENERAL PEDIATRIC HEALTH CARE PROVIDER (SUCH AS NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT IN PEDIATRIC CLINIC)
- (2) ANOTHER TYPE OF GENERAL HEALTH CARE PROVIDER (SUCH AS FAMILY PRACTICE DOCTOR OR NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT IN GENERAL PRACTICE)
- (3) A SPECIALIST PEDIATRICIAN SUCH AS A DEVELOPMENTAL PEDIATRICIAN
- (4) SCHOOL PSYCHOLOGIST / COUNSELOR
- (5) OTHER PSYCHOLOGIST (NON-SCHOOL)
- (6) PSYCHIATRIST (MEDICAL DOCTOR)
- (7) NEUROLOGIST
- (8) SCHOOL NURSE
- (9) PHYSICAL, OCCUPATIONAL, SPEECH, OR OTHER THERAPIST
- (10) A SPECIALIST DOCTOR (OTHER THAN A DEVELOPMENTAL PEDIATRICIAN, PSYCHIATRIST, OR NEUROLOGIST)
- (11) OTHER [RECORD VERBATIM RESPONSE]
- (12) WASN'T TOLD BY A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL

- (77) DON'T KNOW
- (99) REFUSED

K2QXXB *IF CONDITION IS DEPRESSION OR ANXIETY PROBLEM, DISPLAY:*
Earlier you told me that [S.C.] has been diagnosed with [CONDITION].

Does [S.C.] currently have [CONDITION]?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

END OF LOOP IF K2QXXB = DK/RF.

END OF LOOP IF K2QXXB = NO AND CONDITION IS NOT AUTISM.

SKIP TO K2Q35E IF K2QXXB = NO AND CONDITION IS AUTISM.

SKIP TO K2Q61C IF CONDITION IS CEREBRAL PALSY.

*IF CONDITION IS AUTISM OR AUTISM SPECTRUM DISORDER, THEN DISPLAY:
HELP TEXT: AUTISM SPECTRUM DISORDER INCLUDES AUTISTIC DISORDER,
ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER.*

K2QXXC Would you describe [his/her] [CONDITION] as mild, moderate, or severe?

- (1) MILD
- (2) MODERATE
- (3) SEVERE
- (77) DON'T KNOW
- (99) REFUSED

*END OF LOOP IF CONDITION IS NOT ADD/ADHDIF CONDITION IS AUTISM OR AUTISM
SPECTRUM DISORDER, THEN DISPLAY:*

*HELP TEXT: AUTISM SPECTRUM DISORDER INCLUDES AUTISTIC DISORDER,
ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER.*

K2Q31D Is [S.C.] currently taking medication for ADD or ADHD?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

END OF LOOP. RETURN TO K2QXXA_1 FOR EACH ADDITIONAL CONDITION.

K2Q61C How would you describe [his/her] usual ability to walk?

Would you say [he/she]...

walks without a cane, crutches or walker,

walks with a cane, crutches or walker,

or has limited or no walking?

HELP TEXT: SOME CHILDREN USE MORE THAN ONE METHOD. FOR EXAMPLE, A CHILD MAY WALK WITH A CANE, CRUTCHES, OR A WALKER AT HOME BUT DO LIMITED OR NO WALKING OUTDOORS. FOR CHILDREN WHO USE MORE THAN ONE METHOD, READ THE FOLLOWING PROMPT "Please tell me what [he/she] does in the setting where [he/she] spends the most time in a typical weekday. This could be the child's at home, school, or other community setting."

HELP TEXT: WHETHER OR NOT A CHILD WEARS BRACES SHOULD NOT BE CONSIDERED IN DETERMINING [HIS/HER] USUAL ABILITY TO WALK. CHILDREN AT ALL THREE LEVELS OF WALKING ABILITY CAN WEAR BRACES.

END OF LOOP. RETURN TO K2QXXA_1 FOR EACH ADDITIONAL CONDITION.

K2Q35E To the best of your knowledge, did [S.C.] ever have autism or autism spectrum disorder?

- (1) YES
- (2) NO [SKIP TO K2Q35H_1]
- (77) DON'T KNOW [END LOOP]
- (99) REFUSED [END LOOP]

HELP TEXT: AUTISM SPECTRUM DISORDER INCLUDES AUTISTIC DISORDER, ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER.

K2Q35F_INTRO

I am going to read a list of reasons why [S.C.] may no longer have autism or autism spectrum disorder. For each reason, please tell me if it applies to [S.C.].

HELP TEXT: AUTISM SPECTRUM DISORDER INCLUDES AUTISTIC DISORDER, ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER.

- K2Q35F_1. Treatment helped the condition go away
- K2Q35F_2. The condition seemed to go away on its own
- K2Q35F_3. The behaviors or symptoms changed
- K2Q35F_4. A doctor or health care provider changed the diagnosis

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

FOR EACH ITEM

K2Q35G

Are there any other reasons why you think [S.C.] may no longer have autism or autism spectrum disorder?

HELP TEXT: AUTISM SPECTRUM DISORDER INCLUDES AUTISTIC DISORDER, ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER.

- | | |
|-----------------|---|
| (1) YES | [RECORD VERBATIM RESPONSE, THEN END LOOP] |
| (2) NO | [END LOOP] |
| (77) DON'T KNOW | [END LOOP] |
| (99) REFUSED | [END LOOP] |

K2Q35H_INTRO

I am going to read a list of reasons why a doctor, health care provider, or school professional may have told you that [S.C.] had a condition that (he/she) never had. For each reason, please tell me if it applies to [S.C.].

- K2Q35H_1. With more information, the diagnosis was changed
- K2Q35H_2. The diagnosis was given so that [S.C.] could receive needed services
- K2Q35H_3. You disagree with the doctor or other health provider about his or her opinion that [S.C.] had autism or autism spectrum disorder.

HELP TEXT: AUTISM SPECTRUM DISORDER INCLUDES AUTISTIC DISORDER, ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER.

- (1) YES

- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

FOR EACH ITEM

K2Q35J

Are there any other reasons why a doctor or other health care provider may have told you that [S.C.] had autism or autism spectrum disorder when [he/she] never had it?

HELP TEXT: AUTISM SPECTRUM DISORDER INCLUDES AUTISTIC DISORDER, ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER.

- | | |
|-----------------|---|
| (1) YES | [RECORD VERBATIM RESPONSE, THEN END LOOP] |
| (2) NO | [END LOOP] |
| (77) DON'T KNOW | [END LOOP] |
| (99) REFUSED | [END LOOP] |

END OF LOOP. RETURN TO K2QXXA_1 FOR EACH ADDITIONAL CONDITION.

BEGIN LOOP TO BE ASKED FOR EACH CONDITION IDENTIFIED BY PARENT. USE THE FOLLOWING TEXT FOR CONDITION FILLS:

[asthma]	[vision problems]
[diabetes]	[bone, joint, or muscle problems]
[epilepsy or seizure disorder]	[brain injury]
[hearing problems]	

K2Q44A_1 *SKIP TO K2QXXB IF CONDITION IS NOT VISION PROBLEMS.*

Earlier you told me that [S.C.] has been diagnosed with vision problems.

How old was [S.C.] when you were first told by a doctor or other health care provider that [he/she] had vision problems that cannot be corrected with standard glasses or contact lenses?

RECORD AGE IN YEARS OR MONTHS /
(77) DON'T KNOW
(99) REFUSED

K2QXXB Does [S.C.] currently have [CONDITION]?

(1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED
[END OF LOOP IF NO/DK/RF]

K2QXXC Would you describe [his/her] [CONDITION] as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(77) DON'T KNOW
(99) REFUSED

END OF LOOP. RETURN TO K2QXXB FOR EACH ADDITIONAL CONDITION.

Section 3: Health Insurance Coverage

Subdomain 1: Current coverage and past year coverage

K3Q01_INTRO The next questions are about health insurance.

K3_STATE Because many health insurance programs are state specific, can you please tell me what state you live in?

_____ (DROP DOWN MENU OF STATE NAMES)

(77) DON'T KNOW

(99) REFUSED

IF VIRGIN ISLAND CASE, THEN SKIP K3_STATE; ELSE FOLLOW LOGIC BELOW.

THE STATE GIVEN AT K3_STATE SHOULD DETERMINE THE MEDICAID/CHIP TEXT FILLS FOR K3Q02, K11Q60 AND FOR ALL QUESTIONS IN SECTION 12. THE STATE GIVEN AT K3_STATE SHOULD ALSO DETERMINE WHICH POVERTY TABLE IS REFERENCED DURING THE INCOME CASCADE. THE PRELOAD VARIABLE "STATE" SHOULD NO LONGER BE USED EXCEPT WHEN K3_STATE HAS A VALUE OF "DON'T KNOW" OR "REFUSED"

K3Q01 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 K3Q02]

(2) NO [SKIP TO K3Q01_CONF]

(77) DON'T KNOW [SKIP TO K3Q02]

(99) REFUSED [SKIP TO K3Q02]

K3Q01_CONF Just to confirm, I entered that [S.C.] is not covered by any type of health insurance. Is this correct?

(1) CONFIRMED - CHILD IS NOT COVERED BY ANY TYPE OF HEALTH INSURANCE [SKIP TO K3Q04]

(2) NOT CORRECT - CHILD HAS INSURANCE - RETURN TO K3Q01 AND ENTER CORRECT RESPONSE [SKIP TO K3Q01]

K3Q02 IF K3Q01 = 1 THEN FILL "Is that coverage". ELSE, fill "Is [he/she] insured by...]"

[Is that coverage/Is [he/she] insured by] Medicaid or the Children's Health Insurance Program, CHIP? [IF VIRGIN ISLANDS CASE, DISPLAY "In this area," ELSE DISPLAY "In this state,"], the program is sometimes called [FILL MEDICAID NAME, CHIP NAME].

READ IF NECESSARY: CHIP, also known as S-CHIP, is a type of state-sponsored health insurance coverage that a child may have. The name of the plan varies from state-to-state.

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid or state-sponsored Children's Health Insurance Program specific to the state in which you live.

(1) YES

(2) NO

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(77) DON'T KNOW
(99) REFUSED

K3Q03 IF [(K3Q01 = 77, or 99) AND (K3Q02 = 2, 77, or 99)], SKIP TO K3Q04; ELSE, SKIP TO K3Q03.

[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
(2) NO
(77) DON'T KNOW
(99) REFUSED
[ALL SKIP TO K3Q20]

K3Q04 [During the past 12 months / Since [his/her] birth], was there any time when [he/she] had health care coverage?

(1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED

[ALL SKIP TO K3Q25]

Subdomain 2: Adequacy of health insurance

K3Q20 [IF K3Q01 OR K3Q02 OR K3Q03 ASKED AND NOT FILLED FROM NIS OR TEEN, then display: "The next questions are about [S.C.]'s health insurance or health care plans."] Does [S.C.]'s health insurance offer benefits or cover services that meet [his/her] needs? Would you say never, sometimes, usually, always?

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

K3Q22 Does [S.C.]'s health insurance allow [him/her] to see the health care providers [he/she] needs? Would you say never, sometimes, usually, always?

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

K3Q21A Not including health insurance premiums or costs that are covered by insurance, do you pay any money for [S.C.]'s health care?

READ IF NECESSARY: Include out-of-pocket payments for all types of health-related needs such as co-payments, dental or vision care, medications, and any kind of therapy.

- (1) YES [SKIP TO K3Q21B]
- (2) NO [SKIP TO K3Q25]
- (77) DON'T KNOW [SKIP TO K3Q25]
- (99) REFUSED [SKIP TO K3Q25]

K3Q21B How often are these costs reasonable? Would you say never, sometimes, usually, always?

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (5) NO OUT OF POCKET COSTS
- (77) DON'T KNOW
- (99) REFUSED

INTERVIEWER INSTRUCTION: IF THE PARENT SEEMS CONFUSED BY HOW TO ANSWER, ASK: Do you have any out-of-pocket costs for your child's health care? IF YES, THEN ASK: How often are those costs reasonable?

Subdomain 3: Expenses and Barriers to Care

K3Q25 In the past 12 months did your family have problems paying or were unable to pay any of [S.C.]'s medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, or home care.

- (1) YES
- (2) NO
- (3) NO EXPENSES
- (77) DON'T KNOW
- (99) REFUSED

C4Q04 [During the past 12 months / [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since [his/her] birth], how often have you been frustrated in your efforts to obtain health care services for [S.C.]? Would you say never, sometimes, usually, or always?

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

Section 4: Health Care Access and Utilization

Subdomain 1: Usual place for care

K4Q01 Is there a place that [S.C.] USUALLY goes when [he/she] is sick or you need advice about [his/her] health?

- (1) YES
- (2) NO [SKIP TO K4Q04]
- (3) THERE IS MORE THAN ONE PLACE
- (77) DON'T KNOW [SKIP TO K4Q04]
- (99) REFUSED [SKIP TO K4Q04]

K4Q02 IF K4Q01 = 1, SAY "What kind of place is it?"
IF K4Q01 = 3, SAY "What kind of place does [S.C.] go to most often?"
Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

- (1) DOCTOR'S OFFICE
- (2) HOSPITAL EMERGENCY ROOM
- (3) HOSPITAL OUTPATIENT DEPARTMENT
- (4) CLINIC OR HEALTH CENTER
- (5) RETAIL STORE CLINIC OR "MINUTE CLINIC"
- (6) SCHOOL (NURSE, ATHLETIC TRAINER, ETC)
- (7) FRIEND/RELATIVE
- (8) MEXICO/OTHER LOCATIONS OUT OF US
- (9) SOME OTHER PLACE [RECORD VERBATIM RESPONSE]
- (10) DOES NOT GO TO ONE PLACE MOST OFTEN
- (77) DON'T KNOW
- (99) REFUSED

K3Q03 READ IF NECESSARY: (IF K4Q01 = 1, READ "WHAT KIND OF PLACE IS IT?"; IF K4Q01 = 3, READ: "What kind of place does [S.C.] go to most often?")

RECORD VERBATIM RESPONSE

K4Q04 A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as [S.C.]'s personal doctor or nurse?

- (1) YES, ONE PERSON
- (2) YES, MORE THAN ONE PERSON
- (3) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 2: Utilization of services

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
- (2) NO [SKIP TO K4Q30]
- (77) DON'T KNOW [SKIP TO K4Q30]
- (99) REFUSED [SKIP TO K4Q30]

K4Q20 [During the past 12 months/Since [his/her] birth], how many times did [S.C.] see a doctor, nurse, or other health care provider for *preventive* medical care such as a physical exam or well-child checkup?

- _____ TIMES
(77) DON'T KNOW
(99) REFUSED

K4Q30 [During the past 12 months/Since [his/her] birth], did [S.C.] see a dentist for any kind of dental care, including check-ups, dental cleanings, x-rays, or filling cavities?

- (1) YES
- (2) NO [SKIP TO K4Q39]
- (77) DON'T KNOW [SKIP TO K4Q39]
- (99) REFUSED [SKIP TO K4Q39]

K4Q21 [During the past 12 months/Since [his/her] birth], how many times did [S.C.] see a dentist for *preventive* dental care, such as check-ups and dental cleanings?

- _____ TIMES
(77) DON'T KNOW
(99) REFUSED

K4Q39 *IF AGE < 12 MONTHS, SKIP TO K4Q24.*

[During the past 12 months/Since [his/her] birth], did [S.C.] have a toothache, decayed teeth, or unfilled cavities?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF AGE < 24 MONTHS, SKIP TO K4Q24.

K4Q22 Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months, has [S.C.] received any treatment or counseling from a mental health professional?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF K2Q31D = 1, SKIP TO K4Q24.

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K4Q23 During the past 12 months, has [S.C.] taken any medication because of difficulties with [his/her] emotions, concentration, or behavior?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K4Q24 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. [During the past 12 months/Since [his/her] birth], did [S.C.] see a specialist [IF K4Q22 = 1, THEN INSERT: other than a mental health professional]?

- (1) YES [SKIP TO K4Q26]
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K4Q25 [During the past 12 months/Since [his/her] birth], did you or a doctor think that [he/she] needed to see a specialist?

- (1) YES
- (2) NO [SKIP TO K4Q31]
- (77) DON'T KNOW [SKIP TO K4Q31]
- (99) REFUSED [SKIP TO K4Q31]

K4Q26 [During the past 12 months/Since [his/her] birth], how much of a problem, if any, was it to get the care from the specialists that [S.C.] needed? Would you say it was a big problem, a small problem, or not a problem?

- (1) BIG PROBLEM
- (2) SMALL PROBLEM
- (3) NOT A PROBLEM
- (77) DON'T KNOW
- (99) REFUSED

K4Q31 IF AGE < 5 YEARS, READ: Has [S.C.] ever had [his/her] vision tested with pictures, shapes, or letters?

IF AGE 5+ YEARS, READ: During the past 2 years, that is, since [FILL INTDATE – 48 MONTHS], has [S.C.] had [his/her] vision tested with pictures, shapes, or letters?

- (1) YES
- (2) NO [SKIP TO K4Q27]
- (77) DON'T KNOW [SKIP TO K4Q27]
- (99) REFUSED [SKIP TO K4Q27]

K4Q32 What kind of place or places did [S.C.] have [his/her] vision tested? Was it an eye doctor's office, a general doctor's office, clinic, school, or some other place? [Mark all that apply]

- (1) EYE DOCTOR OR EYE SPECIALIST (OPHTHALMOLOGIST, OPTOMETRIST) OFFICE
- (2) PEDIATRICIAN OR OTHER GENERAL DOCTOR'S OFFICE
- (3) CLINIC OR HEALTH CENTER
- (4) SCHOOL
- (5) OTHER [RECORD VERBATIM RESPONSE]

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K4Q35 ASK K4Q35 ONLY IF AGE=0-3 YEARS

Some new parents are helped by programs that send nurses, healthcare workers, social workers, or other professionals to their home to help prepare for the new baby or take care of the baby or mother. Between the time [you were / [his/her] mother was] pregnant with [S.C.] and up until the present day, did someone from such a program visit your home?

