\*JIM: Please preload the usual values, including name of child, child age, child DOB.

**Tab 1: Demo questions**

**Did PC say yes to revisit/discussing ECHO consents? PossiblIntQ1**

If PC said YES, enter '1'.

If PC said NO, enter '0'.

\_\_\_\_\_\_ (number field)

If No…

**What is the reason for the refusal? PossiblTxtQ1**

Enter any of the following numbers (separated by dashes).  If there are other reasons type them at the end (e.g. “1-3-PC refused”).

1. PC thought information requested is too private or invasive

2. PC did not want to give SSNs

3. PC did not want to spend the time to talk about it

4. PC thought incentive was too low

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (open text field)

Today’s date\_\_\_\_\_\_\_\_\_\_\_\_ **EcCnStrDat**

Name of PC signing consent forms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PCFulName\_priv**

Relationship of PC to TC: (please check one box): **RelPCtoTC**

□ Mother □ Unmarried Partner of Parent

□ Father □ Grandparent

□ Adoptive Parent □ Aunt / Uncle

□ Foster Parent □ Other (Specify) \_\_\_\_\_\_\_\_\_\_ **RelPCtoTCSp**

□ Married Step-Parent

What is your (PC’s) maiden name (if never married, enter last name)?\_\_\_\_\_\_\_\_\_\_ **PCMaidenNam\_priv**

What is your (PC’s) DOB?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PCDOB\_priv**

What is your (PC’s) age?\_\_\_\_\_\_\_\_\_\_\_\_ **PCAgeYrs**

What is the address of the very first home you ever lived in (i.e., when you were born)? (please fill out *any* fields below that you remember)

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Blaise Don’t Know/Refuse **PCFirAdrStr\_priv**

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Blaise Don’t Know/Refuse **PCFirAdrCty\_priv**

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Blaise Don’t Know/Refuse **PCFirAdrSta\_priv**

Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Blaise Don’t Know/Refuse **PCFirAdrZip\_priv**

What school is TC currently attending?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TCSchoolName**

**Tab 2: Biospecimen consent**

1. Did PC give permission to use their and their child’s saliva specimens? Y/N **PCPermSaliv**

**Tab 3: Record consent**

1. Did PC give permission for FLP to obtain their and their child’s health records? Y/N **PCPermTCHlRc**

If YES: Text in Blaise: Please note that if PC ONLY wants to give permission for TC (or vice versa) then put don’t know/refuse for the person they do NOT want to release records for.

PC SSN:\_\_\_\_-\_\_\_\_-\_\_\_\_\_ or Blaise Don’t Know/Refuse  **PCSSN\_priv**

PC Medicaid #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (10 digits possible) or Blaise Don’t Know/Refuse or N/A  **PCMedicaid\_priv**

TC SSN:\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ or Blaise Don’t Know/Refuse  **TCSSN\_priv**

TC Medicaid #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(10 digits possible) or Blaise Don’t Know/Refuse or N/A  **TCMedicaid\_priv**

PC Medicare # (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_(up to 13 spaces possible) or Blaise Don’t Know/Refuse or N/A  **PCMedicare\_priv**

1. Did PC give permission for FLP to obtain their child’s school records? Y/N  **PCPermTCScRc**
2. Did PC give permission for FLP to obtain their social services records? Y/N  **PCPermSSRec**
3. Did PC give permission for FLP to obtain their child’s birth certificate? Y/N  **PCPermTCBirc**

If YES:

Name on certificate (TC’s legal name): \_\_\_\_\_\_\_(first)  **TCBirCFirNam\_priv** \_\_\_\_\_\_(middle)  **TCBirCMidNam\_priv** \_\_\_\_\_\_\_(last)  **TCBirCLstNam\_priv**

Date of birth (mo/day/yr):  **TCBirCDOB**

Sex: M/F  **TCBirCSex**

Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_(city)  **TCBirCCity** \_\_\_\_\_\_\_\_\_\_(county)  **TCBirCCnty**

