

ICPSR 4691

National Survey of Children's Health, 2003

*United States Department of Health and
Human Services. Centers for Disease
Control and Prevention. National Center
for Health Statistics*

Questionnaire

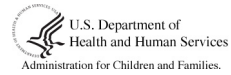
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About *Research Connections*

These data are made available by the Child Care and Early Education *Research Connections* project. *Research Connections* promotes high quality research in child care and early education and the use of that research in policymaking.

Research Connections is operated by the National Center for Children in Poverty at the Mailman School of Public Health, Columbia University and the Inter-university Consortium for Political and Social Research at the Institute for Social Research, University of Michigan, through a cooperative agreement with the Child Care Bureau, Office of Family Assistance and the Office of Planning, Research, and Evaluation, Administration for Children and Families in the U.S. Department of Health and Human Services.



NATIONAL SURVEY OF CHILDREN'S HEALTH, 2003

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

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

INTERVIEW SECTIONS 1-11

OMB Control Number

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a respondent is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0406). Do not return the completed form to this address.

OMB Control Number: 0920-0406

Expiration Date: November 30, 2007

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Screening and Sampling Section

NIS INTRODUCTION AND SCREENER

Hello, my name is [INTERVIEWER NAME]. 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 number has been selected at random to be included in the study.

Am I speaking to someone who lives in this household who is over 17 years old?

IF YES, PROCEED.

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

IF ONE OR MORE, CONDUCT NIS INTERVIEW AND THEN PROCEED TO S_UNDR18.

IF NONE, PROCEED TO S_UNDR18.

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

00 PEOPLE
01 PERSON
02 PEOPLE
03 PEOPLE
04 PEOPLE
05 PEOPLE
06 PEOPLE
07 PEOPLE
08 PEOPLE
09 PEOPLE

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

(97) REFUSED **[TERMINATE]**

IF S_UNDR18 ≥ 01 **[SKIP TO AGE GRID]**

ELSE IF S_UNDR18 =00 **[SKIP TO NOCHILD]**

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

AGE GRID

CATI INSTRUCTIONS (AGE GRID): APPLY THIS FILL INSTRUCTION TO EACH OF THE INTRODUCTIONS BELOW: IF ONE CHILD UNDER 18 IN THE HOUSEHOLD, FILL “age” and “child.” IF MORE THAN ONE CHILD FILL “ages” AND “children.”

INTRODUCTION #1 (DISPLAYED FOR NIS-INELIGIBLE HOUSEHOLDS):

Many of my questions are for children of certain ages. So, I’ll know which questions to ask, please tell me the [age/ages] of the [child/children] less than 18 years old living in this household. **FOR ALL SUBSEQUENT ROWS OF AGE GRID, DISPLAY:** (Please tell me the age of the next child who lives in this household.)

INTRODUCTION #2: (DISPLAYED FOR NIS-ELIGIBLE HOUSEHOLDS):

Would you please tell me the [age/ages] of the other [child/children] living in this household? **FOR ALL SUBSEQUENT ROWS OF AGE GRID DISPLAY:** (Please tell me the age of the next child who lives in this household.)

YEARS

MONTHS

SCQ03A1	— —	SCQ03B1	— —
SCQ03A2	— —	SCQ03B2	— —
SCQ03A3	— —	SCQ03B3	— —
SCQ03A4	— —	SCQ03B4	— —
SCQ03A5	— —	SCQ03B5	— —
SCQ03A6	— —	SCQ03B6	— —
SCQ03A7	— —	SCQ03B7	— —
SCQ03A8	— —	SCQ03B8	— —
SCQ03A9	— —	SCQ03B9	— —

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

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

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

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

RANDOM SELECTION PROCESS:

A FOCAL CHILD MUST BE SELECTED FOR THE REST OF THE INTERVIEW FROM ALL CHILDREN ROSTERED.

ONE CHILD

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

MORE THAN ONE CHILD

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

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

(1) MYSELF [SL_INTRO]

(2) SOME ONE ELSE [SKIP TO SCQ06]

SCQ06 _____ [MKP NAME] [SKIP TO SCQ07]

SCQ07 May I speak with [MKP NAME] now?

(1) YES [SKIP TO NEW_RESP]

(2) No [SCHEDULE APPOINTMENT]

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

SL INTRO **INFORMED CONSENT SCRIPT:**

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

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

Section 1: Initial Demographics

S1Q01 Is [CHILD] male or female?

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

NOTE: ANSWER TO S1Q01 DETERMINES SUBSEQUENT GENDER PRONOUN FILLS.

S1Q02 What is your relationship to [CHILD]?

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

S1Q05

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

_____ [RANGE CHECK: 02-18]

(96) DON'T KNOW

(97) REFUSED

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

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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.

S1Q05A

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

___ ENTER NUMBER YEARS [RANGE CHECK: 01-24]

(41) NEVER ATTENDED

(51) ELEMENTARY

(61) HIGH SCHOOL

(71) COLLEGE

(81) GRADUATE SCHOOL

(96) DON'T KNOW

(97) REFUSED

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

S1Q06

What is the primary language spoken in your home?

[READ RESPONSES ONLY IF NECESSARY]

(1) English

(2) Spanish

(3) Any other language

(6) DON'T KNOW

(7) REFUSED

Section 2: Health and Functional Status

S2Q01 In general, how would you describe [CHILD]’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
- (6) DON'T KNOW
- (7) REFUSED

S2Q02

NOTE: HEIGHT CAN BE ENTERED IN FEET AND INCHES, OR IN CENTIMETERS.

How tall is [CHILD] now?

S2Q02 ____ FEET [RANGE CHECK 00-08]

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

S2Q02A ____ ____ INCHES **[RANGE CHECK 00-72]**

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

S2Q02B _____CENTIMETERS [RANGE CHECK 015-250]

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

S2Q03

NOTE: WEIGHT CAN BE ENTERED IN POUNDS OR KILOGRAMS.

How much does [CHILD] weigh now?

S2Q03 _____ POUNDS **[RANGE CHECK: 001-500]**

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

S2Q03A _____ KILOGRAMS [RANGE CHECK: 001-230]

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

INTRODUCTION

The next questions are about any kind of health problems, concerns, or conditions that may affect **[CHILD]**'s behavior, learning, growth, or physical development.

S2Q04 Does **[CHILD]** currently need or use medicine prescribed by a doctor, other than vitamins?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

S2Q18 **(IF AGE OF CHILD < 36 MONTHS, SKIP TO S2Q19)**

Has a doctor, health professional, teacher, or school official ever told you [**CHILD**] has a learning disability?

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

INTRODUCTION

[Has a doctor or health professional ever told you that [CHILD] has any of the following conditions]?

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

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

S2Q20 (IF AGE OF CHILD < 24 MONTHS, SKIP TO S2Q24)

Hearing problems or vision problems that cannot be corrected with glasses or contact lenses?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q21 Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q22 Depression or anxiety problems?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q23 Behavioral or conduct problems?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q24 Bone, joint, or muscle problems?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q26 Diabetes?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q35 Autism?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q37 Any developmental delay or physical impairment?
(0) NO (1) YES (6) DK (7) REFUSED

INTRODUCTION

The next set of questions asks about conditions [**CHILD**] may have had over the past 12 months.

QUESTION STEM: During the past 12 months, that is since [**FILL CURRENT MONTH, AND CURRENT YEAR - 1**] have you been told by a doctor or other health care professional that [**he/she**] had any of the following conditions?

S2Q38 Hay fever or any kind of respiratory allergy?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q39 Any kind of food or digestive allergy?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q40 Eczema or any kind of skin allergy?
(0) NO (1) YES (6) DK (7) REFUSED

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

S2Q41 **(IF AGE OF CHILD < 36 MONTHS, SKIP TO S2Q47)**

Frequent or severe headaches, including migraines?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q42 Stuttering, stammering, or other speech problems?
(0) NO (1) YES (6) DK (7) REFUSED

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

S2Q44 Three or more ear infections?
(0) NO (1) YES (6) DK (7) REFUSED

S2Q47 (IF SAMPLED CHILD HAS NO CONDITIONS OR LIMITATIONS—I.E., S2Q10, S2Q19-S2Q44 HAVE NO VALUES EQUAL TO 1— SKIP TO S2Q49)

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

- (1) MINOR
- (2) MODERATE
- (3) SEVERE
- (6) DON'T KNOW
- (7) REFUSED

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

S2Q49 (IF SAMPLED CHILD DOES NOT HAVE ASTHMA—I.E., S2Q19 IN (0, 6, 7)— SKIP TO S2Q54)

Does [CHILD] still have asthma?