INTERVIEWER INSTRUCTION: IF R HAS ADOPTED S.C., SAY "Please think about the time between adopting [S.C.] and up until the present day."

- (1) YES [GO TO K4Q35A]
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF 2, 77, 99 THEN GO TO K4Q36

K4Q35A How many different professionals came to your home?

_____ ENTER VALUE
(77) DON'T KNOW
(99) REFUSED

IF >4 GO TO SC_K4Q35A; ELSE GO TO K4Q35B_INTRO

K4Q35B_INTRO

Parents, especially new parents, often have concerns about their children and families. Please tell me if [the professional / any of the professionals] who visited your home talked about any of the following:

- K4Q35B_1. [Your/[S.C.]'s mother's] emotional well-being?
- K4Q35B_2. Smoking or alcohol use in your home?
- K4Q35B_3. How to build a close relationship with [S.C.]?
- K4Q35B_4. How to use toys, playtime, and story time to help [S.C.] learn, grow, and develop?
- K4Q35B_5. How to make sure that [S.C.] is safe and does not get hurt?
- K4Q35B_6. How to get the health care that [S.C.] needs?
- K4Q35B_7. Other services that might help your family, such as public assistance, transportation, or job training?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 3: Use of developmental services

SKIP TO NEXT SECTION IF CHILD HAS NEVER BEEN DIAGNOSED WITH ASD OR DEV DELAY.

K4Q36 Earlier you told me that you had been told by a doctor or other health care provider that [S.C.] had (a condition / conditions) that affected [his/her] learning or development. Has [S.C.] *ever* received therapy services to meet [his/her] developmental needs, such as Early Intervention, occupational therapy, speech therapy, or behavioral therapy?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

INTERVIEWER INSTRUCTION: IF A PARENT ASKS WHICH CONDITIONS ARE BEING REFERRED TO, YOU MAY READ THIS LIST: [LIST]

CATI PROGRAMMER INSTRUCTION: K4Q36 IS ONLY TO BE ASKED IF CHILD HAS BEEN DIAGNOSED WITH AUTISM/ASD AND/OR DEVELOPMENTAL DELAY. HOWEVER, IN LIST, INCLUDE ALL CONDITIONS THAT HAD A YES TO "EVER TOLD" FROM: ADHD, BEHAVIORAL/CONDUCT PROBLEMS, AUTISM/ASD, DEVELOPMENTAL DELAY, TOURETTE SYNDROME, CEREBRAL PALSY, INTELLECTUAL DISABILITY, SPEECH OR OTHER LANGUAGE PROBLEMS. USE NUMBER OF CONDITIONS IN THIS LIST TO DETERMINE WHETHER TO FILL "CONDITION" OR "CONDITIONS."

K4Q37 How old was [S.C.] when [he/she] began receiving services?

_____ ENTER VALUE

- (77) DON'T KNOW
- (99) REFUSED

RECORD AGE IN MONTHS FOR 0 TO 23 MONTHS. IF 2 YEARS OR OLDER AND MONTHS NOT GIVEN, RECORD AGE IN YEARS.

K4Q38 Is [S.C.] currently receiving therapy services?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Section 5: Medical Home

Subdomain 1: Referrals

K5Q10 [During the past 12 months / Since [his/her] birth], did [S.C.] need a referral to see any doctors or receive any services?

- (1) YES
- (2) NO [SKIP TO K5Q20]
- (77) DON'T KNOW [SKIP TO K5Q20]
- (99) REFUSED [SKIP TO K5Q20]

K5Q11 Was getting referrals a big problem, a small problem, or not a problem?

- (1) BIG PROBLEM
- (2) SMALL PROBLEM
- (3) NOT A PROBLEM
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 2: Care coordination

SUM UP THE NUMBER OF SERVICES FROM SECTION 4, SUBDOMAIN 2 AND ASSIGN TO VARIABLE NUMB_SERVICES.

IF NUMB_SERVICES = 0 AND AGE ≤ 5 YEARS, THEN SKIP TO K6Q01.

IF NUMB_SERVICES = 0 AND AGE ≥ 6 YEARS, THEN SKIP TO K7Q01.

IF NUMB_SERVICES = 1, THEN SKIP TO K5Q31.

K5Q20 Does anyone help you arrange or coordinate [S.C.]’s care among the different doctors or services that [he/she] uses?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

READ IF NECESSARY: By “arrange or coordinate,” I mean: Is there anyone who helps you make sure that [S.C.] gets all the health care and services [he/she] needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

READ IF NECESSARY: Anyone means anyone.

K5Q21 [During the past 12 months / Since [his/her] birth], have you felt that you could have used extra help arranging or coordinating [S.C.]’s care among the different health care providers or services?

- (1) YES
- (2) NO [SKIP TO K5Q30]
- (77) DON'T KNOW [SKIP TO K5Q30]
- (99) REFUSED [SKIP TO K5Q30]

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K5Q22

[During the past 12 months / Since [his/her] birth], how often did you get as much help as you wanted with arranging or coordinating [S.C.]'s care? Would you say never, sometimes, or usually?

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 3: Provider communication

K5Q30 Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among [S.C.]’s doctors and other health care providers?

- (1) VERY SATISFIED
- (2) SOMEWHAT SATISFIED
- (3) SOMEWHAT DISSATISFIED
- (4) VERY DISSATISFIED
- (5) NO COMMUNICATION NEEDED OR WANTED
- (77) DON’T KNOW
- (99) REFUSED

K5Q31 Do [S.C.]’s doctors or other health care providers need to communicate with [his/her]

[IF AGE < 36 MONTHS, INSERT: child care providers or early intervention program?]

[IF AGE ≥ 36 MONTHS AND < 72 MONTHS, INSERT: child care providers, school, or special education program?]

[IF AGE ≥ 72 MONTHS AND CHILD DOES NOT HAVE SPECIAL HEALTH CARE NEEDS, INSERT: school or special education program?]

[IF AGE ≥ 72 MONTHS AND < 144 MONTHS AND CHILD DOES HAVE SPECIAL HEALTH CARE NEEDS, INSERT: school or special education program?]

[IF AGE ≥ 144 MONTHS AND CHILD DOES HAVE SPECIAL HEALTH CARE NEEDS, INSERT: school, special education program, or vocational education program?]

- (1) YES
- (2) NO [SKIP TO K5Q40]
- (77) DON’T KNOW [SKIP TO K5Q40]
- (99) REFUSED [SKIP TO K5Q40]

K5Q32 Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that communication?

- (1) VERY SATISFIED
- (2) SOMEWHAT SATISFIED
- (3) SOMEWHAT DISSATISFIED
- (4) VERY DISSATISFIED
- (5) NO COMMUNICATION NEEDED OR WANTED
- (77) DON’T KNOW
- (99) REFUSED

Subdomain 4: Compassionate, culturally effective, family-centered care

K5Q40 [During the past 12 months / Since [his/her] birth], how often did [S.C.]’s doctors and other health care providers spend enough time with [him/her]? Would you say never, sometimes, usually, or always?

READ IF NECESSARY: This question refers to doctors or any other health care providers including nurses, dentists, mental health professionals, or medical specialists.

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (77) DON’T KNOW
- (99) REFUSED

K5Q41 [During the past 12 months / Since [his/her] birth], how often did [S.C.]’s doctors and other health care providers listen carefully to you? Would you say never, sometimes, usually, or always?

READ IF NECESSARY: This question refers to doctors or any other health care providers including nurses, dentists, mental health professionals, or medical specialists.

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (77) DON’T KNOW
- (99) REFUSED

K5Q42 When [S.C.] is seen by doctors or other health care providers, how often are they sensitive to your family’s values and customs? Would you say never, sometimes, usually, or always?

READ IF NECESSARY: This question refers to doctors or any other health care providers including nurses, dentists, mental health professionals, or medical specialists.

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (77) DON’T KNOW
- (99) REFUSED

K5Q43 Information about a child’s health or health care can include things such as the causes of any health problems, how to care for a child now, and what changes to expect in the future. [During the past 12 months / Since [his/her] birth], how often did you get the specific information you needed from [S.C.]’s doctors and other health care providers? Would you say never, sometimes, usually, or always?

READ IF NECESSARY: This question refers to doctors or any other health care providers including nurses, dentists, mental health professionals, or medical specialists.

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (77) DON’T KNOW

(99) REFUSED

K5Q44

[During the past 12 months / Since [his/her] birth], how often did [S.C.]’s doctors or other health care providers help you feel like a partner in [his/her] care? Would you say never, sometimes, usually, or always?

READ IF NECESSARY: This question refers to doctors or any other health care providers including nurses, dentists, mental health professionals, or medical specialists.

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (77) DON’T KNOW
- (99) REFUSED

IF AGE \leq 5 YEARS, THEN SKIP TO K6Q01.

IF AGE \geq 6 YEARS, THEN SKIP TO K7Q01.

Section 6: Early Childhood (0-5 years)

Subdomain 1: Parent's Evaluation of Developmental Status

Questions K6Q01-K6Q09 are from the Parent's Evaluation of Developmental Status (PEDS) child development screening test. The PEDS is protected by U.S. and international copyright law. All rights are reserved by Frances Page Glascoe. Permission to use these items in the NSCH has been granted by Dr. Glascoe. Permission must be requested from the publisher (forepath.org, PO Box 23186, Washington, DC, 20026, www.forepath.org, support@forepath.org) before using these items for other purposes.

K6Q01 Do you have any concerns about [S.C.]'s learning, development, or behavior?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF AGE < 4 MONTHS, SKIP TO K6Q10.

K6Q02_INTRO [IF K6Q01 = NO, READ: Although you told me you have no concerns, I need to ask a few specific questions about concerns that some parents may have. Please tell me if you are currently concerned a lot, a little, or not at all about the following.]

[ELSE, READ: 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.]

(READ IF NECESSARY: Are you concerned a lot, a little, or not at all about...)

- K6Q02 How [S.C.] talks and makes speech sounds?
- K6Q03 How [he/she] understands what you say?
- K6Q04 How [he/she] uses [his/her] hands and fingers to do things?
- K6Q05 How [he/she] uses [his/her] arms and legs?
- K6Q06 How [he/she] behaves?
- K6Q07 How [he/she] gets along with others?

IF AGE < 10 MONTHS, SKIP TO K6Q10.

K6Q08 How [he/she] is learning to do things for (himself/herself)?

IF AGE < 18 MONTHS, SKIP TO K6Q10.

K6Q09 How [he/she] is learning pre-school or school skills?

- (1) A LOT
- (2) A LITTLE
- (3) NOT AT ALL
- (77) DON'T KNOW
- (99) REFUSED

FOR EACH ITEM

Subdomain 2: Developmental screening

K6Q10 *IF NUMB_SERVICES = 0, THEN SKIP TO K6Q15.*

[During the past 12 months / Since [S.C.]’s birth], did [S.C.]’s doctors or other health care providers ask if you have concerns about [his/her] learning, development, or behavior?

- (1) YES
- (2) NO
- (77) DON’T KNOW
- (99) REFUSED

K6Q12 *IF AGE_NSCH < 10 MONTHS, SKIP TO K6Q15.*

Sometimes a child’s doctor or other health care provider will ask a parent to fill out a questionnaire at home or during their child’s visit. During the past 12 months, did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about [S.C.]’s development, communication, or social behaviors?

- (1) YES
- (2) NO
- (77) DON’T KNOW
- (99) REFUSED [SKIP TO K6Q15 IF NO/DK/RF]

INTERVIEWER INSTRUCTION: IF ANOTHER PERSON READ THE QUESTIONNAIRE TO THE PARENT AND FILLED IN THE ANSWERS FOR THE PARENT, THEN THIS QUESTION SHOULD BE ANSWERED YES. BUT IF A DOCTOR OR NURSE JUST ASKED ABOUT CONCERNS AND DID NOT FILL OUT A QUESTIONNAIRE, THEN THIS QUESTION SHOULD BE ANSWERED NO.

IF AGE_NSCH = 24-71 MONTHS, SKIP TO K6Q14A.

K6Q13A Did this questionnaire ask about your concerns or observations about how [S.C.] talks or makes speech sounds?

- (1) YES
- (2) NO
- (77) DON’T KNOW
- (99) REFUSED

K6Q13B Did this questionnaire ask about your concerns or observations about how [S.C.] interacts with you and others?

- (1) YES
- (2) NO
- (77) DON’T KNOW
- (99) REFUSED [ALL SKIP TO K6Q15]

K6Q14A Did this questionnaire ask about your concerns or observations about words and phrases [S.C.] uses and understands?

- (1) YES
- (2) NO
- (77) DON’T KNOW
- (99) REFUSED

K6Q14B Did this questionnaire ask about your concerns or observations about how [S.C.] behaves and gets along with you and others?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K6Q15 Does [S.C.] have any developmental problems for which [he/she] has a written intervention plan called an [IF AGE < 36 MONTHS, INSERT: Individualized Family Services Plan or an IFSP?; IF AGE ≥ 36 MONTHS, INSERT: Individualized Education Program or IEP?]

READ IF NECESSARY: Some young children have developmental delays or other problems for which they receive services from a program called Early Intervention Services or Special Education. Children receiving these services have a written intervention plan called an IFSP if the child is under 3 years old, or an IEP if 3 years or older. Services on an IFSP or an IEP might include things such as special instruction; speech language therapy; vision and hearing services; psychological services; health services; social work services; family counseling and support; transportation; service coordination or other services needed to support the child's development.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 3: Child care

K6Q20 The next questions are about child care. Does [S.C.] receive care for at least 10 hours per week from someone not related to [him/her]? This could be a day care center, preschool, Head Start program, nanny, au pair, or any other non-relative.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

READ IF NECESSARY: Child care should be reported regardless of whether care is paid or unpaid, or provided by certified or uncertified providers. Occasional babysitting is not included.

Head Start is a federally-funded program to help young children from low-income families get ready for kindergarten and grade school. Children who participate are usually between three and five years old, but there are Head Start programs for even younger children.

K6Q27 [During the past 12 months / Since [S.C.]'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
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 4: Breastfeeding

K6Q40 Was [S.C.] ever breastfed or fed breast milk?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED [SKIP TO NEXT SUBDOMAIN IF NO/DK/RF]

K6Q41 How old was [he/she] when [he/she] completely stopped breastfeeding or being fed breast milk?

- RECORD AGE /
- (666) STILL BREASTFEEDING
- (777) DON'T KNOW
- (999) REFUSED

K6Q42 How old was [S.C.] when [he/she] was first fed formula?

- RECORD AGE /
- ENTER 555 FOR "AT BIRTH"
- (666) "CHILD HAS NEVER BEEN FED FORMULA"
- (777) DON'T KNOW
- (999) REFUSED

K6Q43 This next question is about the first thing that [S.C.] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [S.C.] might have been given, even water. How old was [S.C.] when [he/she] was first fed anything other than breast milk or formula?

- RECORD AGE /
- ENTER 555 FOR "AT BIRTH"
- (666) "CHILD HAS NEVER BEEN FED ANYTHING OTHER THAN BREAST MILK OR FORMULA"
- (777) DON'T KNOW
- (999) REFUSED

Subdomain 5: Flourishing

SKIP TO K6Q65 IF AGE < 6 MONTHS

INTRO I am going to read a list of items that sometimes describe children. For each item, please tell me how often this was true for [S.C.] during the past month.

K6Q70 [He/She] is affectionate and tender with you. Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

K6Q73 [He/She] bounces back quickly when things don't go [his/her] way. Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

K6Q71 [He/She] shows interest and curiosity in learning new things. Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

K6Q72 [He/She] smiles and laughs a lot.

READ AS NECESSARY: Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

- (1) NEVER
- (2) RARELY
- (3) SOMETIMES
- (4) USUALLY
- (5) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

FOR EACH ITEM

Subdomain 6: Time use

K6Q65 On an average weekday, about how much time does [S.C.] usually spend in front of a TV watching TV programs, videos, or playing video games?

RECORD NUMBER OF HOURS OR MINUTES /
ENTER 0 FOR NO TIME SPENT IN FRONT OF TV

- (666) DON'T OWN A TV
- (777) DON'T KNOW
- (999) REFUSED

IF 1-665, THEN GO TO K6Q65A; ELSE GO TO K6Q66

K6Q66 On an average weekday, about how much time does [S.C.] usually spend with computers, cell phones, handheld video games, and other electronic devices?

RECORD NUMBER OF HOURS OR MINUTES /
ENTER 0 FOR NO TIME SPENT IN FRONT OF THESE DEVICES

- (666) DON'T OWN ANY OF THESE DEVICES
- (777) DON'T KNOW
- (999) REFUSED

IF 1-665, THEN GO TO K6Q65A; ELSE GO TO K6Q66

K6Q60 During the past week, how many days did you or other family members read to [S.C.]?

____ NUMBER OF DAYS

- (77) DON'T KNOW
- (99) REFUSED

READ IF NECESSARY: Reading stories includes books with words or pictures but not books read by an audio tape, record, CD, or computer.

READ IF NECESSARY: "During the past week" means "during the last seven days."

K6Q61 During the past week, how many days did you or other family members tell stories or sing songs to [S.C.]?

____ NUMBER OF DAYS
(77) DON'T KNOW
(99) REFUSED

READ IF NECESSARY: "During the past week" means "during the last seven days."

K6Q63 During the past week, how many days did [S.C.] play with other children [his/her] age?

____ NUMBER OF DAYS
(77) DON'T KNOW
(99) REFUSED

READ IF NECESSARY: "During the past week" means "during the last seven days."

K6Q64 During the past week, how many days 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 DAYS
(77) DON'T KNOW
(99) REFUSED

READ IF NECESSARY: "During the past week" means "during the last seven days."

