Health and Functioning in Minors

SELECTPROXYHFM   **INTERVIEWER: SELECT WHICH ADULT WILL BE ANSWERING THE PARENT/GUARDIAN QUESTIONS FOR [MINOR'S FIRST NAME].**

<1>   [ADULT 1 FIRST NAME] [ADULT 1 LAST NAME]
<2>   [ADULT 2 FIRST NAME] [ADULT 2 LAST NAME]
<3>   [ADULT 3 FIRST NAME] [ADULT 3 LAST NAME], etc

<99>   ADD A PERSON **(GO TO ADDPROXY_FNAM)**

ADPXHMFM   FIRST NAME:

LAST NAME:

WHAT IS HIS/HER RELATIONSHIP WITH [MINOR'S FIRST NAME]?

<1>   MOTHER/FATHER
<2>   GRANDMOTHER/GRANDFATHER
<3>   OTHER GUARDIAN

<d>   DON'T KNOW
<r>   REFUSED

AGE:

<18-105>   YEARS OLD

<d>   DON'T KNOW
<r>   REFUSED

HFM010_PRE1: IF AGE >=12 and < 18

[Spoken to both the minor and parent/guardian if AGE of SPID >= 12 and < 18]

I'm going to read questions on a number of topics. Some questions will be asked directly to you, [minor's first name], and others to your parent or guardian.

We have to ask the questions as they have been written so that everyone has the same questions.

Please let me finish reading the **entire** question completely before you answer. From time to time I will refer to cards to prompt you for answers.

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I cannot interpret questions for you. Please choose the answer that is closest to what the question means to you. I will be happy to answer any questions you have about the interview when we are finished. We would like you to answer all the questions, but if anyone is uncomfortable with a question, you may choose not to answer it.

Do either of you have any questions before we begin?

The first set of questions will be on general health. The parent or guardian will be asked these questions.

INTERVIEWER: HIT ENTER TO CONTINUE

HFM010_PRE2: IF AGE< 12

[Spoken to the minor's parent/guardian for minors with an age < 12]

I'm going to read questions on a number of topics. All questions will be asked directly to you as the parent or guardian of [minor's first name].   We have to ask the questions as they have been written so that everyone has the same questions. We will also take a few physical measurements for children that are over the age of 3.

Please let me finish reading the **entire** question completely before you answer. From time to time I will refer to cards to prompt you for answers.

I cannot interpret questions for you. Please choose the answer that is closest to what the question means to you. I will be happy to answer any questions you have about the interview when we are finished. We would like you to answer all the questions, but if you are uncomfortable with a question, you may choose not to answer it.

Do you have any questions before we begin?

The first set of questions will be on general health.

INTERVIEWER: HIT ENTER TO CONTINUE

HFM100   In general, how would you describe [Minor's First Name]'s health? Would you say [his/her] health is excellent, very good, good, fair, or poor?

<1>	EXCELLENT	**HFM100 FMT_QD4_.**
<2>	VERY GOOD	
<3>	GOOD	
<4>	FAIR	
<5>	POOR	
<d>	DON'T KNOW	
<r>	REFUSED	

[ONLY IF AGE >= 12]

HFM110   How would you describe the condition of [Minor's First Name]'s teeth: excellent, very good, good, fair, or poor?

                              <1>   EXCELLENT   **HFM110   FMT_QD4_.**
                              <2>   VERY GOOD
                              <3>   GOOD
                              <4>   FAIR
                              <5>   POOR

                              <d>   DON'T KNOW
                              <r>   REFUSED

[THE FOLLOWING TWO QUESTIONS (HFM120 & HFM130) ARE DISPLAYED IN THE PHYSICAL MEASURMENTS IN MINORS (PMM) CODEBOOK]

HFM120   How tall is [Minor's First Name] now?

