

## 4691 – New York City CHS Child Sub-script

SCREENER (11)

RDD contact script

Hello, My name is \_\_\_\_\_, and \_\_\_\_\_ calling on behalf of the New York City Department of Health from Abt-SRBI. We're conducting an important study to improve the health of New Yorkers. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential.

READ IF NEEDED: You don't have to give me any personal identifying information such as your full name or address.

Q ZIP To make sure that your neighborhood is correctly identified, could I please have your five-digit zip code?

RECORD 77777 FOR DON'T KNOW  
RECORD 99999 FOR REFUSED

IF Q ZIP = 77777 OR 99999 THEN ASK Q Confirm (OR IF RESPONDENT ZIP CODE DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST)

Q CONFIRM. Just to confirm, is your zipcode \_\_\_\_\_?

- 1 YES
- 2 NO
- 7 DON'T KNOW - TERMINATE
- 9 REFUSED - TERMINATE

IF Q CONFIRM = 2, UPDATE ZIP CODE. ELSE ASK Q BORO.

Q BORO In which of the five New York City boroughs are you residing?

READ IF NEEDED:

- 1 The Bronx
- 2 Brooklyn
- 3 Manhattan
- 4 Queens
- 5 Staten Island
- 6 DO NOT LIVE IN NYC - THANK, TERMINATE
- 7 DON'T KNOW - THANK, TERMINATE
- 9 REFUSED - THANK, TERMINATE

Child enumeration/confirmation

**QUOTA OUT FROM MAIN CHS ENTER SCRIPT HERE**

**QLEVEL = 6**

ASK ALL

**QS.1 Could you please tell me how many children younger than 18 live in this household?**

READ IF NEEDED: Include all children who live in the household the majority of a typical week.

\_\_ NUMBER OF CHILDREN [RANGE 0-10] IF 00 PROBE TO CONFIRM, THANK AND TERMINATE  
77 DON'T KNOW - THANK AND TERMINATE  
99 REFUSED - THANK AND TERMINATE

[CATI: CALCULATE NCHILD = QS.1]

ASK IF (QS.1 GT 0) (ANY CHILDREN < 18)

**QS.2 (Is this child / How many of these children are) under the age of six? Please count any child, no matter how young.**

READ IF NEEDED: Include all children who live in the household the majority of a typical week.

\_\_ NUMBER OF CHILDREN [RANGE 0-10]  
77 DON'T KNOW - THANK AND TERMINATE  
99 REFUSED - THANK AND TERMINATE

ASK IF (QS.1 - QS.2 GT 0)

**QS.3 (Is this child / And is the other child / How many of these other children are) between the ages of six and twelve?**

READ IF NEEDED: Include all children who live in the household the majority of a typical week.

\_\_ NUMBER OF CHILDREN [RANGE 0-10]  
77 DON'T KNOW - THANK AND TERMINATE  
99 REFUSED - THANK AND TERMINATE

IF ((QS.2 = 0) AND (QS.3 = 0)), THANK AND TERMINATE

**ELIGIBLE COMPLETE FROM MAIN CHS ENTER SUBSCRIPT HERE**

**QLEVEL = 7**

Identification of knowledgeable adult for focus child (0 - 5 or 6 - 12)

CHILD SELECTION:

IF ((QS.2 GE 1) AND (QS.3 = 0)), RANDOMLY SELECT WITHIN QS.2 (0-5 AGE GROUP)  
IF ((QS.2 = 0) AND (QS.3 GE 1)), RANDOMLY SELECT WITHIN QS.3 (6-12 AGE GROUP)  
IF ((QS.2 GE 1) AND (QS.3 GE 1)), RANDOMLY SELECT THE 0-5 AGE GROUP 67% OF THE TIME,  
AND RANDOMLY SELECT THE 6-12 AGE GROUP 33% OF THE TIME. WHEN GROUP IS SELECTED,  
RANDOMLY SELECT CHILD

CATI: WRITE WHICH AGE GROUP SELECTED WHEN ((QS.2 GE 1) AND (QS.3 GE 1)) (RANDOMLY SELECTION FROM 0-5 AGE OR FROM 6-12 AGE WHEN HH HAS CHILDREN IN BOTH AGE GROUPS

CATI: WRITE "CHILD SELECTION" POSITION WITHIN AGE GROUP (0-5, 6-12) IF ((QS.2 GE2) OR (QS.3 GE3)) (MORE THAN ONE CHILD IN AN AGE GROUP)

**IF CHS MAIN COMPLETE:**

The Department of Health has a second study that just focuses on the health of New York City children. For the adult that qualifies, there is a \$30 incentive for the completion of the survey. We would like to speak with an adult who knows about the health and health care of the [FILL CHILD SELECTION: oldest/youngest/second oldest/second youngest/third oldest/fourth youngest] child who is (less than six years of age/between six and twelve years of age).

**QS.4a Are you an adult who knows about the health and health care of this child?**

- 1 YES -GO TO QS.NAMEA
- 2 NO -GO TO QS.NAMEA
- 7 DON'T KNOW - ASK FOR CONTACT INFO FOR CB
- 9 REFUSED - (dispo child qkey as refused)

**QS.NAMEA** - [IF QS.4A = 1]May I please have your initials or first name so we can ask for you if we have to call back? [IF QS.4A = 2]May I please have the other adult's initials or first name so we can ask for them if we have to call back?

- 1 GAVE RESPONSE (ENTER RESPONSE)
- 7 (VOL) DON'T KNOW
- 9 (VOL) REFUSED

ASK IF QS.4a = 1, IF QS4.a = 2 GO TO QS4.c

**Q.CONTINUE** - Would you continue with the child portion of the Community Health Survey now or would you like to schedule an appointment for another time?

- 1 YES - CONTINUE WITH CHILD SURVEY
- 2 CALLBACK (CONTACT INFO FOR CB)
- 9 REFUSED (dispo child qkey as refused)

ASK IF CHILD RDD OR QUOTA OUT FROM MAIN CHS

To assist the Department in knowing about the health of the City's children, and the children in your neighborhood, we would like to speak with an adult who knows about the health and health care of the [FILL CHILD SELECTION: oldest/youngest/second oldest/second youngest/third oldest/fourth youngest] child who is (less than six years of age/between six and twelve years of age). For the adult that qualifies, there is a \$30 incentive for the completion of the survey.

**QS.4b Are you an adult who knows about the health and health care of this child?**

- 1 YES - GO TO QS.NAMEB
- 2 NO - GO TO QS.NAMEB
- 7 DON'T KNOW - ASK FOR CONTACT INFO FOR CB
- 9 REFUSED - THANK AND TERMINATE

**QS.NAMEB** - [IF QS.4B = 1]May I please have your initials or first name so we can ask for you if we have to call back? [IF QS.4B = 2]May I please have the knowledgeable adult's initials or first name so we can ask for them if we have to call back?

- 1 GAVE RESPONSE (ENTER RESPONSE)
- 7 (VOL) DON'T KNOW
- 9 (VOL) REFUSED

ASK IF QS.4b=2, IF QS.4b = 1 GO TO qs.5

QS.4c

Could I speak with the knowledgeable adult?

- 1 YES - AVAILABLE - SKIP TO Q HELLO
- 2 NO - NOT AVAILABLE (ASK FOR CONTACT INFO FOR CB)
- 9 REFUSED - THANK AND TERMINATE

**Q HELLO**

Hello, My name is \_\_\_\_\_, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. We're conducting an important study to improve the health of New York City's children. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential. This survey will take about 25 minutes, and in appreciation of your time, we will provide you \$30 dollars.

We've talked to someone else in your household who told us the number and age range(s) of your child(ren). We would like to ask about the health and health care of the [FILL CHILD SELECTION: oldest/youngest/second oldest/second youngest/third oldest/fourth youngest] child who is (less than six years of age/between six and twelve years of age).

ASK ALL

QS.5 Because some of our questions are only for children of certain ages, can you please tell me the year and month this child was born?

\_\_\_\_\_ YEAR [RANGE: 1996 - 2009]

\_\_\_\_\_ MONTH [RANGE: 1 -12]

77 DON'T KNOW

99 REFUSED

IF ((FILL CHILD SELECTION = 0 - 5) AND (QS.5 = 77 OR 99)) THANK AND TERMINATE

INTERVIEWER PROMPT: [IF (MONTH >CURRENT AND YEAR =2009) OR (MONTH < CURRENT AND YEAR = 1996)] "Please verify month and year of birth."

[CATI Note: Create variable "ChAge":

If (month of birth LE month of interview) AND Year of Birth = 2009, ChAge = '(Current month - Month of Birth) month old'.

If (month of birth LE month of interview) AND Year of Birth LT 2009, ChAge = '(2009 - year of birth) year old'

If (month of birth GT month of interview) AND Year of Birth = 2008, ChAge = '((12- Month of Birth) + Month of interview) month old'

If (month of birth GT month of interview) AND Year of Birth LT 2008, ChAge = '(2008- Year of Birth) year old'

ASK ALL

QS.6 I can continue to refer to this child born in (month) (year) as (the N month/year old) (SAMPLED CHILD) for the rest of the interview, or if you prefer, you could give me a first name, nickname or initials for this child.

- 1 YES, GAVE NAME (SPECIFY) \_\_\_\_\_
- 2 NO, USE AGE
- 9 PREFER NOT TO USE EITHER

[CATI note: Create variable "CHILD" to store child name/child age/child  
IF (QS.6 = 2) CHILD = 'CHAGE'  
IF (QS.6 = 1) CHILD = QS6\_OS]  
IF (QS.6 = 9) CHILD = "this child"

ASK ALL

QS.7 Is (CHILD) male or female?

- 1 MALE
- 2 FEMALE
- 7 DON'T KNOW
- 9 REFUSED

[CATI Note: Create var to store child gender "CHGEND"  
IF QS.7 = 1 CHGEND = 'his'  
IF QS.7 = 2 CHGEND = 'her'  
IF QS.7 = 7 or 9, CHGEND = 'his or her']

[CATI Note: Create var to store child gender "CHGEND2"  
IF QS.7 = 1 CHGEND = 'he'  
IF QS.7 = 2 CHGEND = 'she'  
IF QS.7 = 7 or 9, CHGEND = 'he or she']

[CATI Note: Create var to store child gender "CHGEND3"  
IF QS.7 = 1 CHGEND = 'him'  
IF QS.7 = 2 CHGEND = 'her'  
IF QS.7 = 7 or 9, CHGEND = 'him or her']

QS.8 Do you know (CHILD) well enough to answer questions about (CHGEND) health, (CHGEND) doctor visits, what kinds of food (CHGEND2) eats, and (CHGEND) general activities?