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

Subdomain 1: School enrollment

K7Q01 IF CURRENT MONTH IS JUNE, JULY, OR AUGUST, ASK: "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 ASK: "What kind of school is [S.C.] currently enrolled in? Is it a public school, private school, or home-school?"

- | | |
|---------------------------------------|------------------|
| (1) PUBLIC | [SKIP TO K7Q02] |
| (2) PRIVATE | [SKIP TO K7Q02] |
| (3) HOME-SCHOOLED | [SKIP TO K7Q05] |
| (4) [S.C.] IS NOT ENROLLED IN SCHOOL. | [SKIP TO K7Q01F] |
| (6) DON'T KNOW | [SKIP TO K7Q02] |
| (7) REFUSED | [SKIP TO K7Q02] |

INTERVIEWER INSTRUCTION: IF THE CHILD WAS ENROLLED IN MORE THAN ONE TYPE OF SCHOOL DURING THE CURRENT OR LAST SCHOOL YEAR, ASK THE TYPE OF SCHOOL THAT THE CHILD HAS MOST RECENTLY ATTENDED.

K7Q01F At any time during the past 12 months, was [S.C.] enrolled in a public school, a private school, or home school?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

[SKIP TO K7Q05 IF NO/DK/RF]

K7Q02 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?

- ENTER THE FOLLOWING AS NEEDED:
- (000) NONE
 - (180) ENTIRE SCHOOL YEAR
 - (555) HOME SCHOOLED
 - (666) DID NOT GO TO SCHOOL
 - (777) DON'T KNOW
 - (999) REFUSED

INCLUDE ANSWER CHOICES FOR ENTIRE SCHOOL YEAR (180), HOME SCHOOLED (555), OR DID NOT GO TO SCHOOL (666). INCLUDE QUESTION CONFIRMING ANSWER IF NUMBER OF DAYS IS GREATER THAN 20.

SKIP TO K7Q05 IF CHILD WAS HOME SCHOOLED OR DID NOT GO TO SCHOOL.

K7Q04 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?

_____ TIMES

- (77) DON'T KNOW

(99) REFUSED

IF 21-76 GO TO SC_K7Q04
ELSE IF 1-20, 77, 99 GO TO K7Q05

READ IF NECESSARY: This includes school related problems but not health related problems.

INTERVIEWER INSTRUCTION: THIS INCLUDES SCHOOL RELATED PROBLEMS BUT NOT HEALTH RELATED PROBLEMS.

K7Q05 Since starting kindergarten, has [he/she] repeated any grades?

- (1) YES
- (2) NO [SKIP TO K7Q11]
- (77) DON'T KNOW [SKIP TO K7Q11]
- (99) REFUSED [SKIP TO K7Q11]

K7Q05_A Which grade or grades did [he/she] repeat? [Mark all that apply.]

- (1) FIRST GRADE
 - (2) SECOND GRADE
 - (3) THIRD GRADE
 - (4) FOURTH GRADE
 - (5) FIFTH GRADE
 - (6) SIXTH GRADE
 - (7) SEVENTH GRADE
 - (8) EIGHTH GRADE
 - (9) NINTH GRADE (FRESHMAN YEAR)
 - (10) TENTH GRADE (SOPHMORE YEAR)
 - (11) ELEVENTH GRADE (JUNIOR YEAR)
 - (12) TWELFTH GRADE (SENIOR YEAR)
 - (13) KINDERGARTEN
- (77) DON'T KNOW
(99) REFUSED

K7Q11 Does [S.C.] have a health problem, condition, or disability for which [he/she] has a written intervention plan called an Individualized Education Program or IEP?

READ IF NECESSARY: Some children have difficulty in school because of a health problem, condition, or a disability. These children may receive services from a program called Special Education and have a written intervention plan called an Individualized Education Program or IEP. Services on an IEP might include things such as special instruction; speech language therapy; vision and hearing services; psychological services; health services; social work services; family counseling and support; transportation; or other services needed to support the child's educational performance.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 2: After-school activities and parental involvement

K7Q30 During the past 12 months, was [S.C.] on a sports team or did [he/she] take sports lessons after school or on weekends?

READ IF NECESSARY: Include any teams run by your child's school or community groups.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K7Q31 During the past 12 months, did [he/she] participate in any clubs or organizations after school or on weekends?

READ IF NECESSARY: Examples of clubs or organizations are scouts, arts, religious groups, and boys/girls clubs.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K7Q32 During the past 12 months, did [he/she] participate in any other organized activities or lessons, such as music, dance, language, or other arts?

READ IF NECESSARY: This question can include organized lessons in music, dance, foreign languages, performing arts, computers, and more.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

SKIP TO K7Q34 IF K7Q30, K7Q31, AND K7Q32 ARE ALL NO/DK/RF.

K7Q33 During the past 12 months, how often did you attend events or activities that [S.C.] participated in? Would you say never, sometimes, usually or always?

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

K7Q34 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
- (77) DON'T KNOW
- (99) REFUSED

IF AGE < 144 MONTHS (12 YEARS), SKIP TO K7Q40.

K7Q37 During the past 12 months, how often has [S.C.] been involved in any type of community service or volunteer work at school, church, or in the community? Would you say once a week or more, a few times a month, a few times a year, or never?

- (1) ONCE A WEEK OR MORE
- (2) A FEW TIMES A MONTH
- (3) A FEW TIMES A YEAR
- (4) NEVER
- (77) DON'T KNOW
- (99) REFUSED

K7Q38 During the past week, did [S.C.] earn money from any work, including regular jobs as well as babysitting, cutting grass, or other occasional work?

- (1) YES [SKIP TO K7Q39]
- (2) NO [SKIP TO K7Q40]
- (77) DON'T KNOW [SKIP TO K7Q40]
- (99) REFUSED [SKIP TO K7Q40]

READ AS NECESSARY: Do not include household chores.

READ IF NECESSARY: "During the past week" means "during the last seven days."

K7Q39 During the past week, how many hours did [S.C.] work for pay?

- (666) MORE THAN ZERO BUT LESS THAN 1 HOUR
- (777) DON'T KNOW
- (999) REFUSED

READ IF NECESSARY: "During the past week" means "during the last seven days."

Subdomain 3: Sleep and exercise

K7Q40 During the past week, on how many nights did [S.C.] get enough sleep for a child [his/her] age?

_____ NUMBER OF DAYS

- (77) DON'T KNOW
- (99) REFUSED

READ IF NECESSARY: "Enough sleep" is whatever you define it as for this child.

READ IF NECESSARY: "During the past week" means "during the last seven days."

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K7Q41 During the past week, on how many days did [S.C.] exercise, play a sport, or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard?

____ ____ NUMBER OF DAYS

(77) DON'T KNOW

(99) REFUSED

READ IF NECESSARY: 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.

READ IF NECESSARY: "During the past week" means "during the last seven days."

Subdomain 4: Reading

K7Q50 On an average weekday, about how much time does [he/she] usually spend reading for pleasure?

ENTER 0 FOR NO TIME SPENT READING
(666) FOR CHILD CAN'T READ
(777) FOR DON'T KNOW
(999) FOR REFUSED

INTERVIEWER NOTE: RESPONSE MUST BE IN EITHER HOURS OR MINUTES

READ IF NECESSARY: Time spent reading includes the time a child spends reading to themselves or being read to by another person.

IF THE PARENT ASKS WHAT TIME FRAME THE QUESTION REFERS TO, SAY: It refers to average weekdays "recently."

Subdomain 5: Media consumption

K7Q60 On an average weekday, about how much time does [S.C.] usually spend in front of a TV watching TV programs, videos, DVDs, or playing video games?

READ IF NECESSARY: Do not include time spent watching TV programs, videos, or DVDs at school.

READ IF NECESSARY: Do not include time spent doing any of these activities in front of a computer.

RECORD NUMBER OF HOURS OR MINUTES
(666) DON'T OWN A TV
(777) DON'T KNOW
(999) REFUSED

K7Q91 On an average weekday, about how much time does [S.C.] usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork?

ENTER 0 FOR NO TIME SPENT IN FRONT OF A TV
_____ ENTER NUMBER
(666) DON'T OWN A TV
(777) DON'T KNOW
(999) REFUSED

IF K7Q60 IN (000, 666, 777, 999) [SKIP TO K7Q61 K7Q91]
ELSE, [SKIP TO K7Q60A]

K7Q61A Do you monitor the content of what [he/she] watches on TV, plays on the computer, or does on electronic devices?

READ IF RESPONDENT ASKS WHAT "MONITOR" MEANS: We want to know if you check or pre-screen these media for topics you might not approve of, such as violence, drugs or alcohol, fighting, guns, or sexual content.

INTERVIEWER INSTRUCTION: IF A RESPONDENT STATES THAT HE/SHE USES THESE MEDIA TOGETHER WITH THE CHILD (SUCH AS WATCHING TV SHOWS OR MOVIES TOGETHER) TO EXPLAIN THE CONTENT TO THE CHILD, CODE THIS AS A

“YES” RESPONSE.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K7Q61 Do you limit the amount of time [he/she] spends watching TV, playing on the computer, or using electronic devices?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K7Q62 Does [he/she] have a TV, computer, or access to electronic devices in [his/her] bedroom?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 6: Bullying and emotional difficulties

K7Q70_INTRO I am going to read a list of items that sometimes describe children. For each item, please tell me how often this was true for [S.C.] during the past month.

K7Q70 [He/She] argues too much. Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

K7Q71 [He/She] bullies or is cruel or mean to others. Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

K7Q79 [He/She] is unhappy, sad, or depressed. Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?

- (1) NEVER
- (2) RARELY
- (3) SOMETIMES
- (4) USUALLY
- (5) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

FOR EACH ITEM

Subdomain 7: Flourishing

K7Q84 [He/She] finishes the tasks [he/she] starts and follows through with what [he/she] says [he'll/she'll] do.

K7Q85 [He/She] stays calm and in control when faced with a challenge.

K7Q86 [He/She] shows interest and curiosity in learning new things.

K7Q82 [He/She] cares about doing well in school.

K7Q83 [He/She] does all required homework.

(READ IF NECESSARY: Would you say never, rarely, sometimes, usually, or always true for [S.C.] during the past month?)

- (1) NEVER
- (2) RARELY
- (3) SOMETIMES
- (4) USUALLY
- (5) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

FOR EACH ITEM

Section 8: Family Functioning

Subdomain 1: Family activities

K8Q12 About how often does [S.C.] attend a religious service?

ENTER (000) NEVER OR ZERO TIMES OR DOES NOT ATTEND

_____ [ENTER NUMBER]

(777) DON'T KNOW

(999) REFUSED

K8Q11 During the past week, on how many days did all the family members who live in the household eat a meal together?

_____ DAYS

(77) DON'T KNOW

(99) REFUSED

READ IF NECESSARY: "During the past week" means "during the last seven days."

Subdomain 2: Parent/child relationship

IF AGE < 72 MONTHS (6 YEARS), SKIP TO K8Q30.

K8Q21 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

(2) SOMEWHAT WELL

(3) NOT VERY WELL

(4) NOT WELL AT ALL

(77) DON'T KNOW

(99) REFUSED

Subdomain 3: Family stress

K8Q30 IF RESPONDENT IS MOTHER/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
- (2) SOMEWHAT WELL
- (3) NOT VERY WELL
- (4) NOT VERY WELL AT ALL
- (77) DON'T KNOW
- (99) REFUSED

K8Q31 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, rarely, sometimes, usually, or always?

- (1) NEVER
- (2) RARELY
- (3) SOMETIMES
- (4) USUALLY
- (5) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

K8Q32 During the past month, how often have you felt [he/she] does things that really bother you a lot?

READ IF NECESSARY: Would you say never, rarely, sometimes, usually, or always?

- (1) NEVER
- (2) RARELY
- (3) SOMETIMES
- (4) USUALLY
- (5) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

K8Q34 During the past month, how often have you felt angry with [him/her]?

READ IF NECESSARY: Would you say never, rarely, sometimes, usually, or always?

- (1) NEVER
- (2) RARELY
- (3) SOMETIMES
- (4) USUALLY
- (5) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

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K8Q35 IF RESPONDENT IS MOTHER/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
- (77) DON'T KNOW
- (99) REFUSED

READ IF NECESSARY: This can be any person, including your spouse.

Section 9: Parental Health

Subdomain 1: Household composition

K9Q00 Including the adults and all the children, how many people live in this household?

RECORD NUMBER OF PEOPLE.

[Answer must be greater than the number of children to proceed.]

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

PERSONS AWAY FROM THEIR RESIDENCE FOR TWO MONTHS OR LESS, WHETHER TRAVELING OR IN THE HOSPITAL, ARE CONSIDERED "IN RESIDENCE."

PERSONS AWAY FROM THEIR RESIDENCE FOR MORE THAN TWO MONTHS ARE CONSIDERED "NOT IN RESIDENCE" UNLESS THE PERSON IS AWAY AT SCHOOL (I.E., BOARDING SCHOOL, MILITARY ACADEMY, 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.

CP_K9Q10A IF K1Q02=77, 99 GO TO C10Q02A

ELSE GO TO K9Q10A

K9Q10A I have that you are [S.C.]'s [FILL FROM K1Q02]. Is that correct?

(01) YES [GO TO CP_C10Q02A]

(02) NO [GO TO CP_C10Q02A]

(77) DON'T KNOW [GO TO CP_C10Q02A]

(99) REFUSED [GO TO CP_C10Q02A]

CP_C10Q02A IF K9Q10A=02, 77, 99 THEN GO TO C10Q02A

IF K9Q10A=01 and K1Q02=01, 02 THEN GO TO C10Q02A

IF K9Q10A=01 and K1Q02=11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26 THEN GO TO C10Q02B and fill C10Q02A with C10Q02A=K1Q02 value

C10Q02A IF K1Q02=77, 99 OR K9Q10A=02, 77, 99 THEN DISPLAY:

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

IF R RESPONDS "Mother" or "Father," YOU MUST PROBE:: Are you [S.C.]'s biological, step, foster, or adoptive mother/father?

IF R RESPONDS "Parent's Partner," PROBE IF NOT SURE: Are you male or female?

IF K9Q10A=01 AND K1Q02=01 THEN DISPLAY:

Are you [S.C.]’s biological, adoptive, step, or foster mother?

IF K9Q10A=01 AND K1Q02=02 THEN DISPLAY:

Are you [S.C.]’s biological, adoptive, step, or foster father?

PARENT

- (1) BIOLOGICAL MOTHER
- (2) STEP MOTHER
- (3) FOSTER MOTHER
- (4) ADOPTIVE MOTHER
- (5) MOTHER, but TYPE REFUSED
- (6) BIOLOGICAL FATHER
- (7) STEP FATHER
- (8) FOSTER FATHER
- (9) ADOPTIVE FATHER
- (10) FATHER, but TYPE REFUSED

OLDER RELATIVES OR GUARDIANS

- (11) GRANDMOTHER
- (12) GRANDFATHER
- (13) AUNT
- (14) UNCLE
- (15) FEMALE GUARDIAN
- (16) MALE GUARDIAN

OTHER RELATIVES

- (17) SISTER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)
- (18) BROTHER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)
- (19) COUSIN
- (20) IN-LAW OF ANY TYPE
- (22) OTHER RELATIVE / FAMILY MEMBER

OTHER NON-RELATIVES

- (23) PARENT’S BOYFRIEND / MALE PARTNER
- (24) PARENT’S GIRLFRIEND / FEMALE PARTNER
- (25) PARENT’S PARTNER, but SEX REFUSED
- (26) OTHER NON-RELATIVE OR FRIEND

(77) DON’T KNOW

(99) REFUSED

SC_C10Q02A [IF K1Q02 = 01 AND C10Q02A NOT IN (1, 2, 3, 4, 5)] OR [IF K2Q02 = 02 AND C10Q02A NOT IN (6, 7, 8, 9, 10)] OR [IF K9Q10A=02, 77, 99] THEN DISPLAY:

INTERVIEWER CHECK:

YOU ARE CHANGING THE RESPONDENT FROM [FILL WITH ANSWER FROM K1Q02] TO [FILL WITH ANSWER FROM C10Q02A] . IS THIS CORRECT?

- (1) YES [GO TO C10Q02B]
- (2) NO - RETURN TO C10Q02A AND ENTER CORRECT RESPONSE [GO BACK TO C10Q02A]

C10Q02B IF K9Q00 = 2 THEN SKIP TO C10Q02B_CONF

IF K9Q00 = DK/RF, THEN READ:

For the other people that live in your household with you and [S.C.], what is their relationship to [S.C.]? [Mark all that apply]

IF K9Q00 > 2, THEN READ:

In addition to you and [S.C.], I have that [FILL: K9Q00 - 2] [other person lives/other people live] in your household. What is their relationship to [S.C.]? [Mark all that apply]

IF R RESPONDS "Mother" or "Father," YOU MUST PROBE: Is that [S.C.]'s biological, step, foster, or adoptive mother/father?

IF R RESPONDS "Partner," PROBE: Is the partner male or female?

PARENT

- | | |
|-------------------------------|-------------------------------|
| (01) BIOLOGICAL MOTHER | (06) BIOLOGICAL FATHER |
| (02) STEP MOTHER | (07) STEP FATHER |
| (03) FOSTER MOTHER | (08) FOSTER FATHER |
| (04) ADOPTIVE MOTHER | (09) ADOPTIVE FATHER |
| (05) MOTHER, but TYPE REFUSED | (10) FATHER, but TYPE REFUSED |

OLDER RELATIVES OR GUARDIANS

- | | |
|------------------|----------------------|
| (11) GRANDMOTHER | (14) UNCLE |
| (12) GRANDFATHER | (15) FEMALE GUARDIAN |
| (13) AUNT | (16) MALE GUARDIAN |

OTHER RELATIVES

- (17) SISTER
- (18) BROTHER
- (19) COUSIN
- (20) IN-LAW OF ANY TYPE
- (21) [S.C.]'S CHILD, SON, OR DAUGHTER
- (22) OTHER RELATIVE / FAMILY MEMBER

OTHER NON-RELATIVES

- (23) PARENT'S BOYFRIEND / MALE PARTNER
- (24) PARENT'S GIRLFRIEND / FEMALE PARTNER
- (25) PARENT'S PARTNER, but SEX REFUSED
- (26) OTHER NON-RELATIVE OR FRIEND

(77) DON'T KNOW

(99) REFUSED

C10Q02B_
CONF

I am now going to list all the people that live in your household.