        (IF THEY ANSWER IN METERS/CENTIMETERS, ENTER 'x')
                              HFM120_A   FMT_NUMERIC.
        <0-7> FEET
        <x>   ANSWER GIVEN IN METERS

        <d>   DON'T KNOW
        <r>   REFUSED

        <0-12> INCHES   **HFM120_B   FMT_NUMERIC.**

        <d>   DON'T KNOW
        <r>   REFUSED

        OR

        <0-300>   CENTIMETERS   **HFM120_C   FMT_NUMERIC.**
                              HFM120_D   FMT_NUMERIC.

HFM130   How much does [Minor's First Name] weigh now?

        (IF THEY ANSWER IN KILOGRAMS, ENTER 'x')
                              HFM130_A   FMT_NUMERIC.
                              HFM130_B   FMT_NUMERIC.
        <0-999.99>   POUNDS

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<x>   ANSWER GIVEN IN KILOGRAMS

<d>   DON'T KNOW
<r>   REFUSED

OR

<0-500.00>   KILOGRAMS

HFM140   Was [Minor's First Name] born prematurely, that is, more than 3 weeks before [his/her] due date?

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

<1>   YES   **HFM140**   **FMT_YES_NO.**
<2>   NO

<d>   DON'T KNOW
<r>   REFUSED

HFM200_PRE The next questions are about any kind of health problems, concerns, or conditions that may affect [Minor's First Name]'s behavior, learning, growth, or physical development.

INTERVIEWER: HIT ENTER TO CONTINUE

HFM200   Does [Minor's First Name] currently need or use medicine prescribed by a doctor, other than vitamins?

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

(INTERVIEWER: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR PRESCRIPTION MEDICINE. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES PRESCRIPTION MEDICINE.)   **HFM200**   **FMT_YES_NO.**

<1>   YES
<2>   NO **(SKIP TO HFM230)**

<d>   DON'T KNOW **(SKIP TO HFM230)**
<r>   REFUSED **(SKIP TO HFM230)**

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HFM220   Has this need lasted or is it expected to last 12 months or longer?

<1> YES   **HFM220   FMT_YES_NO.**
<2> NO

<d> DON'T KNOW
<r> REFUSED

HFM230   Does [Minor's First Name] need or use more medical care, mental health, or
           educational services than is usual for most children of the same age?

           (**READ IF NECESSARY:** The child requires more medical care, the use of more
           mental health services, or the use of more educational services than most
           children the same age)

           (**INTERVIEWER: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR
           SERVICES. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD
           CURRENTLY NEEDS OR USES SERVICES)**

<1> YES   **HFM230   FMT_YES_NO.**
<2> NO **(SKIP TO HFM260)**

<d> DON'T KNOW **(SKIP TO HFM260)**
<r> REFUSED **(SKIP TO HFM260)**

HFM250   Has this need lasted or is it expected to last 12 months or longer?

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

<1> YES   **HFM250   FMT_YES_NO.**
<2> NO

<d> DON'T KNOW
<r> REFUSED

HFM260   Is [Minor's First Name] limited or prevented in any way in [his/her] ability to do the
           things most children of the same age can do?

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

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

HFM260	FMT_YES_NO.

<1>   YES
<2>   NO **(SKIP TO HFM290)**

<d>   DON'T KNOW **(SKIP TO HFM290)**
<r>   REFUSED **(SKIP TO HFM290)**

HFM280   Has this limitation lasted or is it expected to last 12 months or longer?

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

HFM280	FMT_YES_NO.

<1>   YES
<2>   NO

<d>   DON'T KNOW
<r>   REFUSED

HFM290   Does [Minor's First Name] need or get special therapy, such as physical, occupational, or speech therapy?

(**READ IF NECESSARY:** Special therapy includes physical, occupational, or speech therapy. Do not include psychological therapy.)

(INTERVIEWER: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR SPECIAL THERAPY. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES SPECIAL THERAPY.)

HFM290	FMT_YES_NO.