- 1 YES - CONTINUE
- 2 NO - ASK CONTACT INFO/CALL-BACK TIME FOR KNOWLEDGEABLE ADULT(S)
- 7 DON'T KNOW - ASK CONTACT INFO/CALL-BACK TIME FOR KNOWLEDGEABLE ADULT(S)
- 9 REFUSED - ASK CONTACT INFO/CALL-BACK TIME FOR KNOWLEDGEABLE ADULT(S)

ASK IF QS.8 = 1 (YES, KNOWLEDGEABLE)

QS.9 **What is your relationship to** (CHILD)?

- 01 MOTHER (BIRTH, STEP-, FOSTER-, ADOPTIVE-)
- 02 FATHER (BIRTH, STEP-, FOSTER-, ADOPTIVE-)
- 03 SISTER (HALF-, STEP-, FOSTER-, ADOPTIVE-)
- 04 BROTHER (HALF-, STEP-, FOSTER-, ADOPTIVE-)
- 05 IN-LAW OF ANY TYPE
- 06 AUNT
- 07 UNCLE
- 08 GRANDPARENT
- 09 OTHER FAMILY MEMBER
- 10 OTHER NON-RELATIVE (INCLUDING PARTNER OF CHILD'S PARENT)
- 11 FEMALE GUARDIAN
- 12 MALE GUARDIAN
- 77 DON'T KNOW -- THANK, TERMINATE
- 99 REFUSED -- THANK, TERMINATE

ASK IF (QS.9 = 1 OR 2) (RESPONDENT IS MOTHER/FATHER)

QS.10 **Are you the child's biological, step, foster or adoptive (mother / father) ?**

- 1 BIOLOGICAL MOTHER/FATHER
- 2 STEP MOTHER/FATHER
- 3 FOSTER MOTHER/FATHER
- 4 ADOPTIVE MOTHER/FATHER
- 5 NONE OF THE ABOVE
- 7 DON'T KNOW
- 9 REFUSED

QS.11 RECORD CHOSEN INTERVIEW LANGUAGE

- 1 ENGLISH
- 2 SPANISH
- 3 CHINESE
- 4 RUSSIAN

**CHILD'S GENERAL HEALTH (6)**

Infant health (3)

QLEVEL = 8 (IF QUOTA OUT FROM MAIN CHS)  
QLEVEL = 9 (IF COMPLETE FROM MAIN CHS)

ASK ALL

Q1.1 I would like you to think back to the time (CHILD) was born. Was (CHGEN2) born prematurely, that is 4 or more weeks early?

INTERVIEWER NOTE: PREMATURE IS ANYTHING LESS THAN 38 WEEKS

- 1 YES, PREMATURE
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q1.2 What was (CHILD)'s birth weight?

- 1 \_\_\_ POUNDS [CATI RANGE 01-15] \_\_\_ OUNCES [RANGE 00-15]
- 2 \_\_\_ GRAMS [RANGE CHECK: 500-5485]

- 7777 DON'T KNOW
- 9999 REFUSED

ASK IF Q1.2 = 7777 ("Don't know")

Q1.3 Do you know if (CHILD) weighed less than 5 pounds 8 ounces?

- 1 YES, LESS THAN 5 POUNDS 8 OUNCES (2500 GRAMS)
- 2 NO, NOT LESS
- 7 DON'T KNOW
- 9 REFUSED

Weight (2)

ASK IF QS.5 GE 5 MOS (AGE 5 MOS OR OLDER)

Q1.4 During the past 12 months, has a doctor or other health care provider told you that (CHILD) was overweight?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 5 MOS (AGE 5 MOS OR OLDER)

Q1.5 How would you describe your child's weight for (CHGEN2) size and age? Would you say (CHGEN2) is very UNDERweight, slightly UNDERweight, about the right weight, slightly OVERweight, or very OVERweight?

- 1 VERY UNDERWEIGHT
- 2 SLIGHTLY UNDERWEIGHT
- 3 ABOUT THE RIGHT WEIGHT
- 4 SLIGHTLY OVERWEIGHT
- 5 VERY OVERWEIGHT
- 7 DON'T KNOW
- 9 REFUSED

General health (1)

ASK ALL

Q1.6 In general, how would you describe (CHILD)'s health? Would you say (CHGEND) health is excellent, very good, good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 7 DON'T KNOW
- 9 REFUSED

**HEALTH CONDITIONS BATTERY (25 + x)**

Conditions: ever Dx (14)

READ SCREEN

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 (CHILD) had the condition, even if (CHGEND2) does not have the condition now.

Has a doctor or other health care provider ever told you that (CHILD) had [INSERT]?

ASK ALL

Q2.1 Hearing problems?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q2.2 Vision problems that cannot be corrected with glasses or contact lenses?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q2.3 Diabetes?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q2.4 Asthma?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED



ASK ALL

**Q2.5 Hypertension or High Blood Pressure?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 2 YRS/24 MOS, ELSE SKIP Q2.13 (DEVELOPMENTAL DELAY)

**Q2.6 Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, A.D.D. or A.D.H.D.?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 2 YRS/24 MOS

**Q2.7 Depression?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 2 YRS/24 MOS

**Q2.8 Bipolar Disorder?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 2 YRS/24 MOS

**Q2.9 Anxiety problems?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 2 YRS/24 MOS

**Q2.10 Oppositional defiant disorder, conduct disorder, or any other behavioral or conduct problem?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 2 YRS/24 MOS

**Q2.11 Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 2 YRS/24 MOS

Q2.12 **Stuttering, stammering, or other speech problems?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q2.13 **Any developmental delays** (IF QS.5 GE 2 YRS ADD: **other than speech problems**)?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 3 YRS/36 MOS

Q2.14 **Has a doctor, health care provider, teacher or school official ever told you that (CHILD) had a learning disability?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

Asthma module (10)

IF (Q2.4 NE 1) SKIP TO Q2.26 (IF NO ASTHMA SKIP TO ASTHMA HOUSEHOLD)

ASK IF QS.5 GE 1 YR/12 MOS (12 MONTHS OR OLDER)

Q2.15 **You said earlier that (CHILD) had asthma. Were you first told (CHILD) had asthma within the past 12 months or was it more than 12 months ago?**

- 1 WITHIN THE PAST 12 MONTHS
- 2 MORE THAN 12 MONTHS AGO
- 7 DON'T KNOW
- 9 REFUSED

CATI PROGRAMMING: **PAST 12 MOS FILL**

IF QS.5 GE 1 YEAR/12 MONTHS, PAST 12 MOS FILL: **During the past 12 months,**

IF QS.5 LT 1 YEAR/12 MONTHS, PAST 12 MOS FILL: **Since (CHGEND) birth,**

ASK IF Q2.4 = 1 (ASTHMA AT ANY AGE)

Q2.16 [PAST 12 MOS FILL] **has (CHILD) had an episode of asthma or an asthma attack?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (Q2.16=1) (PAST 12 MOS ATTACK, ANY AGE)  
Q2.17 [PAST 12 MOS FILL] **has (CHILD) had to visit a hospital emergency room or urgent care clinic because of (CHGEND) asthma?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ( (Q2.16=1) (PAST 12 MOS ATTACK, ANY AGE)  
Q2.18 [PAST 12 MOS FILL] **has (CHILD) stayed overnight in a hospital because of (CHGEND) asthma?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q2.4 = 1 (ASTHMA AT ANY AGE)  
Q 2.19 [PAST 12 MOS FILL] **has (CHILD) taken asthma medication that was prescribed by a doctor, including pills, an inhaler or puffers?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (Q2.19=1) (PAST 12 MOS MEDICATION, ANY AGE)  
Q2.20 **During the past 30 days, did (CHILD) use a prescription asthma inhaler DURING an asthma attack to stop it?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (Q2.19=1) (PAST 12 MOS MEDICATION, ANY AGE)  
Q2.21a. **During the past 30 days, did (CHILD) use a prescription asthma inhaler when no symptoms were present to PREVENT an asthma attack from occurring?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

Q2.21b. **ADDED QUESTION [PAST 12 MOS FILL], was there any time when a prescription for asthma medication for (CHILD) was not filled or was delayed because of the cost?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

CATI PROGRAMMING: SCHOOL YEAR FILL

IF INTERVIEW DATE JUNE-SEPTEMBER, SCHOOL YEAR FILL: "This past school year"

IF INTERVIEW DATE NOT JUNE-SEPTEMBER, SCHOOL YEAR FILL: "This school year"

ASK IF (Q2.16 = 1) AND (QS.5 GE 6 YRS)) (PAST 12 MO ATTACK, AGE 6-12)

**Q2.22 During the last three months of [SCHOOL YEAR FILL], how many days of school did (CHILD) miss because of (CHGEN) asthma?**

READ IF NEEDED: There are approximately 60 school days during this period.

READ IF NEEDED, IF CHILD NOT CURRENTLY IN SCHOOL: Please answer for the last 3 months that (CHILD) was in school.

\_\_ \_\_ DAYS [RANGE 0 - 60]

88 DOES NOT APPLY/HOME SCHOOLED/NO SCHOOL

77 DON'T KNOW

99 REFUSED

ASK IF ( (Q2.16 = 1) AND (Q2.19 = 1) AND (QS.5 GE 6 YRS)) (PAST 12 MO ATTACK, ASTHMA MEDICATION, AGE 6 - 12)

**Q2.23 For [SCHOOL YEAR FILL], did you submit a Medication Administration Form to (CHILD)'s school so (CHGEN2) can (could) receive asthma medicine at school?**

READ IF NEEDED: A Medication Administration Form or M - A - F is a form that a health care provider completes for children who need to take their own medication at school or have a nurse administer medication to them."