I have that [LIST OF RELATIONSHIPS ROSTERED] live in this household with [S.C.].

Is this a correct list of everyone living in your household?

- (1) CONFIRMED - THIS LIST IS CORRECT
- (2) NOT CORRECT - RETURN TO K9Q00 AND START AGAIN

C10Q02B_
WARNING

Earlier you told me that there are [VALUE FROM K9Q00] people living in your household. However, based on the relationships you just gave, I have [COUNT OF RELATIONSHIPS INCLUDING R & SC] people living in your household. Let's re-confirm your answers.

(1) RETURN TO RE-CONFIRM ANSWERS [GO TO K9Q00]

USE RARELY:

(2) ISSUE CANNOT BE RESOLVED - CONTINUE ON [GO TO C10Q02C]

SKIP TO K9Q16 IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HOUSEHOLD.

SKIP TO K9Q16 IF RESPONDENT IS ADOPTIVE MOTHER OR ADOPTIVE FATHER.

C10Q02C Have you legally adopted [S.C.]?

(1) YES

(2) NO

(77) DON'T KNOW

(99) REFUSED

Subdomain 2: Age and marital status of adults in household

K9Q16 *SKIP TO C10Q14 IF NO MOTHER-TYPE IN HOUSEHOLD*

IF C10Q02A=1-5 OR C10Q02B=1-5 ASK K9Q16. ELSE, SKIP TO C10Q14.

IF C10Q02A=1-5 FILL "are you". ELSE, FILL "is [S.C.]'s [MOTHER TYPE]"

How old [are you / is [S.C.]'s [MOTHER TYPE]]?

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

____ YEARS
(777) DON'T KNOW
(999) REFUSED

C10Q14 What is the age of the oldest adult living in the household?

____ YEARS
(777) DON'T KNOW
(999) REFUSED

IF HOUSEHOLD INCLUDES A MOTHER AND A FATHER, ASK C10Q10. ELSE, SKIP TO C10Q11A.

SC_C10Q14 INTERVIEWER CHECK: YOU ENTERED [FILL WITH ANSWER FROM C10Q14] FOR THE OLDEST ADULT LIVING IN THE HOUSEHOLD. IS THAT CORRECT?

(1) YES [GO TO C10Q10]

(2) NO [GO BACK TO C10Q14]

C10Q10 IF THE RESPONDENT IS THE MOTHER, THEN READ: Are you and [S.C.]'s [FATHER TYPE] currently married, separated, divorced, or never married?

IF THE RESPONDENT IS THE FATHER, THEN READ: Are you and [S.C.]'s [MOTHER TYPE] currently married, separated, divorced, or never married?

IF THE RESPONDENT IS NEITHER THE MOTHER NOR THE FATHER, THEN READ: Are [S.C.]’s [MOTHER TYPE] and [FATHER TYPE] currently married, separated, divorced, or never married?

- (1) CURRENTLY MARRIED [SKIP TO K9Q18]
- (2) SEPARATED
- (3) DIVORCED
- (4) NEVER MARRIED
- (77) DON’T KNOW
- (99) REFUSED

C10Q10A IF THE RESPONDENT IS THE MOTHER, THEN READ: Are you and [S.C.]’s [FATHER TYPE] currently living together as partners?

IF THE RESPONDENT IS THE FATHER, THEN READ: Are you and [S.C.]’s [MOTHER TYPE] currently living together as partners?

IF THE RESPONDENT IS NEITHER THE MOTHER NOR THE FATHER, THEN READ: Are [S.C.]’s [MOTHER TYPE] and [FATHER TYPE] currently living together as partners?

- (1) YES
- (2) NO
- (77) DON’T KNOW
- (99) REFUSED [ALL SKIP TO K9Q18]

C10Q11A *IF HOUSEHOLD INCLUDES A MOTHER BUT NOT A FATHER, ASK C10Q11A. ELSE, SKIP TO C10Q12A.*

IF THE RESPONDENT IS THE MOTHER, THEN READ: Are you currently married, separated, divorced, widowed, or never married?

IF THE RESPONDENT IS NOT THE MOTHER, THEN READ: Is [S.C.]’s [MOTHER TYPE] currently married, separated, divorced, widowed, or never married?

- (1) MARRIED
- (2) SEPARATED
- (3) DIVORCED
- (4) WIDOWED
- (5) NEVER MARRIED
- (77) DON’T KNOW
- (99) REFUSED

*SKIP TO C10Q11C IF NOT MARRIED.
SKIP TO K9Q18 IF MOTHER TYPE IS FOSTER OR ADOPTIVE*

C10Q11B IF RESPONDENT IS THE MOTHER (C10Q02A = 1, 2, or 5), FILL “Are you”; ELSE FILL “Is [S.C.]’S [MOTHER TYPE]”.

(Are you / Is [S.C.]’s [MOTHER TYPE]) married to [S.C.]’s biological father?

- (1) YES
- (2) NO
- (77) DON’T KNOW
- (99) REFUSED [ALL SKIP TO K9Q18]

C10Q11C IF THE RESPONDENT IS THE MOTHER (C10Q02A = 1-5), THEN READ: Are you currently

living with anyone as partners?

IF THE RESPONDENT IS NOT THE MOTHER, THEN READ: Is [S.C.]'s [MOTHER TYPE] currently living with anyone as partners?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED [ALL SKIP TO K9Q18]

C10Q12A *IF HOUSEHOLD INCLUDES A FATHER BUT NOT A MOTHER, ASK C10Q12A. ELSE, SKIP TO C10Q13A.*

IF THE RESPONDENT IS THE FATHER (C10Q02A= 6-10), THEN READ: Are you currently married, separated, divorced, widowed, or never married?

IF THE RESPONDENT IS NOT THE FATHER, THEN READ: Is [S.C.]'s [FATHER TYPE] currently married, separated, divorced, widowed, or never married?

- (1) MARRIED
- (2) SEPARATED
- (3) DIVORCED
- (4) WIDOWED
- (5) NEVER MARRIED
- (77) DON'T KNOW
- (99) REFUSED

*SKIP TO C10Q12C IF NOT MARRIED.
SKIP TO K9Q18 IF FATHER TYPE IS FOSTER OR ADOPTIVE*

C10Q12B IF RESPONDENT IS THE FATHER (C10Q02A = 6, 7, or 10) FILL "Are you"; ELSE FILL "Is [S.C.]'s [FATHER TYPE]".

(Are you / Is [S.C.]'s [FATHER TYPE]) married to [S.C.]'s biological mother?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED [ALL SKIP TO K9Q18]

C10Q12C IF THE RESPONDENT IS THE FATHER (C10Q02A= 6-10), THEN READ: Are you currently living with anyone as partners?

IF THE RESPONDENT IS NOT THE FATHER, THEN READ: Is [S.C.]'s [FATHER TYPE] currently living with anyone as partners?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED
- [ALL SKIP TO K9Q18]

C10Q13A Are you currently married, separated, divorced, widowed, or never married?

- (1) MARRIED
- (2) SEPARATED

- (3) DIVORCED
- (4) WIDOWED
- (5) NEVER MARRIED
- (77) DON'T KNOW
- (99) REFUSED

SKIP TO C10Q13C IF NOT MARRIED.

C10Q13B Does your spouse currently live in the household with [S.C.]?

YES / NO / DK / RF [ALL SKIP TO K9Q18]

C10Q13C Are you currently living with a partner?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K9Q19 IF HOUSEHOLD INCLUDES A MOTHER OR FATHER OF ANY TYPE (THAT IS, 1<=C10Q02A<=10 OR 1<=C10Q02B<=10), SKIP TO K9Q18. ELSE, IF HOUSEHOLD INCLUDES NEITHER A MOTHER NOR A FATHER OF ANY TYPE, BUT INCLUDES ANY OLDER RELATIVE/GUARDIAN TYPES (THAT IS, 11<=C10Q02A<=16 OR 11<=C10Q02B<=16) AND C10Q02C NOT EQUAL TO "1" THEN ASK K9Q19. ELSE, SKIP TO K9Q18.

Is [S.C.] currently in foster care? That is, are you or another adult in the household acting as a foster parent to [S.C.] under the supervision of a state or county child welfare agency?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K9Q18 *ASK K9Q18 ONLY IF RESPONDENT HAS A SPOUSE OR PARTNER ((C10Q02A=1-10 AND ((C10Q10=1 OR C10Q10A=1 OR C10Q11A=1 OR C10Q11C=1 OR C10Q12A=1 OR C10Q12C=1)) OR (C10Q02A NOT EQ 1-10 AND (C10Q13A=1 OR C10Q13C=1))); ELSE SKIP TO K9Q20.*

The next question is about your relationship with your spouse or partner. Would you say that your relationship is completely happy, very happy, fairly happy, or not too happy?

- (1) COMPLETELY HAPPY
- (2) VERY HAPPY
- (3) FAIRLY HAPPY
- (4) NOT TOO HAPPY
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 3: General health status

K9Q20 *IF (C10Q02A=1-5 OR C10Q02B=1-5) ASK K9Q20. ELSE, SKIP TO K9Q21.*

IF C10Q02A=1-5 FILL "your". ELSE, FILL "[S.C.]'s [MOTHER TYPE]'s/your"

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

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

- (1) EXCELLENT
- (2) VERY GOOD
- (3) GOOD
- (4) FAIR
- (5) POOR
- (77) DON'T KNOW
- (99) REFUSED

K9Q21 *IF (C10Q02A=6-10 OR C10Q02B=6-10) ASK K9Q21. ELSE, SKIP TO K9Q22.*

IF C10Q02A=6-10, FILL "your". ELSE, "[S.C.]'s [FATHER TYPE]'s"

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

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

- (1) EXCELLENT
- (2) VERY GOOD
- (3) GOOD
- (4) FAIR
- (5) POOR
- (77) DON'T KNOW
- (99) REFUSED

K9Q22 *IF (C10Q02A NE 1-10) ASK K9Q22. ELSE SKIP TO K9Q23.*

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

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A] LIVING IN THIS HOUSE.

- (1) EXCELLENT
- (2) VERY GOOD
- (3) GOOD
- (4) FAIR
- (5) POOR
- (77) DON'T KNOW
- (99) REFUSED

K9Q23 *IF (C10Q02A=1-5 OR C10Q02B=1-5) ASK K9Q23. ELSE, SKIP TO K9Q24.*

IF C10Q02A=1-5 FILL "your". ELSE, FILL [MOTHER TYPE].

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

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

- (1) EXCELLENT
- (2) VERY GOOD
- (3) GOOD
- (4) FAIR
- (5) POOR
- (77) DON'T KNOW
- (99) REFUSED

K9Q24 *IF (C10Q02A=6-10 OR C10Q02B=6-10), ASK K9Q24. ELSE, SKIP TO K9Q25.*

IF C10Q02A=6-10 FILL "your". ELSE, FILL [FATHER TYPE].

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

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

- (1) EXCELLENT
- (2) VERY GOOD
- (3) GOOD
- (4) FAIR
- (5) POOR
- (77) DON'T KNOW
- (99) REFUSED

K9Q25 *IF C10Q02A NE (1-10), ASK K9Q25. ELSE SKIP TO K9Q30.*

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

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A] LIVING IN THIS HOUSE.

- (1) EXCELLENT
- (2) VERY GOOD
- (3) GOOD
- (4) FAIR
- (5) POOR
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 4: Smoking

K9Q40 Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

- (1) YES
- (2) NO [SKIP TO INTRO_ACE]
- (77) DON'T KNOW [SKIP TO INTRO_ACE]
- (99) REFUSED [SKIP TO INTRO_ACE]

K9Q41 Does anyone smoke inside [S.C.]'s home?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 5: Adverse family experiences

INTRO_ACE I'd like to ask you some questions about events that may have happened during [S.C.]'s life. These things that can happen to any family, but some people may feel uncomfortable with these questions. You can ask me to skip any question you do not want to answer.

ACE1 Since [S.C.] was born, how often has it been very hard to get by on your family's income, for example, it was hard to cover the basics like food or housing? Would you say very often, somewhat often, not very often, or never?

- (1) VERY OFTEN
- (2) SOMEWHAT OFTEN
- (3) RARELY
- (4) NEVER
- (77) DON'T KNOW
- (99) REFUSED

ACE3 Did [S.C.] ever live with a parent or guardian who got divorced or separated after [S.C.] was born?

ACE4 Did [S.C.] ever live with a parent or guardian who died?

ACE5 Did [S.C.] ever live with a parent or guardian who served time in jail or prison after [S.C.] was born?

ACE6 Did [S.C.] ever see or hear any parents, guardians, or any other adults in [his/her] home slap, hit, kick, punch, or beat each other up?

ACE7 Was [S.C.] ever the victim of violence or witness any violence in [his/her] neighborhood?

ACE8 Did [S.C.] ever live with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks?

ACE9 Did [S.C.] ever live with anyone who had a problem with alcohol or drugs?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

FOR EACH ITEM

ACE10 Was [S.C.] ever treated or judged unfairly because of [his/her] race or ethnic group?

- (1) YES [SKIP TO ACE11]
- (2) NO [SKIP TO K9Q96]
- (77) DON'T KNOW [SKIP TO K9Q96]
- (99) REFUSED [SKIP TO K9Q96]

ACE11 During the past year, how often was [S.C.] treated or judged unfairly? Would you say very often, somewhat often, rarely, or never?

READ AS NECESSARY: This question refers to how often [S.C.] was treated or judged unfairly because of [his/her] race or ethnic group.

- (1) VERY OFTEN
- (2) SOMEWHAT OFTEN
- (3) RARELY
- (4) NEVER
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 6: Presence of adult mentor

SKIP TO NEXT SECTION IF AGE < 6 YEARS.

K9Q96 Other than adults in your home or [S.C.]'s parents, is there at least one other adult in [S.C.]'s school, neighborhood, or community who knows [him/her] well and who [he/she] can rely on for advice or guidance?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Section 10: Neighborhood and Community Characteristics

Subdomain 1: Neighborhood amenities

INTRO Now, I have a few questions about your neighborhood and community. Please tell me if the following places and things are available to children in your neighborhood, even if [S.C.] does not actually use them.

- K10Q11 Sidewalks or walking paths?
K10Q12 A park or playground area?
K10Q13 A recreation center, community center, or boys' or girls' club?
K10Q14 A library or bookmobile?

READ IF NECESSARY: Do those exist in your neighborhood?

- (1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED

FOR EACH ITEM

Subdomain 2: Neighborhood condition

- K10Q20 In your neighborhood, is there litter or garbage on the street or sidewalk?
K10Q22 How about poorly kept or rundown housing?
K10Q23 How about vandalism such as broken windows or graffiti?

READ IF NECESSARY: Does that exist in your neighborhood?

- (1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED

FOR EACH ITEM

Subdomain 3: Social capital

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

- K10Q30 "People in this neighborhood help each other out."
K10Q31 "We watch out for each other's children in this neighborhood."
K10Q32 "There are people I can count on in this neighborhood."
K10Q34 "If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child."

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

- (1) DEFINITELY AGREE
(2) SOMEWHAT AGREE
(3) SOMEWHAT DISAGREE
(4) DEFINITELY DISAGREE

(77) DON'T KNOW
(99) REFUSED

FOR EACH ITEM

Subdomain 4: Perceived safety

K10Q40 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
(77) DON'T KNOW
(99) REFUSED

IF SC_NSCH < 6 YEARS, SKIP TO K11Q01_INTRO. IF K7Q01F = 2, 7, 9, OR K7Q02 = 555, 666, OR K7Q01 = 3 [I.E. NOT ENROLLED IN PAST 12 MONTHS/HOME-SCHOOLED], SKIP TO K11Q01_INTRO.

K10Q41 How often do you feel [he/she] is safe at school?

(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(77) DON'T KNOW
(99) REFUSED

Section 11: Additional Demographics

Subdomain 1: Race and ethnicity of child

K11Q01_INTRO Now I have a few more general questions about [S.C.] and your household.

K11Q01 Is [S.C.] of Hispanic, Latino or Spanish origin?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

HISPANIC OR LATINO INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN.

K11Q02 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]*

- (01) WHITE / CAUCASIAN
- (02) BLACK/AFRICAN-AMERICAN
- (03) AMERICAN INDIAN / NATIVE AMERICAN
- (04) ALASKA NATIVE
- (05) ASIAN
- (06) NATIVE HAWAIIAN
- (07) PACIFIC ISLANDER
- (08) OTHER [RECORD VERBATIM RESPONSE AT K11Q02_OS]
- (66) DON'T KNOW
- (77) REFUSED

INTERVIEWER INSTRUCTION: 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.

SKIP TO K11Q20 IF CHILD IS NOT AMERICAN INDIAN OR ALASKA NATIVE.

K11Q02_OS RECORD VERBATIM RESPONSE _____

INTERVIEWER NOTE: IF RESPONDENT SAYS "INDIAN" PLEASE PROBE, "Do you mean Asian Indian or American Indian"?

INTERVIEWER NOTE: IF RESPONDENT SAYS "EUROPEAN" PLEASE PROBE, "Can you be more specific"?

K11Q03 IF NOT A VIRGIN ISLAND CASE AND (K11Q02 = 03 OR K11Q02 = 04) THEN ASK K11Q03. ELSE, SKIP TO K11Q20.

