R3.R6 Survey

Start of Block: Embedded data

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R3.R3.HEAD.001 Please confirm the following information is correct.

* First Name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.R3.HEAD.002 Please confirm the following information is correct and go on to the next page.

* Month (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Day (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Year (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Embedded data

Start of Block: R3 Demographics

R3.R3.DEMO.000   
The following questions are about basic demographic information on yourself. This information helps us determine what subgroups of the population are more or less impacted by the coronavirus pandemic.

R3.R3.DEMO.001 What is the zip code for your current residence?

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R3.R3.DEMO.001.a What state do you live in?

▼ Alabama (1) ... Wyoming (50)

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R3.R3.DEMO.002 What best describes your relationship status?

* Engaged (1)
* Married (2)
* Separated (3)
* Divorced (4)
* Widowed (5)
* Living together/cohabitating (6)
* Romantically involved, but living apart (7)
* Not in any kind of relationship (Single) (8)
* Other (9)

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R3.R3.DEMO.003 How many children do you have?

▼ 1 child (1) ... > 20 children (21)

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R3.R3.DEMO.004 **How many** children do you have in each age group? Select all that apply

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| 0-3 (R3.R3.DEMO.004.a.2) | ▼ 0 children (1) ... 20 children (21) |
| 4-5 (R3.R3.DEMO.004.b.2) | ▼ 0 children (1) ... 20 children (21) |
| 6-8 (R3.R3.DEMO.004.c.2) | ▼ 0 children (1) ... 20 children (21) |
| 9-11 (R3.R3.DEMO.004.d.2) | ▼ 0 children (1) ... 20 children (21) |
| 12-18 (R3.R3.DEMO.004.e.2) | ▼ 0 children (1) ... 20 children (21) |
| 19-25 (R3.R3.DEMO.004.f.2) | ▼ 0 children (1) ... 20 children (21) |
| 26-55 (R3.R3.DEMO.004.g.2) | ▼ 0 children (1) ... 20 children (21) |
| 56-64 (R3.R3.DEMO.004.h.2) | ▼ 0 children (1) ... 20 children (21) |
| 65+ (R3.R3.DEMO.004.i.2) | ▼ 0 children (1) ... 20 children (21) |

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R3.R3.DEMO.005 How many people currently live in your home?  
  
  
*Include all children, teenagers, adults, and yourself.*

▼ 1 (1) ... > 20 (21)

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R3.R3.DEMO.006 What gender do you identify with?

* Male (0)
* Female (1)
* Transgender Female (2)
* Transgender Male (3)
* Gender variant/Non-Conforming (4)
* Prefer not to answer (5)
* Other (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.R3.DEMO.007 What is your race? Select all that apply

* American Indian/ Alaska Native (1)
* Asian (2)
* Black / African American (3)
* Native Hawaiian/ Pacific Islander (4)
* White/ Caucasian (5)
* Other (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.R3.DEMO.008 What is your ethnicity?

* Hispanic/ Latinx (1)
* Not Hispanic/ Latinx (0)

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R3.R3.DEMO.009 What language is primarily spoken in your home?

▼ English (1) ... Other (12)

Display This Question:

If R3.R3.DEMO.009 = Other

R3.R3.DEMO.009a Which other language is spoken in your home?

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Display This Question:

If R3.R3.DEMO.006 != Male

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R3.R3.DEMO.010 Are you currently pregnant?

* Yes (1)
* No (0)
* Unsure (2)
* Not applicable (3)

Display This Question:

If R3.R3.DEMO.010 = Yes

R3.R3.DEMO.010a Approximately how many weeks along are you?

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| --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 10 | 20 | 30 | 40 | 50 |

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| Number of weeks () |  |

End of Block: R3 Demographics

Start of Block: Policy Q's

instructions Instructions: In this set of questions we would like to know what services you and your child (age 0-5) used prior to the COVID-19 pandemic and how the utilization of those services has shifted since the start of the pandemic.

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R3.R5.POLICY.012 Have you accessed any of the following services/content during the COVID-19 pandemic? Select all that apply

* Medical care for yourself (1)
* Medical care for your child (2)
* Mental health care (3)
* Parenting support (such as play groups, support groups, coaching or informative sessions related to parenting etc.) (4)
* Fitness classes (5)
* Educational courses (6)
* Library or other enrichment programs (9)
* Other, please describe: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above (8)

Display This Question:

If R3.R5.POLICY.012 = Medical care for yourself

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R3.R5.POLICY.012.a When you accessed medical care for yourself, was it digitally/online?

* Yes (1)
* No (0)
* Not applicable (2)

Display This Question:

If R3.R5.POLICY.012 = Medical care for your child

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R3.R5.POLICY.012.b When you accessed medical care for your child, was it digitally/online?

* Yes (1)
* No (0)
* Not applicable (2)

Display This Question:

If R3.R5.POLICY.012 = Mental health care

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R3.R5.POLICY.012.c When you accessed mental health care, was it digitally/online?

* Yes (1)
* No (0)
* Not applicable (2)

Display This Question:

If R3.R5.POLICY.012 = Medical care for yourself

And R3.R5.POLICY.012.a = Yes

Or If

R3.R5.POLICY.012 = Medical care for your child

And R3.R5.POLICY.012.b = Yes

Or If

R3.R5.POLICY.012 = Mental health care

And R3.R5.POLICY.012.c = Yes

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R3.R5.POLICY.013 How does a telehealth visit compare to an office visit in terms of:    **Comfort discussing sensitive topics…**

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|  | **Telehealth visit better** (1) | **Doctor visit better** (2) | **Telehealth/office visit about the same** (3) | **N/A** (4) |
| R3.R5.POLICY.012 = Medical care for yourself  And R3.R5.POLICY.012.a = Yes  Medical care for yourself (R3.R5.POLICY.013.a) |  |  |  |  |
| R3.R5.POLICY.012 = Medical care for your child  And R3.R5.POLICY.012.b = Yes  Medical care for your child (R3.R5.POLICY.013.b) |  |  |  |  |
| R3.R5.POLICY.012 = Mental health care  And R3.R5.POLICY.012.c = Yes  Mental health (R3.R5.POLICY.013.c) |  |  |  |  |

Display This Question:

If R3.R5.POLICY.012 = Parenting support (such as play groups, support groups, coaching or informative sessions related to parenting etc.)

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R3.R5.POLICY.012.d When you accessed parenting support (such as play groups, support groups, coaching or informative sessions related to parenting etc.), was it digitally/online?

* Yes (1)
* No (0)
* Not applicable (2)

Display This Question:

If R3.R5.POLICY.012 = Fitness classes

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R3.R5.POLICY.012.e When you accessed fitness classes, was it digitally/online?