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

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

- (1) MINOR DIFFICULTIES
- (2) MODERATE DIFFICULTIES
- (3) SEVERE DIFFICULTIES
- (6) DON'T KNOW
- (7) REFUSED

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

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

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

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

S2Q52A During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack?

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

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

S2Q53 During the past 12 months, has [CHILD] stayed overnight in a hospital because of [his/her] asthma?

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

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

S2Q54 **(IF AGE OF CHILD IS \leq 12 MONTHS, SKIP TO S2Q62)**

The next questions are about dental health. How would you describe the condition of [CHILD]'s teeth: excellent, very good, good, fair, poor?

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

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

	N	Y	D	R
S2Q55X01 Pain	0	1	6	7
S2Q55X02 Cavities	0	1	6	7
S2Q55X03 Broken front tooth, or teeth that need repair	0	1	6	7
S2Q55X04 Crooked teeth, or teeth that need braces	0	1	6	7
S2Q55X05 Other	0	1	6	7
S2Q55X06 Hygiene (plaque/doesn't brush regularly/needs cleaning etc.)	0	1	6	7
S2Q55X07 Discoloration (staining/yellow teeth/blackened teeth etc.)	0	1	6	7
S2Q55X08 Enamel problems (poor enamel/no enamel etc.)	0	1	6	7
S2Q55X09 Gum problems (gingivitis/gum disease/bleeding gums etc.)	0	1	6	7
S2Q55X10 Teeth problems (grinding/soft teeth/teeth pulled/teeth falling out etc)	0	1	6	7
S2Q55X11 Nerves (Root Canal/nerve problems etc.)	0	1	6	7
S2Q55X12 No problems with teeth	0	1	6	7

***RESPONSE CATEGORIES**

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

HELP SCREEN (S2Q55): USE PRESET CATEGORIES AS MUCH AS POSSIBLE. THE "OTHER" CATEGORY SHOULD ONLY BE USED WHEN YOU ARE UNABLE TO CODE THE RESPONSE INTO ONE OF THE PRESENT CATEGORIES.

S2Q55_OS READ IF NECESSARY: What kind of other problems?
[IF RESPONDENT WILL NOT GIVE A VERBATIM ANSWER ENTER: "NO ANSWER GIVEN"]

RECORD VERBATIM RESPONSE_____

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

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

S2Q59

(IF AGE OF CHILD < 36 MONTHS SKIP TO S2Q62)

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

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

S2Q60

(IF CHILD HAS ADD/ADHD—S2Q21 = 1—AND S2Q59 IN (0,6,7), SKIP TO S2Q62)
(IF ADD/ADHD NOT PRESENT—S2Q21 IN (0, 6, 7)—AND S2Q59 IN (0, 6, 7), SKIP TO S3Q01)

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

- (1) Minor
- (2) Moderate
- (3) Severe
- (6) DON'T KNOW
- (7) REFUSED

S2Q61

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

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

S2Q62

(IF ADD/ADHD NOT PRESENT—I.E., S2Q21 IN (0, 6, 7)—SKIP TO S3Q01)

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

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

Section 3: Health Insurance Coverage

INTRODUCTION

The next questions are about health insurance.

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

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

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

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

S3Q02 **CATI INSTRUCTION (S3Q02):** IF S3Q01 = 1 THEN FILL "Is that coverage." ELSE, fill "Is [he/she] insured by."

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

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

HELP SCREEN: S-CHIP is a type of state-sponsored health insurance coverage that a child may have. The name of the plan may vary from state-to-state.

S3Q04 **(IF S3Q01 IN (6, 7) AND S3Q02 IN (2, 6, 7), SKIP TO S3Q05)**

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

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

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

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

S3Q03 Does **[CHILD]** have insurance that helps pay for any routine dental care including cleanings, x-rays and examinations?

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

Section 4: Health Care Access And Utilization

S4Q01 [During the past 12 months/Since [his/her] birth], did [CHILD] 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?

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

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

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

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

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

___ TIMES [RANGE CHECK: 000 – 995]
(996) DON'T KNOW
(997) REFUSED

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

___ TIMES [RANGE CHECK: 000 – 995]
(996) DON'T KNOW
(997) REFUSED

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

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

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

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

___ TIMES [RANGE CHECK: 000 – 995]

(996) DON'T KNOW

(997) REFUSED

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

___ TIMES [RANGE CHECK: 000 – 995]

(996) DON'T KNOW

(997) REFUSED

S4Q07 [During the past 12 months/Since [his/her] birth], did [CHILD] receive all the medical care [he/she] needed?

(0) NO

(1) YES [SKIP TO S4Q09]

(6) DON'T KNOW [SKIP TO S4Q09]

(7) REFUSED [SKIP TO S4Q09]

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

	N	Y	D	R
S4Q08X01 Cost too much	0	1	6	7
S4Q08X02 No insurance	0	1	6	7
S4Q08X03 Health plan problem	0	1	6	7
S4Q08X04 Can't find doctor who accepts child's insurance	0	1	6	7
S4Q08X05 Not available in area/transport problems	0	1	6	7
S4Q08X06 Not convenient times/could not get appointment	0	1	6	7
S4Q08X07 Doctor did not know how to treat or provide care	0	1	6	7
S4Q08X08 Dissatisfaction with doctor	0	1	6	7
S4Q08X09 Did not know where to go for treatment	0	1	6	7
S4Q08X10 Child refused to go	0	1	6	7
S4Q08X11 Treatment is ongoing	0	1	6	7
S4Q08X12 Vaccine shortage	0	1	6	7
S4Q08X13 Other	0	1	6	7
S4Q08X14 No referral	0	1	6	7
S4Q08X15 Lack of resources at school	0	1	6	7

*RESPONSE CATEGORIES

(0) NO

(1) YES

(6) DON'T KNOW

(7) REFUSED

IF S4Q08X13 = 1, [SKIP TO S4Q08_OS]

S4Q08_OS [FILL VERBATIM RESPONSE]_____

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

S4Q09 **(IF AGE OF CHILD \leq 12 MONTHS, SKIP TO S4Q15)**
(IF CHILD HAS NO NATURAL TEETH—S2Q54 = 06—SKIP TO S4Q13)
(IF CHILD HAS NOT SEEN DENTIST IN 1 YEAR OR MORE—I.E., S2Q56 IN (01, 04, 05, 06)—SKIP TO S4Q10)

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

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

S4Q10 [During the past 12 months/Since [CHILD]'s birth], was there any time when [CHILD] needed routine preventive dental care?

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

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

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

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

S4Q14 INDEX Why did **[CHILD]** not get all the dental care that **[he/she]** needed?
 [MARK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY.]

	N	Y	D	R
S4Q14X01 Cost too much	0	1	6	7
S4Q14X02 No insurance	0	1	6	7
S4Q14X03 Health plan problem	0	1	6	7
S4Q14X04 Can't find dentist who accepts child's insurance	0	1	6	7
S4Q14X05 Not available in area/transport problems	0	1	6	7
S4Q14X06 Not convenient times/could not get appointment	0	1	6	7
S4Q14X07 Dentist did not know how to treat or provide care	0	1	6	7
S4Q14X08 Dissatisfaction with dentist	0	1	6	7
S4Q14X09 Did not know where to go for treatment	0	1	6	7
S4Q14X10 Child refused to go	0	1	6	7
S4Q14X11 Treatment is ongoing	0	1	6	7
S4Q14X13 Other	0	1	6	7
S4Q14X14 No referral	0	1	6	7
S4Q14X15 Lack of resources at school	0	1	6	7

***RESPONSE CATEGORIES**

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

S4Q14_OS [FILL VERBATIM RESPONSE]_____

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

(99999996) DON'T KNOW
 (99999997) REFUSED

S4Q15 **(IF CHILD CURRENTLY NEEDS/USES PRESCRIPTION MEDICATION—I.E., S2Q04 = 1—SKIP TO S4Q17)**

During the past 12 months/Since **[his/her]** birth], did **[CHILD]** use any prescription medication?

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

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

- (0) NO [SKIP TO S4Q23]
- (1) YES
- (6) DK [SKIP TO S4Q23]
- (7) REFUSED [SKIP TO S4Q23]

S4Q17

CATI INSTRUCTION (S4Q17): IF CHILD CURRENTLY NEEDS/USES PRESCRIPTION MEDICATION—I.E., S2Q04 = 1— FILL: “Earlier you told me your child currently uses or needs prescription medication.”