1 YES

2 NO

7 DON'T KNOW

9 REFUSED

ASK IF ( (Q2.16 = 1) AND (Q2.19 = 1) AND (QS.5 GE 6 YRS)) (PAST 12 MO ATTACK, ASTHMA MEDICATION, AGE 6 - 12)

**Q2.24 An "Asthma Action Plan" is a form that is filled out by a medical provider and given to the child's parents and caretakers. It lists medications, how and when to take them, and what to do if the child's asthma gets worse. As far as you know, does (CHILD) currently have an "Asthma Action Plan"?**

1 YES

2 NO

7 DON'T KNOW

9 REFUSED

Other children Dx with asthma in household (1)

IF (QS1=1) SKIP TO Q2.26 (ONLY ONE CHILD, SKIP TO CURRENT DIAGNOSIS)

ASK IF (QS1 = 2) (ANY OTHER CHILD IN HH <18)

**Q2.25a You mentioned earlier there is one other child under 18 in your household. Has a doctor or other health care provider ever told you that this child had asthma?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (QS1 > 2) (ANY OTHER CHILD IN HH <18)

**Q2.25b You mentioned earlier there are ([FILL # FROM QS.1] - 1) other children under 18 in your household. How many of these other children has a doctor or other health care provider ever told have asthma?**

- \_\_\_ CHILDREN [RANGE 0 - # OTHER CHILDREN <18 IN HH]
- 77 DON'T KNOW
- 99 REFUSED

Conditions: current Dx (x)

ASK FOR EACH ((Q2.1 - Q2.3, Q2.5 - Q2.14) = 1) ELSE SKIP TO Q3.1 (FOLLOW UP FOR EACH "EVER" DX (EXCEPT ASTHMA) OR GO TO IMMUNIZATION) DO NOT ASK FOLLOW\_UP IF Q2.4 = 1.

**Q2.26 - 2.39 You said earlier that (CHILD) was diagnosed with [CONDITION]. Does (CHGEN2) currently have this condition?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**IMMUNIZATION (2)**

READ SCREEN: **Next, I'd like to ask you about vaccines and vaccinations.**

ASK ALL

Q3.1 [PAST 12 MONTHS FILL] **have you delayed or avoided vaccinating (CHILD) because of any concerns about the safety of vaccines?**

READ IF NEEDED: This question is about vaccines in general, not about any one specific vaccination.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q3.2 [PAST 12 MOS FILL] **have you delayed or avoided vaccinating (CHILD) because of the cost of the vaccinations or problems with insurance coverage?**

READ IF NEEDED: This question is about vaccines in general, not about any one specific vaccination.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**DENTAL (3)**

ASK IF QS.5 GE 2 YRS/24 MOS

**Q4.1 During the past 12 months, how many times did (CHILD) see a dentist for preventive dental care, such as check-ups and teeth cleanings?**

\_\_\_ \_\_\_ \_\_\_ TIMES [0 - 19]  
77 DON'T KNOW  
99 REFUSED

ASK IF QS.5 GE 6 YRS

**Q4.2 Dental sealants are a clear or white material placed on the chewing surface of teeth to prevent cavities. Has your child ever had dental sealants placed on (CHGEND) teeth at either your dental office or through a school program?**

1 YES AT DENTAL OFFICE OR SCHOOL  
2 NO  
7 DON'T KNOW  
9 REFUSED

ASK IF QS.5 GE 2 YRS/24 MOS

**Q4.3 During the past 12 months, was there any time when (CHILD) needed dental care but it was delayed or not received because of the cost?**

1 YES  
2 NO  
7 DON'T KNOW  
9 REFUSED

**EARLY INTERVENTION (22)**

Limitations and needs (5)

READ SCREEN: The next questions are about any kind of health problems, concerns, or conditions that may have affected (CHILD)'s behavior, development, or growth.

ASK ALL

Q5.1 Does (CHILD) need or use more medical care or mental health services than is usual for most children of the same age?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q5.2 Does (CHILD) need or use more educational services than is usual for most children of the same age?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q5.3 Is (CHILD) limited or prevented in any way in (CHGEN2) ability to do the things most children of the same age can do?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q5.4 Does (CHILD) have any developmental problem for which (CHGEN2) needs or gets treatment or counseling?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 6 YRS (AGE 6 - 12)

Q5.5 Overall, do you think that (CHILD) has difficulties with one or more of the following areas: Emotions, concentration, behavior, or being able to get along with others?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED



Parent concern (6)

ASK Q5.6 IF QS.5 GE 4 MOS AND LE 5 YRS, ELSE SKIP TO Q6.1 (AGE 4 MOS-5 YRS OR SKIP TO SCHOOL QS)

**Have you ever had any concerns about [INSERT]**

ASK IF QS.5 GE 4 MOS AND LE 5 YRS) (AGE 4 MONTHS - 5 YRS)

**Q5.6 how (CHILD) was learning to sit up, balance, crawl or walk?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 4 MOS AND LE 5 YRS) (AGE 4 MONTHS - 5 YRS)

**Q5.7 how (CHGEND2) was learning to make speech sounds, talk and understand things that others say?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 10 MOS AND LE 5 YRS) (AGE 10 MONTHS - 5 YRS)

**Q5.8 how (CHGEND2) was learning to do things for (himself/herself)?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 18 MOS AND LE 5 YRS) (AGE 10 MONTHS - 5 YRS)

**Q5.9 how (CHGEND2) was learning pre-school or school skills, like the alphabet and counting?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 4 MOS AND LE 5 YRS) (AGE 4 MONTHS - 5 YRS)

**Q5.10 (CHGEND) emotional or behavioral development?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (ANY Q5.6 - Q5.10 = 1), ELSE GO TO Q5.14 (ASK IF ANY PERSONAL CONCERNS, ELSE GO TO PROFESSIONAL CONCERNS)

**Q5.11 About how many months or years old was (CHILD) when you first had any of these concerns about [him/her]?**

\_\_\_\_\_ MONTHS [RANGE 0 - 12]  
AND  
\_\_\_\_\_ YEARS [RANGE YEARS 0 - 5]]

- 88 PRIOR TO BIRTH/DURING PREGNANCY
- 77 DON'T KNOW
- 99 REFUSED

Professional concern (5)

ASK IF (ANY Q5.6 - Q5.10 = 1)

Q5.12 **Did you discuss these concerns with a doctor or other health care provider, mental health professional, teacher, day care provider, or some other professional?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ADD TO TRAINING MATERIAL: INCLUDES PSYCHIATRISTS, PSYCHOLOGISTS, THERAPISTS AS MENTAL HEALTH PROFESSIONALS

ASK IF Q5.12 = 1 (DISCUSSED WITH PROFESSIONAL)

Q5.13 **With whom did you discuss these concerns?**

READ ANSWER CHOICES, MULTIPLE RESPONSE

- 1 Health care professional (including Doctor)
- 2 Mental health professional
- 3 Teacher
- 4 Day Care Provider, or
- 5 Some other professional ?
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 4 month LE 5 YRS (AGE 4 MOS - 5 YEARS)

Q5.14 **Did a health care provider, mental health professional, teacher, day care provider, or other professional ever have any of these concerns about (CHILD)'s behavior, development or growth?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q5.14 = 1 (PROFESSIONAL CONCERN)

Q5.15 **About how many months or years old was (CHILD) when a professional first had these concerns about (CHGEND3)?**

\_\_\_\_\_ MONTHS [RANGE 0 - 11]

AND

\_\_\_\_\_ YEARS [RANGE YEARS 0 - 5 ]

88 PRIOR TO BIRTH/DURING PREGNANCY

77 DON'T KNOW

99 REFUSED

ASK IF ((Q5.12 = 1) OR (Q5.14 = 1)) (DISCUSSED CONCERN WITH PROFESSIONAL AND/OR A PROFESSIONAL CONCERNED)

Q5.16 **Did any professional, such as a health care provider, mental health professional, teacher, day care provider, or other professional, ever recommend further evaluation for (CHILD)?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

Awareness and Use of EI services (4)

READ SCREEN: **New York City provides services for children with special needs, free of charge, through the Early Intervention Program.**

ASK IF ( 4 months - 5 years)

Q5.17 [If GS5 LT 3 years] **Have you heard about the Early Intervention Program?/[If GS5 GE 3 years old] Before (CHILD) turned 3, had you heard about the Early Intervention Program?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ((ANY Q5.6-Q5.10=1) AND (Q5.17=1)) (ANY CONCERNS ABOVE AND AWARE OF EI)  
Q5.18 **Did a doctor, therapist or other professional ever evaluate (CHILD) to see if (CHGEND2) was eligible for Early Intervention services?**

INTERVIEWER NOTE: EARLY INTERVENTION SERVICES ARE THERAPEUTIC OR EDUCATIONAL SERVICES SUCH AS PHYSICAL THERAPY, SPEECH THERAPY OR SPECIAL INSTRUCTION.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q5.18=1 (EVALUATED)

Q5.19 **Based on this evaluation, was (CHILD) eligible for Early Intervention services?**

INTERVIEWER NOTE: EARLY INTERVENTION SERVICES ARE THERAPEUTIC OR EDUCATIONAL SERVICES SUCH AS PHYSICAL THERAPY, SPEECH THERAPY OR SPECIAL INSTRUCTION.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q5.19=1 (ELIGIBLE FOR EARLY INTERVENTION)

Q5.20 **Has (CHILD) received services from the Early Intervention Program? Children receiving these services have an Individualized Family Service Plan.**

INTERVIEWER NOTE: EARLY INTERVENTION SERVICES ARE THERAPEUTIC OR EDUCATIONAL SERVICES SUCH AS PHYSICAL THERAPY, SPEECH THERAPY OR SPECIAL INSTRUCTION.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

Special Education (2)

ASK IF QS.5 = 3 YRS - 5 YRS (AGE 3 - 5 YRS)

Q5.21 **Has (CHILD) every been referred for Special Education services? Children referred for Special Education services are entitled to receive a free evaluation to see if they are eligible.**

INTERVIEWER NOTE: SPECIAL EDUCATION IS ANY KIND OF SPECIAL SCHOOL, CLASSES, TUTORING, OR THERAPY LIKE SPEECH THERAPY OR PHYSICAL THERAPY.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (Q5.21=1)), ELSE SKIP TO Q7.1 (EVER REFERRED FOR SPECIAL EDUCATION EVAL, ELSE SKIP TO DAYCARE)