* Yes (1)
* No (0)
* Not applicable (2)

Display This Question:

If R3.R5.POLICY.012 = Educational courses

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R3.R5.POLICY.012.f When you accessed educational courses, was it digitally/online?

* Yes (1)
* No (0)
* Not applicable (2)

Display This Question:

If R3.R5.POLICY.012 = Library or other enrichment programs

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R3.R5.POLICY.012.g When you accessed a library or other enrichments programs, was it digitally/online?

* Yes (1)
* No (0)
* Not applicable (2)

Display This Question:

If R3.R5.POLICY.012 = Other, please describe:

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R3.R5.POLICY.012.h When you accessed the other services you indicated previously, was it digitally/online?

* Yes (1)
* No (0)
* Not applicable (2)

Display This Question:

If R3.R5.POLICY.012 = Parenting support (such as play groups, support groups, coaching or informative sessions related to parenting etc.)

And R3.R5.POLICY.012.d = Yes

Or If

R3.R5.POLICY.012 = Fitness classes

And R3.R5.POLICY.012.e = Yes

Or If

R3.R5.POLICY.012 = Educational courses

And R3.R5.POLICY.012.f = Yes

Or If

R3.R5.POLICY.012 = Library or other enrichment programs

And R3.R5.POLICY.012.g = Yes

Or If

R3.R5.POLICY.012 = Other, please describe:

And R3.R5.POLICY.012.h = Yes

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R3.R5.POLICY.014  Please rate how helpful each of the services you have accessed online/digitally are currently: 

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|  | **More helpful than an in-person resource** (1) | **In-person resource would be more helpful** (2) | **Virtual/Online and in-person are about the same** (3) | **N/A** (4) |
| R3.R5.POLICY.012 = Parenting support (such as play groups, support groups, coaching or informative sessions related to parenting etc.)  And R3.R5.POLICY.012.d = Yes  Parenting Support (such as play groups, support groups, coaching or informative sessions related to parenting etc.) (R3.R5.POLICY.014.a) |  |  |  |  |
| R3.R5.POLICY.012 = Fitness classes  And R3.R5.POLICY.012.e = Yes  Fitness Classes (R3.R5.POLICY.014.b) |  |  |  |  |
| R3.R5.POLICY.012 = Educational courses  And R3.R5.POLICY.012.f = Yes  Educational Courses (R3.R5.POLICY.014.c) |  |  |  |  |
| R3.R5.POLICY.012 = Library or other enrichment programs  And R3.R5.POLICY.012.g = Yes  Library or other enrichment programs (R3.R5.POLICY.014.d) |  |  |  |  |
| R3.R5.POLICY.012 = Other, please describe:  And R3.R5.POLICY.012.h = Yes  Other (R3.R5.POLICY.014.e) |  |  |  |  |

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| Page Break |  |

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R3.R3.POLICY.009.a **Prior to** the coronavirus (COVID-19) Pandemic, did you use any non-parental care for your child(ren) under the age of 5?

* Yes (1)
* No (2)
* Unsure (3)

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R3.R3.POLICY.009.b **This week**, have you used any non-parental care for your child(ren) under the age of 5?

* Yes (1)
* No (2)
* Unsure (3)

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R3.R3.POLICY.010 Do you expect your need for non-parental care for your child under the age of 5 to change in the next month? 

* Yes, I will need **more** non-parental care (1)
* Yes, I will need **less** non-parental care (2)
* Maybe I will need **more** non-parental care (3)
* Maybe I will need **less** non-parental care (4)
* No, I expect to have the same need for non-parental care (5)
* Not Applicable (6)

Display This Question:

If R3.R3.POLICY.009.a = Yes

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R3.R5.POLICY.015 In a typical week, **before** the coronavirus (COVID-19) pandemic, which of the following types of childcare did you use for your child(ren) in the age range 0-5? Select all that apply.

* Any type of paid or unpaid **center-based care**, such as a pre-school, day care center, public pre-kindergarten, Head Start, or faith-based nursery school. Please do not include kindergarten. (1)
* At least five hours of **unpaid care** by a relative, friend or neighbor for any child age 5 or under (2)
* At least five hours of **paid care** by a relative, friend or neighbor for any child age 5 or under (3)
* At least 5 hours of **paid care** from a home-based child care provider. Please include home-based care where the provider is paid to care for your child even if you are not making the payment. (4)

Display This Question:

If R3.R5.POLICY.015 = At least five hours of <strong>unpaid care</strong> by a relative, friend or neighbor for any child age 5 or under

Or R3.R5.POLICY.015 = At least five hours of<strong> paid care</strong> by a relative, friend or neighbor for any child age 5 or under

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R3.R5.POLICY.015.a What is the relationship of the relative, friend, or neighbor providing care to your child(ren) in the age range 0-5? Select all that apply.

* other parent/step-parent (1)
* sibling 15 years or older (2)
* grandparent (3)
* other relative (4)
* friend of parent (5)
* neighbor (6)

Display This Question:

If R3.R5.POLICY.015 = Any type of paid or unpaid <strong>center-based care</strong>, such as a pre-school, day care center, public pre-kindergarten, Head Start, or faith-based nursery school. Please do not include kindergarten.

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R3.R5.POLICY.015.b **Prior** to the coronavirus (COVID-19) Pandemic, how many hours per week on average did you utilize any type of paid or unpaid center-based care for your child(ren) in the 0-5 age range?

▼ 1 (1) ... More than 100 hours (101)

Display This Question:

If R3.R5.POLICY.015 = At least five hours of <strong>unpaid care</strong> by a relative, friend or neighbor for any child age 5 or under

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R3.R5.POLICY.015.c **Prior** to the coronavirus (COVID-19) Pandemic, how many hours per week on average did you utilize any type of unpaid care by a relative, friend or neighbor for your child(ren) in the 0-5 age range?

▼ 1 (1) ... More than 100 hours (101)

Display This Question:

If R3.R5.POLICY.015 = At least five hours of<strong> paid care</strong> by a relative, friend or neighbor for any child age 5 or under

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R3.R5.POLICY.015.d **Prior** to the coronavirus (COVID-19) Pandemic, how many hours per week on average did you utilize any type of paid care by a relative, friend or neighbor for your child(sen) in the 0-5 age range?

▼ 1 (1) ... More than 100 hours (101)

Display This Question:

If R3.R5.POLICY.015 = At least 5 hours of <strong>paid care</strong> from a home-based child care provider. Please include home-based care where the provider is paid to care for your child even if you are not making the payment.

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R3.R5.POLICY.015.e **Prior** to the coronavirus (COVID-19) Pandemic, how many hours per week on average did you utilize any type of paid care from a home-based child care provider for your child(ren) in the 0-5 age range?