[FILL] [During the past 12 months/Since [his/her] birth], did [CHILD] receive all the prescription medication [he/she] needed?

(0) NO

(1) YES

(6) DON'T KNOW

(7) REFUSED

[SKIP TO S4Q23]

[SKIP TO S4Q23]

[SKIP TO S4Q23]

S4Q18 INDEX

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

	N	Y	D	R
S4Q18X01 Costs too much	0	1	6	7
S4Q18X02 No insurance	0	1	6	7
S4Q18X03 Health plan problem	0	1	6	7
S4Q18X04 Can't find doctor who accepts child's insurance	0	1	6	7
S4Q18X05 Not available in area/transport problems	0	1	6	7
S4Q18X06 Not convenient times/could not get appointment	0	1	6	7
S4Q18X07 Doctor did not know how to treat or provide care	0	1	6	7
S4Q18X08 Dissatisfaction with doctor	0	1	6	7
S4Q18X09 Did not know where to go for treatment	0	1	6	7
S4Q18X10 Child refused to go	0	1	6	7
S4Q18X11 Treatment is ongoing	0	1	6	7
S4Q18X13 Other	0	1	6	7
S4Q18X14 No referral	0	1	6	7
S4Q18X15 Lack of resources at school	0	1	6	7

***RESPONSE CATEGORIES**

(0) NO

(1) YES

(6) DON'T KNOW

(7) REFUSED

IF S4Q18X13 =1

[SKIP TO S4Q18_OS]

S4Q18_OS

[FILL VERBATIM RESPONSE]_____

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

(99999996) DON'T KNOW

(99999997) REFUSED

S4Q23 (IF AGE OF CHILD \leq 12 MONTHS, SKIP TO S4Q27).

[During the past 12 months/Since [his/her] birth], did [CHILD] receive any mental health care or counseling?

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

S4Q27 (IF AGE OF CHILD <24 MONTHS, SKIP TO S5Q01)
(S4Q27-S4Q30 IS ASKED IN THE FOLLOWING STATES: AK, AR, AZ, CA, CO, ID, MO, MT, NV, NM, OK, OR, SD, TX, UT, WA, WY. IF STATE NOT LISTED, SKIP TO S5Q01)

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

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

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

S4Q28 Please tell me how many hepatitis A vaccine shots [CHILD] has received.

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

S4Q29 Where did [he/she] get [his/her] first hepatitis A vaccine shot?
[READ RESPONSES IF NECESSARY]

- | | |
|--|-----------------|
| (01) Doctor's office | [SKIP TO S5Q01] |
| (02) School clinic | [SKIP TO S5Q01] |
| (03) Community clinic | [SKIP TO S5Q01] |
| (04) Head Start program or daycare | [SKIP TO S5Q01] |
| (05) Health department | [SKIP TO S5Q01] |
| (06) Pharmacy | [SKIP TO S5Q01] |
| (07) Some other place | |
| (08) Other hospital/medical center | [SKIP TO S5Q01] |
| (09) Military hospital/military base/military clinic | [SKIP TO S5Q01] |
| (10) WIC | [SKIP TO S5Q01] |
| (96) DON'T KNOW | [SKIP TO S5Q01] |
| (97) REFUSED | [SKIP TO S5Q01] |

S4Q29_O Where did **[CHILD]** get **[his/her]** first hepatitis A vaccine shot?

ENTER VERBATIM TEXT _____

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

S4Q30 Has a doctor or other health care professional ever recommended that **[he/she]** be vaccinated for hepatitis A?

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

Section 5: Medical Home

S5Q01 A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one or more persons you think of as **[CHILD]**'s personal doctor or nurse?

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

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

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

S5Q04 **CATI INSTRUCTION (S5Q04):** IF AGE OF CHILD > 36 MONTHS, FILL “and [CHILD].”
ELSE, NO FILL.

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

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

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

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

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

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

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

- (0) NO [SKIP TO S5Q08A]
- (1) YES
- (6) DON'T KNOW [SKIP TO S5Q08A]
- (7) REFUSED [SKIP TO S5Q08A]

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

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

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

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

S5Q08B **(IF AGE OF CHILD \geq 24 MONTHS, SKIP TO S5Q08B)**

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

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

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

- (0) NO [SKIP TO S5Q10]
- (1) YES
- (6) DON'T KNOW [SKIP TO S5Q10]
- (7) REFUSED [SKIP TO S5Q10]

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

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

S5Q09B Did **[CHILD]**'s personal doctor or nurse or someone from their office or clinic do anything to help you get the care from the specialist doctor or doctors?

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

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

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

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

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

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

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

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

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

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

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

S5Q13 **(IF PRIMARY LANGUAGE OF HOUSEHOLD IS UNKNOWN OR ENGLISH—I.E., S1Q06 IN (1, 6, 7)—SKIP TO S6Q08)**

CATI INSTRUCTION (S5Q13): IF AGE OF CHILD >36 MONTHS, FILL [or[CHILD]].

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

- | | |
|----------------|-----------------|
| (0) NO | [SKIP TO S6Q08] |
| (1) YES | |
| (6) DON'T KNOW | [SKIP TO S6Q08] |
| (7) REFUSED | [SKIP TO S6Q08] |

S5Q13A

CATI INSTRUCTION (S5Q13): IF AGE OF CHILD >36 MONTHS, FILL [or [CHILD]].

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

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

Section 6: Early Childhood (0-5 Years)

NOTE: THIS SECTION ADMINISTERED IF AGE OF CHILD IS 00-71 MONTHS.

S6Q08 Do you have any concerns about [CHILD]'s learning, development, or behavior?

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

(IF AGE OF CHILD IS \leq 3 MONTHS, SKIP TO S6Q28)

INTRODUCTION

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.

QUESTION STEM FOR S6Q09-S6Q27: [Are you concerned a lot, a little, or not at all about]

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

(IF AGE OF CHILD 4 - 9 MONTHS, ASK VERSION I, S6Q09 - S6Q12)

(IF AGE OF CHILD 10 - 17 MONTHS, ASK VERSION II, S6Q13 - S6Q19)

(IF AGE OF CHILD 18 – 71 MONTHS, ASK VERSION III, S6Q20 - S6Q27)

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

S6Q28

(IF CHILD HAS NOT SEEN DOCTOR OR HEALTH PROFESSIONAL IN LAST 12 MONTHS—I.E., S4Q01 IN (0, 6, 7)—SKIP TO S6Q48)

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

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

S6Q29

(S6Q29 ASKED IF ANY PARENT CONCERNS EXPRESSED IN S6Q08-S6Q27. IF NO VALUES PARENT CONCERNS EXPRESSED—I.E., S6Q08-S6Q27 NOT EQUAL TO 1, SKIP TO S6Q48)

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

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

S6Q48

QUESTION STEM (S6Q48-S6Q52): During the past month, did [CHILD] regularly attend:

S6Q48 A child care center?
[DO NOT INCLUDE FAMILY-BASED CHILD CARE OUTSIDE THE HOME]
(0) NO (1) YES (6) DON’T KNOW (7) REFUSED

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

S6Q49 Family-based child care outside of your home?
(0) NO (1) YES (6) DON’T KNOW (7) REFUSED

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

S6Q50 Child care in your home provided by a nanny or relative other than a parent or guardian
(0) NO (1) YES (6) DON’T KNOW (7) REFUSED

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

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

S6Q51 **(IF AGE OF SCQ03 < 36 MONTHS, SKIP TO S6Q52)**

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

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

S6Q52 Head Start or Early Start program?

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

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

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

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

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

(996) DON'T KNOW

(997) REFUSED

HELP SCREEN (S6Q53): EXAMPLES OF CIRCUMSTANCES BEYOND ONE'S CONTROL INCLUDE A CHILD BECOMING ILL, OR A CHILDCARE PROVIDER CHANGING HIS/HER PLANS OR SCHEDULE SUDDENLY.

S6Q54 [During the past 12 months/Since [CHILD]'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 [CHILD]?

(0) NO

(1) YES

(6) DON'T KNOW

(7) REFUSED

S6Q55 [During the past 12 months/Since [CHILD]'s birth], has [CHILD] been injured and required medical attention?