**Q5.22 Has (CHILD) ever received Special Education services? Children receiving these services have an Individualized Education Plan.**

INTERVIEWER NOTE: SPECIAL EDUCATION IS ANY KIND OF SPECIAL SCHOOL, CLASSES, TUTORING OR THERAPY LIKE SPEECH THERAPY OR PHYSICAL THERAPY.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

### SCHOOL (3)

CATI: USE SCHOOL YEAR FILL PROGRAMMING ABOVE

ASK IF QS.5 GE 6 YRS (ASK IF 6 - 12 YRS)

**Q6.1 [SCHOOL YEAR FILL], (is / was) (CHILD) enrolled in public school, private school or (is/was) (CHGEN2) home-schooled?**

- 1 PUBLIC SCHOOL (INCLUDES CHARTER SCHOOLS)
- 2 PRIVATE SCHOOL (INCLUDES PAROCHIAL/RELIGIOUS SCHOOLS)
- 3 HOME SCHOOLED
- 4 PUBLIC SCHOOL INSTRUCTION IN HOME
- 5 NOT IN SCHOOL
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q6.1=1-4 (ENROLLED OR HOME-SCHOOLED)

**Q6.2 What grade (was/is) (CHILD) in [SCHOOL YEAR FILL]?**

- \_ \_ GRADE [RANGE 00 - 10]
- [PRE-K AND KINDERGARTEN = 00]
- 77 DON'T KNOW
- 99 REFUSED

ASK IF Q6.1=1-4 (ANY SCHOOL)

**Q6.3 Now let me ask about the grades (CHILD) (receives/received) [SCHOOL YEAR FILL]. (Does/Did) (CHGEN2) get mostly: Fours, Threes, Twos, or Ones?**

READ IF NEEDED: To put it another way, does (CHGEN2) get mostly As, Bs, C, or Ds?

- 1 ONES (= D)
- 2 TWOS (= C)
- 3 THREES (= B)
- 4 FOURS (= A)
  
- 8 [VOL.] ZEROS/FAILING
- 7 DON'T KNOW
- 9 REFUSED

**DAYCARE (1)**

READ SCREEN: **This next question is about childcare.**

ASK IF QS.5 LE 5 YRS (AGE 0 - 5)

**Q7.1 During the past 12 months, besides your family, what kind of childcare or school arrangement has been relied on MOST for (CHILD)?**

READ ANSWER CHOICES. IF NO ONE KIND IS "MOST", PROBE FOR MOST RECENT

- 01 Day care center or group day care program
- 02 Head Start, nursery school, (ADD IF AGE>24 MOs: pre-kindergarten / ADD IF AGE>36 MOs: , or kindergarten)
- 03 A childcare provider's home
- 04 A babysitter or nanny in your home, or
- 05 No one other than family?
- 06 NOT KNOWLEDGEABLE ABOUT CHILD CARE FOR THIS CHILD
- 07 NO SINGLE MOST-COMMON NON-FAMILY ARRANGEMENT
- 77 DON'T KNOW
- 99 REFUSED

**INJURY (8)**

ASK IF QS.5 GE 6, ELSE SKIP TO 9.1 (ASK AGE 6 - 12, ELSE GO TO HEALTH INSURANCE)

Bicycle and helmet (2)

READ SCREEN: **These next questions are about (CHILD)'s use of a bicycle or other equipment.**

**Q8.1 How often does (CHILD) ride a bicycle, scooter, skateboard, roller skates or rollerblades? Would you say every day, a few times a week, a few times a month, a few times a year, or not at all?**

- 1 EVERY DAY
- 2 A FEW TIMES A WEEK
- 3 A FEW TIMES A MONTH
- 4 A FEW TIMES A YEAR
- 5 NOT AT ALL
  
- 6 [VOL] PHYSICALLY UNABLE TO RIDE A BIKE
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q8.1=1-4 (EVER RIDE)

**Q8.2 How often does (CHGEND2) wear a helmet when riding a bicycle, scooter, skateboard, roller skates or rollerblades? Would you say never, sometimes, usually or always?**

- 1 ALWAYS
- 2 USUALLY
- 3 SOMETIMES
- 4 NEVER
  
- 7 DON'T KNOW
- 9 REFUSED

Past 3 months injury (6)

READ SCREEN: The next set of questions asks about injuries, including poisoning. People can be injured or poisoned unexpectedly, accidentally, or on purpose. They may have hurt themselves or others may have caused them to be hurt. Examples of injuries include a cut or wound, broken bone, sprain or burn, or poisoning from swallowing or breathing in a harmful substance.

Q8.3 During the past three months, how many different times was (CHILD) injured, including any poisonings?

INTERVIEWER NOTE: POISONING INCLUDES BREATHING IN OR SWALLOWING HARMFUL SUBSTANCES LIKE BLEACH, CARBON MONOXIDE, OR TOO MANY PILLS OR DRUGS. DO NOT INCLUDE FOOD POISONING, SUN POISONING, OR POISON IVY RASHES.

\_ \_ NUMBER OF DIFFERENT TIMES IN PAST 3 MONTHS [RANGE 0 - 30]  
77 DON'T KNOW  
99 REFUSED

ASK IF Q8.3>0 BUT NOT 77 OR 99 (ASK IF ANY INJURY)

Q8.4 (IF 8.3>1 ADD: **Thinking about the most severe injury that occurred during the past three months,**) Could you briefly tell me what was the cause?

INTERVIEWER: CODE GENERAL CAUSE

1 FALL	12 BITE BY PERSON
2 PEDESTRIAN	13 BB/PELLET/PAINTBALL GUN
3 BICYCLE/BICYCLIST	14 GUN
4 MOTOR VEHICLE	15 SUBMERSION/DROWNING
5 TRAIN/SUBWAY/BUS	16 NATURAL/ENVIRONMENT CONDITIONS
6 FIRE/BURN/SCALD	17 OVEREXERTION/STRAINS/SPRAINS
7 POISONING	18 MACHINERY
8 INHALATION/SUFFOCATION	19 SOMETHING ELSE [DO NOT SPECIFY]
9 STRUCK BY/AGAINST OBJECT OR PERSON	77 DON'T KNOW
10 CUT/PIERCE	99 REFUSED
11 BITE BY ANIMAL	

ASK IF Q8.3>0 BUT NOT 77 OR 99 (INJURED/POISONED)

Q8.5 **Did this** (IF Q8.3 > 1 ADD **most recent severe**) (IF Q8.4 = 1-6, 8-19 , 77, 99: **injury**) (IF Q8.4 = 7: **poisoning**) **occur indoors or outside?**

1 INDOORS  
2 OUTSIDE  
7 DON'T KNOW  
9 REFUSED

ASK IF Q8.5=1 (INJURY OCCURRED INDOORS)

Q8.6a **Did this (injury/poisoning) occur inside your home, inside someone else's home, inside at childcare or school, or inside some other place?**

1 INSIDE HOME  
2 INSIDE SOMEONE ELSE'S HOME  
3 INSIDE CHILD-CARE/SCHOOL  
4 INSIDE SOME OTHER PLACE  
7 DON'T KNOW  
9 REFUSED

ASK IF Q8.5=2 (INJURY OCCURRED OUTDOORS)

Q8.6b IF OUTDOORS: **Did this (injury/poisoning) occur outside near your home, outside at childcare or school, or outside some other place?**

- 1 OUTSIDE NEAR HOME
- 2 OUTSIDE AT CHILD-CARE/SCHOOL
- 3 OUTSIDE SOME OTHER PLACE
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q8.3 GE 1 BUT NOT 77 OR 99 (ANY INJURY)

Q8.7 [IF 8.3>1: **Consider (CHILD)'s most severe (injury / poisoning) during the past 3 months.] Could you please tell me what kind of medical attention, if any, was sought for this (injury / poisoning)? Was it a:**

READ ANSWER CHOICES

- 1 visit to a doctor's office,
- 2 clinic/outpatient department,
- 3 emergency department,
- 4 hospital where (CHILD) was admitted, or
- 5 a phone call to a health care professional (IF POISONING: including a poison control center)?
- 6 OTHER
- 8 DID NOT SEEK MEDICAL ATTENTION
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q8.3 GE 1 BUT NOT 77 OR 99 (ANY INJURY)

Q8.8 **Was an adult or caretaker present at the time of your child's most severe (injury/poisoning)?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**HEALTH INSURANCE (4)**

READ SCREEN: **The next questions are about health insurance.**

ASK ALL

**Q9.1 Is (CHILD) covered by any kind of health insurance or some other kind of health care plan?**

READ IF NEEDED: Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q9.1=1 (INSURED)

**Q9.2 Is (CHGEN2) insured by Medicaid or Child Health Plus?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q9.1=1 (INSURED)

**Q9.3 [PAST 12 MOS FILL], was there any time when (CHGEN2) was not covered by ANY health insurance?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

**Q9.4 [PAST 12 MOS FILL] was there any time when (CHILD) needed any kind of health care but it was delayed or not received because of the cost?**

READ IF NEEDED: By health care, I mean medical care from a regular doctor or specialist, as well as other kinds of care like dental care and mental health services.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED



**MEDICAL HOME / SERVICE USE (22)**

Personal doctor/place (4)

ASK ALL

Q10.1 **Is there a place that (CHILD) USUALLY goes when (CHGEND2) is sick or you need advice about (CHGEND) health?**

- 1 YES
- 2 YES, MORE THAN ONE PLACE
- 3 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q10.1 = 1,2 (HAS USUAL PLACE)

Q10.2 [IF Q10.1 = 1, READ: **What kind of place is it?**/IF Q10.1 = 2, READ: **What kind of place does (CHILD) go to most often?**]

**Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?**

- 01 DOCTOR'S OFFICE
- 02 EMERGENCY ROOM
- 03 HOSPITAL OUTPATIENT DEPARTMENT
- 04 CLINIC (HEALTH CENTER)
- 05 SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
- 06 FRIEND/RELATIVE
- 07 MEXICO/OTHER LOCATIONS OUT OF US
- 08 SOME OTHER PLACE
  