▼ 1 (1) ... More than 100 hours (101)

Display This Question:

If R3.R3.POLICY.009.b = Yes

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R3.R5.POLICY.016 **Currently**, which of the following types of childcare did you use for your child(ren) in the age range 0-5? Select all that apply.

* Any type of paid or unpaid **center-based care**, such as a pre-school, day care center, public pre-kindergarten, Head Start, or faith-based nursery school. Please do not include kindergarten. (1)
* At least five hours of **unpaid care** by a relative, friend or neighbor for any child age 5 or under (2)
* At least five hours of **paid care** by a relative, friend or neighbor for any child age 5 or under (3)
* At least 5 hours of **paid care** from a home-based child care provider. Please include home-based care where the provider is paid to care for your child even if you are not making the payment. (4)

Display This Question:

If R3.R5.POLICY.016 = At least five hours of <strong>unpaid care</strong> by a relative, friend or neighbor for any child age 5 or under

Or R3.R5.POLICY.016 = At least five hours of <strong>paid care</strong> by a relative, friend or neighbor for any child age 5 or under

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R3.R5.POLICY.016.a What is the relationship of the relative, friend, or neighbor currently providing care to your child(ren) in the age range 0-5? Select all that apply.

* other parent/step-parent (1)
* sibling 15 years or older (2)
* grandparent (3)
* other relative (4)
* friend of parent (5)
* neighbor (6)

Display This Question:

If R3.R5.POLICY.016 = Any type of paid or unpaid <strong>center-based care</strong>, such as a pre-school, day care center, public pre-kindergarten, Head Start, or faith-based nursery school. Please do not include kindergarten.

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R3.R5.POLICY.016.b **Currently**, how many hours per week on average did you utilize any type of paid or unpaid center-based care for your child(ren) in the 0-5 age range?

▼ 1 (1) ... More than 100 hours (101)

Display This Question:

If R3.R5.POLICY.016 = At least five hours of <strong>unpaid care</strong> by a relative, friend or neighbor for any child age 5 or under

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R3.R5.POLICY.016.c **Currently**, how many hours per week on average did you utilize any type of unpaid care by a relative, friend or neighbor for your child(ren) in the 0-5 age range?

▼ 1 (1) ... More than 100 hours (101)

Display This Question:

If R3.R5.POLICY.016 = At least five hours of <strong>paid care</strong> by a relative, friend or neighbor for any child age 5 or under

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R3.R5.POLICY.016.d **Currently**, how many hours per week on average did you utilize any type of paid care by a relative, friend or neighbor for any child age 5 or under?

▼ 1 (1) ... More than 100 hours (101)

Display This Question:

If R3.R5.POLICY.016 = At least 5 hours of <strong>paid care</strong> from a home-based child care provider. Please include home-based care where the provider is paid to care for your child even if you are not making the payment.

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R3.R5.POLICY.016.e **Currently**, how many hours per week on average did you utilize any type of paid care from a home-based child care provider for your child(ren) in the 0-5 age range?

▼ 1 (1) ... More than 100 hours (101)

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R3.R3.POLICY.011 In the next month, what are your plans for your child(ren)'s (in the age range 0-5) childcare? Select all that apply.

* In the next month, I plan to use the same arrangement I am using now for childcare (1)
* In the next month, I plan to use a different arrangement for childcare (2)
* In the next month, I plan to use the childcare arrangement I used prior to COVID-19 (3)
* In the next month, I do not know what I am going to do for childcare (4)

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R3.R3.POLICY.005 Were you attending school **prior to** the coronavirus (COVID-19) pandemic?

* Yes, Full time (1)
* Yes, Part Time (2)
* No (0)

Display This Question:

If R3.R3.POLICY.005 = Yes, Full time

Or R3.R3.POLICY.005 = Yes, Part Time

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R3.R3.POLICY.006 **Since the** coronavirus (COVID-19) pandemic, what has changed regarding your education/schooling?

* Unable to attend classes in person (1)
* Courses/Schooling offered online/remotely only, and I'm **able** to participate (2)
* Courses/Schooling offered online/remotely, but **unable** to participate (3)
* Courses/Schooling offered via alternative means (ex. mail, television etc.) (4)
* Nothing has changed (5)
* Not continuing in coursework due to pandemic (6)
* Planned to not continue in coursework, regardless of pandemic (7)

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R3.R3.POLICY.007 Was your child(ren) attending school **prior to** the coronavirus (COVID-19) pandemic? Select all that apply

* Yes, Full time (1)
* Yes, Part Time (2)
* Yes, Homeschooled (3)
* No (0)

Display This Question:

If R3.R3.POLICY.007 = Yes, Full time

Or R3.R3.POLICY.007 = Yes, Part Time

Or R3.R3.POLICY.007 = Yes, Homeschooled

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R3.R3.POLICY.008 **Since the** coronavirus (COVID-19) pandemic, what has changed for your child(ren) regarding their education/schooling? Select all that apply

* Unable to attend classes in person (1)
* Courses/Schooling offered online/remotely only, and my child is able to participate (2)
* Courses/Schooling offered online/remotely, but unable to participate (3)
* Courses/Schooling offered via alternative means (ex. mail, television etc.) (4)
* Nothing has changed (5)
* Not continuing in coursework due to pandemic (6)
* Planned to not continue in coursework, regardless of pandemic (7)

End of Block: Policy Q's

Start of Block: Health & Healthcare

R3.R3.HEALTH.000 The following questions ask about your and your child's (age 0-5) health and healthcare behaviors.

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R3.R3.HEALTH.001 Are you covered by any kind of health insurance or some other kind of health care plan?

* Yes (1)
* No (0)
* I don't know (2)

Display This Question:

If R3.R3.HEALTH.001 = Yes

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R3.R3.HEALTH.001.a What type of health insurance or health care coverage do you have?

* Private Health Insurance (1)
* Medicare (2)
* Medigap (3)
* Medicaid (4)
* Children’s Health Insurance Program (CHIP) (5)
* Military related health care (e.g. TRICARE (CHAMPUS) / VA Health Care / CHAMP-VA (6)
* Indian Health Service (7)
* State-sponsored health plan (8)
* Other government program (9)
* Other, please describe: (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I don’t know (11)

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R3.R3.HEALTH.002 Is your child(ren) that are between 0 and 5 years of age covered by any kind of health insurance or some other kind of health care plan?

* Yes (1)
* No (0)
* I don't know (2)

Display This Question:

If R3.R3.HEALTH.002 = Yes

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R3.R3.HEALTH.002.a Is your child(ren) covered by any kind of health insurance or some other kind of health care plan?

