

FORM **HIS-3 (1994)**
(4-1-94)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

**NATIONAL HEALTH INTERVIEW
SURVEY**

1994 SUPPLEMENT BOOKLET

- III. FAMILY RESOURCES**
- IV. YEAR 2000 OBJECTIVES**
- V. AIDS KNOWLEDGE AND ATTITUDES**

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

2. R.O. number	9-10	3. Sample	11-13	1. Book ____ of ____ books	RT 84 3-7 8
4. Control number	PSU <input type="text" value="14-16"/>	Segment <input type="text" value="17-23"/>	Serial <input type="text" value="24-25"/>	5. Family number	26
6. Field Representative's name				Code	27-29
7. Beginning time	<input type="text" value="30-33"/>	<input type="text" value="34"/>	8. Ending time	<input type="text" value="35-38"/>	39
	1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.			1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.	

SAMPLE PERSON LIST

**ITEM
IV1**

**Are there any nondeleted persons 18+ years old
in this family?**

- Yes (List by age, oldest to youngest)
 No (Section III)

RT 85	3-4	5-6	7	Last name	First name	8	9
Line No.	Person No.	Age	Sex			SP	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1

Refer to the 18+ part of the sample selection label and circle as applicable. Mark (X) the "SP" box in the column above for the selected sample person 18+. THEN, go to Section III.

Notes

COMPLETE FINAL STATUS ITEMS ON BACK COVER

Section III - FAMILY RESOURCES

Part A - ACCESS TO CARE		PERSON 1	
(The next questions are about medical care.)			3-4
<p>1a. Is there a particular person or place that -- USUALLY goes to when -- is sick or needs advice about -- health?</p>		<p>1a.</p> <p>1 <input type="checkbox"/> Yes (5 on page 6) 2 <input type="checkbox"/> No (2) 3 <input type="checkbox"/> There is more than one (1b) 9 <input type="checkbox"/> DK (4 on page 4)</p>	5
<p>b. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?</p>		<p>b.</p> <p>1 <input type="checkbox"/> Yes (5 on page 6) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK }</p>	6
<p><i>HAND CARD FA1. Read categories if telephone interview.</i></p> <p>2. Which of these is the MAIN reason -- does not have a usual source of medical care? <i>Mark (X) only one.</i></p>		<p>2.</p> <p>01 <input type="checkbox"/> Two or more usual doctors/places (A1) 02 <input type="checkbox"/> Doesn't need a doctor 03 <input type="checkbox"/> Doesn't like/trust/believe in doctors 04 <input type="checkbox"/> Doesn't know where to go 05 <input type="checkbox"/> Previous doctor is not available/moved 06 <input type="checkbox"/> No insurance/Can't afford it 07 <input type="checkbox"/> Speak a different language 08 <input type="checkbox"/> No care available/Care too far away, not convenient 98 <input type="checkbox"/> Other - Specify <u> </u> 99 <input type="checkbox"/> DK</p>	7-8
<p>ITEM A1</p>	<p><i>Refer to question 1a above.</i></p>	<p>A1</p> <p>1 <input type="checkbox"/> "No" in 1a (3) 2 <input type="checkbox"/> "There is more than one" in 1a (A2)</p>	9
<p>3. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?</p>		<p>3.</p> <p>1 <input type="checkbox"/> Yes (5 on page 6) 2 <input type="checkbox"/> No } (A2) 9 <input type="checkbox"/> DK }</p>	10
<p>ITEM A2</p>	<p><i>Refer to age.</i></p>	<p>A2</p> <p>1 <input type="checkbox"/> Under age 18 (11 on page 10) 2 <input type="checkbox"/> 18 or older (12 on page 10)</p>	11
<p>Notes</p>			

Part A - ACCESS TO CARE - Continued

PERSON 1

4a. At ANY time in the past 12 months, DID -- have a place that -- went to for medical care?

- 4a.** 12
 1 Yes (4b)
 2 No } (1a for NP, or
 9 DK } 13 on page 10)

b. What kind of place was it — a clinic, a health center, a hospital, a doctor's office, or some other place?

- b.** 13-14
 01 Doctor's office or private clinic
 02 Company or school health clinic/center
 03 Community/migrant/rural clinic/center
 04 County/city/public hospital outpatient clinic
 05 Private/other hospital outpatient clinic
 06 Hospital emergency room
 07 HMO (Health Maintenance Organization)/Prepaid group
 08 Psychiatric hospital or clinic
 09 VA hospital or clinic
 10 Military health care facility
 98 Some other place - Specify
 99 DK

c. If -- needed medical care NOW, would -- go to that (place in 4b)?

- c.** 15
 1 Yes (12 on page 10)
 2 No (4d)
 9 DK (12 on page 10)

HAND CARD FA2. Read categories if telephone interview.

d. What is the MAIN reason -- would not use that place for medical care NOW?