(0) NO

[SKIP TO S5Q57]

(1) YES

(6) DON'T KNOW

[SKIP TO S5Q57]

(7) REFUSED

[SKIP TO S5Q57]

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

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

	N	Y	D	R
S6Q56X01 Home	0	1	6	7
S6Q56X02 Child-care	0	1	6	7
S6Q56X03 Some other place	0	1	6	7

***RESPONSE CATEGORIES**

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

S6Q57 [During the past 12 months/Since [CHILD]'s birth], has [CHILD] been poisoned by accident and required medical attention?

- (0) NO [SKIP TO S6Q59]
- (1) YES
- (6) DON'T KNOW [SKIP TO S6Q59]
- (7) REFUSED [SKIP TO S6Q59]

HELP SCREEN (S6Q57): MEDICAL ATTENTION HERE IS NOT LIMITED TO EMERGENCY ROOM VISITS, OR ATTENTION THAT REQUIRES A DOCTOR. THIS INCLUDES SITUATIONS WHERE THE PARENT IS ABLE TO PROVIDE THE MEDICAL ATTENTION THEMSELVES, OR WHERE A CALL IS PLACED TO A POISON CONTROL CENTER, BUT THE CARE IS ADMINISTERED BY THE PARENT, ETC.

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

	N	Y	D	R
S6Q58X01 Home	0	1	6	7
S6Q58X02 Child-care	0	1	6	7
S6Q58X03 Some other place	0	1	6	7

***RESPONSE CATEGORIES**

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

S6Q59 Was [CHILD] ever breastfed or fed breast milk?

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

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

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

S6Q60A **(IF S6Q60 IN (995, 996, 997), SKIP TO S6Q62)**

[MARK PERIOD]

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

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

____NUMBER OF DAYS **[RANGE CHECK: 00-07]**

(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (S6Q62): STORIES INCLUDE BOOKS WITH WORDS OR PICTURES BUT NOT BOOKS READ BY OR WITH THE ASSISTANCE OF AN AUDIO TAPE, RECORD, CD, OR COMPUTER.

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

NOTE: THIS SECTION ADMINISTERED IF AGE OF CHILD IS 72-215 MONTHS.

S7Q01 **USE THIS VERSION DURING SCHOOL MONTHS:** What kind of school is [CHILD] currently enrolled in? Is it a public school, private school, or home-school?

USE THIS VERSION DURING SUMMER MONTHS: During the last school year, what kind of school was [CHILD] enrolled in? Is it a public school, private school, or home-school?

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

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

S7Q01F During the past 12 months, was [CHILD] enrolled in a public school, a private school, or home school?

- | | |
|----------------|-----------------|
| (0) NO | [SKIP TO S7Q09] |
| (1) YES | |
| (6) DON'T KNOW | [SKIP TO S7Q09] |
| (7) REFUSED | [SKIP TO S7Q09] |

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

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

S7Q04 **(IF NOT ENROLLED OR HOME SCHOOLED—I.E., [(S7Q01F IN (0, 6, 7) AND (S7Q01 = 4)] OR (S7Q02 = 994, 995) OR (S7Q01 = 3—SKIP TO S7Q09)**

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

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

HELP SCREEN (S7Q04): [THIS INCLUDES SCHOOL-RELATED PROBLEMS, BUT NOT MINOR OR TYPICAL HEALTH-RELATED PROBLEMS SUCH AS A SCHOOL NURSE INFORMING AN ADULT THAT A STUDENT IS ILL]

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

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

S7Q10 During the past 12 months, was **[CHILD]** on a sports team or did **[he/she]** take sports lessons after school or on weekends?
[INCLUDE SCHOOL AND COMMUNITY SPORTS].

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

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

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

S7Q11A **(IF NO PARTICIPATION IN AFTER SCHOOL ACTIVITIES/ORGANIZATIONS INDICATED IN S7Q10 AND S7Q11—I.E., S7Q10 AND S7Q11 IN (0, 6, 7) SKIP TO S7Q11A)**

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

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

S7Q12

(IF NO PARTICIPATION IF AFTER SCHOOL ACTIVITIES/ORGANIZATIONS INDICATED IN S7Q10, S7Q11, S7Q11A—I.E., ALL VALUES IN (0, 6, 7)—SKIP TO S7Q14)

During the past week, how many days did [CHILD] participate in clubs, organizations, or sports teams?

____ NUMBER OF DAYS **[RANGE CHECK: 00-07]**

(96) DON'T KNOW

(97) REFUSED

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

S7Q13

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

(1) Never

(2) Sometimes

(3) Usually

(4) Always

(6) DON'T KNOW

(7) REFUSED

S7Q14

Regarding [CHILD]'s friends, would you say that you have met all of [his/her] friends, most of [his/her] friends, some of [his/her] friends, or none of [his/her] friends?

(1) All of [his/her] friends

(2) Most of [his/her] friends

(3) Some of [his/her] friends

(4) None of [his/her] friends

(5) CHILD HAS NO FRIENDS

(6) DON'T KNOW

(7) REFUSED

S7Q15

(IF AGE OF CHILD > 143 MONTHS, SKIP TO S7Q17)

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

(0) NO **[SKIP TO S7Q20]**

(1) YES

(6) DON'T KNOW **[SKIP TO S7Q20]**

(7) REFUSED **[SKIP TO S7Q20]**

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

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

___ NUMBER OF HOURS [RANGE CHECK: 001-168]

(995) MORE THAN ZERO, LESS THAN 1 HOUR

(996) DON'T KNOW

(997) REFUSED

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

(0) NO

(1) YES

(6) DON'T KNOW

(7) REFUSED

S7Q19 (IF AGE OF CHILD \leq 143 MONTHS, SKIP TO S7Q20)

During the past week, how many hours did [CHILD] work for pay?

___ NUMBER OF HOURS [RANGE CHECK: 000-168]

(995) MORE THAN ZERO, LESS THAN 1 HOUR

(996) DON'T KNOW

(997) REFUSED

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

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

___ NUMBER OF DAYS [RANGE CHECK: 00-07]

(96) DON'T KNOW

(97) REFUSED

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

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

___ NUMBER OF DAYS [RANGE CHECK: 00-07]

(96) DON'T KNOW

(97) REFUSED

HELP SCREEN (S7Q21): 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.

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

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

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

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

S7Q26 **(IF NOT ENROLLED IN SCHOOL, OR HOME SCHOOLED—I.E., [(S7Q01F IN (0, 6, 7) AND (S7Q01 = 4)] OR (S7Q02 = 995)—SKIP TO S7Q29)**

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

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

___ ___ HOURS [RANGE CHECK 000-994]

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

IF HOURS ARE THE CHOSEN TIME PERIOD, RANGE IS 001-012.

IF MINUTES ARE THE CHOSEN TIME PERIOD, RANGE IS 001-720.

HELP SCREEN (S7Q26): TIME SPENT READING INCLUDES THE TIME A CHILD SPENDS READING TO THEMSELVES OR BEING READ TO BY ANOTHER PERSON. IT DOES NOT INCLUDE TIME SPENT LISTENING TO BOOKS READ BY OR WITH THE ASSISTANCE OF AN AUDIO TAPE, RECORD, CD, OR COMPUTER.

S7Q26A [MARK PERIOD]

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

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

____NUMBER OF HOURS [RANGE CHECK: 00-24]

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

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

____NUMBER OF HOURS [RANGE CHECK: 00-24]

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

S7Q29 (IF S7Q28 = 26, SKIP TO S7Q30)

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

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

INTRODUCTION

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

QUESTION STEM (S7Q30-S7Q40): Are you currently concerned a lot, a little, or not at all about:

S7Q30 **[CHILD]**'s Achievement
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

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

THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

- S7Q31 Having enough time with [CHILD]
(1) A lot (2) A little (3) Not at all (6) DON'T KNOW (7) REFUSED

HELP SCREEN (S7Q31): THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

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

HELP SCREEN (S7Q32): THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

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

HELP SCREEN (S7Q33): THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

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

HELP SCREEN (S7Q34): THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

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

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

THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

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

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

THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

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

HELP SCREEN (S7Q37): THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

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

HELP SCREEN (S7Q38): THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

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

HELP SCREEN (S7Q39): THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

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

HELP SCREEN (S7Q40): THIS SERIES OF QUESTIONS ASKS ABOUT A NUMBER OF TOPICS THAT ARE OF CONCERN FOR MANY PARENTS. WHAT IS A CONCERN TO SOME PARENTS MAY NOT BE A CONCERN TO OTHERS. PLEASE IDENTIFY YOUR LEVEL OF CONCERN ABOUT THIS PARTICULAR TOPIC BASED ON HOW YOU WOULD DEFINE A 'CONCERN'.