* Private Health Insurance (1)
* Medicare (2)
* Medigap (3)
* Medicaid (4)
* Children's Health Insurance Program (CHIP) (5)
* Military related health care (e.g. TRICARE (CHAMPUS) / VA Health Care / CHAMP-VA (6)
* Indian Health Service (7)
* State-sponsored health plan (8)
* Other government program (9)
* Other, please describe: (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I don’t know (11)
* Not applicable (12)

|  |  |
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R3.R3.HEALTH.003 **Since the coronavirus (COVID-19) pandemic,** have you **delayed** getting medical care (including physical or mental health visits) for any of the following reasons?    
  
 *Indicate how many times each of these barriers has delayed you getting medical care (including physical or mental health visits), leave blank or select 0 if a listed barrier has not delayed you.*

|  |  |
| --- | --- |
|  |  |
| Cost (R3.R3.HEALTH.003.a) | ▼ 0 (1) ... 10 (13) |
| Unable to get time away from work (R3.R3.HEALTH.003.b) | ▼ 0 (1) ... 10 (13) |
| Inability to find childcare (R3.R3.HEALTH.003.c) | ▼ 0 (1) ... 10 (13) |
| Concern over exposure to coronavirus (COVID-19) (R3.R1.HEALTH.003.d) | ▼ 0 (1) ... 10 (13) |
| Caring for family members (R3.R1.HEALTH.003.e) | ▼ 0 (1) ... 10 (13) |
| Other, please describe: (R3.R1.HEALTH.003.f) | ▼ 0 (1) ... 10 (13) |

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R3.R3.HEALTH.004 Have you missed a well-baby/well-child check-up **since the** coronavirus (COVID-19) pandemic began?

* Yes (1)
* No (0)
* Not Applicable (2)

Display This Question:

If R3.R3.HEALTH.004 = No

R3.R5.HEALTH.007 Did you attend your well-baby/well-child checkup online/digitally?

* Yes (1)
* No, there was an online/digital option, but I chose to attend the checkup in person (2)
* No, there was not an online/digital option (3)
* Other, please describe: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If R3.R5.HEALTH.007 = Yes

R3.R5.HEALTH.008 How does a telehealth well-baby/child visit compare to an in-person well-baby/child check-up in terms of:    
    
**Comfort discussing sensitive topics…**

* Telehealth visit better (1)
* Doctor visit better (2)
* Telehealth/office visit about the same (3)

Display This Question:

If R3.R3.HEALTH.004 = Yes

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R3.R3.HEALTH.004.a What prevented you from going to a well-baby/well-child check-up? Select all that apply

* Cost (1)
* Unable to get time away from work (2)
* Inability to find childcare (3)
* Concern over exposure to coronavirus (COVID-19) (4)
* Caring for family members (5)
* Vaccine hesitancy (6)
* Other, please describe: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If R3.R3.HEALTH.004 = Yes

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R3.R5.HEALTH.009.a In regards to your **oldest child** in the 0-5 age range that missed a well-baby/well-child checkup:    
    
**Which well-baby/well-child visit did they miss?**

▼ First visit (3-5 days old) (1) ... 5 years old (14)

Display This Question:

If R3.R3.HEALTH.004 = Yes

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R3.R5.HEALTH.009.b Did they miss a scheduled vaccine at this visit?

* Yes (1)
* No (0)

Display This Question:

If R3.R3.HEALTH.004 = Yes

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R3.R5.HEALTH.010 Do you have more children that missed a well-baby/well-child checkup in the 0-5 age range?

* Yes (1)
* No (0)

Display This Question:

If R3.R5.HEALTH.010 = Yes

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R3.R5.HEALTH.010.a In regards to your **second child** in the 0-5 age range that missed a well-baby/well-child checkup:    
    
**Which well-baby/well-child visit did they miss?**

▼ First visit (3-5 days old) (1) ... 5 years old (14)

Display This Question:

If R3.R5.HEALTH.010 = Yes

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R3.R5.HEALTH.010.b Did they miss a scheduled vaccine at this visit?

* Yes (1)
* No (0)

Display This Question:

If R3.R5.HEALTH.010 = Yes

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R3.R5.HEALTH.011 Do you have more children that missed a well-baby/well-child checkup in the 0-5 age range?

* Yes (1)
* No (0)

Display This Question:

If R3.R5.HEALTH.011 = Yes

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R3.R5.HEALTH.011.a In regards to your**third child** in the 0-5 age range that missed a well-baby/well-child checkup:    
    
**Which well-baby/well-child visit did they miss?**

▼ First visit (3-5 days old) (1) ... 5 years old (14)

Display This Question:

If R3.R5.HEALTH.011 = Yes

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R3.R5.HEALTH.011.b Did they miss a scheduled vaccine at this visit?

* Yes (1)
* No (0)

Display This Question:

If R3.R5.HEALTH.011 = Yes

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R3.R5.HEALTH.012 Do you have more children that missed a well-baby/well-child checkup in the 0-5 age range?

* Yes (1)
* No (0)

Display This Question:

If R3.R5.HEALTH.012 = Yes

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R3.R5.HEALTH.012.a In regards to your**fourth child** in the 0-5 age range that missed a well-baby/well-child checkup:    
    
**Which well-baby/well-child visit did they miss?**

▼ First visit (3-5 days old) (1) ... 5 years old (14)

Display This Question:

If R3.R5.HEALTH.012 = Yes

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R3.R5.HEALTH.012.b Did they miss a scheduled vaccine at this visit?

* Yes (1)
* No (0)

Display This Question:

If R3.R5.HEALTH.012 = Yes

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R3.R5.HEALTH.013 Do you have more children that missed a well-baby/well-child checkup in the 0-5 age range?

* Yes (1)
* No (0)

Display This Question:

If R3.R5.HEALTH.013 = Yes

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R3.R5.HEALTH.013.a In regards to your**fifth child** in the 0-5 age range that missed a well-baby/well-child checkup:    
    
**Which well-baby/well-child visit did they miss?**

▼ First visit (3-5 days old) (1) ... 5 years old (14)

Display This Question:

If R3.R5.HEALTH.013 = Yes

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R3.R5.HEALTH.013.b Did they miss a scheduled vaccine at this visit?

* Yes (1)
* No (0)

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| Page Break |  |

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R3.R3.HEALTH.005 Does your child have any of the following disabilities? Select all that apply   
    
*According to the Americans with Disabilities Act (ADA), a “person with a disability” is someone who:*    
*a) has a physical or mental impairment that substantially limits a major life activity;   
 b) has a record of such an impairment; or   
 c) is regarded as having such an impairment.*

* Blind or serious difficulty seeing even when wearing glasses (1)
* Serious difficulty walking or climbing stairs (2)
* Due to a physical, mental, or emotional problem, difficulty remembering, concentrating, or making decisions (3)
* Other disabilities (4)
* No disabilities (5)
* Do not wish to disclose (6)

Display This Question:

If R3.R3.HEALTH.005 != No disabilities

Or R3.R3.HEALTH.005 != Do not wish to disclose

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R3.R3.HEALTH.006.a If your child has a disability, did you receive early intervention services **prior to** the coronavirus (COVID-19) pandemic?   
    