- 88 NO ONE PLACE MOST OFTEN
- 77 DON'T KNOW
- 99 REFUSED

ASK ALL

READ SCREEN: **A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.**

Q10.3 **Thinking about (CHILD) RIGHT NOW, do you have one person or more than one person you think of as a personal doctor or nurse for (CHGEND3)?**

IF YES, PROBE: **Do you have only one or more than one?**

INTERVIEWER: THIS DOES NOT INCLUDE AN ACUPUNCTURIST, CHIROPRACTOR, HOMEOPATH, OR NATUROPATH

- 1 YES, ONE
- 2 YES, MORE THAN ONE
- 3 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q10.3=1,2 (HAS PERSONAL HCP)  
Q10.4 (IF Q10.3=1 READ: **Is (CHILD)'s personal doctor or nurse** / IF Q10.3=2  
READ: **Is the personal doctor or nurse (CHILD) sees most often) a pediatrician,  
a family practitioner, a pediatric nurse practitioner, a physician assistant,  
or some other health care provider?**

- 1 PEDIATRICIAN
- 2 FAMILY PRACTITIONER
- 3 PEDIATRIC NURSE PRACTITIONER
- 4 PHYSICIAN ASSISTANT
- 5 SOME OTHER HEALTH CARE PROVIDER
  
- 8 DOES NOT HAVE HEALTH CARE PROVIDER / WELL-CHILD CARE
- 7 DON'T KNOW
- 9 REFUSED

Preventive Care (3)

ASK IF ((Q10.2 LE 08) OR (Q10.4 LE 5) OR (Q10.4 = 7)), ELSE SKIP TO Q10.14 ~~15~~ (EITHER  
VALID USUAL PLACE, VALID PERSONAL HCP, OR BOTH. OTHERWISE GO TO SPECIALIST CARE)

CATI PROGRAMMING FOR HCP FILLS

IF (Q10.4 LE 4) THEN HCP FILL = [ANSWER TO Q10.4]  
IF (Q10.4 = 5, 7) THEN HCP FILL = **personal doctor or nurse** (HAS PERSONAL HCP BUT  
UNKNOWN TYPE0

READ SCREEN: **Preventive care includes things like a well-child check-up, a routine  
physical exam, (IF QS.5 GE 6, ADD: a sports physical,) immunizations, or health  
screening tests.**

ASK IF ((Q10.4 LE 5) OR (Q10.4 = 7)) (ASK IF HAS HCP)

Q10.5 **Is (CHILD)'s [HCP FILL] someone you can go to for preventive care for (CHILD)?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

IF ((Q10.2 LE 08) AND (Q10.5 NE 1)) (HAS VALID PLACE AND HCP NOT PREVENTIVE)

Q10.6 **Is the place (CHILD) usually goes for medical care someplace you can go  
for preventive care for (CHILD)?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (Q10.2 LE 08 AND ((Q10.4 NE 1-5) OR (Q10.4 NE 7))) (VALID PLACE ONLY, BUT NO VALID HCP) OR IF ((Q10.4 LE 5) OR (Q10.4 = 7)) AND (Q10.5 NE 1)) (PERSONAL HCP, BUT HCP NOT SOURCE OF PREVENTIVE CARE OR DK/RF TO HCP PROVIDING PREVENTIVE CARE) ELSE SKIP TO Q10.8

**Q10.7 What kind of doctor or healthcare provider does (CHILD) usually see for preventive care, like a Well-Child check-up, a routine physical exam, (IF QS.5 GE 6, ADD: a sports physical,) immunizations, or health screening tests? Is it a pediatrician, a family practitioner, a pediatric nurse practitioner, a physician assistant, or some other health professional?**

- 1 PEDIATRICIAN
- 2 FAMILY PRACTITIONER
- 3 PEDIATRIC NURSE PRACTITIONER
- 4 PHYSICIAN ASSISTANT
- 5 SOME OTHER HEALTH PROFESSIONAL
- 8 DOES NOT HAVE HEALTH CARE PROVIDER / WELL-CHILD CARE
- 7 DON'T KNOW
- 9 REFUSED

Recent service use/Accessibility (6)

ASK IF ((Q10.2 LE 08) OR (Q10.4 LE 5) OR (Q10.4 = 7)), ELSE SKIP TO Q10.15 (EITHER VALID USUAL PLACE, VALID PERSONAL HCP, OR BOTH. OTHERWISE GO TO SPECIALIST CARE)

ASK IF ((Q10.4 LE 5) OR (Q10.4 = 7)) (HAS VALID HCP)

**Q10.8 Has (CHILD) gone to see (CHGEN2) [HCP FILL] for medical care [PAST 12 MOS FILL]?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ((Q10.2 LE 08) AND ((Q10.8 NE 1)(HAS VALID PLACE AND NO PAST 12 MONTH HCP VISIT))

**Q10.9 Has (CHILD) visited the place (CHGEN2) usually goes for medical care [PAST 12 MOS FILL]?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ((Q10.4 LE 5) OR (Q10.4 = 7)) (HAS VALID HCP)

**Q10.10 Is (CHILD)'s [HCP FILL] someone you can go to for information or advice about a health concern for (CHGEN3)?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ((Q10.2 LE 08) AND ((Q10.10 NE 1)(HAS VALID PLACE AND HCP NOT SOURCE FOR INFORMATION/ADVICE)  
Q10.11 **Is the usual place (CHILD) goes for medical care someplace you can go to for information or advice about a health concern for (CHGEND3)?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ((Q10.4 LE 5) OR (Q10.4 = 7)) (HAS VALID HCP)  
Q10.12 **Is (CHILD)'s [HCP FILL] someone you can always call 24 hours a day in case (CHGEND2) has a medical emergency?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ((Q10.2 LE 08) AND ((Q10.12 NE 1) (HAS VALID PLACE AND HCP NOT 24 HRS)  
Q10.13 **Is the usual place (CHILD) goes for medical care someplace you can always call 24 hours a day in case (CHGEND2) has a medical emergency?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

## **Therapy / Specialist services (5)**

ASK IF QS.5 GE 24 MOS (AGE 2 - 12)

Q10.14 **Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months, did (CHILD) receive any treatment or counseling from a mental health professional?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK (Q10.14 = 1) (MENTAL HEALTH TREATMENT)

Q10.20 **During the past 12 months, has (CHILD) taken any medication because of difficulties with (CHGEN) emotions, concentration, or behavior?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 24 MOS (AGE 2 - 12)

Q10.15 [PAST 12 MOS FILL] **was there any time when (CHILD) needed mental health care but it was delayed or not received because of the cost?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q10.16 **Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. [PAST 12 MOS FILL], did (CHILD) see a specialist [IF Q10.14=1, ADD: other than a mental health professional]?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q10.17 [PAST 12 MOS FILL], **was there any time when (CHILD) needed specialist care but it was delayed or not received because of the cost?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (((Q10.14) = 1 OR (Q10.16=1)) AND ((Q10.4 LE 5) OR (Q10.4=7))) (HAD ANY SPECIALIST HC NEEDS AND HAS PERSONAL HCP OR PLACE)

Q10.18 **How often did [(CHILD)'s [HCP FILL] talk with you about what happens during (CHGEN) visits to a specialist doctor or doctors (IF YES TO 10.15: including a mental health professional)? Would you say never, sometimes, usually, or always?**

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- 7 DON'T KNOW
- 9 REFUSED

## **Medication (4)**

ASK ALL

Q10.19 OTHER than any medication I may have asked you about earlier, and OTHER than vitamins, [PAST 12 MOS FILL], has (CHILD) needed or used medicine prescribed by a doctor ?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF NEEDED/USED MEDICINE (Q10.19=1) (NEEDED/USED MEDICINE, ALL AGES)  
Q10.21 [PAST 12 MOS FILL], **was there any time when a prescription for medication for (CHILD) was not filled or was delayed because of the cost?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q10.22 **Has (CHILD) EVER been treated with herbal remedies or medicines imported from India, Pakistan, Bangladesh, China or Mexico?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**EMERGENCY ROOM VISITS (1)**

ASK ALL

Q11.1

[INSERT AS NEEDED FROM ABOVE: Including visits to the emergency room because of (CHILD)'s

"asthma attacks" (Q2.16=1)

"injury or poisoning that you already told me about" (Q8.3>0 but not 77 or 99)

"asthma attacks and injuries that you already told me about" ((Q2.16=1) AND (Q8.3=1))],

[PAST 12 MOS FILL], how many times did (CHILD) go to a hospital emergency room?

INTERVIEWER NOTE: THIS INCLUDES EMERGENCY ROOM VISITS THAT RESULTED IN HOSPITALIZATION.

\_\_\_ \_\_\_ \_\_\_ TIMES [RANGE: 0-100]

777 DON'T KNOW

999 REFUSED

**FOOD AND NUTRITION (12)**

ASK IF QS.5 GE 6, ELSE GO TO Q12.6 (AGE 0 - 5 YRS GO TO Q12.6 MILK AND SODA)

READ SCREEN: **These next questions are about what (CHILD) eats and drinks.**

**School breakfast (1)**

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q12.1 **On school days, where does (CHILD) usually eat breakfast? Is it**

INTERVIEWER NOTE: BREAKFAST AT A RELATIVES/CARETAKER CODE AS "AT HOME"

READ ANSWER CHOICES

- 1 **at home,**
- 2 **at a school breakfast program**
- 3 **or is it purchased on the way to school?**
  
- 4 [VOL] AT SCHOOL BUT NOT BREAKFAST PROGRAM
- 5 [VOL] DOESN'T USUALLY EAT BREAKFAST
- 6 [VOL] NO USUAL PLACE / MORE THAN ONE PLACE
- 7 DON'T KNOW
- 9 REFUSED

**Foods (4)**

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q12.2 **How many total servings of fruit did (CHILD) eat yesterday? A serving would equal one medium apple or a banana.**

- \_\_ NUMBER OR SERVINGS [1/2 CUP] [RANGE 0 - 15]
- 77 DON'T KNOW
- 99 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q12.3 **How many total servings of vegetables did (CHILD) eat yesterday? A serving would equal a small handful of broccoli, or 1/2 cup of carrots.**