At any time during the past 12 months, did [S.C.] receive services from any Indian Health Service hospital or clinic?

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- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 2: Education of parents

K11Q20 IF HOUSEHOLD INCLUDES A MOTHER (C10Q02A=1-5 OR C10Q02B=1-5) ASK K11Q20. ELSE, SKIP TO K11Q21.

IF C10Q02A=1-5, FILL "you have". ELSE, FILL "[S.C.]'s [MOTHER TYPE] has"

What is the highest grade or year of school [you have / [S.C.]'s [MOTHER TYPE] has completed?

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

- (1) 8th GRADE OR LESS
- (2) 9th-12th GRADE NO DIPLOMA
- (3) HIGH SCHOOL GRADUATE OR GED COMPLETED
- (4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
- (5) SOME COLLEGE CREDIT BUT NO DEGREE
- (6) ASSOCIATE DEGREE (AA, AS)
- (7) BACHELOR'S DEGREE (BA, BS, AB)
- (8) MASTER'S DEGREE (MA, MS, MSW, MBA)
- (9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
- (77) DON'T KNOW
- (99) REFUSED

K11Q21 IF K11Q20 NOT BLANK AND C10Q02A=6-10, ASK: "And how about you?"

READ AS NECESSARY: "What is the highest grade or year of school you have completed?"

IF K11Q20 NOT BLANK AND (C10Q02A NE 6-10) ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "What is the highest grade or year of school [S.C.]'s [FATHER TYPE] has completed?"

IF K11Q20 IS BLANK AND C10Q02A=6-10 ASK: "What is the highest grade or year of school you have completed?"

IF K11Q20 IS BLANK AND (C10Q02A NE 6-10), ASK: "What is the highest grade or year of school [S.C.]'s [FATHER TYPE] has completed?"

If K11Q20 filled from NIS and C10Q02A=6-10, Ask : "What is the highest grade or year of school you have completed?"

IF K11Q20 FILLED FROM NIS OR TEEN AND (C10Q02A NE 6-10), ASK: "What is the highest grade or year of school [S.C.]'s [FATHER TYPE] has completed?"

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

- (1) 8th GRADE OR LESS
- (2) 9th-12th GRADE NO DIPLOMA
- (3) HIGH SCHOOL GRADUATE OR GED COMPLETED
- (4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
- (5) SOME COLLEGE CREDIT BUT NO DEGREE
- (6) ASSOCIATE DEGREE (AA, AS)

- (7) BACHELOR'S DEGREE (BA, BS, AB)
- (8) MASTER'S DEGREE (MA, MS, MSW, MBA)
- (9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
- (77) DON'T KNOW
- (99) REFUSED

K11Q22 IF R IS NOT MOTHER OR FATHER (C10Q02A NE 1-10) ASK K11Q22. ELSE SKIP TO K11Q22A.

IF K11Q20 IS NOT BLANK and not filled from NIS or Teen, OR K11Q21 IS NOT BLANK, ASK: "And how about you"?

READ AS NECESSARY: "What is the highest grade or year of school you have completed"?

IF K11Q20 AND K11Q21 ARE BLANK, OR K11Q20 filled from NIS or TEEN AND K11Q21 is blank, ASK: "What is the highest grade or year of school you have completed"?

READ AS NECESSARY: "What is the highest grade or year of school you have completed?"

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A (see TEXTFILL logic)] LIVING IN THIS HOUSE.

- (1) 8th GRADE OR LESS
- (2) 9th-12th GRADE NO DIPLOMA
- (3) HIGH SCHOOL GRADUATE OR GED COMPLETED
- (4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
- (5) SOME COLLEGE CREDIT BUT NO DEGREE
- (6) ASSOCIATE DEGREE (AA, AS)
- (7) BACHELOR'S DEGREE (BA, BS, AB)
- (8) MASTER'S DEGREE (MA, MS, MSW, MBA)
- (9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
- (77) DON'T KNOW
- (99) REFUSED

K11Q22A Thinking back to who you lived with when you were about 13 years old, what was the highest grade or year of school completed by your mother, father, or main guardian? If you lived with more than one parent or guardian, please tell me about the one who had the most education.

- (1) 8th GRADE OR LESS
- (2) 9th-12th GRADE NO DIPLOMA
- (3) HIGH SCHOOL GRADUATE OR GED COMPLETED
- (4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
- (5) SOME COLLEGE CREDIT BUT NO DEGREE
- (6) ASSOCIATE DEGREE (AA, AS)
- (7) BACHELOR'S DEGREE (BA, BS, AB)
- (8) MASTER'S DEGREE (MA, MS, MSW, MBA)
- (9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 3: Birthplace of child and parents

K11Q30 IF C10Q02A=1-5, FILL "Were you". ELSE, FILL "Was [S.C.]'s [MOTHER TYPE]"

[Were you / Was [S.C.]'s [MOTHER TYPE]] born in the United States [IF IAP=095 DISPLAY "including the Virgin Islands"]?

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K11Q31 IF K11Q30 NOT BLANK AND C10Q02A=6-10 ASK: "And how about you?"

READ AS NECESSARY: "Were you born in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

IF K11Q30 NOT BLANK AND (C10Q02A NE 6-10), ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "Was [S.C.]'s [FATHER TYPE] born in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

IF K11Q30 IS BLANK AND C10Q02A=6-10, ASK: "Were you born in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

IF K11Q30 IS BLANK AND (C10Q02A NE 6-10), ASK: "Was [S.C.]'s [FATHER TYPE] born in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K11Q32 IF K11Q30 OR K11Q31 ARE NOT BLANK, ASK: "And how about you?"

READ AS NECESSARY: "Were you born in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

IF K11Q30 AND K11Q31 ARE BLANK, ASK: "Were you born in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A (see TEXTFILL logic)] LIVING IN THIS HOUSE.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K11Q33 And how about [S.C.]?

READ AS NECESSARY: Was [S.C.] born in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?

- (1) YES
- (2) NO

(77) DON'T KNOW
(99) REFUSED

K11Q34A IF C10Q02A=1-5, FILL "have you". ELSE, FILL "has [S.C.]'s [MOTHER TYPE]"

How long [have you / has [S.C.]'s [MOTHER TYPE]] been in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

RECORD LENGTH OF TIME IN DAYS OR WEEKS OR MONTHS OR YEARS /

(777) DON'T KNOW
(999) REFUSED

K11Q35A IF K11Q34A NOT BLANK AND C10Q02A=6-10 ASK: "And how about you?"

READ AS NECESSARY: "How long have you been in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

IF K11Q34A NOT BLANK AND (C10Q02A NE 6-10), ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "How long has [S.C.]'s [FATHER TYPE] been in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

IF K11Q34A IS BLANK AND C10Q02A=6-10, ASK: "How long have you been in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

IF K11Q34A IS BLANK AND (C10Q02A NE 6-10) ASK: "How long has [S.C.]'s [FATHER TYPE] been in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

RECORD LENGTH OF TIME IN DAYS OR WEEKS OR MONTHS OR YEARS /

(777) DON'T KNOW
(999) REFUSED

K11Q36A IF K11Q34A OR K11Q35A ARE NOT BLANK, ASK: "And how about you?"

READ AS NECESSARY: "How long have you been in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

IF K11Q34A AND K11Q35A ARE BLANK, ASK: "How long have you been in the United States [IF IAP=095 DISPLAY " , including the Virgin Islands"]?"

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A (see TEXTFILL logic)] LIVING IN THIS HOUSE.

RECORD LENGTH OF TIME IN DAYS OR WEEKS OR MONTHS OR YEARS /

(777) DON'T KNOW
(999) REFUSED

K11Q37A IF K11Q33 = 2, ASK K11Q37A. ELSE SKIP TO K11Q40

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IF K11Q34A, K11Q35A, OR K11Q36A ARE NOT BLANK, ASK: “And how about [S.C.]?”

READ AS NECESSARY: “How long has [S.C.] been in the United States [IF IAP=095 DISPLAY “, including the Virgin Islands”]?”

IF K11Q34A, K11Q35A, AND K11Q36A ARE BLANK, ASK: “How long has [S.C.] been in the United States [IF IAP=095 DISPLAY “, including the Virgin Islands”]?”

RECORD LENGTH OF TIME IN DAYS OR WEEKS OR MONTHS OR YEARS /
(777) DON'T KNOW
(999) REFUSED

K11Q38 *IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HOUSEHOLD, SKIP TO K11Q43. IF NO BIOLOGICAL PARENT IN HOUSEHOLD AND IF ANY ADOPTIVE PARENT OR GUARDIAN IN HOUSEHOLD, ASK K11Q38. ELSE, SKIP TO K11Q43.*

Was [S.C.] adopted from another country?

[IF IAP=095 DISPLAY: HELP TEXT: IF SC WAS ADOPTED FROM THE UNITED STATES, CODE THIS QUESTION AS ‘NO’. THE VIRGIN ISLANDS ARE CONSIDERED PART OF THE UNITED STATES.]

- (1) YES [SKIP TO K11Q41]
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 4: Residential mobility

K11Q40 *IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HOUSEHOLD, SKIP TO K11Q43. IF NO BIOLOGICAL PARENT IN HOUSEHOLD AND IF ANY ADOPTIVE PARENT OR GUARDIAN IN HOUSEHOLD, ASK K11Q40. ELSE, SKIP TO K11Q43.*

Prior to being adopted, was [S.C.] in the legal custody of a state or county child welfare agency in the United States [IF IAP=095 DISPLAY “, including the Virgin Islands”]? That is, was [S.C.] in the U.S. [IF IAP=095 DISPLAY “or Virgin Islands”] foster care system?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K11Q41 Has [S.C.]’s adoption been finalized?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K11Q43 [IF CHILD WAS ADOPTED, INSERT: Since [he/she] was adopted,] How many times has [S.C.] ever moved to a new address?

RECORD NUMBER OF MOVES /
ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

READ IF NECESSARY: 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.

Subdomain 5: Employment and income

K11Q50 Was anyone in the household employed at least 50 weeks out of the past 52 weeks?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

C10Q41 Do you own or rent your home?

HELP SCREEN: IF THE HOME IS OWNED OR BEING BOUGHT BY SOMEONE IN THE HOUSEHOLD, THE ANSWER SHOULD BE MARKED AS "OWNED." IF THE HOME IS NOT OWNED BY SOMEONE IN THE HOUSEHOLD AND IS BEING OCCUPIED WITHOUT PAYMENT OF RENT, THE ANSWER SHOULD BE MARKED AS "SOME OTHER ARRANGEMENT."

- (1) OWNED OR BEING BOUGHT
- (2) RENTED
- (3) SOME OTHER ARRANGEMENT
- (77) DON'T KNOW
- (99) REFUSED

K11Q51 Now I am going to ask you a few questions about your income. Please think about your total combined *family* income during (FILL LAST CALENDAR YEAR) for all members of the family. Can you tell me that amount before taxes?

HELP SCREEN: INCLUDE MONEY FROM JOBS, CHILD SUPPORT, 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.

RECORD INCOME AMOUNT /

- (77) DON'T KNOW
- (99) REFUSED [SKIP TO K11Q52 IF DK/RF]

K11Q52 For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in [LAST CALENDAR YEAR]. Would you say that the total combined family income, before taxes, was above or below \$20,000?

- (1) MORE THAN \$20,000 [SKIP TO K11Q56]
- (2) \$20,000 [SKIP TO K11Q60]
- (3) LESS THAN \$20,000 [SKIP TO K11Q53]
- (77) DON'T KNOW [SKIP TO K11Q60]
- (99) REFUSED [SKIP TO K11Q60]

K11Q53 Was the total combined family income more or less than \$10,000?

- (1) MORE THAN \$10,000 [SKIP TO K11Q55]
- (2) \$10,000 [SKIP TO K11Q60]
- (3) LESS THAN \$10,000 [SKIP TO K11Q54]
- (77) DON'T KNOW [SKIP TO K11Q60]
- (99) REFUSED [SKIP TO K11Q60]

K11Q54 Was it more than \$7,500?

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	(1) YES	[SKIP TO K11Q59]
	(2) NO	[SKIP TO K11Q59]
	(77) DON'T KNOW	[SKIP TO K11Q60]
	(99) REFUSED	[SKIP TO K11Q60]
K11Q55	Was it more than \$15,000?	
	(1) YES	[SKIP TO K11Q55A]
	(2) NO	[SKIP TO K11Q55B]
	(77) DON'T KNOW	[SKIP TO K11Q60]
	(99) REFUSED	[SKIP TO K11Q60]
K11Q55A	Was it more than \$17,500?	
	(1) YES	[SKIP TO K11Q59]
	(2) NO	[SKIP TO K11Q59]
	(77) DON'T KNOW	[SKIP TO K11Q60]
	(99) REFUSED	[SKIP TO K11Q60]
K11Q55B	Was it more than \$12,500?	
	(1) YES	[SKIP TO K11Q59]
	(2) NO	[SKIP TO K11Q59]
	(77) DON'T KNOW	[SKIP TO K11Q60]
	(99) REFUSED	[SKIP TO K11Q60]
K11Q56	Was it more or less than \$40,000?	
	(1) MORE THAN \$40,000	[SKIP TO K11Q56A]
	(2) \$40,000	[SKIP TO K11Q60]
	(3) LESS THAN \$40,000	[SKIP TO K11Q57]
	(77) DON'T KNOW	[SKIP TO K11Q60]
	(99) REFUSED	[SKIP TO K11Q60]
K11Q56A	More or less than \$60,000?	
	(1) MORE THAN \$60,000	[SKIP TO K11Q58]
	(2) \$60,000	[SKIP TO K11Q60]
	(3) LESS THAN \$60,000	[SKIP TO K11Q56B]
	(77) DON'T KNOW	[SKIP TO K11Q60]
	(99) REFUSED	[SKIP TO K11Q60]
K11Q56B	More or less than \$50,000?	
	(1) MORE THAN \$50,000	[SKIP TO K11Q59]
	(2) \$50,000	[SKIP TO K11Q60]
	(3) LESS THAN \$50,000	[SKIP TO K11Q56C]
	(77) DON'T KNOW	[SKIP TO K11Q60]
	(99) REFUSED	[SKIP TO K11Q60]
K11Q56C	More or less than \$45,000?	
	(1) MORE THAN \$45,000	[SKIP TO K11Q59]
	(2) \$45,000	[SKIP TO K11Q60]
	(3) LESS THAN \$45,000	[SKIP TO K11Q59]

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- | | | |
|---------|---|-------------------|
| | (77) DON'T KNOW | [SKIP TO K11Q60] |
| | (99) REFUSED | [SKIP TO K11Q60] |
| K11Q57 | More or less than \$30,000? | |
| | (1) MORE THAN \$30,000 | [SKIP TO K11Q57A] |
| | (2) \$30,000 | [SKIP TO K11Q60] |
| | (3) LESS THAN \$30,000 | [SKIP TO K11Q57B] |
| | (77) DON'T KNOW | [SKIP TO K11Q60] |
| | (99) REFUSED | [SKIP TO K11Q60] |
| K11Q57A | More or less than \$35,000? | |
| | (1) MORE THAN \$35,000 | [SKIP TO K11Q59] |
| | (2) \$35,000 | [SKIP TO K11Q60] |
| | (3) LESS THAN \$35,000 | [SKIP TO K11Q59] |
| | (77) DON'T KNOW | [SKIP TO K11Q60] |
| | (99) REFUSED | [SKIP TO K11Q60] |
| K11Q57B | More or less than \$25,000? | |
| | (1) MORE THAN \$25,000 | [SKIP TO K11Q59] |
| | (2) \$25,000 | [SKIP TO K11Q60] |
| | (3) LESS THAN \$25,000 | [SKIP TO K11Q59] |
| | (77) DON'T KNOW | [SKIP TO K11Q60] |
| | (99) REFUSED | [SKIP TO K11Q60] |
| K11Q58 | More or less than \$75,000? | |
| | (1) MORE THAN \$75,000 | [SKIP TO K11Q59] |
| | (2) \$75,000 | [SKIP TO K11Q60] |
| | (3) LESS THAN \$75,000 | [SKIP TO K11Q59] |
| | (77) DON'T KNOW | [SKIP TO K11Q60] |
| | (99) REFUSED | [SKIP TO K11Q60] |
| K11Q59 | IF NIS OR TEEN INTERVIEW INCOME SECTION COMPLETED, SKIP TO K11Q60 | |
| | ELSE READ: Was the total combined family income more or less than [\$REF]? | |
| | [\$REF IS BASED ON A POVERTY REFERENCE TABLE] | |
| | (1) MORE THAN [\$REF] | |
| | (2) EXACTLY [\$REF] | |
| | (3) LESS THAN [\$REF] | |
| | (77) DON'T KNOW | |
| | (99) REFUSED | |
| | <i>SKIP TO K11Q60 IF ANSWER IS EXACTLY/LESS THAN/DK/RF OR IF THERE WAS ONLY ONE VALUE IN THE POVERTY REFERENCE TABLE.</i> | |

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K11Q59A Would you say this income was MORE or LESS than [\$REF]?

- (1) MORE THAN [\$REF]
- (2) EXACTLY [\$REF]
- (3) LESS THAN [\$REF]
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 6: Program participation

CATI INSTRUCTION: Calculate household poverty level from household size and reported income, or from the income cascade.

SKIP TO SECTION 12 IF HOUSEHOLD POVERTY LEVEL > 300%

K11Q60 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]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the state or county welfare programs that are specific to the state in which you live.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K11Q61 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 or Supplemental Nutrition Assistance Program benefits?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

SKIP TO S9Q34 IF ONLY ONE CHILD IN HOUSEHOLD AND AGE < 24 MONTHS.