THE RESPONDENT SHOULD INDICATE THE HIGHEST LEVEL OF CONCERN FOR ANY SINGLE LOCATION RATHER THAN TRYING TO AVERAGE THE LEVEL OF CONCERN ACROSS ALL LOCATIONS.

FOR RESPONDENTS LIVING IN REMOTE OR RURAL AREAS, 'NEIGHBORHOOD' SHOULD BE UNDERSTOOD AS ONE'S COMMUNITY, TOWN, VILLAGE, OR COUNTY.

INTRODUCTION

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

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

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

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

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

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

S7Q41 [He/She] is stubborn, sullen, or irritable.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

S7Q54 [He/She] tries to understand other people's feelings.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

S7Q59 [He/She] tries to resolve conflicts with classmates, family, or friends.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

S7Q48 [He/She] feels worthless or inferior.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

S7Q62 [He/She] is unhappy, sad, or depressed.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

S7Q63 [He/She] is withdrawn, and does not get involved with others.
(1) Never (2) Sometimes (3) Usually (4) Always (6) DON'T KNOW (7) REFUSED

Section 8: Family Functioning

S8Q01 (IF AGE OF CHILD > 71 MONTHS, SKIP TO S8Q03)

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

___ __ NUMBER OF TIMES [RANGE CHECK: 00-95]

(96) DON'T KNOW

(97) REFUSED

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

__ __ [RANGE CHECK: 00-07]

(96) DON'T KNOW

(97) REFUSED

S8Q02 About how often does [CHILD] attend a religious service?

__ __ __ [RANGE CHECK: 001-993]

[ENTER NUMBER]

(994) NEVER

(996) DON'T KNOW

(997) REFUSED

S8Q02A [MARK PERIOD]

(1) PER DAY

(2) PER WEEK

(3) PER MONTH

(4) PER YEAR

(6) DON'T KNOW

(7) REFUSED

S8Q04 (F CHILD < 72 MONTHS, SKIP TO S8Q06)

Is your relationship with [CHILD] very close, somewhat close, not very close, not close at all?

(1) Very close

(2) Somewhat close

(3) Not very close

(4) Not close at all

(6) DON'T KNOW

(7) REFUSED

- S8Q05 How well can you and **[CHILD]** share ideas or talk about things that really matter? Would you say 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
(6) DON'T KNOW
(7) REFUSED
- S8Q06 **CATI INSTRUCTION (S8Q06):** IF S1Q02 = (1) MOTHER, OR (2) FATHER, FILL "parenthood."
ELSE FILL "raising children."
- In general, how well do you feel you are coping with the day-to-day demands of **[parenthood/raising children]**? Would you say that you are coping very well, somewhat well, not very well, or not well at all?
- (1) Very well
(2) Somewhat well
(3) Not very well
(4) Not well at all
(6) DON'T KNOW
(7) REFUSED
- S8Q07 During the past month, how often have you felt **[CHILD]** is much harder to care for than most children **[his/her]** age? Would you say never, sometimes, usually, or always?
- (1) Never
(2) Sometimes
(3) Usually
(4) Always
(6) DON'T KNOW
(7) REFUSED
- S8Q08 During the past month, how often have you felt **[he/she]** does things that really bother you a lot? [READ RESPONSES AS NECESSARY] Would you say never, sometimes, usually, or always?
- (1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6) DON'T KNOW
(7) REFUSED
- S8Q09 During the past month, how often have you felt you are giving up more of your life to meet **[CHILD]**'s needs than you ever expected? Would you say never, sometimes, usually, or always?
- (1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6) DON'T KNOW
(7) REFUSED

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

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

S8Q11 **CATI INSTRUCTION (S8Q11):** IF RESPONDENT IS MOTHER OR FATHER—I.E., S1Q02 IN (01, 02)—FILL “parenthood.” ELSE FILL “raising children.”

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

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

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

INTRODUCTION

There are various ways that families deal with serious disagreements. **QUESTION STEM:** [When you have a serious disagreement with your household members, how often do you [FILL S8Q12-S8Q15]. Would you say never, rarely, sometimes, usually or always?]

S8Q12 Just keep your opinions to yourself?
[READ IF NECESSARY: Would you say never, rarely, sometimes, usually or always?]
(1) Never (2) Rarely (3) Sometimes (4) Usually (5) Always (6) DON'T KNOW (7) REFUSED

S8Q13 Discuss your disagreements calmly?
[READ IF NECESSARY: Would you say never, rarely, sometimes, usually or always?]
(1) Never (2) Rarely (3) Sometimes (4) Usually (5) Always (6) DON'T KNOW (7) REFUSED

S8Q14 Argue heatedly or shout?
[READ IF NECESSARY: Would you say never, rarely, sometimes, usually or always?]
(1) Never (2) Rarely (3) Sometimes (4) Usually (5) Always (6) DON'T KNOW (7) REFUSED

S8Q15 End up hitting or throwing things? Would you say?
[READ IF NECESSARY: Would you say never, rarely, sometimes, usually or always?]
(1) Never (2) Rarely (3) Sometimes (4) Usually (5) Always (6) DON'T KNOW (7) REFUSED

Section 9: Parental Health

INTRODUCTION

The next few questions are about [CHILD]'s parents. Before I ask them, I need to know which parents live in this household with [CHILD].

S9Q00 **(IF RESPONDENT IS MOTHER OR FATHER—I.E., S1Q02 = 1 OR 2—CONTINUE WITH S9Q00)**

Earlier you told me you are [CHILD]'s [mother/father]. Are you [CHILD]'s biological, adoptive, step, or foster [mother/father]?

- (01) BIOLOGICAL MOTHER
- (02) STEPMOTHER
- (03) FOSTER MOTHER
- (04) ADOPTIVE MOTHER
- (05) BIOLOGICAL FATHER
- (06) STEPFATHER
- (07) FOSTER FATHER
- (08) ADOPTIVE FATHER
- (09) OTHER
- (96) DON'T KNOW
- (97) REFUSED

S9Q01 **(IF ONLY ONE ADULT—I.E., TOTAL NUMBER IN HOUSEHOLD = NUMBER OF CHILDREN UNDER18 + 1, SKIP TO S9Q03)**

CATI INSTRUCTION (S9Q01): IF S1Q02 = (1) Mother OR (2) Father, FILL “other” and “Does”. ELSE, FILL “Earlier you told me you are [CHILD]'s [RELATION FROM S1Q02]” AND “Other than yourself, does”

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

- | | |
|----------------|-----------------|
| (0) NO | [SKIP TO S9Q03] |
| (1) YES | |
| (6) DON'T KNOW | [SKIP TO S9Q03] |
| (7) REFUSED | [SKIP TO S9Q03] |

S9Q02 INDEX

What is their relationship to **[CHILD]**? [MARK ALL THAT APPLY]

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

		N	Y	D	R
S9Q02X01	BIOLOGICAL MOTHER	0	1	6	7
S9Q02X02	STEPMOTHER	0	1	6	7
S9Q02X03	FOSTER MOTHER	0	1	6	7
S9Q02X04	ADOPTIVE MOTHER	0	1	6	7
S9Q02X05	BIOLOGICAL FATHER	0	1	6	7
S9Q02X06	STEPFATHER	0	1	6	7
S9Q02X07	FOSTER FATHER	0	1	6	7
S9Q02X08	ADOPTIVE FATHER	0	1	6	7
S9Q02X09	SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)	0	1	6	7
S9Q02X10	IN-LAW OF ANY TYPE	0	1	6	7
S9Q02X11	AUNT/UNCLE	0	1	6	7
S9Q02X12	GRANDMOTHER	0	1	6	7
S9Q02X13	GRANDFATHER	0	1	6	7
S9Q02X14	OTHER FAMILY MEMBER	0	1	6	7
S9Q02X15	FEMALE GUARDIAN	0	1	6	7
S9Q02X16	MALE GUARDIAN	0	1	6	7
S9Q02X17	RESPONDENT’S PARTNER OR BOY/GIRLFRIEND	0	1	6	7
S9Q02X18	OTHER NON-RELATIVE	0	1	6	7
S9Q02X19	TWO OR MORE OF THE SAME RELATIONSHIP TYPE	0	1	6	7
S9Q02X20	MOTHER TYPE UNKNOWN	0	1	6	7
S9Q02X21	FATHER TYPE UNKNOWN	0	1	6	7
S9Q02X22	OTHER RELATIONSHIP UNKNOWN	0	1	6	7

*RESPONSE CATEGORIES

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

IF S9Q02X19 = 1,

[SKIP TO S9Q02_T]

S9Q02_T

ENTER RELATIVE OR RELATIVES_____.