- \_\_ NUMBER OF SERVINGS (1/2 CUP) [RANGE 0 - 15]
- 77 DON'T KNOW
- 99 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q12.4 **How many times per week or per month does (CHILD) eat any type of fish or shellfish, including in sandwiches, soups, or salads?**

INTERVIEWER: THIS INCLUDES CANNED TUNA OR OTHER FISH

- 1\_\_ TIMES IN TYPICAL WEEK [00 = NO DAYS OR ALMOST NEVER][RANGE 0 - 14]
- 2\_\_ TIMES IN TYPICAL MONTH [00 = NO DAYS OR ALMOST NEVER][RANGE 0 - 60]
- 888 NONE / NEVER / RARELY EAT FISH
- 777 DON'T KNOW
- 999 REFUSED



ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q12.5 **During the past 7 days, how many times did (CHILD) eat something from a fast-food restaurant or chain such as McDonald's, KFC, Taco Bell, Golden Krust, or similar places?**

-- TIMES IN PAST 7 DAYS [RANGE 0 - 14] [00 = NONE]  
77 DON'T KNOW  
99 REFUSED

## **Milk and Soda (4)**

READ SCREEN ONLY IF (QS.5 = 12 MOS THRU 5 YRS): **These next questions are about drinks.**

ASK IF QS.5 GE 12 MOS) ELSE GO TO Q15.1 (HOUSEHOLD AND NEIGHBORHOOD ENVIRONMENT)

Q12.6 **When (CHILD) drinks milk, what kind of milk does (CHGEND2) usually drink? Whole milk, 2% milk or reduced fat milk, 1% or low-fat milk, skim or non-fat milk, soy milk or any other kind of non-dairy milk?**

1 WHOLE/REGULAR MILK (INCLUDING CHOCOLATE, LACTAID, POWDERED, ETC.)  
2 2% REDUCED FAT MILK (INCLUDING CHOCOLATE, LACTAID, POWDERED, ETC.)  
3 1% LOW-FAT MILK (INCLUDING CHOCOLATE, LACTAID, POWDERED, ETC.)  
4 SKIM OR NON-FAT MILK (INCLUDING CHOCOLATE, LACTAID, POWDERED, ETC.)  
5 SOY OR ANY OTHER NON-DAIRY MILK (INCLUDING ALMOND MILK, ETC.)  
6 NO SINGLE KIND OF MILK MOST OFTEN

8 NONE / NEVER / RARELY DRINK ANY KIND OF MILK  
7 DON'T KNOW  
9 REFUSED

ASK IF ((QS.5 GE 12 MOS) AND (Q12.6 = 1 thru 6)) (AT LEAST 12 MONTHS OLD AND DRINKS SOME KIND OF MILK)

Q12.7 **On a typical day, how many 8-ounce glasses of any kind of milk does (CHILD) usually drink? Does (CHGEND2) usually drink one glass of milk a day, 2 glasses of milk, 3 glasses of milk, or 4 or more glasses of milk a day?**

1 ONE GLASS  
2 TWO GLASSES  
3 THREE GLASSES  
4 FOUR OR MORE GLASSES OF MILK A DAY

8 NONE / NEVER / LESS THAN ONE GLASS OF MILK A DAY  
7 DON'T KNOW  
9 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS),ELSE GO TO Q15.1 (AGE 0 - 5 SKIP TO HOUSEHOLD AND NEIGHBORHOOD ENVIRONMENT SERIES)

READ SCREEN: **These next questions are about how many times per day, per week, or per month (CHILD) drinks certain kinds of beverages.**

**Q12.8 How often does (CHILD) usually drink sugar sweetened soda? Do NOT include diet soda or seltzer.**

READ IF NEEDED: How many sodas does (CHGEND2) drink per day, per week or per month?

READ IF NEEDED: One drink of soda would equal a 12-ounce can, bottle or glass.

\_\_\_ TIMES PER DAY [RANGE: 1 - 75]  
\_\_\_ TIMES PER WEEK [RANGE: 1 - 75]  
\_\_\_ TIMES PER MONTH [RANGE: 1 - 75]

888 NONE / NEVER / RARELY DRINK SODA  
777 DON'T KNOW  
999 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

**Q12.9 How often does (CHILD) usually drink other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do NOT include diet soda, sugar free drinks, or 100% juice.**

READ IF NEEDED: How many sweetened drinks does (CHGEND2) drink per day, per week or per month?

READ IF NEEDED: One drink of sweetened drinks would equal a 12-ounce can, bottle or glass.

\_\_\_ TIMES PER DAY  
\_\_\_ TIMES PER WEEK  
\_\_\_ TIMES PER MONTH

888 NONE / NEVER / RARELY DRINK SWEETENED DRINKS  
777 DON'T KNOW  
999 REFUSED

## Water (3)

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q12.10 **The next few questions are about (CHILD)'s water consumption. On a typical day, what types of water does (CHGEND2) drink? Unfiltered tap water, filtered tap water, bottled plain water, seltzer water, or does (CHGEND2) rarely or never drink water?**

INTERVIEWER INSTRUCTION: WATER FROM A WATER COOLER (E.G. DEER PARK OR POLAND SPRINGS) COUNTS AS "BOTTLED WATER"

INTERVIEWER NOTE: CARBONATED WATER, SPARKLING WATER, SELTZER, CLUB SODA OR MINERAL WATER COUNTS AS "SELTZER"

MULTIPLE RESPONSE

- 1 UNFILTERED TAP WATER
- 2 FILTERED TAP WATER
- 3 BOTTLED PLAIN WATER
- 4 SELTZER WATER
- 5 RARELY OR NEVER DRINK WATER
- 7 DON'T KNOW
- 9 REFUSED

ASK IF MORE THAN ONE TYPE OF WATER AT Q12.10 (1 - 4) AND (QS.5 GE 6) (AGES 6 - 12 YRS)

Q12.11 **Of those types of water, which does (CHGEND2) drink most often?**

INTERVIEWER INSTRUCTION: WATER FROM A WATER COOLER (E.G. DEER PARK OR POLAND SPRINGS) COUNTS AS "BOTTLED WATER"

READ ANSWER CHOICES [FILL ONLY CHOICES FROM Q12.10]

- 1 **Unfiltered tap water**
- 2 **Filtered tap water**
- 3 **Bottled plain water, or**
- 4 **Seltzer water ?**
- 6 NO SINGLE TYPE MOST OFTEN
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (Q12.10 LE 2) AND (QS.5 GE 6) (DRINKS ANY KIND OF WATER AND AGE 6 - 12 YRS)

Q12.12 **On a typical day in the past week, how many 8-ounce glasses of (IF MENTION FILTERED IN Q12.10 (Q12.10 =2): filtered or unfiltered) tap water did (CHILD) drink? Did (CHGEND) drink between 1 and 4 glasses of water a day, between 5 and 8 glasses a day, more than 8 glasses of water a day, or did they not drink any (IF MENTION FILTERED IN Q12.10: filtered or unfiltered) tap water?**

- 1 ONE TO FOUR GLASSES/DAY
- 2 FIVE TO EIGHT GLASSES/DAY
- 3 MORE THAN EIGHT GLASSES/DAY
- 8 NONE / NEVER / LESS THAN ONE GLASS OF WATER A DAY
- 7 DON'T KNOW
- 9 REFUSED

## **PHYSICAL ACTIVITY (4)**

### **Exercise (2)**

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q13.1 **Not including school PE or recess, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?**

\_\_\_ DAYS PAST 7 DAYS [RANGE 0 - 7]

77 DON'T KNOW

99 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q13.2 **Not including school PE or recess, On how many days of the past 7 days did (CHGEND) play or practice team sports or attend activity training like martial arts or dance?**

\_\_\_ DAYS PAST 7 DAYS [RANGE 0 - 7]

77 DON'T KNOW

99 REFUSED

### **Screen-time (2)**

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q13.3 **On an average WEEKday, how many hours does (CHILD) watch TV, watch videos, or play video games?**

1 ONE HOUR

2 TWO HOURS

3 THREE HOURS

4 FOUR HOURS

5 FIVE OR MORE HOURS

8 NONE/LESS THAN 1 HOUR PER DAY

7 DON'T KNOW

9 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q13.4 **On an average WEEKday, how many hours does (CHGEND) use the computer for purposes other than schoolwork?**

1 ONE HOUR

2 TWO HOURS

3 THREE HOURS

4 FOUR HOURS

5 FIVE OR MORE HOURS

8 NONE/LESS THAN 1 HOUR PER DAY

7 DON'T KNOW

9 REFUSED

## **SLEEP (5)**

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS), ELSE GO TO HOUSEHOLD AND NEIGHBORHOOD (Q15.1)

READ SCREEN: **These next questions are about (CHILD)'s sleeping and waking hours.**  
IF INTERVIEW DATA JUNE-SEPTEMBER, ADD: **During the past school year**

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q14.1 (Does / During the past school year, did ) (CHGEN) have a regular bedtime?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q14.2 On a typical SCHOOL NIGHT (what time does (CHILD) go to bed?/ during the past year, what time did (CHILD) go to bed?

INTERVIEWER NOTE: DOES NOT INCLUDE NAPS

INTERVIEWER: PROBE AS NEEDED, ROUND TO NEAREST 5 OR 10 MINUTES AS NEEDED. IF MIDNIGHT OR LATER, ENTER AS 11:55 PM

TIME \_\_ [RANGE 3 - 11] : \_\_ [RANGE 0 - 55] PM  
77 DON'T KNOW  
99 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q14.3 On a typical SCHOOL DAY (what time does (CHILD) / during the past year, what time did (CHILD)) usually wake up in the morning?

INTERVIEWER: PROBE AS NEEDED, ROUND TO NEAREST 5 OR 10 MINUTES AS NEEDED. IF NOON OR LATER, CODE AS 11:55 AM

TIME \_\_ [RANGE 3 - 11] : \_\_ [RANGE 0 - 55] AM  
77 DON'T KNOW  
99 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q14.5 On a typical SCHOOL DAY, (how easy is it / during the past year, how easy was it) to wake (CHILD) in the morning? (Is / Was) it very easy, somewhat easy, neither easy nor difficult, somewhat difficult, or very difficult?