K11Q62 During the past 12 months, did [[S.C.]/any child in the household] receive free or reduced-cost breakfasts or lunches at school?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Section 12: Additional Health Insurance Questions

SKIP TO NEXT SECTION IF CHILD IS INSURED (K3Q01 = YES), IF INSURANCE STATUS IS UNKNOWN (K3Q01 IS DK/RF AND K3Q02 IS NO/DK/RF), OR IF INCOME IS 400% OF FPL OR GREATER.

INTERVIEWER TRAINING NOTE: Throughout this section, the lists of answer choices should not be read to the respondent. Individual answer choices may be repeated back to the respondent if confirming the respondent's answer. It is important that a concerted effort is made to find the appropriate answer for each question. Too many "Other" responses will make it difficult to analyze the data.

INTERVIEWER NOTE: PLEASE USE "OTHER" RESPONSE OPTIONS RARELY IN THIS SECTION. PROMPT RESPONDENT TO FIND AN APPROPRIATE ANSWER FOR EACH QUESTION. YOU MAY REPEAT RESPONSE OPTIONS BACK TO RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

Subdomain 1: Reasons for Uninsurance

K12Q01. Earlier, you told me that [S.C.] does not have health insurance. What is the main reason [S.C.] does not have health insurance now?

COST

- (01) COSTS TOO MUCH
- (02) HEALTH INSURANCE NOT WORTH THE MONEY IT COSTS

EMPLOYMENT/MOVING

- (03) NO ONE IN FAMILY CURRENTLY EMPLOYED / JOB WAS LOST
- (04) CAN'T GET INSURANCE THROUGH EMPLOYER
- (05) CHANGING JOBS OR INSURANCE POLICIES
- (06) MOVING BETWEEN STATES OR REGIONS

ELIGIBILITY

- (07) INSURANCE COMPANY REFUSED TO COVER / PREEXISTING CONDITION
- (08) INSURANCE COMPANY TERMINATED COVERAGE / RULE VIOLATION
- (09) INCOME TOO HIGH FOR PUBLIC PROGRAM
- (10) AGE / CHILD IS TOO OLD OR TOO YOUNG TO BE ELIGIBLE
- (11) CANNOT MEET RESIDENCY/CITIZENSHIP REQUIREMENTS, LACK OF SSN
- (12) INELIGIBLE DUE TO OTHER PROGRAM REQUIREMENT

APPLICATION PROCESS

- (13) DID NOT REAPPLY WHEN COVERAGE ENDED
- (14) ISSUES WITH THE APPLICATION OR PAPERWORK

IN TRANSITION BETWEEN COVERAGE

- (15) HAVE APPLIED – NOW JUST WAITING
- (16) INTEND TO APPLY BUT JUST HAVEN'T DONE SO
- (17) DON'T KNOW HOW TO GET INSURANCE

OTHER

- (18) CHILD DOES NOT NEED INSURANCE / DOES NOT GET SICK
- (19) OTHER PARENT'S RESPONSIBILITY, LACK OF LEGAL CUSTODY
- (20) OTHER [RECORD VERBATIM RESPONSE]
- (77) DON'T KNOW
- (99) REFUSED

K12Q02. About how long has it been since [S.C.] last had any kind of health insurance?

- (01) SIX MONTHS OR LESS
- (02) MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
- (03) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO
- (04) MORE THAN 3 YEARS
- (05) NEVER [SKIP TO K12Q11]
- (77) DON'T KNOW
- (99) REFUSED

K12Q03. Has [S.C.] ever been covered by health insurance that was provided through an employer or union?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K12Q04. Has [S.C.] ever been covered by health insurance that was purchased directly from an insurance company?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 2: History with Medicaid

K12Q11. Before today, had you ever heard of Medicaid [or STATE MEDICAID NAME]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid program specific to the state in which you live.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF 2,77,99 SKIP TO K12Q21

K12Q12. Has [S.C.] ever been enrolled in Medicaid [or STATE MEDICAID NAME]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid program specific to the state in which you live.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF 2,77,99 SKIP TO K12Q15

K12Q13. When was the last time that [S.C.] was enrolled in Medicaid [or STATE MEDICAID NAME]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid program specific to the state in which you live.

RECORD DATE __/__/____

(66) RECORD LENGTH OF TIME (MONTHS OR YEARS) [SKIP TO K12Q13_1]

(77) DON'T KNOW

(99) REFUSED

K12Q14. What is the main reason that [S.C.]'s enrollment ended?

COST

(01) COST TOO MUCH

(02) FORGOT TO PAY THE PREMIUM

ELIGIBILITY

(03) MOVING BETWEEN STATES OR REGIONS

(04) INSURANCE TERMINATED BY INSURER / RULE VIOLATION

(05) CHILD BECAME TOO OLD TO BE ELIGIBLE

(06) FINANCIAL SITUATION CHANGED / NO LONGER QUALIFIED FOR MEDICAID

(07) CHILD OBTAINED OTHER INSURANCE: CHIP / OTHER PUBLIC

(08) CHILD OBTAINED OTHER INSURANCE: EMPLOYER / UNION / PRIVATE

APPLICATION PROCESS

(09) DID NOT REAPPLY WHEN COVERAGE ENDED

(10) ISSUES WITH PAPERWORK

PROBLEMS WITH SERVICE OR AVAILABILITY

(11) DID NOT LIKE THE DOCTORS / MEDICAL STAFF / CLINICS / QUALITY OF CARE WHERE CHILD RECEIVED SERVICES

(12) SERVICES PROVIDED NOT CONVENIENTLY LOCATED OR NOT AVAILABLE WHEN NEEDED

(13) COULD NOT FIND DOCTORS WHO WOULD ACCEPT MEDICAID

OTHER

(14) CHILD DOES NOT NEED INSURANCE / DOES NOT GET SICK

(15) OTHER [SKIP TO K12Q14_OTHER]

(77) DON'T KNOW

(99) REFUSED

ALL EXCEPT 15 SKIP TO K12Q21.

K12Q15. Have you ever applied for Medicaid [or STATE MEDICAID NAME] for [S.C.]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid program specific to the state in which you live.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF 2,77,99 SKIP TO K12Q21

K12Q16. When was the last time that you applied?

RECORD DATE __/__/____

- (66) RECORD LENGTH OF TIME (MONTHS OR YEARS) [SKIP TO K12Q16_1]
- (77) DON'T KNOW
- (99) REFUSED

K12Q17. What is the main reason that you were unable to enroll [S.C.] in Medicaid [or STATE NAME]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid program specific to the state in which you live.

COST

- (01) EARNED TOO MUCH MONEY

ELIGIBILITY

- (02) ASSETS/RESOURCES TOO HIGH
- (03) CHILD WAS TOO OLD
- (04) CHILD NEEDED TO BE UNINSURED FOR LONGER PERIOD OF TIME TO QUALIFY
- (05) CHILD DID NOT MEET RESIDENCY OR CITIZENSHIP REQUIREMENTS
- (06) CHILD WAS ALREADY INSURED BY OTHER INSURANCE

APPLICATION PROCESS

- (07) DID NOT PROVIDE ALL PAPERWORK / DOCUMENTS NEEDED

OTHER

- (08) CHILD QUALIFIED FOR CHIP INSTEAD OF MEDICAID
- (09) APPLICATION RECENTLY SUBMITTED / NOW JUST WAITING
- (10) OTHER [SKIP TO K12Q17_OTHER]
- (77) DON'T KNOW
- (99) REFUSED

Subdomain 3: History with CHIP

SKIP TO NEXT SUBDOMAIN (K12Q30) IF STATE USES THE SAME OR SUBSTANTIALLY THE SAME NAME FOR THEIR MEDICAID AND CHIP PROGRAMS.

K12Q21. Before today, had you ever heard of [STATE CHIP NAME]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the state-sponsored Children's Health Insurance Program specific to the state in which you live.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF 2,77,99 SKIP TO K12Q30

K12Q22. Has [S.C.] ever been enrolled in [STATE CHIP NAME]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the state-sponsored Children's Health Insurance Program specific to the state in which you live.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF 2,77,99 SKIP TO K12Q25

K12Q23. When was the last time that [S.C.] was enrolled in [STATE CHIP NAME]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the state-sponsored Children's Health Insurance Program specific to the state in which you live.

RECORD DATE __/__/____

- (66) RECORD LENGTH OF TIME (MONTHS OR YEARS) [SKIP TO K12Q23_1]
- (77) DON'T KNOW
- (99) REFUSED

K12Q24. What is the main reason that [S.C.]'s enrollment ended?

COST

- (01) COST TOO MUCH
- (02) FORGOT TO PAY THE PREMIUM

ELIGIBILITY

- (03) MOVING BETWEEN STATES OR REGIONS
- (04) INSURANCE TERMINATED BY INSURER / RULE VIOLATION
- (05) CHILD BECAME TOO OLD TO BE ELIGIBLE
- (06) FINANCIAL SITUATION CHANGED / NO LONGER QUALIFIED FOR CHIP
- (07) CHILD OBTAINED OTHER INSURANCE: MEDICAID / OTHER PUBLIC

(08) CHILD OBTAINED OTHER INSURANCE: EMPLOYER / UNION / PRIVATE

APPLICATION PROCESS

(09) DID NOT REAPPLY WHEN COVERAGE ENDED

(10) ISSUES WITH PAPERWORK

PROBLEMS WITH SERVICE OR AVAILABILITY

(11) DID NOT LIKE THE DOCTORS / MEDICAL STAFF / CLINICS / QUALITY OF CARE WHERE CHILD RECEIVED SERVICES

(12) SERVICES PROVIDED NOT CONVENIENTLY LOCATED OR NOT AVAILABLE WHEN NEEDED

(13) COULD NOT FIND DOCTORS WHO WOULD ACCEPT CHIP

OTHER

(14) CHILD DOES NOT NEED INSURANCE / DOES NOT GET SICK

(15) OTHER [SKIP TO K12Q24_OTHER]

(77) DON'T KNOW

(99) REFUSED

SKIP TO K12Q30.

K12Q25. Have you ever applied for [STATE CHIP NAME] for [S.C.]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the state-sponsored Children's Health Insurance Program specific to the state in which you live.

(1) YES

(2) NO

(77) DON'T KNOW

(99) REFUSED

IF 2,77,99 SKIP TO K12Q30.

K12Q26. When was the last time that you applied?

RECORD DATE __/__/____

(66) RECORD LENGTH OF TIME (MONTHS OR YEARS) [SKIP TO K12Q26_1]

(77) DON'T KNOW

(99) REFUSED

K12Q27. What is the main reason that you were unable to enroll [S.C.] in [STATE CHIP NAME]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the state-sponsored Children's Health Insurance Program specific to the state in which you live.

COST

(01) EARNED TOO MUCH MONEY

ELIGIBILITY

(02) ASSETS/RESOURCES TOO HIGH

(03) CHILD WAS TOO OLD

(04) CHILD NEEDED TO BE UNINSURED FOR LONGER PERIOD OF TIME TO QUALIFY

(05) CHILD DID NOT MEET RESIDENCY OR CITIZENSHIP REQUIREMENTS

(06) CHILD WAS ALREADY INSURED BY OTHER INSURANCE

APPLICATION PROCESS

(07) DID NOT PROVIDE ALL PAPERWORK / DOCUMENTS NEEDED

OTHER

(08) CHILD QUALIFIED FOR MEDICAID INSTEAD OF CHIP

(09) APPLICATION RECENTLY SUBMITTED / NOW JUST WAITING

(10) OTHER [RECORD VERBATIM RESPONSE]

(77) DON'T KNOW

(99) REFUSED

Subdomain 4: Interest in Enrolling in Medicaid/CHIP

SKIP TO NEXT SUBDOMAIN (K12Q40) IF K12Q11 = NO/DK/RF AND K12Q21 = NO/DK/RF/MISSING.

FOR PROGRAM FILLS IN THIS SUBDOMAIN,

- IF K12Q11 = YES AND K12Q21 = NO/DK/RF/MISSING, USE: Medicaid [or STATE MEDICAID NAME]
- IF K12Q11 = NO/DK/RF AND K12Q21 = YES, USE: [STATE CHIP NAME]
- IF K12Q11 = YES AND K12Q21 = YES, USE: Medicaid [or STATE MEDICAID NAME] or [CHIP NAME]

K12Q30. If you wanted to get more information about [PROGRAM], do you know where to go to get that information?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid or state-sponsored Children's Health Insurance Program specific to the state in which you live.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K12Q31. If you wanted to enroll [S.C.] in [PROGRAM], do you know how to do that?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid or state-sponsored Children's Health Insurance Program specific to the state in which you live.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K12Q32. *IF K12Q11=2,77,99 THEN SKIP TO K12Q33*

IF K12Q12=1 THEN ASK: Based on what you know about Medicaid [or STATE MEDICAID NAME], how easy or difficult do you think it is to re-enroll? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

ELSE ASK: Based on what you know about Medicaid [or STATE MEDICAID NAME], how easy or difficult do you think it is to complete an application? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid program specific to the state in which you live.

- (1) VERY EASY
- (2) SOMEWHAT EASY
- (3) SOMEWHAT DIFFICULT
- (4) VERY DIFFICULT
- (77) DON'T KNOW
- (99) REFUSED

K12Q33. *SKIP TO K11Q34 IF RESPONDENT HAS NEVER HEARD OF CHIP (K12Q21=2,77,99) OR IF STATE USES THE SAME OR SUBSTANTIALLY THE SAME NAME FOR THEIR MEDICAID AND CHIP PROGRAMS (CATEGORY "C" IN MEDICAID TABLE)*

IF K12Q22=1 THEN ASK: Based on what you know about [STATE CHIP NAME], how easy or difficult do you think it is to re-enroll? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

ELSEASK: Based on what you know about [STATE CHIP NAME], how easy or difficult do you think it is to complete an application? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the state-sponsored Children's Health Insurance Program specific to the state in which you live.

- (1) VERY EASY
- (2) SOMEWHAT EASY
- (3) SOMEWHAT DIFFICULT
- (4) VERY DIFFICULT
- (77) DON'T KNOW
- (99) REFUSED

K12Q34. Based on what you know about [PROGRAM], do you think [S.C.] is eligible now?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid or state-sponsored Children's Health Insurance Program specific to the state in which you live.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K12Q35. If you were told that [S.C.] was eligible for [PROGRAM], would you want to enroll [him/her]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid or state-sponsored Children's Health Insurance Program specific to the state in which you live.

- (1) YES
- (2) NO [SKIP TO K12Q36]
- (77) DON'T KNOW
- (99) REFUSED

IF K12Q35 = YES AND K12Q34 = YES, THEN SKIP TO K12Q37.

IF K12Q35 = YES AND K12Q34 = NO, THEN SKIP TO K12Q38.

IF K12Q35 = 77,99 OR IF (K12Q35 = 1 AND K12Q34 = 77,99), THEN SKIP TO K12Q40.

K12Q36. What is the main reason you would NOT want to enroll [S.C.]?

- COST**
- (01) COSTS TOO MUCH

APPLICATION PROCESS

- (02) APPLICATION PROCESS TOO DIFFICULT, TAKES TOO MUCH TIME
- (03) DON'T WANT TO MEET PROGRAM APPLICATION REQUIREMENTS
- (04) DON'T LIKE PEOPLE AT APPLICATION OFFICE
- (05) WORRIES ABOUT CITIZENSHIP

NEGATIVE VIEWS OF PROGRAM

- (06) DON'T ACCEPT WELFARE, DON'T WANT TO BE IN PUBLIC PROGRAM
- (07) HEARD BAD THINGS ABOUT PROGRAM
- (08) DO NOT LIKE THE DOCTORS / MEDICAL STAFF / CLINICS WHERE CHILD WOULD RECEIVE SERVICES
- (09) SERVICES PROVIDED NOT CONVENIENTLY LOCATED OR NOT AVAILABLE WHEN NEEDED

OTHER

- (10) CHILD DOES NOT NEED INSURANCE / DOES NOT GET SICK
- (11) EXPECT TO HAVE INSURANCE FROM ANOTHER SOURCE SOON
- (12) OTHER [SKIP TO K12Q36_OTHER]
- (77) DON'T KNOW
- (99) REFUSED

ALL EXCEPT 12 SKIP TO K12Q40.

K12Q37. What is the main reason [S.C.] is not enrolled in [PROGRAM]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid or state-sponsored Children's Health Insurance Program specific to the state in which you live.

COST

- (01) COSTS TOO MUCH

ELIGIBILITY

- (02) MOVING BETWEEN STATES OR REGIONS
- (03) INELIGIBLE DUE TO INCOME TOO HIGH FOR PUBLIC PROGRAM
- (04) INELIGIBLE DUE TO AGE
- (05) INELIGIBLE DUE TO RESIDENCY, CITIZENSHIP, OR LACK OF SSN
- (06) INELIGIBLE DUE TO OTHER PROGRAM REQUIREMENT

APPLICATION PROCESS

- (07) DON'T HAVE THE NECESSARY DOCUMENTS
- (08) APPLICATION PROCESS TOO DIFFICULT, TAKES TOO MUCH TIME
- (09) DON'T WANT TO MEET PROGRAM APPLICATION REQUIREMENTS
- (10) WORRIES ABOUT CITIZENSHIP

IN TRANSITION BETWEEN COVERAGE

- (11) HAVE APPLIED – NOW JUST WAITING
- (12) INTEND TO APPLY BUT JUST HAVEN'T DONE SO
- (13) DON'T KNOW WHERE OR HOW TO APPLY

OTHER

- (14) CHILD DOES NOT NEED INSURANCE / DOES NOT GET SICK
- (15) OTHER [SKIP TO K12Q37]
- (77) DON'T KNOW
- (99) REFUSED

ALL EXCEPT 08 SKIP TO K12Q40.

K12Q38. What is the main reason that you think [S.C.] is not eligible for [PROGRAM]?

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid or state-sponsored Children's Health Insurance Program specific to the state in which you live.