ENTER THE NUMBER AND TYPE OF PERSON REPORTED. FOR EXAMPLE: “2 BROTHERS”. IF ONE OF THE RELATIVES IS ALREADY LISTED IN THE PICKLIST, DO NOT INCLUDE AGAIN HERE.

S9Q03

(IF BIOLOGICAL MOTHER AND BIOLOGICAL FATHER LIVE IN THE HOUSEHOLD— I.E., (S9Q00 = 01 AND S9Q02X05 = 1) OR (S9Q00 = 05 AND S9Q02X01 = 1)—SKIP TO S9Q08)

CATI INSTRUCTION (S9Q03): IF S1Q02 NE (01) Mother AND S9Q00 = (01) FILL “other.”

Does **[CHILD]** have any (other) parents, or people who act as **[his/her]** parents, who do not live at this address?

- (0) NO **[SKIP TO S9Q08]**
- (1) YES
- (6) DON’T KNOW **[SKIP TO S9Q08]**
- (7) REFUSED **[SKIP TO S9Q08]**

S9Q04 INDEX

What is their relationship to **[CHILD]**? [MARK ALL THAT APPLY]

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

		N	Y	D	R
S9Q04X01	BIOLOGICAL MOTHER	0	1	6	7
S9Q04X02	STEPMOTHER	0	1	6	7
S9Q04X03	FOSTER MOTHER	0	1	6	7
S9Q04X04	ADOPTIVE MOTHER	0	1	6	7
S9Q04X05	BIOLOGICAL FATHER	0	1	6	7
S9Q04X06	STEPFATHER	0	1	6	7
S9Q04X07	FOSTER FATHER	0	1	6	7
S9Q04X08	ADOPTIVE FATHER	0	1	6	7
S9Q04X09	SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)	0	1	6	7
S9Q04X10	IN-LAW OF ANY TYPE	0	1	6	7
S9Q04X11	AUNT/UNCLE	0	1	6	7
S9Q04X12	GRANDMOTHER	0	1	6	7
S9Q04X13	GRANDFATHER	0	1	6	7
S9Q04X14	OTHER FAMILY MEMBER	0	1	6	7
S9Q04X15	FEMALE GUARDIAN	0	1	6	7
S9Q04X16	MALE GUARDIAN	0	1	6	7
S9Q04X17	RESPONDENT’S PARTNER OR BOY/GIRLFRIEND	0	1	6	7
S9Q04X18	OTHER NON-RELATIVE	0	1	6	7
S9Q04X19	TWO OR MORE OF THE SAME RELATIONSHIP TYPE	0	1	6	7
S9Q04X20	MOTHER TYPE UNKNOWN	0	1	6	7
S9Q04X21	FATHER TYPE UNKNOWN	0	1	6	7
S9Q04X22	OTHER RELATIONSHIP UNKNOWN	0	1	6	7

IF S9Q04X19 = 1, **[SKIP TO S9Q04_T]**

S9Q04_T ENTER RELATIVE OR RELATIVE(S)_____.

S9Q05 **(S9Q05 ASKED OF BIOLOGICAL MOTHER LIVING OUTSIDE THE HOUSEHOLD—I.E., S9Q04X01 = 1. IF NO BIOLOGICAL MOTHER OUTSIDE THE HOUSEHOLD, SKIP TO S9Q05A)**

During the past 12 months, how often has **[CHILD]** seen **[his/her]** biological mother.

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

S9Q05A **(S9Q05 ASKED OF BIOLOGICAL FATHER LIVING OUTSIDE THE HOUSEHOLD—I.E., S9Q04X05 = 1. IF NO BIOLOGICAL FATHER OUTSIDE THE HOUSEHOLD, SKIP TO S9Q05B)**

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

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

S9Q08 **(S9Q08 ASKED IF ANY MOTHER TYPE IS RESPONDENT, OR ANY MOTHER TYPE LIVES IN THE HOUSHOLD—I.E., S1Q02 = 01, OR ANY VALUE FOR S9Q02X01-S9Q02X04 = 1. IF NO MOTHER TYPE IN HOUSEHOLD, SKIP TO S9Q09)**

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

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (6) DON'T KNOW
- (7) REFUSED

S9Q09 **(S9Q09 ASKED IF ANY FATHER TYPE IS RESPONDENT, OR ANY FATHER TYPE LIVES IN THE HOUSHOLD—I.E., S1Q02 = 02 OR ANY VALUE FOR S9Q02X05-S9Q02X08 = 1. IF NO FATHER TYPE IN THE HOUSEHOLD, SKIP TO S9Q10)**

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

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (6) DON'T KNOW
- (7) REFUSED

S9Q10 **(IF MOTHER TYPE OR FATHER TYPE IS RESPONDENT—I.E., S1Q02 IN (01,02)—SKIP TO S9Q18)**

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

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (6) DON'T KNOW
- (7) REFUSED

S9Q18

(S9Q18 ASKED IF ANY MOTHER TYPE IS RESPONDENT, OR ANY MOTHER TYPE LIVES IN THE HOUSHOLD—I.E., S1Q02 = 01 OR ANY VALUE FOR S9Q02X01-S9Q02X04 = 1. IF NO MOTHER TYPE IN THE HOUSEHOLD, SKIP TO S9Q19)

Would you say that in general **[[CHILD]’s MOTHER TYPE’s/your]** mental and emotional health is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (6) DON’T KNOW
- (7) REFUSED

S9Q19

(S9Q19 ASKED IF ANY FATHER TYPE IS RESPONDENT, OR ANY FATHER TYPE LIVES IN THE HOUSHOLD—I.E., S1Q02 = 1 OR ANY VALUE FOR S9Q02X05-S9Q02X08 = 1. IF NO FATHER TYPE IN THE HOUSEHOLD, SKIP TO S9Q20)

Would you say that in general **[[CHILD]’s FATHER TYPE’s/your]** mental and emotional health is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (6) DON’T KNOW
- (7) REFUSED

S9Q20

(IF MOTHER TYPE OR FATHER TYPE IS RESPONDENT—I.E., S1Q02 IN (01, 02)—SKIP TO S9Q15)

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

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (6) DON’T KNOW
- (7) REFUSED

S9Q15

(S9Q15 ASKED IF ANY MOTHER TYPE IS RESPONDENT, OR MOTHER TYPE LIVES IN THE HOUSHOLD—I.E., S1Q02 = 01 OR ANY VALUE FOR S9Q02X01-S9Q02X04 = 1. IF NO MOTHER TYPE IN THE HOUSEHOLD, SKIP TO S9Q15A)

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

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

S9Q15A

(S9Q15A ASKED IF ANY FATHER TYPE IS RESPONDENT, OR ANY FATHER TYPE LIVES IN THE HOUSHOLD—I.E., S1Q02 = 02 OR ANY VALUE FOR S9Q02X05-S9Q02X08 = 1. IF NO FATHER TYPE IN THE HOUSEHOLD, SKIP TO S9Q15B)

CATI INSTRUCTION (S9Q15A): IF S1Q02 = 02 USE FILL # 2 WITH THESE PRONOUN FILLS: (1) you (2) you (3) your (4) you. ELSE, FILL (1)[CHILD]'s FATHER TYPE (2) his (3) his (4) his. IF S9Q15 NOT SKIPPED, USE FILL #1 AND DISPLAY FILL #2 WITH BRACKETS AROUND IT. ELSE USE FILL #2 ONLY.

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

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

S9Q15B

(IF MOTHER TYPE OR FATHER TYPE IS RESPONDENT—I.E., S1Q02 IN (01, 02)—SKIP TO S9Q15C)

CATI INSTRUCTION (S9Q15B): IF S9Q20 ASKED, ASK S9Q15B. ELSE, SKIP TO S9Q15C. IF S9Q15 OR S9Q15 ANSWERED, USE FILL #1 AND DISPLAY FILL #2 WITH BRACKETS AROUND IT. ELSE, USE FILL #2.