*(Ex. These are programs and services delivered by the state to help support babies and young children with developmental delays and disabilities, as well as their families.)*

* Yes (1)
* No (0)
* Unsure (2)
* Other (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If R3.R3.HEALTH.005 != No disabilities

Or R3.R3.HEALTH.005 != Do not wish to disclose

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R3.R3.HEALTH.006.b **Since the** coronavirus (COVID-19) pandemic, have you been able to access early intervention services for your child(ren)?

* Yes (1)
* No (0)
* Unsure (2)
* Other (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If R3.R3.HEALTH.006.a = Yes

Or R3.R3.HEALTH.006.b = Yes

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R3.R3.HEALTH.006.c Does your child need early intervention services because they are experiencing delay in one or more of these areas? Select all that apply.

* Cognitive Development (1)
* Physical development, including vision and hearing (2)
* Communication development (3)
* Social or emotional development (4)
* Adaptive development (5)
* Other area of development (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of these apply (7)
* I do not wish to respond (8)

Display This Question:

If R3.R3.HEALTH.006.a = Yes

Or R3.R3.HEALTH.006.b = Yes

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R3.R3.HEALTH.006.d Does your child need early intervention services because they have been diagnosed with one or more of the following physical or mental conditions? Select all that apply.

* Chromosomal abnormalities (1)
* Genetic or congenital disorders (2)
* Sensory impairments (3)
* Inborn errors of metabolism (4)
* Disorders reflecting disturbance of the development of the nervous system (5)
* Congenital infections (6)
* Severe attachment disorders (7)
* Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome (8)
* Other condition (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of these apply (10)
* I do not wish to respond (11)

End of Block: Health & Healthcare

Start of Block: COVID-19 (parent health/ well-being)

R3.R3.COVID.000   
The next set of questions are related to your experience with the COVID-19 virus.  
  
  
Instructions: Please answer each question to the best of your ability. All questions are optional. Coronavirus is also known as COVID-19, and refers to the global pandemic occurring in late 2019 and throughout 2020

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R3.R3.COVID.001 Have you been **suspected or diagnosed** with coronavirus (COVID-19)?

* Yes, suspected (1)
* Yes, diagnosed with a positive test result (2)
* Yes, diagnosed by a healthcare professional or public health official without a test (3)
* No (0)

Display This Question:

If R3.R3.COVID.001 = Yes, diagnosed by a healthcare professional or public health official without a test

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R3.R3.COVID.001.a To the best of your knowledge, why **did you not** have a test for coronavirus (COVID-19)?

* Test not available (ex. not enough supplies) (1)
* Didn't meet testing criteria (ex. some states only test those with symptoms, and who are hospitalized) (2)
* Physician or Public Health Official did not recommend a test (3)
* Other (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.R3.COVID.002 Have you been hospitalized in 2020?

* Yes, for coronavirus (COVID-19) (1)
* Yes, for something else (2)
* No (0)

End of Block: COVID-19 (parent health/ well-being)

Start of Block: GAD2 (parent health/ well-being)

R3.R2.GAD2.000 The next set of questions ask about your mental health and well-being. There will be questions about stress levels, anxiety, and depression before the pandemic began and now.

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R3.R3.GAD2.001   
**Prior to the coronavirus (COVID-19) pandemic**, during an average week, how often were you bothered by the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half of the days (2) | Nearly every day (3) |
| Feeling nervous, anxious, or on edge? (R3.R3.GAD2.001.a) |  |  |  |  |
| Not being able to stop or control worrying? (R3.R3.GAD2.001.b) |  |  |  |  |

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R3.R3.GAD2.002 **In the past week**, how often have you been bothered by the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half of the days (2) | Nearly every day (3) |
| Feeling nervous, anxious, or on edge? (R3.R3.GAD2.002.a) |  |  |  |  |
| Not being able to stop or control worrying? (R3.R3.GAD2.002.b) |  |  |  |  |

End of Block: GAD2 (parent health/ well-being)

Start of Block: PHQ2 (parent health/ well-being)

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R3.R3.PHQ.001 **Prior to the coronavirus (COVID-19) pandemic,** during an average week, how often were you bothered by the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half of the days (2) | Nearly every day (3) |
| Little interest or pleasure in doing things (R3.R3.PHQ.001.a) |  |  |  |  |
| Feeling down, depressed, or hopeless (R3.R3.PHQ.001.b) |  |  |  |  |

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R3.R3.PHQ.002 **In the past week,** how often have you been bothered by the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half of the days (2) | Nearly every day (3) |
| Little interest or pleasure in doing things (R3.R2.PHQ.002.a) |  |  |  |  |
| Feeling down, depressed, or hopeless (R3.R2.PHQ.002.b) |  |  |  |  |

End of Block: PHQ2 (parent health/ well-being)

Start of Block: Stress (parent health/ well-being)

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R3.R3.STRESS.001 Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time. Did you feel this kind of stress **before the coronavirus (COVID-19) pandemic began?**

* 1 - Not at all (0)
* 2 (1)
* 3 (2)
* 4 (3)
* 5 - Very Much (4)

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R3.R3.STRESS.002 Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time. Have you felt this kind of stress **in the past week?**

* 1 - Not at all (0)
* 2 (1)
* 3 (2)
* 4 (3)
* 5 - Very Much (4)

End of Block: Stress (parent health/ well-being)

Start of Block: Parenting Stress

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R3.R3.PSIIV.001 Answer the following question in regards to how you feel about parenting...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree (5) | Somewhat agree (4) | Not sure (3) | Somewhat disagree (2) | Strongly disagree (1) |
| **Prior to the coronavirus (COVID-19) pandemic**, I often felt like I could not handle things very well (R3.R3.PSIIV.001.a) |  |  |  |  |  |
| **Since the coronavirus (COVID-19) pandemic began,** I often have the feeling I cannot handle things very well (R3.R3.PSIIV.001.b) |  |  |  |  |  |
| **Prior to the coronavirus (COVID-19) pandemic**, being a parent is manageable, and any problems are easily solved (R3.R3.PSIIV.001.c) |  |  |  |  |  |
| **Since the coronavirus (COVID-19) pandemic began,** being a parent is manageable, and any problems are easily solved (R3.R3.PSIIV.001.d) |  |  |  |  |  |
| Do you feel you could benefit from additional resources and supports on parenting and how best to support your child’s development? (R3.R3.PSIIV.001.e) |  |  |  |  |  |

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R3.R3.PSIIV.002 **Prior to** the coronavirus (COVID-19) pandemic, when you felt overwhelmed or stressed as a parent, did you get the support you needed?