<1>   YES
<2>   NO **(SKIP TO HFM320)**

<d>   DON'T KNOW **(SKIP TO HFM320)**
<r>   REFUSED **(SKIP TO HFM320)**

HFM310   Has this need lasted or is it expected to last 12 months or longer?

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

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<1>   YES   **HFM310   FMT_YES_NO.**
<2>   NO

<d>   DON'T KNOW
<r>   REFUSED

HFM320   Does [Minor's First Name] have any kind of emotional, developmental, or
           behavioral problem for which [he/she] needs treatment or counseling?

           (**READ IF NECESSARY**: These are remedies, therapy, or guidance a child may
           receive for [his/her] emotional, developmental, or behavioral problem.)

<1>   YES   **HFM320   FMT_YES_NO.**
<2>   NO **(SKIP TO HFM400)**

<d>   DON'T KNOW **(SKIP TO HFM400)**
<r>   REFUSED **(SKIP TO HFM400)**

HFM330   Has [his/her] emotional, developmental or behavioral problem lasted or is it
           expected to last 12 months or longer?

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

<1>   YES   **HFM330   FMT_YES_NO.**
<2>   NO

<d>   DON'T KNOW
<r>   REFUSED

[IF AGE < 3, SKIP TO HFM430_PRE]

[IF AGE >= 3]

HFM400   Has a doctor, health care provider, teacher, or school official ever told you
           [Minor's First Name] had a learning disability?

<1>   YES   **HFM400   FMT_YES_NO.**
<2>   NO **(SKIP TO HFM430_PRE)**

<d>   DON'T KNOW **(SKIP TO HFM430_PRE)**
<r>   REFUSED **(SKIP TO HFM430_PRE)**

 [IF AGE >=3]

HFM410   Does [Minor's First Name] currently have a learning disability?

<1>   YES   **HFM410   FMT_YES_NO.**
<2>   NO **(SKIP TO HFM430_PRE)**

           `<d>`   DON'T KNOW **(SKIP TO HFM430_PRE)**
           `<r>`   REFUSED **(SKIP TO HFM430_PRE)**

[IF AGE >=3]

HFM420   Would you describe [his/her] learning disability as mild, moderate, or severe?

           `<1>`   MILD   **HFM420**   **FMT_SEVERITY_HFM.**
           `<2>`   MODERATE
           `<3>`   SEVERE

           `<d>`   DON'T KNOW
           `<r>`   REFUSED

HFM430_PRE Now I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that [Minor's First Name] had the condition, even if [he/she] does not have the condition now.

           (INTERVIEWER: IF THE RESPONDENT HAS NEVER HEARD OF THE MEDICAL CONDITION OR DOES NOT KNOW WHAT THE CONDITION IS, THEN A DOCTOR OR OTHER HEALTH CARE PROVIDER PROBABLY HAS NOT TOLD THE RESPONDENT THAT THE MINOR HAS THE CONDITION.

           IF A DOCTOR OR OTHER HEALTH CARE PROVIDER HAS NOT TOLD THE RESPONDENT THAT THE MINOR HAS THE CONDITION, BUT THE RESPONDENT INSISTS THAT THE MINOR HAS THE CONDITION, WE STILL NEED TO CODE THE ANSWER AS "NO.")

           INTERVIEWER: HIT ENTER TO CONTINUE

HFM430   Which, if any, of the following has a doctor or other health care provider ever told you that [MINOR'S FIRST NAME] had…

           (HAND CARD. ENTER ALL THAT APPLY. ENTER 'x' WHEN DONE.)