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

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

S9Q15C (S9Q15C ASKED IF ANY MOTHER TYPE IS RESPONDENT, OR MOTHER TYPE LIVES IN THE HOUSHOLD—I.E., S1Q02 = 01 OR ANY VALUE FOR S9Q02X01-S9Q02X04 = 1. IF NO MOTHER TYPE IN THE HOUSEHOLD, SKIP TO S9Q15D)

CATI INSTRUCTION (S9Q15C): IF S9Q18 ASKED, ASK S9Q15C. ELSE, SKIP TO S9Q15D. IF S1Q02 = 01, FILL “you.” ELSE, FILL (1) [CHILD]’s **MOTHER TYPE**.

[Do you/Does [CHILD]’s MOTHER TYPE] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

S9Q15D (S9Q15D ASKED IF ANY FATHER TYPE IS RESPONDENT, OR ANY FATHER TYPE LIVES IN THE HOUSHOLD—I.E., S1Q02 = 02 OR ANY VALUE FOR S9Q02X05-S9Q02X08 = 1. IF NO FATHER TYPE IN THE HOUSEHOLD, SKIP TO S9Q15E)

CATI INSTRUCTION (S9Q15D): IF S9Q19 ASKED, SKIP TO S9Q15D. ELSE, SKIP TO S9Q15E. IF S1Q02 = (1) Father, THEN FILL: you.
ELSE DO:

IF S9Q15 ANSWERED THEN FILL “Does (CHILD)’s father?” ONLY.
ELSE IF S9Q15 NOT ANSWERED
ELSE, FILL, “Does (CHILD)’s FATHER TYPE...

[Do you/Does [CHILD]’s FATHER TYPE] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

S9Q15E (S9Q15E IS ASKED ONLY IF THERE ARE NO MOTHER TYPES OR FATHER TYPES IN THE HOUSHOLD—I.E., IF S1Q02 NOT IN (01, 02) AND S9Q02X01-S9Q02X08 NE 1. IF ANY MOTHER TYPE OR FATHER TYPE IN THE HOUSEHOLD, SKIP TO S9Q11B)

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

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

S9Q11B Does anyone in the household use cigarettes, cigars, or pipe tobacco?

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

Section 10: Neighborhood Characteristics

INTRODUCTION

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

- S10Q01 “People in this neighborhood help each other out.” Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?
- (1) Definitely agree
 - (2) Somewhat agree
 - (3) Somewhat disagree
 - (4) Definitely disagree
 - (6) DON'T KNOW
 - (7) REFUSED
- S10Q02 “We watch out for each other’s children in this neighborhood.” [READ ONLY WHEN NEEDED: Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]
- (1) Definitely agree
 - (2) Somewhat agree
 - (3) Somewhat disagree
 - (4) Definitely disagree
 - (6) DON'T KNOW
 - (7) REFUSED
- S10Q03 “There are people I can count on in this neighborhood.” [READ ONLY WHEN NEEDED: Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]
- (1) Definitely agree
 - (2) Somewhat agree
 - (3) Somewhat disagree
 - (4) Definitely disagree
 - (6) DON'T KNOW
 - (7) REFUSED
- S10Q04 **CATI INSTRUCTION (S10Q04):** IF NUMBER OF CHILDREN IN HOUSEHOLD UNDER AGE 18 = 1, THEN FILL “child,” ELSE FILL “children.”
- “There are people in this neighborhood who might be a bad influence on my [child/children].” [READ ONLY WHEN NEEDED: Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]
- (1) Definitely agree
 - (2) Somewhat agree
 - (3) Somewhat disagree
 - (4) Definitely disagree
 - (6) DON'T KNOW
 - (7) REFUSED

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

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

- (1) Definitely agree
- (2) Somewhat agree
- (3) Somewhat disagree
- (4) Definitely disagree
- (6) DON'T KNOW
- (7) REFUSED

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

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

S10Q07 **(IF AGE OF CHILD < 72 MONTHS, OR CHILD HOME-SCHOOLED/NOT ENROLLED—IE., (S7Q01 = 3) OR (S7Q01 = 4 AND S7Q01F IN (0, 6, 7)) OR (S7Q02 = 994, 995)—SKIP TO S10Q08)**

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

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

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

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

Section 11: Additional Demographics

INTRODUCTION

Now I have a few more general questions about **[CHILD]** and your household.

S11Q01 Is **[CHILD]** of Hispanic or Latino origin?

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

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

	N	Y	D	R
S11Q02X01 WHITE	0	1	6	7
S11Q02X02 BLACK/AFRICAN-AMERICAN	0	1	6	7
S11Q02X03 AMERICAN INDIAN	0	1	6	7
S11Q02X04 ALASKA NATIVE	0	1	6	7
S11Q02X05 ASIAN	0	1	6	7
S11Q02X06 NATIVE HAWAIIAN	0	1	6	7
S11Q02X07 PACIFIC ISLANDER	0	1	6	7

*RESPONSE CATEGORIES

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

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

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

S11Q03 (IF RESPONDENT IS NOT MOTHER—I.E., S1Q02 NOT EQUAL TO 01—AND NO MOTHER TYPE RESIDES IN THE HOUSEHOLD—I.E., NO VALUES FOR S9Q02X01-S9Q02X04 = 1—SKIP TO S11Q04)

CATI INSTRUCTION (S11Q03): IF MOTHER IS RESPONDENT—I.E., S1Q02 = 01—FILL “Were you born in the United States?” ELSE IF MOTHER NOT RESPONDENT BUT FOSTER, ADOPTIVE OR STEP MOTHER RESIDES IN HOUSEHOLD—I.E., ONE OR MORE VALUES IN S9Q02X02-S9Q02X04 = 1—THEN FILL FIRST AVAILABLE MOTHER TYPE FOR S9Q02INDEX.

Was [CHILD]’s [FILL FIRST MOTHER TYPE FROM S9Q02X01-S9Q02X04]/Were you born in the United States?

(0) No (1) Yes (6) DON’T KNOW (7) REFUSED

S11Q04 (IF RESPONDENT IS NOT FATHER—I.E., S1Q02 NOT EQUAL TO 02—AND NO FATHER TYPE RESIDES IN THE HOUSEHOLD—I.E., NO VALUES FOR S9Q02X05-S9Q02X08 = 1—SKIP TO S11Q05)

CATI INSTRUCTION S11Q04): IF FATHER IS NOT RESPONDENT—I.E., S1Q02 NOT EQUAL TO 02—AND S11Q03 ANSWERED, USE FILL #1. ELSE IF FATHER IS NOT RESPONDENT AND S11Q03 NOT ANSWERED, USE FILL #2. ELSE IF FATHER IS RESPONDENT—I.E., S1Q02 = 02, USE FILL #3.

FILL #1: And how about [you/[CHILD]’s [FILL FIRST FATHER TYPE FROM S9Q02X05-S9Q02X08]]?

FILL #2: Was [CHILD]’s [FILL FIRST FATHER TYPE FROM S9Q02X05-S9Q02X08] born in the United States?

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

(0) No (1) Yes (6) DON’T KNOW (7) REFUSED

S11Q05 **CATI INSTRUCTION S11Q04):** IF S11Q03 ANSWERED, USE FILL #1, AND DISPLAY FILL #2 IN BRACKETS. ELSE USE FILL #2.

FILL #1: And how about [CHILD]?

FILL #2: Was [CHILD] born in the United States?

(0) No (1) Yes (6) DON’T KNOW (7) REFUSED

S11Q05A (S11Q05A IS ASKED OF MOTHER TYPE RESIDING IN THE HOUSHOLD THAT WERE BORN OUTSIDE OF THE UNITED STATES. IF MOTHER TYPE BORN IN THE UNITED STATES OR PLACE OF BIRTH UNKNOWN/REFUSED—I.E., S11Q03 NOT EQUAL TO 0—SKIP TO S11Q05C)

How long [have you/has [CHILD]’s] MOTHER TYPE FROM S9Q02X01-S9Q02X04] been in the United States?

____ [RANGE CHECK: 001-993]

(994) SHE HAS NEVER LIVED IN THE UNITED STATES
(995) SHE IS DECEASED
(996) DON’T KNOW
(997) REFUSED

S11Q05B [MARK PERIOD]
(01) DAY(S)
(02) WEEK(S)
(03) MONTH(S)
(04) YEAR(S)
(96) DON'T KNOW
(97) REFUSED

S11Q05C **(S11Q05C IS ASKED OF FATHER TYPE RESIDING IN HOUSHOLD WHO WAS BORN OUTSIDE OF THE UNITED STATES. IF FATHER TYPE BORN IN THE UNITED STATES OR PLACE OF BIRTH UNKNOWN/REFUSED—I.E., S11Q04 NOT EQUAL TO 0—SKIP TO S11Q05E)**

How long [have you/has [CHILD]'s [FILL FIRST FATHER TYPE FROM S9Q02X05-S9Q02X08]] been in the United States?