INCOME

- (01) EARN TOO MUCH MONEY
- (02) ASSETS/RESOURCES TOO HIGH

ELIGIBILITY

- (03) CHILD IS TOO OLD
- (04) CHILD NEEDS TO BE UNINSURED FOR LONGER PERIOD OF TIME TO QUALIFY
- (05) CHILD DOES NOT MEET RESIDENCY OR CITIZENSHIP REQUIREMENTS
- (06) CHILD IS ALREADY INSURED BY OTHER INSURANCE

OTHER

- (07) CANNOT OR WILL NOT PROVIDE ALL PAPERWORK / DOCUMENTS NEEDED
- (08) OTHER [SKIP TO K12Q38_OTHER]
- (77) DON'T KNOW
- (99) REFUSED

SKIP TO NEXT SUBDOMAIN (K12Q40).

Subdomain 5: Parents' Coverage and Availability of Employer-Sponsored Insurance

K12Q40. *SKIP TO K12Q50 IF NO MOTHER-TYPE IN HOUSEHOLD ((C10Q02A NE 1-5) AND (C10Q02B NOT EQ 1-5))*

IF (C10Q02A=1-5), FILL do you. ELSE, FILL does SC's [MOTHER TYPE].

At this time, [do you / does SC's MOTHER TYPE] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or Medicare?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF 2,77,99 SKIP TO K12Q42

K12Q41. IF C10Q02A=1-5, FILL "your" ELSE, FILL "her"

Is that health insurance provided through [your/her] current employer, former employer, union, or some other source?

- (1) HER CURRENT EMPLOYER [SKIP TO K12Q43.]
- (2) HER FORMER EMPLOYER
- (3) HER UNION [SKIP TO K12Q43.]
- (4) SOME OTHER SOURCE
- (77) DON'T KNOW
- (99) REFUSED

INTERVIEWER NOTE: IF THE RESPONDENT REPORTS THAT INSURANCE IS PROVIDED THROUGH MULTIPLE SOURCES, ASK WHICH SOURCE PROVIDES PRIMARY COVERAGE FOR BOTH DOCTOR VISITS AND HOSPITAL STAYS.

K12Q42. IF (C10Q02A=1-5), FILL your ELSE, FILL her

IF (C10Q02A=1-5), FILL are you ELSE FILL does [S.C.]'s [MOTHER TYPE]

At this time, [are you/is SC's MOTHER TYPE's] eligible for health insurance through [your/her] current employer or union?

- (1) YES, HER CURRENT EMPLOYER
- (2) YES, HER UNION
- (3) YES, BOTH
- (4) NO [SKIP TO K12Q50]
- (77) DON'T KNOW
- (99) REFUSED [SKIP TO K12Q50]

INTERVIEWER NOTE: IF THE RESPONDENT REPORTS NOT BEING EMPLOYED, RECORD ANSWER AS NO.

K12Q43. *IF K12Q41 OR K12Q42 = 1, FILL WITH "employer"
IF K12Q41 = 3 OR K12Q42 = 2, FILL WITH "union"
IF K12Q42 = 3 or 6, FILL WITH "employer or union"*

Does this [employer/union/employer or union] offer health insurance that could help pay for doctor visits and hospital stays for [S.C.]?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [MOTHER TYPE]'S EMPLOYER.

IF 2,77,99 SKIP TO K12Q46

K12Q44. If [S.C.] was covered by insurance provided through this [employer/union/employer or union], would this [employer/union/employer or union] pay for all, some, or none of [his/her] health insurance premium?

- (1) ALL
- (2) SOME
- (3) NONE
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [MOTHER TYPE]'S EMPLOYER.

K12Q45. What is the main reason that [S.C.] is not covered by insurance provided through this [employer/union/employer or union]?

COST

- (01) COST IS TOO HIGH
- (02) TRADED HEALTH INSURANCE FOR HIGHER PAY

ELIGIBILITY

- (03) INSURER REFUSED TO COVER / PREEXISTING CONDITION
- (04) CHILD NOT ELIGIBLE DUE TO TYPE OF JOB
- (05) CHILD NOT ELIGIBLE DUE TO NUMBER OF HOURS WORKED
- (06) CHILD NOT ELIGIBLE DUE TO LENGTH OF TIME AT JOB
- (07) CHILD NOT ELIGIBLE FOR SOME OTHER REASON

APPLICATION PROCESS

- (08) HAVE APPLIED – NOW JUST WAITING
- (09) INTEND TO APPLY BUT JUST HAVEN'T DONE SO
- (10) DON'T KNOW WHERE OR HOW TO APPLY
- (11) APPLICATION PROCESS TOO DIFFICULT, TAKES TOO MUCH TIME

NEGATIVE VIEWS OF PROGRAM

- (12) HEARD BAD THINGS ABOUT INSURANCE PROGRAM
- (13) DO NOT LIKE DOCTORS / MEDICAL STAFF / CLINIC IN HEALTH PLAN
- (14) SERVICES PROVIDED NOT CONVENIENTLY LOCATED OR NOT AVAILABLE WHEN NEEDED

OTHER

- (15) DOES NOT NEED INSURANCE / DOES NOT GET SICK
- (16) EXPECT TO HAVE INSURANCE FROM ANOTHER SOURCE SOON
- (17) OTHER [SKIP TO K12Q45]

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- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [MOTHER TYPE]'S EMPLOYER.

K12Q46. *IF K12Q41 = 3 OR K12Q42 = 2, SKIP TO K12Q50.*

IF C10Q02A=1-5, FILL your ELSE, FILL [S.C.]'s [MOTHER TYPE]

Think about all locations where [your/ SC's MOTHER TYPE's] employer operates. Would you say that the total number of persons who work for this employer is above or below 100?

- (1) MORE THAN 100
- (2) EXACTLY 100
- (3) LESS THAN 100
- (4) NOT EMPLOYED
- (77) DON'T KNOW
- (99) REFUSED

K12Q47. *ASK K12Q47 ONLY IF ANSWER TO K12Q46 IS "LESS THAN 100." OTHERWISE, SKIP TO K12Q50.*

Is the total number of persons who work for [your/her] employer above or below 50?

- (1) MORE THAN 50
- (2) EXACTLY 50
- (3) LESS THAN 50
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [MOTHER TYPE]'S EMPLOYER.

K12Q50. *SKIP TO K12Q60 IF NO FATHER-TYPE IN HOUSEHOLD((C10Q02A NE 6-10) AND (C10Q02B NOT EQ 6-10))*

IF C10Q02A=6-10, FILL do you. ELSE, FILL does [S.C.]'s [FATHER TYPE].

At this time, [do you / does SC's FATHER TYPE] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or Medicare?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF 2,77,99 SKIP TO K12Q52

K12Q51. IF C10Q02A=6-10, FILL your ELSE, FILL does [S.C.]'s [FATHER TYPE].

Is that health insurance provided through [your/his] current employer, former employer, union, or some other source?

- (1) CURRENT EMPLOYER [SKIP TO K12Q53.]
- (2) FORMER EMPLOYER

- (3) UNION [SKIP TO K12Q53.]
- (4) SOME OTHER SOURCE
- (77) DON'T KNOW
- (99) REFUSED

INTERVIEWER NOTE: IF THE RESPONDENT REPORTS THAT INSURANCE IS PROVIDED THROUGH MULTIPLE SOURCES, ASK WHICH SOURCE PROVIDES PRIMARY COVERAGE FOR BOTH DOCTOR VISITS AND HOSPITAL STAYS.

K12Q52. At this time, [are you/is SC's FATHER TYPE's] eligible for health insurance through [your/his] current employer or union?

- (1) YES, CURRENT EMPLOYER
- (2) YES, UNION
- (3) YES, BOTH
- (4) NO [SKIP TO K12Q60]
- (77) DON'T KNOW
- (99) REFUSED [SKIP TO K12Q60]

INTERVIEWER NOTE: IF THE RESPONDENT REPORTS NOT BEING EMPLOYED, RECORD ANSWER AS NO.

K12Q53. *IF K12Q51 OR K12Q52 = 1, FILL WITH "employer"*
IF K12Q51 = 3 OR K12Q52 = 2, FILL WITH "union"
IF K12Q52 = 3 or 6, FILL WITH "employer or union"

Does this [employer/union/employer or union] offer health insurance that could help pay for doctor visits and hospital stays for [S.C.]?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [FATHER TYPE]'S EMPLOYER.

IF 2,77,99 SKIP TO K12Q56

K12Q54. If [S.C.] was covered by insurance provided through this [employer/union/employer or union], would this [employer/union/employer or union] pay for all, some, or none of [his/her] health insurance premium??

- (1) ALL
- (2) SOME
- (3) NONE
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [FATHER TYPE]'S EMPLOYER.

K12Q55. What is the main reason that [S.C.] is not covered by insurance provided through this [employer/union/employer or union]?

COST

- (01) COST IS TOO HIGH
- (02) TRADED HEALTH INSURANCE FOR HIGHER PAY

ELIGIBILITY

- (03) INSURER REFUSED TO COVER / PREEXISTING CONDITION
- (04) CHILD NOT ELIGIBLE DUE TO TYPE OF JOB
- (05) CHILD NOT ELIGIBLE DUE TO NUMBER OF HOURS WORKED
- (06) CHILD NOT ELIGIBLE DUE TO LENGTH OF TIME AT JOB
- (07) CHILD NOT ELIGIBLE FOR SOME OTHER REASON

APPLICATION PROCESS

- (08) HAVE APPLIED – NOW JUST WAITING
- (09) INTEND TO APPLY BUT JUST HAVEN'T DONE SO
- (10) DON'T KNOW WHERE OR HOW TO APPLY
- (11) APPLICATION PROCESS TOO DIFFICULT, TAKES TOO MUCH TIME

NEGATIVE VIEWS OF PROGRAM

- (12) HEARD BAD THINGS ABOUT INSURANCE PROGRAM
- (13) DO NOT LIKE DOCTORS / MEDICAL STAFF / CLINIC IN HEALTH PLAN
- (14) SERVICES PROVIDED NOT CONVENIENTLY LOCATED OR NOT AVAILABLE WHEN NEEDED

OTHER

- (15) DOES NOT NEED INSURANCE / DOES NOT GET SICK
- (16) EXPECT TO HAVE INSURANCE FROM ANOTHER SOURCE SOON
- (17) OTHER [SKIP TO K12Q45]
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [FATHER TYPE]'S EMPLOYER.

K12Q56. *IF K12Q51 = 3 OR K12Q52 = 2, SKIP TO K12Q60.*

Think about all locations where [your/ SC's FATHER TYPE's] employer operates. Would you say that the total number of persons who work for this employer is above or below 100?

- (1) MORE THAN 100
- (2) EXACTLY 100
- (3) LESS THAN 100
- (4) NOT EMPLOYED
- (77) DON'T KNOW
- (99) REFUSED

K12Q57. *ASK K12Q57 ONLY IF ANSWER TO K12Q56 IS "LESS THAN 100." OTHERWISE, SKIP TO K12Q60.*

IF C10Q02A=6-10, FILL do you. ELSE, FILL his.

Is the total number of persons who work for [your/his] employer above or below 50?

- (1) MORE THAN 50
- (2) EXACTLY 50
- (3) LESS THAN 50
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [FATHER TYPE]'S EMPLOYER.

K12Q60. *SKIP TO CPC11Q14 IF RESPONDENT IS MOTHER OR FATHER (C10Q02A=1-10). QUESTIONS ABOUT THE RESPONDENT'S INSURANCE ARE ONLY ASKED HERE IF THE RESPONDENT HAS NOT ALREADY ANSWERED FOR HIMSELF/HERSELF IN K12Q40 OR K12Q50.*

At this time, do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or Medicare?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF 2,77,99 SKIP TO K12Q62

K12Q61. Is that health insurance provided through your current employer, former employer, union, or some other source?

- (1) CURRENT EMPLOYER [SKIP TO K12Q63.]
- (2) FORMER EMPLOYER
- (3) UNION [SKIP TO K12Q63.]
- (4) SOME OTHER SOURCE
- (77) DON'T KNOW
- (99) REFUSED

INTERVIEWER NOTE: IF THE RESPONDENT REPORTS THAT INSURANCE IS PROVIDED THROUGH MULTIPLE SOURCES, ASK WHICH SOURCE PROVIDES PRIMARY COVERAGE FOR BOTH DOCTOR VISITS AND HOSPITAL STAYS.

K12Q62. At this time, are you eligible for health insurance through your current employer or union?

- (1) YES, CURRENT EMPLOYER
- (2) YES, UNION
- (3) YES, BOTH
- (4) NO [SKIP TO NEXT SECTION]
- (77) DON'T KNOW
- (99) REFUSED [SKIP TO NEXT SECTION]

INTERVIEWER NOTE: IF THE RESPONDENT REPORTS NOT BEING EMPLOYED, RECORD ANSWER AS NO.

K12Q63. *IF K12Q61 OR K12Q62 = 1, FILL WITH "employer"*
IF K12Q61 = 3 OR K12Q62 = 2, FILL WITH "union"
IF K12Q62 = 3 or 6, FILL WITH "employer or union"

Does this [employer/union/employer or union] offer health insurance that could help pay for doctor visits and hospital stays for [S.C.]?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE RESPONDENT'S EMPLOYER.

IF 2,77,99 SKIP TO K12Q66.

K12Q64. If [S.C.] was covered by insurance provided through this [employer/union/employer or union], would this [employer/union/employer or union] pay for all, some, or none of [his/her] health insurance premium?

- (1) ALL
- (2) SOME
- (3) NONE
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE RESPONDENT'S EMPLOYER.

K12Q65. What is the main reason that [S.C.] is not covered by insurance provided through this [employer/union/employer or union]?

COST

- (01) COST IS TOO HIGH
- (02) TRADED HEALTH INSURANCE FOR HIGHER PAY

ELIGIBILITY

- (03) INSURER REFUSED TO COVER / PREEXISTING CONDITION
- (04) CHILD NOT ELIGIBLE DUE TO TYPE OF JOB
- (05) CHILD NOT ELIGIBLE DUE TO NUMBER OF HOURS WORKED
- (06) CHILD NOT ELIGIBLE DUE TO LENGTH OF TIME AT JOB
- (07) CHILD NOT ELIGIBLE FOR SOME OTHER REASON

APPLICATION PROCESS

- (08) HAVE APPLIED – NOW JUST WAITING
- (09) INTEND TO APPLY BUT JUST HAVEN'T DONE SO
- (10) DON'T KNOW WHERE OR HOW TO APPLY
- (11) APPLICATION PROCESS TOO DIFFICULT, TAKES TOO MUCH TIME

NEGATIVE VIEWS OF PROGRAM

- (12) HEARD BAD THINGS ABOUT INSURANCE PROGRAM
- (13) DO NOT LIKE DOCTORS / MEDICAL STAFF / CLINIC IN HEALTH PLAN
- (14) SERVICES PROVIDED NOT CONVENIENTLY LOCATED OR NOT AVAILABLE WHEN NEEDED

OTHER

- (15) DOES NOT NEED INSURANCE / DOES NOT GET SICK
- (16) EXPECT TO HAVE INSURANCE FROM ANOTHER SOURCE SOON
- (17) OTHER [SKIP TO K12Q45]
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE RESPONDENT'S EMPLOYER.

K12Q66. IF K12Q61 = 3 OR K12Q62 = 2, SKIP TO NEXT SECTION.

Think about all locations where your employer operates. Would you say that the total number of persons who work for this employer is above or below 100?

- (1) MORE THAN 100
- (2) EXACTLY 100
- (3) LESS THAN 100
- (4) NOT EMPLOYED
- (77) DON'T KNOW
- (99) REFUSED

K12Q67. *ASK K12Q67 ONLY IF K12Q66=3 OTHERWISE, SKIP TO NEXT SECTION.*

Is the total number of persons who work for your employer above or below 50?

- (1) MORE THAN 50
- (2) EXACTLY 50
- (3) LESS THAN 50
- (77) DON'T KNOW
- (99) REFUSED

NOTE TO INTERVIEWER: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE RESPONDENT'S EMPLOYER.

Section 13: Locating Information

Subdomain 1: Telephone line information

CPC11Q14 IF (RDD_NCCELL_CCELL=2,3 AND TAKE_ALL_CELL_FLAG=1) THEN ASK
SL_LANDLINE; ELSE SKIP TO C11Q15_CELL

SL_LANDLINE The next few questions are about the telephones in your household.

Do you have a landline telephone in your household?

READ AS NECESSARY: Please do not include:

- modem-only lines,
- fax-only lines,
- lines used just for home security systems,
- beepers,
- Skype
- pagers, or
- cell phones.

Please include Voice Over I.P. or VOIP numbers.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

C11Q15_CELL [IF SL_LANDLINE NOT DISPLAYED, THEN DISPLAY: The next few questions are about the
telephones in your household.]

In total, how many working cell phones do you and your household members have available for
personal use? Please do not count cell phones that are used exclusively for business purposes [If
RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=0 then display: "and please include the
number we called." ELSE If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 then
display: "and please include [OLD_NUMBER]."]]

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE:
THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A
PREVIOUS CALL."]

- (1) ONE
- (2) TWO
- (3) THREE OR MORE
- (4) NONE [GO TO C11Q20]
- (77) DON'T KNOW
- (99) REFUSED

CP_CELLUSUALLY

IF ((NIS OR TEEN COMPLETED) AND (C21_06Q3_CELL = 1, 2, 3, 77, 99 OR TIS_C21_06Q3_CELL = 1, 2, 3, 77, 99)), GO TO C11Q15_CELL_USUALLY

ELSE IF (NIS OR TEEN COMPLETED) AND (C21_06Q3_CELL = 4 OR TIS_C21_06Q3_CELL = 4), GO TO C11Q20

ELSE GO TO C11Q15_CELL_USUALLY

C11Q15_CELL_USUALLY

[IF NIS OR TEEN COMPLETED AND (C21_06Q3_CELL = 1, 2, 3 or TIS_C21_06Q3_CELL = 1, 2, 3) AND SAMPLE_USE_CODE IN (2,4) READ: Earlier you told me that you have at least one cell phone in your household.]