           (INTERVIEWER: PRESS THE BUTTON AT THE BOTTOM OF THE SCREEN OR HIT F7 FOR DEFINITIONS OF THESE CONDITIONS)

           `<1>`   DIABETES TYPE 1   **HFM430_A**   **FMT_HFM430_.**
           `<2>`   DIABETES TYPE 2
           `<3>`   DIABETES (UNKNOWN TYPE)
           `<4>`   HEARING PROBLEMS

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<5>	VISION PROBLEMS THAT CANNOT BE CORRECTED WITH STANDARD GLASSES OR CONTACT LENSES		
<6>	BONE, JOINT, OR MUSCLE PROBLEMS		
<7>	A BRAIN INJURY OR CONCUSSION		
<8>	EPILEPSY OR SEIZURE DISORDER		
<9>	NONE	**HFM430_B**	**FMT_HFM430_.**
		HFM430_C	**FMT_HFM430_.**
<d>	DON'T KNOW	**HFM430_D**	**FMT_HFM430_.**
<r>	REFUSED	**HFM430_E**	**FMT_HFM430_.**
		HFM430_F	**FMT_HFM430_.**
		HFM430_G	**FMT_HFM430_.**
		HFM430_H	**FMT_HFM430_.**

defref1

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

Epilepsy is a brain disease that involves recurrent seizures.

A **concussion** is an injury of the brain that causes a brief disruption in brain function.

BRAIN TUMORS SHOULD NOT BE CONSIDERED BRAIN INJURIES

Developmental and neurological conditions (such as autism or cerebral palsy) should not be included as head or brain injuries.

INTERVIEWER: HIT ENTER TO GO BACK TO QUESTION (Go back to HFM430)

[FOR EACH NAMED CONDITION IN HFM430, ASK THE FOLLOWING THREE QUESTIONS]

 [IF MORE THAN ONE CONDITION SELECTED, GO TO HFM434X; ONLY ONE CONDITION SKIP TO HFM435X; ELSE SKIP TO HFM440]

HFM434_#   The next questions are about the **[FILL CONDITION FROM HFM430]**.

INTERVIEWER: HIT ENTER TO CONTINUE

[TEXT FOR HFM430 FILL ABOVE]
If <1> fill "type 1 diabetes"
If <2> fill "type 2 diabetes"
if <3> fill "epilepsy or seizure disorder"

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if <4> fill "hearing problems"
if <5> fill "vision problems"
if <6> fill "bone, joint or muscle problems"
if <7> fill "brain injury or concussion"

HFM435_#   How old was [MINOR'S FIRST NAME] when you were first told by a doctor or other health care provider that [he/she] had this condition?

<0-18> YEARS	HFM435_1_Y	FMT_NUMERIC.
	HFM435_2_Y	FMT_NUMERIC.
	HFM435_3_Y	FMT_NUMERIC.
	HFM435_4_Y	FMT_NUMERIC.
	HFM435_5_Y	FMT_NUMERIC.
	HFM435_6_Y	FMT_NUMERIC.
	HFM435_7_Y	FMT_NUMERIC.
	HFM435_8_Y	FMT_NUMERIC.
<0-12> MONTHS	HFM435_1_M	FMT_NUMERIC.
	HFM435_2_M	FMT_NUMERIC.
	HFM435_3_M	FMT_NUMERIC.
	HFM435_4_M	FMT_NUMERIC.
<D> DON'T KNOW	HFM435_5_M	FMT_NUMERIC.
<R> REFUSED	HFM435_6_M	FMT_NUMERIC.
	HFM435_7_M	FMT_NUMERIC.
	HFM435_8_M	FMT_NUMERIC.

HFM436_#   Does [MINOR'S FIRST NAME] currently have this condition?

<1> YES	HFM436_1	FMT_YES_NO.
<2> NO (GO TO HFM440)	HFM436_2	FMT_YES_NO.
	HFM436_3	FMT_YES_NO.
<D> DON'T KNOW	HFM436_4	FMT_YES_NO.
<R> REFUSED	HFM436_5	FMT_YES_NO.
	HFM436_6	FMT_YES_NO.
	HFM436_7	FMT_YES_NO.
	HFM436_8	FMT_YES_NO.

HFM437_#   Would you describe [his/her] condition as mild, moderate, or severe?