* 1 - no, I did not feel supported (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 - yes, I felt very supported (5)

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R3.R3.PSIIV.003 **In the last week**, when you felt overwhelmed or stressed as a parent, did you get the support you needed?

* 1 - no, I did not feel supported (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 - yes, I felt very supported (5)

End of Block: Parenting Stress

Start of Block: Social Isolation (NIH Toolbox Item Bank v2.0 – Loneliness (Ages 18+) – Fixed For

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R3.R3.LONE.001a **Prior to** the coronavirus (COVID-19) pandemic, please describe how often…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Rarely (1) | Sometimes (2) | Usually (3) | Always (4) |
| I felt lonely (R3.R3.LONE.001.a) |  |  |  |  |  |

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R3.R3.LONE.001.b **Since the** coronavirus (COVID-19) pandemic began, please describe how often…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Rarely (1) | Sometimes (2) | Usually (3) | Always (4) |
| I feel lonely (R3.R3.LONE.001.b) |  |  |  |  |  |

End of Block: Social Isolation (NIH Toolbox Item Bank v2.0 – Loneliness (Ages 18+) – Fixed For

Start of Block: Income and Employment

R3.R3.JOB.000 The next set of questions assess your family's income and employment and what changes have occurred in regards to income and employment since the pandemic began.

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R3.R3.JOB.001 To the best of your knowledge, which option best describes your **gross** (before taxes) **household income** from all sources, in 2019 (**prior to the coronavirus (COVID-19**) Pandemic)? You may respond with your household income weekly, monthly, or yearly, whatever is easiest for you. Please do not include any dollar signs or commas in your response.

* Weekly (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Monthly (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Yearly (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.R3.JOB.002 How many people are being supported by your total household income?

▼ 0 (0) ... 20 (21)

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R3.R3.JOB.003.a Who earns more money in your household?

* Myself (1)
* My partner or spouse (2)
* About equal with my partner or spouse (3)
* Other (4)

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R3.R3.JOB.004.a Has this changed **since the** coronavirus (COVID-19) pandemic?   
    
*(Ex. Did you make more money than your partner prior to the pandemic, but now you make less?)*

* Yes (1)
* No (0)
* Unsure (2)
* Other (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.R3.JOB.005 Do you **currently** have access to free food for your household?   
  
 *Examples of free food include food pantries and programs, SNAP etc.*

* Yes, I have access to free food resources (1)
* No, but I know where/how I can access free food resources (2)
* No, I am not eligible for free food resources (3)
* Unsure (4)

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R3.R3.JOB.006 **Prior to the coronavirus** (COVID-19) pandemic, did you get free or reduced lunches for your child(ren)? Select all that apply   
  
 *Example: School Lunch and Breakfast Assistance Program*

* Yes, my child(ren) received free or reduced lunches (1)
* No, my child did not receive free or reduced lunches, but they were available (0)
* No, free or reduced lunches were not available for my children (2)
* No, but I had planned on getting free or reduced lunches for my children soon (3)
* No, I didn't know how to access this resource (4)
* Does not apply (5)

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R3.R3.JOB.007 Do you **currently** get free or reduced lunches for your child(ren)? Select all that apply   
  
 *Example: School Lunch and Breakfast Assistance Program*

* Yes, my child(ren) receive(s) free or reduced lunches (1)
* No, my child does not receive free or reduced lunches, but they are available (0)
* No, free or reduced lunches are not available for my children (2)
* No, but I plan on getting free or reduced lunches for my children soon (3)
* No, I don't know how to access this resource (4)
* Does not apply (5)

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R3.R3.JOB.008 Which of the following best describes your **current** employment status? Select all that apply

* Working full time (1)
* Working part time (2)
* Unemployed or laid off and seeking employment (3)
* Unemployed or laid off, not seeking employment (4)
* Temporarily furloughed (5)
* Hours reduced (6)
* Keeping house or raising children full time (7)
* Retired (8)
* Full-time student (9)
* Other (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.R3.JOB.009 Please describe your current work environment

* Working from home (prior to the pandemic, I worked from home as well) (1)
* Working from home , not as usual (prior to the pandemic, I did not usually work from home) (2)
* Employed and not working from home (I am employed, and work outside the home) (3)
* Employed and unable to work from home (I am employed, but cannot work from home) (4)
* Unemployed (5)
* Not Applicable (6)

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R3.R3.JOB.010 What was your employment status **prior to** the coronavirus (COVID-19) Pandemic? Select all that apply

* Working full time (1)
* Working part time (2)
* Unemployed or laid off and seeking employment (3)
* Unemployed or laid off, not seeking employment (4)
* Temporarily furloughed (5)
* Hours reduced (6)
* Keeping house or raising children full time (7)
* Retired (8)
* Full-time student (9)
* Other (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.R3.JOB.011 Has your level of employment decreased **due to** the coronavirus (COVID-19) pandemic?

* Yes (1)
* No (0)
* Not applicable (2)

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R3.R3.JOB.012 **During** the coronavirus (COVID-19) pandemic, are you considered an essential employee?

* Yes (1)
* No (0)
* Unsure (2)

Display This Question:

If R3.R3.JOB.012 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.JOB.012.a If you are an essential employee, how many people are you **regularly exposed to** (i.e., work around) as a part of your job?

* None (0)
* 1-5 (1)
* 6-10 (2)
* 11-20 (3)
* 20-50 (4)
* More than 50 (5)

Display This Question:

If R3.R3.JOB.012 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.JOB.012.b If you are an essential employee, how many people are you regularly **in close contact** with as a part of your job?

* None (0)
* 1-5 (1)
* 6-10 (2)
* 11-20 (3)
* 20-50 (4)
* More than 50 (5)

|  |  |
| --- | --- |
|  |  |

R3.R3.JOB.013 Does your place of employment offer you paid sick leave?

* Yes (1)
* No (0)
* Unsure (2)

Display This Question:

If R3.R3.JOB.013 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.JOB.013a If yes, has your place of employment increased the amount of paid sick leave provided to you during the coronavirus (COVID-19) Pandemic?

* Yes (1)
* No (0)
* Unsure (2)

|  |  |
| --- | --- |
|  |  |

R3.R3.JOB.014 How likely is it that you would lose your job if you were required to take at least 2 weeks of sick leave?