___ ___ [RANGE CHECK: 001-993]

(994) HE HAS NEVER LIVED IN THE UNITED STATES
(995) HE IS DECEASED
(996) DON'T KNOW
(997) REFUSED

S11Q05D [MARK PERIOD]
(01) DAY(S)
(02) WEEK(S)
(03) MONTH(S)
(04) YEARS
(96) DON'T KNOW
(97) REFUSED

S11Q05E **(S11Q05E IS ASKED OF SAMPLED CHILDREN BORN OUTSIDE OF THE UNITED STATES. IF CHILD WAS BORN IN THE UNITED STATES OR PLACE OF BIRTH UNKNOWN/REFUSED—I.E., S11Q05 NOT EQUAL TO 2—SKIP TO S11Q056)**

“How long has [CHILD] been in the United States?

___ ___ [RANGE CHECK: 001-995]

(996) DON'T KNOW
(997) REFUSED

S11Q05F [MARK PERIOD]
(01) DAY(S)
(02) WEEK(S)
(03) MONTH(S)
(04) YEARS
(96) DON'T KNOW
(97) REFUSED

S11Q06 How many times has [CHILD] ever moved to a new address?

___ ___ MOVES [RANGE CHECK: 000-995]

(996) DON'T KNOW

(997) REFUSED

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

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

(0) NO

(1) YES

(6) DON'T KNOW

(7) REFUSED

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

RECORD INCOME \$_____ [SKIP TO C11Q11]

DON'T KNOW (999999996) [SKIP TO W9Q02]

REFUSED (999999997) [SKIP TO W9Q02]

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

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

(1) More than \$20,000 [SKIP TO W9Q06]

(2) \$20,000 [SKIP TO C11Q11]

(3) Less than \$20,000 [SKIP TO C11Q11]

(6) DON'T KNOW [SKIP TO C11Q11]

(7) REFUSED [SKIP TO C11Q11]

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

(1) More than \$10,000 [SKIP TO W9Q05]

(2) \$10,000 [SKIP TO C11Q11]

(3) Less than \$10,000 [SKIP TO C11Q11]

(6) DON'T KNOW [SKIP TO C11Q11]

(7) REFUSED [SKIP TO C11Q11]

W9Q04	Was it more than \$7,500?	
	(0) No	[SKIP TO W9Q12]
	(1) Yes	[SKIP TO W9Q12]
	(6) DON'T KNOW	[SKIP TO C11Q11]
	(7) REFUSED	[SKIP TO C11Q11]
W9Q05	Was it more than \$15,000?	
	(0) No	[SKIP TO W9Q05B]
	(1) Yes	[SKIP TO C11Q11]
	(6) DON'T KNOW	[SKIP TO C11Q11]
	(7) REFUSED	[SKIP TO C11Q11]
W9Q05A	Was it more than \$17,500?	
	(0) No	[SKIP TO W9Q12]
	(1) Yes	[SKIP TO W9Q12]
	(6) DON'T KNOW	[SKIP TO C11Q11]
	(7) REFUSED	[SKIP TO C11Q11]
W9Q05B	Was it more than \$12,500?	
	(0) No	[SKIP TO W9Q12]
	(1) Yes	[SKIP TO W9Q12]
	(6) DON'T KNOW	[SKIP TO C11Q11]
	(7) REFUSED	[SKIP TO C11Q11]
W9Q06	Was the total combined FAMILY income more or less than \$40,000?	
	(1) More than \$40,000	
	(2) \$40,000	[SKIP TO C11Q11]
	(3) Less than \$40,000	[SKIP TO W9Q07]
	(6) DON'T KNOW	[SKIP TO C11Q11]
	(7) REFUSED	[SKIP TO C11Q11]
W9Q06A	Was the total combined FAMILY income more or less than \$60,000?	
	(1) More than \$60,000	[SKIP TO W9Q08]
	(2) \$60,000	[SKIP TO C11Q11]
	(3) Less than \$60,000	[SKIP TO C11Q11]
	(6) DON'T KNOW	[SKIP TO C11Q11]
	(7) REFUSED	[SKIP TO C11Q11]
W9Q06B	Was the total combined FAMILY income more or less than \$50,000?	
	(1) More than \$50,000	[SKIP TO W9Q12]
	(2) \$50,000	[SKIP TO C11Q11]
	(3) Less than \$50,00	[SKIP TO C11Q11]
	(6) DON'T KNOW	[SKIP TO C11Q11]
	(7) REFUSED	[SKIP TO C11Q11]

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

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

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

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

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

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

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

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

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

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

W9Q12

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

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

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

W9Q12A

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

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

C11Q11

**NOTE: IF HOUSEHOLD INCOME CANNOT BE DETERMINED, CATI HH POVERTY LEVEL IS ASSUMED TO BE GREATER THAN 300%.
(IF HOUSEHOLD INCOME GREATER THAN OR EQUAL TO 300% POVERTY, SKIP TO C11Q14)**

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]?

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

C11Q11A

During the past 12 months, did [[CHILD]/ any child in the household] receive Food Stamps?

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

C11Q11B

(IF AGES OF ALL CHILDREN IN HOUSEHOLD ARE \leq 36 MONTHS, SKIP TO S9Q34)

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

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

- S9Q34 Does anyone who lives in the household currently receive benefits from the Women, Infants, and Children (WIC) Program?
- (0) NO
 - (1) YES
 - (3) NEVER HEARD OF WIC
 - (6) DON'T KNOW
 - (7) REFUSED
- C11Q14 The next few questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to **{area code and telephone number called}**? Please do not include cellular phones in your answer.
- (0) NO [SKIP TO C11Q20]
 - (1) YES
 - (6) DON'T KNOW [SKIP TO C11Q20]
 - (7) REFUSED [SKIP TO C11Q20]
- C11Q15 Is this second number for home use only, for business use only, or for both home and business use?
- (1) HOME ONLY
 - (2) BUSINESS ONLY [SKIP TO C11Q17]
 - (3) BOTH HOME AND BUSINESS
 - (6) DON'T KNOW [SKIP TO C11Q17]
 - (7) REFUSED [SKIP TO C11Q17]
- C11Q16 Is this second number used only for computer or fax communications?
- (0) NO
 - (1) YES
 - (6) DON'T KNOW
 - (7) REFUSED
- C11Q17 Do you have a third home phone number in addition to the two you have already told me about? Please do not include cellular phones in your answer.
- (0) NO [SKIP TO C11Q20]
 - (1) YES
 - (6) DON'T KNOW [SKIP TO C11Q20]
 - (7) REFUSED [SKIP TO C11Q20]
- C11Q18 Is this third number for home use only, for business use only, or for both home and business use?
- (1) HOME ONLY
 - (2) BUSINESS ONLY [SKIP TO C11Q20]
 - (3) BOTH HOME AND BUSINESS
 - (6) DON'T KNOW [SKIP TO C11Q20]
 - (7) REFUSED [SKIP TO C11Q20]

- C11Q19 Is this third number used only for computer or fax communications?
- (0) NO
(1) YES
(6) DON'T KNOW
(7) REFUSED
- C11Q20 During the past 12 months, has your household been without telephone service for 1 week or more?
Please do not include cellular phones in your answer.
- (0) NO [SKIP TO C11Q22]
(1) YES
(6) DON'T KNOW [SKIP TO C11Q22]
(7) REFUSED [SKIP TO C11Q22]
- C11Q21_A For how long was your household without telephone service in the past 12 months?
- ENTER NUMBER ____ ____ ____
- (996) DON'T KNOW
(997) REFUSED
- IF DAYS IS CHOSEN TIME PERIOD, RANGE IS 001-365.**
IF WEEKS IS CHOSEN TIME PERIOD, RANGE IS 001-052.
IF MONTHS IS CHOSEN TIME PERIOD, RANGE IS 001-012.
- C11Q21 ENTER PERIOD.
____ ____
- (1) DAYS
(2) WEEK(S)
(3) MONTH(S)
(6) DON'T KNOW
(7) REFUSED
- C11Q22 Please tell me your zip code.
- ____ ____ ____ ____ ____ [RANGE 00001-99997]
- (00001-99995)
(99996) DON'T KNOW
(99997) REFUSED

CLOSING STATEMENT

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