<1> MILD	HFM437_1	FMT_SEVERITY_HFM.
<2> MODERATE	HFM437_2	FMT_SEVERITY_HFM.
<3> SEVERE	HFM437_3	FMT_SEVERITY_HFM.
	HFM437_4	FMT_SEVERITY_HFM.
<D> DON'T KNOW	HFM437_5	FMT_SEVERITY_HFM.
<R> REFUSED	HFM437_6	FMT_SEVERITY_HFM.
	HFM437_7	FMT_SEVERITY_HFM.
	HFM437_8	FMT_SEVERITY_HFM.

<IF AGE >=3>   IF AGE < 3 THEN SKIP TO HFM600

HFM440   Which, if any, of the following has a doctor or other health care provider ever told you that [MINOR'S FIRST NAME] had…

(HAND CARD. ENTER ALL THAT APPLY. ENTER 'x' WHEN DONE.)

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(INTERVIEWER: PRESS THE BUTTON AT THE BOTTOM OF THE SCREEN OR HIT F7 FOR DEFINITIONS OF THESE CONDITIONS)

<1>   ADD/ADHD: ATTENTION DEFICIT DISORDER OR ATTENTION-DEFICIT/HYPERACTIVITY DISORDER
<2>   DEPRESSION
<3>   ANXIETY
<4>   BEHAVIORAL OR CONDUCT PROBLEMS, SUCH AS OPPOSITIONAL DEFIANT DISORDER OR CONDUCT DISORDER
<5>   AUTISM, ASPERGER'S DISORDER, PERVASIVE DEVELOPMENTAL DISORDER, OR OTHER AUTISM SPECTRUM DISORDER
<6>   ANY DEVELOPMENTAL DELAY
<7>   INTELLECTUAL DISABILITY OR MENTAL RETARDATION

<8>   NONE

HFM440_A	**FMT_HFM440_.**
HFM440_B	**FMT_HFM440_.**
HFM440_C	**FMT_HFM440_.**
HFM440_D	**FMT_HFM440_.**
HFM440_E	**FMT_HFM440_.**
HFM440_F	**FMT_HFM440_.**
HFM440_G	**FMT_HFM440_.**
HFM440_H	**FMT_HFM440_.**

<d>   DON'T KNOW
<r>   REFUSED

DEFINITIONS:

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

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

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

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

Children with **autism** have delays in language, communication, and social skills, as well as routine repetitive behaviors or movements. They may have an intense interest in a single subject or topic.

Children with **Asperger's disorder** have impaired social skills but may not have speech or language delays.

Children with **pervasive developmental disorder** have severe and persistent delays in language, communication, and social skills.

IF UNSURE ABOUT THE DIAGNOSIS AND HAS NOT OFFICALLY DIAGNOSED MINOR, DO NOT CODE AS "YES".

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

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

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

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

INTERVIEWER: HIT ENTER TO GO BACK TO QUESTION (Go back to HFM440)

[FOR EACH NAMED CONDITION IN HFM440, ASK THE FOLLOWING THREE QUESTIONS]

 [IF MORE THAN ONE CONDITION SELECTED, GO TO HFM444X; ONLY ONE CONDITION SKIP TO HFM445X; ELSE SKIP TO HFM600]

HFM444_#   The next questions are about the **[FILL CONDITION FROM HFM440]**.

             INTERVIEWER: HIT ENTER TO CONTINUE

             [TEXT FOR HFM440 FILL ABOVE]
             If <1> fill "ADD or ADHD"
             If <2> fill "depression"
             if <3> fill "anxiety"
             if <4> fill "behavioral or conduct problems"
             if <5> fill "autism"
             if <6> fill "developmental delay"
             if <7> fill "intellectual disability"

HFM445_#   How old was [MINOR'S FIRST NAME] when you were first told by a doctor or other health care provider that [he/she] had this condition?