* Very Likely (4)
* Likely (3)
* Neutral / Unsure (2)
* Unlikely (1)
* Very Unlikely (0)
* Not applicable (5)

|  |  |
| --- | --- |
|  |  |

R3.R3.JOB.015 Are you receiving any sort of public or employment benefits?   
    
 *EX. Federal cash assistance programs such as the Temporary Assistance for Needy Families (TANF), Social Security Income (SSI). OR, Federal-in kind benefit programs such as Medicaid, Food Stamps and Housing.*

* Yes (1)
* No (0)
* Didn’t Qualify (2)
* Intend to Apply (3)

Display This Question:

If R3.R3.JOB.015 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.JOB.015a What types of benefits are you receiving?

* Health / Medical (1)
* Food (2)
* Income (not including federal stimulus checks) (3)
* Disability (not military) (4)
* Military Pension (5)
* Military Disability (6)
* Military Medical Care (7)
* Housing Subsidy (8)
* Child Care Subsidy (9)
* Other, please describe: (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If R3.R3.JOB.015 = Yes

|  |
| --- |
|  |

R3.R3.JOB.015.b How much of your income **prior to** coronavirus (COVID-19) is now covered by unemployment benefits? Ex. You previously made about $2,000 per month, and you now receive $1,000 from unemployment benefits, or approximately 50%

* 0% (0)
* 10% (1)
* 20%, or almost a quarter (2)
* 30%, or about a third (3)
* 40% (4)
* 50%, or about half (5)
* 60%, or about two-thirds (6)
* 70%, or almost three-quarters (7)
* 80% (8)
* 90% (9)
* 100%, or all of my income (10)
* More than my previous income (11)

|  |  |
| --- | --- |
|  |  |

R3.R3.JOB.016 Have you received a federal stimulus check this year?   
    
*(Also known as an economic impact payment)*

* Yes (1)
* No (0)
* Unsure (2)
* Other (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If R3.R3.JOB.016 = No

|  |  |
| --- | --- |
|  |  |

R3.R3.JOB.017.a If no, do you expect to receive a federal stimulus check?  
  
  Individuals are eligible for the checks if they make up to $75,000 Married couples are eligible for checks if they make up to $150,000 Must be a U.S. Citizen or U.S. resident alien Cannot be claimed as a dependent on someone else's returnHave a Social Security Number

* Yes (1)
* No (0)
* Unsure (2)
* Other (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If R3.R3.JOB.016 = No

|  |
| --- |
|  |

R3.R3.JOB.017.b   
If no, why do you not expect to receive a federal stimulus check?

* I do not meet the eligibility requirements (1)
* I do not know how to get the federal stimulus check (2)
* I still need to take action in order to receive the federal stimulus check (i.e., submit my banking information, file taxes, etc.) (3)
* Other (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Income and Employment

Start of Block: EHQ (policy)

|  |  |
| --- | --- |
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R3.R3.EHQ.001 Which of the following best described what has happened to your family income **during the** coronavirus (COVID-19) pandemic?

* Has increased very much (4)
* Has increased somewhat (3)
* Has stayed the same (2)
* Has decreased somewhat (1)
* Has decreased very much (0)

|  |  |
| --- | --- |
|  |  |

R3.R3.EHQ.002 Which of the following best describes your family financially at this time:

* No problems (0)
* Minor problems (1)
* Major problems (2)
* Extreme problems (3)

End of Block: EHQ (policy)

Start of Block: Financial Strain (Institute of Medicine measure) (policy)

|  |  |
| --- | --- |
|  |  |

R3.R3.FSTR.001 **In the past month**, how hard has it been for you to pay for the very basics like food, housing, medical care, and heating? Would you say…

* Very hard (3)
* Hard (2)
* Somewhat hard (1)
* Not very hard (0)

Skip To: End of Block If R3.R3.FSTR.001 = Not very hard

|  |  |
| --- | --- |
|  |  |

R3.R3.FSTR.002 Which of these needs have been hard to pay for **in the past month**? Select all that apply

* Food (1)
* Housing (2)
* Utilities (electric, water, trash) (3)
* Healthcare (4)
* Social (5)
* Emotional (6)
* Childcare (7)
* Other (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above (9)

End of Block: Financial Strain (Institute of Medicine measure) (policy)

Start of Block: Child Bhvr Probs (CBCL) (child health/ well-being)

Note *Note: If you have multiple children within the 0-5 age range, please fill out the below questions for your first child* ***(the oldest)****, then select "Yes" for the next question to pop up hidden blocks for more child(ren).*

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.001 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **before the coronavirus (COVID-19) pandemic**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R3.CBCL.001.a) |  |  |  |
| Too fearful or anxious (R3.R3.CBCL.001.b) |  |  |  |

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.002 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior ***in the last week.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R3.CBCL.002.a) |  |  |  |
| Too fearful or anxious (R3.R3.CBCL.002.b) |  |  |  |

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.001 How old is this child **(your oldest in 0-5 age range)**? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.003 Do you have more children that are between 0 and 5 years old?

* Yes (1)
* No (0)

Skip To: End of Block If R3.R3.CBCL.003 = No

Display This Question:

If R3.R3.CBCL.003 = Yes

Note *Note: Please fill out the below questions for your* ***second child******(from the oldest to the youngest in the 0-5 age range)****. If you have more child(ren), please select "Yes" for the next question to pop up hidden blocks.*

Display This Question:

If R3.R3.CBCL.003 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.004 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **before the coronavirus (COVID-19) pandemic**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R3.CBCL.004.a) |  |  |  |
| Too fearful or anxious (R3.R3.CBCL.004.b) |  |  |  |

Display This Question:

If R3.R3.CBCL.003 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.005 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior ***in the last week.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R3.CBCL.005.a) |  |  |  |
| Too fearful or anxious (R3.R3.CBCL.005.b) |  |  |  |

Display This Question:

If R3.R3.CBCL.003 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.004 How old is your **second** child? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

Display This Question:

If R3.R3.CBCL.003 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.006 Do you have more children that are between 0 and 5 years old?

* Yes (1)
* No (0)

Skip To: End of Block If R3.R3.CBCL.006 = No

Display This Question:

If R3.R3.CBCL.006 = Yes

Note *Note: Please fill out the below questions for your* ***third child (*from the oldest to the youngest in the 0-5 age range)***. If you have more children in this age range , please select "Yes" for the next question to pop up hidden blocks.*

Display This Question:

If R3.R3.CBCL.006 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.007 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **before the coronavirus (COVID-19) pandemic**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R2.CBCL.007.a) |  |  |  |
| Too fearful or anxious (R3.R2.CBCL.007.b) |  |  |  |

Display This Question:

If R3.R3.CBCL.006 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.008 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior ***in the last week.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R2.CBCL.008.a) |  |  |  |
| Too fearful or anxious (R3.R2.CBCL.008.b) |  |  |  |

Display This Question:

If R3.R3.CBCL.006 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.007 How old is your **third**child? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

Display This Question:

If R3.R3.CBCL.006 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.009 Do you have more children that are between 0 and 5 years old?