- 1 VERY EASY
- 2 SOMEWHAT EASY
- 3 NEITHER EASY NOR DIFFICULT
- 4 SOMEWHAT DIFFICULT
- 5 VERY DIFFICULT
- 7 DON'T KNOW
- 9 REFUSED

ASK IF QS.5 GE 6 (AGES 6 - 12 YRS)

Q14.4 Does (CHILD) usually sleep through the night without waking?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

## **HOUSEHOLD AND NEIGHBORHOOD ENVIRONMENT (6)**

READ SCREEN: These next questions are about your home and your neighborhood.

### **Housing (4)**

ASK ALL

Q15.1 How many rooms are in your home or apartment? Include kitchens, but exclude bathrooms, porches, balconies, and foyers.

\_\_ \_ ROOMS [1 - 15]  
77 DON'T KNOW  
99 REFUSED

ASK ALL

Q15.2 Is this home or apartment owned, rented, or occupied without payment of rent?

1 OWNED BY YOU OR SOMEONE IN YOUR FAMILY  
2 RENTED  
3 OCCUPIED WITHOUT PAYMENT OF RENT  
7 DON'T KNOW  
9 REFUSED

ASK ALL

Q15.3 Does your home or apartment have open cracks or holes in the interior walls, ceiling, or floors? Do NOT include very small hairline cracks.

1 YES, HAS OPEN CRACKS OR HOLES  
2 NO  
7 DON'T KNOW  
9 REFUSED

ASK ALL

Q15.4 Since (CHGEND2) was born, how many times has (CHILD) moved to a new address?

INTERVIEWER: THIS INCLUDES ANY AND ALL TIMES A CHILD HAS CHANGED THEIR PRIMARY RESIDENCE. DO NOT INCLUDE TEMPORARY CHANGES IN RESIDENCE SUCH AS A CHILD VISITING ANOTHER RESIDENCE DURING SUMMER VACATION OR OTHER BREAKS IN THE SCHOOL YEAR.

\_\_\_\_\_ TIMES [RANGE: 0 - 10 OR MORE TIMES]  
77 DON'T KNOW  
99 REFUSED

## ***Second-hand smoke (1)***

ASK ALL

Q15.5 How often does anyone smoke inside your home or apartment? Is there someone smoking all the time, most of the time, only occasionally, or never?

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 ONLY OCCASIONALLY
- 4 NEVER
- 7 DON'T KNOW
- 9 REFUSED

## ***Neighborhood environment (1)***

ASK ALL

Q15.6 How often do you feel (CHILD) is safe in your community or neighborhood? Would you say never, sometimes, usually, or always?

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- 7 DON'T KNOW
- 9 REFUSED

## **PARENT/RESPONDENT HEALTH (9)**

READ SCREEN: Now, some questions about your own health and household.

### **General and mental health (3)**

ASK ALL

Q16.1 Would you say that in general your health is excellent, very good, good, fair or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q16.2 Would you say that, in general, your MENTAL AND EMOTIONAL health is excellent, very good, good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q16.3 Have you ever been told by a doctor, nurse or other health professional that you have Depression?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

### **Support for parenting (2)**

ASK ALL

Q16.4 How often is there someone that you can turn to for day-to-day help with raising children? Would you say never, rarely, sometimes, usually or always?

INTERVIEWER NOTE: THIS CAN BE ANY PERSON, INCLUDING A SPOUSE

- 1 NEVER
- 2 RARELY
- 3 SOMETIMES
- 4 USUALLY
- 5 ALWAYS
- 7 DON'T KNOW
- 9 REFUSED



ASK ALL

Q16.5 During the past 30 days, how often have you felt (CHILD) is much harder to care for than most children (CHGEN) age? Would you say never, rarely, sometimes, usually, or always?

- 1 NEVER
- 2 RARELY
- 3 SOMETIMES
- 4 USUALLY
- 5 ALWAYS
- 7 DON'T KNOW
- 9 REFUSED

## **Household composition (2)**

ASK ALL

Q16.6 How many OTHER adults, 18 and older, live in your household?

\_\_ NUMBER OF OTHER ADULTS [RANGE 0-10]

77 DON'T KNOW

99 REFUSED

ASK IF ((QS.9=1 OR 2) AND (Q16.6=1-10)) (MOTHER OR FATHER + OTHER ADULTS)

Q16.7a (IF Q16.6=1: **Is this other adult** / IF Q16.6=2-10: **Is one of the other adults**) (CHILD)'s (QS.9=1, READ: **father** / QS.9=2, READ: **mother**) ?

INTERVIEWER: MOTHER/FATHER INCLUDES (BIOLOGICAL/BIRTH, STEP-, FOSTER-, ADOPTIVE-) PARENTS

- 1 YES (MOTHER/FATHER)
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ((QS.9 NE 1,2) AND (Q16.6=1-10)) (R NOT MOTHER/FATHER + OTHER ADULTS)

Q16.7b (IF Q16.6=1: **Is this other adult** / IF Q16.6=2-10: **Is one of the other adults**) (CHILD)'s **mother or father**?

INTERVIEWER: MOTHER/FATHER INCLUDES (BIOLOGICAL/BIRTH, STEP-, FOSTER-, ADOPTIVE-) PARENTS

- 1 MOTHER
- 2 FATHER
- 3 NOT MOTHER OR FATHER
- 4 (SHOW IF Q16.6 GE 2) BOTH MOTHER AND FATHER IN HOUSEHOLD
- 7 DON'T KNOW
- 9 REFUSED

## **Parent(s) Native-born/Foreign-born (1)**

ASK IF (QS.9 = 1 OR 2) (RESPONDENT IS MOTHER OR FATHER)

Q16.8a **Was (CHILD)'s biological** (QS.9=1, READ: **father** / QS.9=2, READ: **mother**)  
**born outside the US?**

- 1 YES (MOTHER/FATHER)
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF (QS.9 NE 1 OR 2) (RESPONDENT IS NOT MOTHER OR FATHER)

Q16.8b **Were either one or both of (CHILD)'s biological parents born outside the US?**

- 1 YES (ONE OR BOTH BORN OUTSIDE US)
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

## **Other knowledgeable Adult (1)**

ASK IF Q16.6 GE 1 ELSE GO TO Q17.1 (DEMOGRAPHICS)

ASK IF Q16.6 EQ 1

Q16.9a **Compared to you, when answering questions about (CHILD)'s health, would you say the other adult in the household is as equally knowledgeable as you, more knowledgeable than you, or less knowledgeable than you?**

- 1 EQUALLY KNOWLEDGEABLE
- 2 MORE KNOWLEDGEABLE
- 3 LESS KNOWLEDGEABLE
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q16.6 GE 2

Q16.9b **Compared to you, when answering questions about (CHILD)'s health, would you say that any of the other adults in the household are equally or more knowledgeable than you?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q16.9b EQ 1

Q16.9c **How many of these other adults are equally or more knowledgeable than you about (CHILD)'s health?**

\_\_\_\_\_ (RANGE 1 TO VALUE GIVEN FOR Q16.6)

- 77 DON'T KNOW
- 99 REFUSED

ASK IF Q16.9b EQ 2

Q16.9d **Just to confirm, are you saying that there are no other adults in the household that are equally or more knowledgeable than you about (CHILD)'s health?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

## **CHILD DEMOGRAPHICS (5)**

ASK ALL

Q17.1 **Now I have a few more general questions about (CHILD) and your household. Is (CHILD) of Hispanic or Latino origin?**

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

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q17.2 **(IF HISPANIC/LATINO: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.) Which one or more of the following would you say is (CHILD)'s race?**

READ ANSWER CHOICES, MULTIPLE RESPONSE

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian, Alaska Native, or
- 08 Something else (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

ASK IF MORE THAN ONE ANSWER TO Q17.2

Q17.3 **Which one of these groups would you say best represents the child's race?**  
[FILL IN FROM ABOVE] READ IF NEEDED

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian, Alaska Native, or
- 06 OTHER NAMED ABOVE
- 77 DON'T KNOW
- 99 REFUSED

ASK ALL

Q17.4 **Was (CHILD) born in the United States?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q17.4=2 (NOT US-BORN)  
Q17.5 **How long has (CHILD) lived in the United States?**

\_\_\_\_\_ MONTHS [RANGE 1 - 12] OR  
\_\_\_\_\_ YEARS [RANGE YEARS 1 - 12]

- 1 GAVE RESPONSE
- 8 PRIOR TO BIRTH/DURING PREGNANCY
- 7 DON'T KNOW
- 9 REFUSED

## **PARENT/RESPONDENT DEMOGRAPHICS (12)**

ASK ALL

Q18.1 **Because it is sometimes difficult to determine over the phone, I am asked to confirm with everyone . . . Are you male or female?**

- 1 MALE
- 2 FEMALE
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q18.2 **What is your age?**

\_\_\_ AGE IN YEARS [RANGE 18-98]  
7 DON'T KNOW  
9 REFUSED

ASK IF Q18.2=7 OR 9 (AGE REFUSAL)

Q18.3 **We are only asking this information to make sure that we have talked to enough people in each age group. Can you just tell me if you are...**

READ ANSWER CHOICES:

- 1 **65 or older**
- 2 **45-64**
- 3 **25-44, or**
- 4 **18-24**
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q18.4 **Is ANYONE in your household currently employed for wages or salary, or self-employed?**

- 1 YES (SOMEONE EMPLOYED FOR WAGES / SALARY / SELF-EMPLOYED IN HH)
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q18.5 Are you. . .

READ ANSWER CHOICES:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, or
- 6 A member of an unmarried couple living together
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q18.6 Are you Hispanic or Latino?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q18.7 (IF HISPANIC/LATINO (Q18.6=1): Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.) Which one or more of the following would you say is your race?

READ ANSWER CHOICES, MULTIPLE RESPONSE

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian, Alaska Native, or
- 08 Something else ? (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

ASK IF MORE THAN ONE RESPONSE TO Q18.7

Q18.8 Which one of these groups would you say best represents your race?