[IF NIS OR TEEN COMPLETED AND (C21_06Q3_CELL = 77, 99 or TIS_C21_06Q3_CELL = 77, 99) AND SAMPLE_USE_CODE IN (2,4) READ: The next few questions are about the telephones in your household.]

How many [IF C11Q15_CELL = 1, 2, 3 THEN DISPLAY: "of these"] cell phones do the adults in this household usually use? [If RDD_NCCELL_CELL=2,3 and NEWPHONE_FLAG=0 then display: "Please include the number we called." ELSE If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 then display "Please include [OLD_NUMBER]."]

[IF RDD_NCCELL_CELL=2,3 then display: "INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE""]

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.]

- (1) ONE
- (2) TWO
- (3) THREE OR MORE
- (4) NONE
- (77) DON'T KNOW
- (99) REFUSED

CP_C11Q16 IF (RDD_NCCELL_CCELL=2,3 AND (SL_LANDLINE=2 OR LANDLINE=2)) THEN SKIP TO CPC11_AWAY; ELSE ASK C11Q16

C11Q16 Of all the telephone calls that you and your household receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular phones?

HELP TEXT: "REGULAR PHONES" REFERS TO LANDLINE PHONES

- (1) NEARLY ALL RECEIVED ON CELL PHONES
- (2) NEARLY ALL RECEIVED ON REGULAR PHONES
- (3) SOME RECEIVED ON CELL PHONES AND SOME RECEIVED ON REGULAR PHONES
- (77) DON'T KNOW
- (99) REFUSED

CPC11_AWAY IF (RDD_NCCELL_CELL=2,3 AND CELL_AWAY = 1) THEN GO TO C11_AWAY; ELSE GO TO SL_CELLUSE

C11_AWAY Would you mind telling me if I reached you today away from home or at home?

INTERVIEWER NOTE: IF THE RESPONDENT WAS AWAY FROM HOME DURING ANY PART OF THE CALL, THEN CODE AS AWAY FROM HOME.

- (1) AWAY FROM HOME
- (2) AT HOME
- (77) DON'T KNOW
- (99) REFUSED

SL_CELLUSE IF [(RDD_NCCEL_CCELL=1 AND C11Q15_CELL=1,2,3,77,99) OR (TAKE_ALL_CELL_FLAG=1 AND RDD_NCCEL_CCELL=2,3 AND SL_LANDLINE=1,77,99)] THEN ASK SL_CELLUSE; ELSE SKIP TO CP_CELLONLY

Thinking just about the landline home phone, not your cell phone, if that telephone rang and someone were home, under normal circumstances how likely is it that it would be answered? Would you say extremely likely, somewhat likely, somewhat unlikely, or not at all likely?

- (1) EXTREMELY LIKELY
- (2) SOMEWHAT LIKELY
- (3) SOMEWHAT UNLIKELY
- (4) NOT AT ALL LIKELY
- (77) DON'T KNOW
- (99) REFUSED

CP_CELLONLY IF (RDD_NCCEL_CELL=2,3 AND (SL_LANDLINE=2 OR LANDLINE=2) THEN GO TO CPV_ISLAND; ELSE GO TO C11Q20

C11Q20 Not including cellular telephones, has your family been without telephone service for 1 week or more during the past 12 months?

- (1) YES [SKIP TO CPV_ISLAND]
- (2) NO [SKIP TO CPV_ISLAND]
- (77) DON'T KNOW [SKIP TO CPV_ISLAND]
- (99) REFUSED [SKIP TO CPV_ISLAND]

Subdomain 2: ZIP Code

CPV_ISLAND IF IAP=95 THEN GO TO V_ISLAND, ELSE GO TO C11Q22.

V_ISLAND IF NIS COMPLETE FILL FROM C_ISLAND.

IF TEEN COMPLETE FROM TIS_C_ISLAND.

On what island do you live?

- (1) SAINT CROIX [GO TO CP_ADDRESS]
- (2) SAINT THOMAS [GO TO CP_ADDRESS]
- (3) SAINT JOHN [GO TO CP_ADDRESS]
- (4) WATER ISLAND [GO TO CP_ADDRESS]
- (5) DON'T LIVE IN VIRGIN ISLANDS [GO TO C11Q22]
- (77) DON'T KNOW [GO TO C11Q22]

(99) REFUSED [GO TO C11Q22]

C11Q22 [Filled from C19A, C19A_NEW_ZIP, TIS_C19A, or TIS_C19A_NEW_ZIP if it is not equal to missing, '77777', or '99999'.]

Please tell me your zip code.

[CATI: 5 NUMERIC-CHARACTER-FIELD, RANGE 00001-99998]

_____ (00001-99998)

(77777) DON'T KNOW

(99999) REFUSED

C11Q22_CONF [IF C11Q22 FILLED FROM C19A or TIS_C19A, THEN "Earlier you told me your zip code is" / IF C11Q22 ASKED, THEN "I entered"] [FILL C11Q22], is that correct?

(1) YES [GO TO LOC_STATE]

(2) NO [GO TO C11Q22]

LOC_STATE What state do you live in?

_____ (DROP DOWN MENU OF STATE NAMES) [THIS DOES NOT CHANGE 'STATE' FROM THE SAMPLE PRE-FILL TABLE]

Subdomain 3: Locating questions

CP_ADDRESS IF LOCATE_FLAG = 1 THEN GO TO LOCATE_TRANSITION

IF LOCATE_FLAG = 0 AND CASE DID NOT QUALIFY FOR NIS OR NSCH INCENTIVES, GO TO K_END

ELSE IF LOCATE_FLAG = 0 AND CASE DID QUALIFY FOR NIS OR NSCH INCENTIVES, GO TO NSCH_ADDRESS_CONF

LOCATE_TRANSITION We may want to contact you in the future to ask questions about the health and health care of [S.C.]. By participating in future surveys, you will help us better understand the health and health care needs of children and adolescents in your state and the nation.

LOCATE_NUMBER Is there another number where we can reach you if this number isn't working for some reason?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT SAYS NO, PROBE THE RESPONDENT FURTHER BY SAYING: "An alternate number can be a work or cell phone number, or even a number for a relative who you keep in touch with."

READ AS NECESSARY: We will only call you back to participate in future surveys about the health or health care of [S.C.], and will not sell or disclose your telephone number to any other party. If we do contact you in the future, you can choose whether or not to participate at that time.

(1) YES [GO TO LOCATE_NUMBERGIVEN]

(2) NO OR REFUSED [GO TO LOCATE_ADDRESS]

LOCATE_NUMBERGIVEN

ENTER TELEPHONE NUMBER (____ - ____ - _____)

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LOCATE_
NUMBERGIVEN_A (1) TELEPHONE NUMBER COMPLETE [GO TO TELETYPE]
(2) ENTER TELEPHONE EXTENSION [GO TO LOCATE_NUMBER_EXT]

LOCATE_
NUMBER_EXT ENTER EXTENSION TO TELEPHONE NUMBER. (ALLOW FOR UP TO FIVE
NUMBERS)

TELETYPE Is this telephone number a cell phone, landline, work number or other type?

- (1) CELL
- (2) WORK
- (3) OTHER
- (77) DON'T KNOW
- (99) REFUSED

LOCATE_ADDRESS If we call you back in the future, we may want to mail you a letter explaining more about
the survey and the questions we will ask.

IF CASE QUALIFIED FOR NSCH INCENTIVE THEN READ: We'd also like to mail
you [\$XX] as a token of our appreciation for taking the time to answer our questions.

If AC_NIS_INCENT_EXIT not previously read, READ: In addition, the National
Immunization Study will be sending you \$[X], which you may have already received.

IF NO ADDRESS, READ: Would you please give me your address?

IF ADDRESS ALREADY OBTAINED, READ: Would you please verify your address?

PROCEED THROUGH ADDRESS COLLECTION OR VERIFICATION.

IF NAME OF SC GIVEN DURING SURVEY, THEN SKIP TO PNAME.

LOCATING_NAME I could refer to your child as [AGEID] if we call you back, or if you prefer, you could
give me a first name or initials.

- (1) CONTINUE TO USE AGE REFERENCE [GO TO PNAME]
- (2) USE NAME [GO TO LOCATING_NAME_A]

LOCATING_NAME_A ENTER NAME/INITIALS: _____

PNAME Since following up with your household may be easier if we have your name, could you
please give me your name or initials?

- (1) YES [GO TO PNAME_A]
- (2) NO [GO TO K_END]

PNAME_A ENTER NAME/INITIALS _____

GO TO K_END

Subdomain 4: Closing Script

K_END Those are all the questions I have. You may be re-contacted in the future to participate in related
studies. If you are contacted to participate in future surveys, you have the right to refuse. 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 [IF SUC = 1, 2, 4, 5, 6, FILL 1 - 8 6 6 - 9 9 9 - 3 3 4 0 / IF SUC = 3, FILL 1 - 8 6 6 - 9 0 0 - 9 6 0 1]. If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.

TERMINATE INTERVIEW WITH RESPONDENT.

LANG1 *APPEARS AFTER COMPLETED INTERVIEWS ONLY.*

INTERVIEWER: WAS THIS INTERVIEW COMPLETED USING ENGLISH ONLY?

- (1) YES [TERMINATE INTERVIEW, IF ITS <> 67, GO TO COMMENTS]
- (2) NO [SKIP TO LANG2]

LANG2 INTERVIEWER: WHICH LANGUAGES WERE NEEDED TO COMPLETE THIS INTERVIEW?
[Mark all that apply.]

- (1) ENGLISH
- (2) SPANISH
- (4) CANTONESE
- (8) KOREAN
- (9) MANDARIN
- (13) VIETNAMESE
- (14) ANOTHER LANGUAGE [GO TO LANG2_OTHER]

LANG2_
OTHER _____ OTHER LANGUAGE

LANG3 INTERVIEWER: WAS THIS INTERVIEW COMPLETED "MOSTLY IN ENGLISH" OR "MOSTLY IN ANOTHER LANGUAGE"?

- (1) MOSTLY IN ENGLISH
- (2) MOSTLY IN OTHER LANGUAGE
- (3) ABOUT HALF AND HALF

Callback and Refusal Conversion Scripts

INTRO_1 Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention [(NSCH11_INCENT_FLAG = 2 OR NSCH11_PASSIVE = 1 or 2) AND NSCH11_LTR_FLAG = 1 THEN, " to follow up on a letter that was sent to your home"/ ELSE NO FILL]. Earlier, we contacted your household to participate in a survey about the health of children and teenagers. I'm calling back to continue the interview.

(IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

INTRO_1A Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention [IF SUC=5, 6 AND NSCH11_INCENT = 5 or 6 AND (NSCH11_INCENT_FLAG = 2 OR NSCH11_PASSIVE = 1 or 2) AND NSCH11_LTR_FLAG = 1 THEN, " to follow up on a letter that was sent to your home"/ ELSE NO FILL]. Earlier we contacted your household to participate in a survey about the health of children and teenagers. After just a few questions I can determine if your household is eligible to participate. [IF SUC=5, 6 AND NSCH INCENTIVE CASE, THEN DISPLAY: "In appreciation for your time, we will send you \$[MONEY_1 / MONEY_2]."]

(IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

INTRO_1B Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention [IF NSCH11_INCENT = 5 or 6 AND (NSCH11_INCENT_FLAG = 2 OR NSCH11_PASSIVE = 1 or 2) AND NSCH11_LTR_FLAG = 1 THEN, " to follow up on a letter that was sent to your home"/ ELSE NO FILL]. Earlier, someone in your household started a survey about the health of children and teenagers. I'm calling back now to continue the interview. [IF NSCH INCENTIVE CASE, THEN DISPLAY: "In appreciation for your time, we will send you \$[MONEY_1 / MONEY_2]."]

(IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

INTRO_CLOSEDOWN

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention [(IF NSCH11_INCENT_FLAG = 2 AND NSCH11_LTR_FLAG = 1) OR (NSCH11_PASSIVE = 1 OR 2 AND NSCH11_LTR_FLAG = 1) THEN DISPLAY "to follow up on a letter that was sent to your home"/ ELSE NO FILL]. Earlier, we contacted your household to participate in a survey about the health of children and teenagers. I'm calling back to continue the interview. The study will be over in the next few days, so we would greatly appreciate a few minutes of your time. [IF INCENTIVE CASE: "In appreciation of your time, we will send you \$[MONEY_1 / MONEY_2]."]

S1 Am I speaking to someone who lives in this household who is over 17 years old?

(1) YES, I AM THAT PERSON [IF [S.C.] IS SELECTED, GO TO REMIND1/ ELSE CONTINUE WITH INTERVIEW]
(2) THIS IS A BUSINESS [GO TO SALZ]
(3) NEW PERSON COMES TO PHONE [GO BACK TO INTRO_1]
(8) DOES NOT LIVE IN HOUSEHOLD [ASK FOR ANOTHER PERSON OR SCHEDULE APPOINTMENT ON THE NEXT SCREEN]
(9) NO PERSON AT HOME WHO IS OVER 17 [GO TO S2_B]
(99) REFUSED [GO TO REFUSAL CONVERSION, SET DISP AND TERMINATE]

REMIND1 [CONTINUE WITH INTERVIEW AT POINT OF BREAKOFF]

I want to remind you that we will be asking questions about [S.C.] for the rest of this interview.

Answering Machine Scripts

MSG_AUG (PLEASE READ SLOWLY AND CLEARLY.) Hello. The Centers for Disease Control and Prevention is conducting a survey about the health of children and teenagers. Your [IF RDD_NCCELL_CCELL IN 2,3 THEN FILL "cell"] telephone number has been selected at random to participate in this survey. We're sorry we missed you and will try back at another time. Or, you can call us at [IF SUC = 1, 2, 4, 5, 6, FILL 1 - 8 6 6 - 9 9 9 - 3 3 4 0 / IF SUC = 3, FILL 1 - 8 6 6 - 9 0 0 - 9 6 0 1]. [If SUC=5,6 AND INCENTIVE CASE, DISPLAY "In appreciation for your time, we will send you \$[MONEY_1 / MONEY_2]."]. Thank you.

MSG_Y_APPT (PLEASE READ SLOWLY AND CLEARLY.) Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a national study [IF RDD_NCCELL_CCELL IN 2,3 THEN FILL of cell telephone users] about the health of children and teenagers. I'm sorry that we've missed you. When we spoke previously about this important study, you requested that we call you back at this time. We'll try to contact you again soon but please feel free to return our call anytime at [IF SUC = 1, 2, 4, 5, 6, FILL 1 - 8 6 6 - 9 9 9 - 3 3 4 0 / IF SUC = 3, 1 - 8 6 6 - 9 0 0 - 9 6 0 1]. [If INCENTIVE CASE, DISPLAY "In appreciation for your time, we will send you \$[MONEY_1 / MONEY_2]."]. Thank you.

MSG_NSCH (PLEASE READ SLOWLY AND CLEARLY.) Hello. I'm calling on behalf of the Centers for Disease Control and Prevention [(IF NSCH_INCENT_FLAG = 2 AND NSCH_LTR_FLAG = 1) OR (NSCH_PASSIVE = 1 OR 2 AND NSCH_LTR_FLAG = 1) THEN, "to follow up on a letter that was sent to your home"/ ELSE NO FILL]. We recently contacted [IF RDD_NCCELL_CCELL IN 2,3 THEN FILL you on your cell telephone / ELSE FILL your household] and began a children's health survey. I'm calling back to continue the survey. (IF INCENTIVE CASE, DISPLAY: "In appreciation for your time, we will send you \$[MONEY_1 / MONEY_2]."). If you would like to participate right away, please call our toll-free number, at [IF SUC = 1, 2, 4, 5, 6, FILL 1 - 8 6 6 - 9 9 9 - 3 3 4 0 / IF SUC = 3, FILL 1 - 8 6 6 - 9 0 0 - 9 6 0 1]. Thank you.

MSG_CLOSEDOWN

(PLEASE READ SLOWLY AND CLEARLY.) Hello. I'm calling on behalf of the Centers for Disease Control and Prevention [(IF NSCH11_INCENT_FLAG = 2 AND NSCH11_LTR_FLAG = 1) OR (NSCH11_PASSIVE = 1 OR 2 AND NSCH11_LTR_FLAG = 1) THEN, "to follow up on a letter that was sent to your home"/ ELSE NO FILL]. We recently contacted [IF RDD_NCCELL_CCELL IN 2,3 THEN FILL "you on your cell telephone" / ELSE FILL "your household"] and began a children's health survey. I'm calling back to continue the survey. The study will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. Our toll-free number is [If SAMPLE_USE_CODE=2,4,5,6 display: 1 - 8 6 6 - 9 9 9 - 3 3 4 0 / If SAMPLE_USE_CODE=3 display: 1 - 8 6 6 - 9 0 0 - 9 6 0 1]. [If INCENTIVE CASE: "In appreciation of your time, we will send you \$[MONEY_1 / MONEY_2]."]. Thank you.

MSG_Y_APPT_CLOSEDOWN (PLEASE READ SLOWLY AND CLEARLY.) Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a national study about the health of children and teenagers. I'm sorry that we've missed you. When we spoke previously about this important study,

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you requested that we call you back at this time. The study will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. Our toll-free number is [IF SUC = 1, 2, 4, 5, 6, FILL 1 - 8 6 6 - 9 9 9 - 3 3 4 0 / IF SUC = 3, FILL 1 - 8 6 6 - 9 0 0 - 9 6 0 1]. [If INCENTIVE CASE, DISPLAY "In appreciation for your time, we will send you \$[MONEY_1 / MONEY_2]."]. Thank you.