* Yes (1)
* No (0)

Skip To: End of Block If R3.R3.CBCL.009 = No

Display This Question:

If R3.R3.CBCL.009 = Yes

Note *Note: Please fill out the below questions for your* ***fourth child (from the oldest to the youngest within the age range of 0-5)****. If you have more child(ren), please select "Yes" for the next question to pop up hidden blocks.*

Display This Question:

If R3.R3.CBCL.009 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.010 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **before the coronavirus (COVID-19) pandemic**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R2.CBCL.010.a) |  |  |  |
| Too fearful or anxious (R3.R2.CBCL.010.b) |  |  |  |

Display This Question:

If R3.R3.CBCL.009 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.011 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior ***in the last week.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R2.CBCL.011.a) |  |  |  |
| Too fearful or anxious (R3.R2.CBCL.011.b) |  |  |  |

Display This Question:

If R3.R3.CBCL.009 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.010 How old is your **fourth**child? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

Display This Question:

If R3.R3.CBCL.009 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.012 Do you have more children that are between 0 and 5 years old?

* Yes (1)
* No (0)

Skip To: End of Block If R3.R3.CBCL.012 = No

Display This Question:

If R3.R3.CBCL.012 = Yes

Note *Note: Please fill out the below questions for your* ***fifth child in the 0-5 age range****.*

Display This Question:

If R3.R3.CBCL.012 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.013 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **before the coronavirus (COVID-19) pandemic**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R3.CBCL.013.a) |  |  |  |
| Too fearful or anxious (R3.R3.CBCL.013.b) |  |  |  |

Display This Question:

If R3.R3.CBCL.012 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.014 Please fill out this form to reflect your view of the child’s (within the 0-5 age range) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior ***in the last week.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (R3.R2.CBCL.014.a) |  |  |  |
| Too fearful or anxious (R3.R2.CBCL.014.b) |  |  |  |

Display This Question:

If R3.R3.CBCL.012 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.CBCL.013 How old is your **fifth**child? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

End of Block: Child Bhvr Probs (CBCL) (child health/ well-being)

Start of Block: SWYC: Child Development (child health/ well-being)

Note *Note: If you have multiple children within the* ***0-5 age range****, please fill out the below questions for your* ***first child (the oldest)****, then select "Yes" for the next question to pop up hidden blocks for more child(ren).*

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.001 These questions are about your child's (within the 0-5 age range) development and behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (R3.R3.SWYC.001.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (R3.R3.SWYC.001.b) |  |  |  |

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.001 How old is thischild **(your oldest in 0-5 age range)**? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.002 Do you have more children that are between 0 and 5 years old?

* Yes (1)
* No (0)

Skip To: End of Block If R3.R3.SWYC.002 = No

Display This Question:

If R3.R3.SWYC.002 = Yes

Note *Note: Please fill out the below questions for your* ***second child that's between 0 and 5 years old (from the oldest to the youngest)****. If you have more child(ren), please select "Yes" for the next question to pop up hidden blocks.*

Display This Question:

If R3.R3.SWYC.002 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.003 These questions are about your child's (within the 0-5 age range) development and behavior.   
  
  
Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (R3.R3.SWYC.003.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (R3.R3.SWYC.003.b) |  |  |  |

Display This Question:

If R3.R3.SWYC.002 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.003 How old is your **second** child? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

Display This Question:

If R3.R3.SWYC.002 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.004 Do you have more children that are between 0 and 5 years old?

* Yes (1)
* No (0)

Skip To: End of Block If R3.R3.SWYC.004 = No

Display This Question:

If R3.R3.SWYC.004 = Yes

Note *Note: Please fill out the below questions for your* ***third child that's between 0 and 5 years old (from the oldest to the youngest)****. If you have more child(ren), please select "Yes" for the next question to pop up hidden blocks.*

Display This Question:

If R3.R3.SWYC.004 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.005 These questions are about your child's (within the 0-5 age range) development and behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (R3.R3.SWYC.005.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (R3.R3.SWYC.005.b) |  |  |  |

Display This Question:

If R3.R3.SWYC.004 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.005 How old is your **third**child? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

Display This Question:

If R3.R3.SWYC.004 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.006 Do you have more children that are between 0 and 5 years old?

* Yes (1)
* No (0)

Skip To: End of Block If R3.R3.SWYC.006 = No

Display This Question:

If R3.R3.SWYC.006 = Yes

Note *Note: Please fill out the below questions for your* ***fourth child*** *that is* ***between 0 and 5 years old (from the oldest to the youngest)****. If you have more child(ren), please select "Yes" for the next question to pop up hidden blocks.*

Display This Question:

If R3.R3.SWYC.006 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.007 These questions are about your child's (within the 0-5 age range) development and behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (R3.R3.SWYC.007.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (R3.R3.SWYC.007.b) |  |  |  |

Display This Question:

If R3.R3.SWYC.006 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.007 How old is your **fourth**child? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

Display This Question:

If R3.R3.SWYC.006 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.008 Do you have more children that are between 0 and 5 years old?

* Yes (1)
* No (0)

Skip To: End of Block If R3.R3.SWYC.008 = No

Display This Question:

If R3.R3.SWYC.008 = Yes

Note *Note: Please fill out the below questions for your* ***fifth child.***

Display This Question:

If R3.R3.SWYC.008 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.009 These questions are about your child's (within the 0-5 age range) development and behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (R3.R3.SWYC.009.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (R3.R3.SWYC.009.b) |  |  |  |

Display This Question:

If R3.R3.SWYC.008 = Yes

|  |  |
| --- | --- |
|  |  |

R3.R3.SWYC.009 How old is your **fifth**child? 

* 0 months (0)
* 1 month (1)
* 2 months (2)
* 3 months (3)
* 4 months (4)
* 5 months (5)
* 6 months (6)
* 7 months (7)
* 8 months (8)
* 9 months (9)
* 10 months (10)
* 11 months (11)
* 1 year (12 months) (12)
* 13 months (13)
* 14 months (14)
* 15 months (15)
* 16 months (16)
* 17 months (17)
* 1.5 years (18 months) (18)
* 19 months (19)
* 20 months (20)
* 21 months (21)
* 22 months (22)
* 23 months (23)
* 2 years (24 months) (24)
* 3 years (36 months) (36)
* 4 years (48 months) (48)
* 5 years (60 months) (60)
* Less than 6 years (71 months) (71)

End of Block: SWYC: Child Development (child health/ well-being)