<0-18> ENTER NUMBER	HFM445_1_N	FMT_NUMERIC.
	HFM445_2_N	FMT_NUMERIC.
	HFM445_3_N	FMT_NUMERIC.
	HFM445_4_N	FMT_NUMERIC.
	HFM445_5_N	FMT_NUMERIC.
	HFM445_6_N	FMT_NUMERIC.
	HFM445_7_N	FMT_NUMERIC.

             <1> Months   **HFM445_1_U   FMT_FREQ_MONTHS_YEARS.**

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<2> Years   **HFM445_2_U   FMT_FREQ_MONTHS_YEARS.**
                   HFM445_3_U   FMT_FREQ_MONTHS_YEARS.
<D> DON'T KNOW **HFM445_4_U   FMT_FREQ_MONTHS_YEARS.**
<R> REFUSED   **HFM445_5_U   FMT_FREQ_MONTHS_YEARS.**
                   HFM445_6_U   FMT_FREQ_MONTHS_YEARS.
                   HFM445_7_U   FMT_FREQ_MONTHS_YEARS.

HFM446_#   Does [MINOR'S FIRST NAME] currently have this condition?

<1>   YES   **HFM446_1   FMT_YES_NO.**
<2>   NO (GO TO HFM440) **HFM446_2   FMT_YES_NO.**
                               HFM446_3   FMT_YES_NO.
<D>   DON'T KNOW   **HFM446_4   FMT_YES_NO.**
<R>   REFUSED   **HFM446_5   FMT_YES_NO.**
                               HFM446_6   FMT_YES_NO.
                               HFM446_7   FMT_YES_NO.

HFM447_#   Would you describe [his/her] condition as mild, moderate, or severe?

<1>   MILD   **HFM447_1   FMT_SEVERITY_HFM.**
<2>   MODERATE **HFM447_2   FMT_SEVERITY_HFM.**
<3>   SEVERE   **HFM447_3   FMT_SEVERITY_HFM.**
                   HFM447_4   FMT_SEVERITY_HFM.
<D>   DON'T KNOW **HFM447_5   FMT_SEVERITY_HFM.**
<R>   REFUSED   **HFM447_6   FMT_SEVERITY_HFM.**
                   HFM447_7   FMT_SEVERITY_HFM.

HFM600   What is the **highest** grade or level of school your child has completed?

<0>   NEVER ATTENDED/KINDERGARTEN ONLY
<1>   1ST GRADE
<2>   2ND GRADE   **HFM600   FMT_HFM_600_.**
<3>   3RD GRADE
<4>   4TH GRADE
<5>   5TH GRADE
<6>   6TH GRADE
<7>   7TH GRADE
<8>   8TH GRADE
<9>   9TH GRADE
<10> 10TH GRADE
<11> 11TH GRADE
<12> 12TH GRADE, NO DIPLOMA
<13> HIGH SCHOOL GRADUATE
<14> GED OR EQUIVALENT

<d>   DON'T KNOW

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<r>   REFUSED

HFM610   Is your child Hispanic or Latino?

<1>   YES   **HFM610   FMT_YES_NO.**
<2>   NO

<d>   DON'T KNOW
<r>   REFUSED

HFM620   Which one or more of the following would you say is your child's race?

(HAND CARD. ENTER ALL THAT APPLY. ENTER 'x' WHEN DONE.)

<1>   WHITE
<2>   BLACK OR AFRICAN AMERICAN
<3>   ASIAN
<4>   NATIVE HAWAIIAN OR PACIFIC ISLANDER
<5>   AMERICAN INDIAN OR ALASKA NATIVE
<6>   OTHER (SPECIFY)

<d>   DON'T KNOW   **HFM620_A   FMT_RACE.**
<r>   REFUSED   **HFM620_B   FMT_RACE.**
                        HFM620_C   FMT_RACE.
                        HFM620_D   FMT_RACE.
                        HFM620_E   FMT_RACE.
                        HFM620_F   FMT_RACE.
                HFM620_OTHER $FMT_CHAR.