Were parents married at time of birth? Y/N  **TCParMarBir**

Full name of Mother/parent/adoptive parent: \_\_\_\_\_(first)  **TCMthrFirNam\_priv** \_\_\_\_\_\_(middle)  **TCMthrMidNam\_priv** \_\_\_\_\_(last)  **TCMthrLstNam\_priv** (last name prior to marriage, if applies)

Full name of Father/parent/adoptive parent:\_\_\_\_\_\_\_\_(first)  **TCFthrFirNam\_priv** \_\_\_\_\_\_(middle)  **TCFthrMidNam\_priv** \_\_\_\_\_\_(last)  **TCFthrLstNam\_priv** (last name prior to marriage, if applies)

**Tab 4: HIPAA**

1. Did PC sign the ADULT HIPAA authorization form for healthcare providers and organizations? Y/N  **PCSgnAHIPHCP**
2. Did PC sign the ADULT HIPAA authorization form for Medicaid, SCHIP, and private insurers? Y/N  **PCSgnAHIPMed**
3. Did PC sign the CHILD HIPAA authorization form for healthcare providers and organizations? Y/N  **PCSgnCHIPHCP**
4. Did PC sign the CHILD HIPAA authorization form for Medicaid, SCHIP, and private insurers? Y/N  **PCSgnCHIPMed**

**Tab 5: Insurance providers**

1. Please review this list of insurers and tell me which ones you have **used from prenatal care to now for own** **healthcare**:

Check all that apply AND select date range based on child age:

\*Jim, for each one checked, please add a follow-up line for them to check off which child age range they had that insurance provider. Please make it so that they can check off more than one:

If checked:

Prenatal care

child age 0-5

child age 6-10

child age 11-15

NOTE TO NC RAs:

If the parent reports that they have MedCost as an insurer, ask, “*MedCost is pretty common in North Carolina. It is a case management system that helps manage your claims between you and your insurance provider. For this study, we actually need to know the insurance provider that MedCost is linked to. Do you happen to know who pays when you go to the doctor? Maybe you’ve received a bill or a piece of mail from an insurance provider in the past? Please look over this list of insurance providers we have thought of [show list of providers] and let me know if any of these look familiar to you as your provider.”*

If PC finds provider on list, have them sign appropriate insurer form, and indicate insurance provider in Blaise.

If PC does not find insurance provider on list, but gives a different insurance provider name, enter that insurance provider name in the “Other” field.

If PC does not know, enter “MedCost” in the “Other” field.

**PCInsur1 – PCInsur18**

Blue Cross Blue Shield (NC only)

Aetna

Blue Shield of California

Carefirst Inc Group

Cigna

Highmark

Humana

Molina Healthcare

United Healthcare

Wellcare Group

Medicare

Medicaid

CHIP

Tricare North (active duty military insurance)

VA

UPMC (PA only)

Other (please specify:\_\_\_\_\_\_\_\_\_\_)  **PCInsurSp**

NEVER had health insurance (add pop up message, asking “are you sure PC said that they have NEVER had health insurance?”)

**PCInBCBSTCY1 – PCInBCBSTCY4**

**PCInAetnTCY1 –PCInAetnTCY4**

**PCInBCCATCY1 – PCInBCCATCY4**

**PCInCFIGTCY1 – PCInCFIGTCY4**

**PCInCignTCY1 – PCInCignTCY4**

**PCInHighTCY1 – PCInHighTCY4**

**PCInHumaTCY1 – PCInHumaTCY4**

**PCInMoliTCY1 – PCInMoliTCY4**

**PCInUHTCY1 – PCInUHTCY4**

**PCInWGTCY1 – PCInWGTCY4**

**PCInMedCTCY1 – PCInMedCTCY4**

**PCInMedATCY1 – PCInMedATCY4**

**PCInCHIPTCY1 – PCInCHIPTCY4**

**PCInTNTCY1 – PCInTNTCY4**

**PCInVATCY1 – PCInVATCY4**

**PCInUMPCTCY1 – PCInUPMCTCY4**

**PCInOthrTCY1 – PCInOthrTCY4**

1. Using the same list, tell me which ones you have **ever** used for **your child’s** **healthcare**:

Check all that apply AND select date range based on child age:

\*Jim, for each one checked, please add a follow-up line for them to check off which child age range they had that insurance provider Please make it so that they can check off more than one:

If checked:

child age 0-5

child age 6-10

child age 11-15

NOTE TO NC RAs:

If the parent reports that they have MedCost as an insurer, ask, “*MedCost is pretty common in North Carolina. It is a case management system that helps manage your claims between you and your insurance provider. For this study, we actually need to know the insurance provider that MedCost is linked to. Do you happen to know who pays when you go to the doctor? Maybe you’ve received a bill or a piece of mail from an insurance provider in the past? Please look over this list of insurance providers we have thought of [show list of providers] and let me know if any of these look familiar to you as your provider.”*

If PC finds provider on list, have them sign appropriate insurer form, and indicate insurance provider in Blaise.

If PC does not find insurance provider on list, but gives a different insurance provider name, enter that insurance provider name in the “Other” field.

If PC does not know, enter “MedCost” in the “Other” field.

**TCInsur1 – TCInsur18**

Blue Cross Blue Shield (NC only)

Aetna

Blue Shield of California

Carefirst Inc Group

Cigna

Highmark

Humana

Molina Healthcare

United Healthcare

Wellcare Group

Medicare

Medicaid

CHIP

Tricare North (active military insurance)

VA

UPMC(PA only)

Other (please specify:\_\_\_\_\_\_\_\_\_\_)  **TCIncurSp**

NEVER had health insurance (add pop up message, asking “are you sure PC said that their child has NEVER had health insurance?”)

**TCInBCBSTCY1 – TCInBCBSTCY3**

**TCInAetnTCY1 –TCInAetnTCY3**

**TCInBCCATCY1 – TCInBCCATCY3**

**TCInCFIGTCY1 – TCInCFIGTCY3**

**TCInCignTCY1 – TCInCignTCY3**

**TCInHighTCY1 – TCInHighTCY3**

**TCInHumaTCY1 – TCInHumaTCY3**

**TCInMoliTCY1 – TCInMoliTCY3**

**TCInUHTCY1 – TCInUHTCY3**

**TCInWGTCY1 – TCInWGTCY3**

**TCInMedCTCY1 – TCInMedCTCY3**

**TCInMedATCY1 – TCInMedATCY3**

**TCInCHIPTCY1 – TCInCHIPTCY3**

**TCInTNTCY1 – TCInTNTCY3**

**TCInVATCY1 – TCInVATCY3**

**TCInUMTCTCY1 – TCInUPMCTCY3**

**TCInOthrTCY1 – TCInOthrTCY3**

**Tab 6: TC assent**

1. Did TC give assent to use their saliva specimens? Y/N  **TCAsntSaliv**
2. Did TC give assent for FLP to obtain their health records? Y/N  **TCAsntHltRec**
3. Did TC give assent for FLP to obtain their school records? Y/N  **TCAsntScRec**
4. Did TC give assent for FLP to obtain their social services records? Y/N  **TCAsntSSRec**
5. Did TC give assent for FLP to obtain their birth certificate? Y/N  **TCAsntBirC**

**Tab 7: Post-visit**

What forms did PC **NOT** consent YES to?

**PCFrmNotCon1 – PCFrmNotCon8**

Check all that apply and if checked, explain WHY (free response):

Biospecimens  **.BioSpeWhyNot**

Health records  **.HltRecWhyNot**

School records  **.SchRecWhyNot**

Social services records  **.SSRecWhyNot**

Birth certificate  **.BirCrtWhyNit**

HIPAA adult  **.HIPAtlWhyNot**

HIPAA child  **.HIPChlWhyNot**