READ MENTIONED RACES, ONLY ONE CHOICE. CATI: SHOW ONLY RACES FROM ABOVE

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 8 Other named in Q18.7
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q18.9 Where were you born? Please tell me the state or country

- 1 US STATES (SKIP TO Q18.9a)
- 2 US TERRITORIES AND FOREIGN COUNTRIES (SKIP TO Q18.9b)

ASK Q18.9a IF Q18.9 = 1

Q18.9a

- |               |                         |
|---------------|-------------------------|
| 01 ALABAMA    | 08 COLORADO             |
| 02 ALASKA     | 09 CONNECTICUT          |
| 04 ARIZONA    | 10 DELAWARE             |
| 05 ARKANSAS   | 11 DISTRICT OF COLUMBIA |
| 06 CALIFORNIA | 12 FLORIDA              |

13 GEORGIA  
15 HAWAII  
16 IDAHO  
17 ILLINOIS  
18 INDIANA  
19 IOWA  
20 KANSAS  
21 KENTUCKY  
22 LOUISIANA  
23 MAINE  
24 MARYLAND  
25 MASSACHUSETTS  
26 MICHIGAN  
27 MINNESOTA  
28 MISSISSIPPI  
29 MISSOURI  
30 MONTANA  
31 NEBRASKA  
32 NEVADA  
33 NEW HAMPSHIRE  
34 NEW JERSEY  
35 NEW MEXICO  
**36 NEW YORK**  
37 NORTH CAROLINA

38 NORTH DAKOTA  
39 OHIO  
40 OKLAHOMA  
41 OREGON  
42 PENNSYLVANIA  
44 RHODE ISLAND  
45 SOUTH CAROLINA  
46 SOUTH DAKOTA  
47 TENNESSEE  
48 TEXAS  
49 UTAH  
50 VERMONT  
51 VIRGINIA  
54 WEST VIRGINIA  
55 WISCONSIN  
56 WYOMING  
72 PUERTO RICO  
77 DON'T KNOW  
88 OTHER (SPECIFY) \_\_\_\_\_  
99 REFUSED

ASK Q18.9b IF Q18.9 = 2  
Q18.9b

01. ARGENTINA  
02. AUSTRALIA  
03. BANGLADESH  
04. BARBADOS  
05. BELARUS  
06. BOLIVIA  
07. BRAZIL  
08. CANADA  
09. CARIBBEAN  
10. CHILE  
11. CHINA  
12. COLOMBIA  
13. COSTA RICA  
14. CUBA  
15. DOMINICAN REPUBLIC  
16. ECUADOR  
17. EGYPT  
18. EL SALVADOR  
19. FRANCE  
20. GERMANY  
21. GHANA  
22. GREECE  
23. GUATEMALA  
24. GUYANA  
25. HAITI  
26. HONDURAS  
27. HONG KONG  
28. HUNGARY  
29. INDIA  
30. IRELAND  
31. ISRAEL  
32. ITALY

33. JAMAICA  
34. JAPAN  
35. KOREA  
36. MEXICO  
37. NICARAGUA  
38. NIGERIA  
39. PAKISTAN  
40. PANAMA  
41. PERU  
42. PHILIPPINES  
43. POLAND  
44. PUERTO RICO  
45. ROMANIA  
46. RUSSIA  
47. SIERRA LEONE  
48. SOUTH AMERICAN  
49. SPAIN  
50. TAIWAN  
51. TRINIDAD AND TOBAGO  
52. TURKEY  
53. UKRAINE  
54. UNITED KINGDOM (INCLUDES  
ENGLAND, N. IRELAND,  
SCOTLAND, WALES)  
55. VENEZUELA  
56. VIETNAM  
57. WEST INDIAN  
58. YUGOSLAVIA  
66. OTHER (SPECIFY) \_\_\_\_\_  
77. DON'T KNOW/NOT SURE  
99. REFUSE

ASK IF Q18.9 = 2 (NOT BORN IN US)  
Q18.10 **How long have you lived in this country?**

READ IF NEEDED:

- 1 **Less than 5 years**
- 2 **5 to 9 years, or**
- 3 **10 or more years**
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q18.11 **What language do you speak most often at home?**

- 1 ENGLISH
- 2 SPANISH
- 3 RUSSIAN
- 4 CHINESE (INCLUDES MANDARIN & CANTONESE)
- 5 INDIAN (INCLUDES HINDI & TAMIL)
- 6 OTHER [NO SPECIFY]
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q18.12 **What is the highest grade or year of school completed by ANYONE in your household, including you?**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (ELEMENTARY)
- 3 Grades 9 through 11 (SOME HIGH SCHOOL)
- 4 Grade 12 or GED (HIGH SCHOOL GRADUATE)
- 5 College 1 year to 3 years (SOME COLLEGE OR TECHNICAL SCHOOL), or
- 6 College 4 years or more (COLLEGE GRADUATE) ?
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

## **INCOME (5)**

Create new field NHOUSE = ((Q16.6 +1) + QS.1)

We will use NHOUSE to create a field (PVTYLVL) to populate the fill for Q19.1

PVTYLVL = \$ 7090 + \$ (NHOUSE \* 3740)

IF Q16.6 = 77,99 SKIP TO Q19.3

READ SCREEN: **The next question is about your combined household income. By household income, we mean the combined income from everyone living in the household including even roommates or those on disability income.**

Q19.1 **Is your household's annual income from all sources [INSERT]:**

02 **Less than** \$(PVTYLVL\*2) ? IF "NO" ASK 05; IF "YES" ASK 01; IF  
"DON'T KNOW" OR "REFUSED" ASK Q19.2

01 **Less than** \$(PVTYLVL\*1) ? IF "NO" CODE INCOME = 2; IF "YES" CODE  
INCOME=1

05 **Less than** \$(PVTYLVL\*5) ? IF "NO" ASK 06; IF "YES" ASK 04

06 **Less than** \$(PVTYLVL\*6) ? (PVTYLVL\*6) IF "NO" CODE INCOME=7; IF "YES"  
CODE  
INCOME=6

04 **Less than** \$(PVTYLVL\*4) ? IF "NO" CODE INCOME=5; IF "YES," ASK 03

03 **Less than** \$(PVTYLVL\*3) ? IF "NO" CODE INCOME=4; IF "YES" CODE INCOME=3

77 DON'T KNOW

99 REFUSED

ASK IF (Q19.1.2 = 7, 9) (REFUSED TO <200% QUESTION)

Q19.2 **Can you just tell me if your annual household income is less than**  
\$(PVTYLVL\*1) ?

1 YES  
2 NO  
7 DON'T KNOW  
9 REFUSED

CODING FOR INCOME VARIABLE

1 <100%  
2 100-199%  
3 200-299%  
4 300-399%  
5 400-499%  
6 500-599%  
7 600+%  
77 ANY DON'T KNOW  
99 ANY REFUSED



ASK IF ((INCOME = 1,2,77,99) OR (Q16.6 = 77 OR 99)) (INCOME LESS THAN 300% OR DK, RF, UNASKED)

**Q19.3 At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from the Family Assistance Program or TANF (TAN-IF), Food Stamps or EBT, or any other benefit programs?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ((INCOME = 1,2,77,99) OR (Q16.6 = 77 OR 99)) (INCOME LESS THAN 300% OR DK, RF, UNASKED)

**Q19.4 During the past 12 months, did (IF QS.1 = 1: (CHILD) / QS.1 GE 2: any child in the household) receive free or reduced-cost lunches at school?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF ((INCOME = 1,2,77,99) OR (Q16.6 = 77 OR 99)) (INCOME LESS THAN 300% OR DK, RF, UNASKED)

**Q19.5 In the past 12 months, did your household ever get emergency food from a church or a food pantry?**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

## **PHONES (3)**

READ SCREEN: And now, because this is a telephone survey I need to ask you a few questions about your telephone usage, then we will be done.

ASK ALL

Q20.1 Do you have more than one telephone number in your household? Do NOT include cell phones or numbers that are only used by a computer or fax machine.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF Q20.1=1 (MORE THAN ONE)

Q20.2 How many of these are residential numbers?

- \_\_\_ RESIDENTIAL TELEPHONE NUMBERS [RANGE 0-5]
- 77 DON'T KNOW
- 99 REFUSED

ASK ALL

Q20.3 During the past 12 months, has your household been without telephone service for 1 week or more? Do NOT include interruptions of telephone service because of weather or natural disasters.

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**CLOSING (4)**

IF (Q9.1 = 2, 7, 9) AND ((Q19.1.2=1,7,9)) OR (Q19.1.1=1,2,7,9) OR (Q16.6=77,99) (CHILD NOT INSURED OR DK/RF AND HH INCOME LESS THAN 200% OR DK/RF OR NOT ASKED)

QC.1 READ SCREED: **You indicated earlier that (CHILD) does not currently have any health coverage. I just want to let you know that (he/she) may be eligible for free health insurance. You can call 311 for more information.**

ASK ALL

READ SCREEN: **Thank you for participating in this important research. If you have any additional questions about this survey, would like survey results, or have further questions about your rights in this study, I can provide you with the appropriate telephone numbers. If you would like more information on where you could go to get help with a health problem, I can also give you the number for the Health Department's helpline.**

QC.2 **Would you like any of these phone numbers?**

- 1 YES
- 2 NO

QC.3 **IF YES: Which number would you like?**

MULTIPLE RESPONSE

- 1 MORE INFORMATION ABOUT THE SURVEY OR SURVEY RESULTS - READ: READ: You can contact the principal investigator at 212-788-9310.
- 2 INFORMATION ABOUT PARTICIPANTS RIGHTS - READ: **You can call the Institutional Review Board Chairperson at 212-788-4483**
- 3 INFORMATION ABOUT A HEALTH PROBLEM NOT RELATED TO THE SURVEY - READ: **You can call the Health Department helpline at 311**

READ SCREEN:

**As I mentioned at the beginning of this survey, in appreciation for the time you have spent answering our questions, we would like to provide you with thirty dollars in compensation.**

**So that we know where to send the compensation, would you please give me your name and mailing address so that we can send you the thirty dollar payment?**

**The information you provide will only be used to send you the payment. It will not be used for any other purposes.**

COLLECT NAME AND ADDRESS

QC.4a NAME (What is your name?) ENTER NAME

QC.4b ADDRESS (What is your street address?) ENTER STREET ADDRESS

QC.4c APPT (What is your apartment number?) ENTER APT # OR MORE ADDRESS

QC.4d CITY (What is the city?) ENTER CITY

QC.4e ZIP (What is your zip code?) ENTER ZIP CODE