- d.** 16-17
 01 Changed residence/moved
 02 Changed jobs
 03 Employer changed insurance coverage
 04 Former usual source left area
 05 Owed money to former usual source
 06 Dissatisfied with former source/liked new source better
 07 Medical care needs changed
 08 Former usual source stopped taking insurance/coverage
 98 Other - Specify
 99 DK
- (12 on page 10)

Notes

Part A - ACCESS TO CARE - Continued		PERSON 1
5a. What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?		5a. 18-19 <input type="checkbox"/> 01 Doctor's office or private clinic <input type="checkbox"/> 02 Company or school health clinic/center <input type="checkbox"/> 03 Community/migrant/rural clinic/center <input type="checkbox"/> 04 County/city/public hospital outpatient clinic <input type="checkbox"/> 05 Private/other hospital outpatient clinic <input type="checkbox"/> 06 Hospital emergency room <input type="checkbox"/> 07 HMO (Health Maintenance Organization)/Prepaid group <input type="checkbox"/> 08 Psychiatric hospital or clinic <input type="checkbox"/> 09 VA hospital or clinic <input type="checkbox"/> 10 Military health care facility <input type="checkbox"/> 98 Some other place - Specify <input checked="" type="checkbox"/> <input type="checkbox"/> 99 DK
b. Is there a particular person -- usually sees when -- goes there?		b. 20 <input type="checkbox"/> 1 Yes (6) <input type="checkbox"/> 2 No } (7) <input type="checkbox"/> 9 DK }
6a. Is that person a doctor or nurse or some other health professional? Probe for type of health professional.		6a. 21 <input type="checkbox"/> 1 Doctor (6b) <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Nurse practitioner <input type="checkbox"/> 4 Physician's assistant <input type="checkbox"/> 5 Chiropractor <input type="checkbox"/> 6 Other - Specify <input checked="" type="checkbox"/> <input type="checkbox"/> 9 DK } (7)
b. Is this doctor a general practitioner or family doctor who treats a variety of illnesses and gives preventive care or is he or she a specialist who mainly treats just one type of health problem?		b. 22 <input type="checkbox"/> 1 Family doctor/general practitioner/internist/pediatrician <input type="checkbox"/> 2 Obstetrician/gynecologist <input type="checkbox"/> 3 Other specialist <input type="checkbox"/> 9 DK
7. When was the last time -- went to the (place in 5a) for ANY kind of medical care? (This is the (place in 5a) that -- usually goes to for medical care.)		7. 23 <input type="checkbox"/> 1 Less than 3 months ago } (A3) <input type="checkbox"/> 2 At least 3 months, but less than 6 months ago <input type="checkbox"/> 3 At least 6 months, but less than 1 year ago <input type="checkbox"/> 4 At least 1 year, but less than 2 years ago <input type="checkbox"/> 5 Two or more years ago <input type="checkbox"/> 9 DK } (A4)
ITEM A3	Refer to age.	A3 24 <input type="checkbox"/> 1 Under age 18 (8 on page 8) <input type="checkbox"/> 2 18 or older (12 on page 10)
ITEM A4	Refer to age.	A4 25 <input type="checkbox"/> 1 Under age 18 (9 on page 8) <input type="checkbox"/> 2 18 or older (12 on page 10)

Part A – ACCESS TO CARE – Continued		PERSON 1
<p>8. Thinking about the last time -- visited the (place in 5a), were you satisfied with –</p> <p>a. The waiting time to get an appointment?</p> <p>-----</p> <p>b. The waiting time to see the doctor?</p> <p>-----</p> <p>c. The way your questions were answered?</p> <p>-----</p> <p>d. Your ability to get all the care you thought -- needed?</p> <p>-----</p> <p>e. The overall care -- received?</p>	<p>8.</p> <p>a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	26
	<p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't apply 9 <input type="checkbox"/> DK</p>	27
	<p>c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	28
	<p>d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	29
	<p>e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	30
<p>9. Is the (place in 5a) the place -- usually goes to when -- needs routine or preventive medical care? (This is the (place in 5a) that -- usually goes to for medical care.)</p>	<p>9.</p> <p>1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No (11 on page 10) 9 <input type="checkbox"/> DK (12 on page 10)</p>	31
<p>10. Is the (place in 5a) –</p> <p>a. Able to provide for most of -- needs when -- is sick?</p> <p>-----</p> <p>b. Able to make referrals to other health professionals when needed by --?</p> <p>-----</p> <p>c. Able to provide care or arrange care for -- on evenings or weekends when -- is sick?</p> <p>-----</p> <p>d. Able to provide advice about family concerns, such as stress?</p>	<p>10.</p> <p>a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	32
	<p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	33
	<p>c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	34
	<p>d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (12 on page 10)</p>	35
Notes		

Part A - ACCESS TO CARE - Continued		PERSON 1
<p>14a. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when someone in the family needed medical care or surgery, but did not get it?</p> <p>-----</p> <p>b. Who didn't get needed care? Mark (X) "Didn't get care" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No Ask 14d and e for each person marked in 14b.</p> <p>-----</p> <p>d. The LAST time -- did not get the care -- needed, what was the MAIN reason -- didn't get care? Mark (X) only one.</p> <p>-----</p> <p>e. At ANY TIME during the past 12 months was lack of insurance or money A reason why -- did not get the medical care -- needed?</p>	<p>14a. <input type="checkbox"/> Yes (14b) <input type="checkbox"/> No } (15) <input type="checkbox"/> DK }</p> <p>b. <input type="checkbox"/> Didn't get care</p> <p>-----</p> <p>d. <input type="checkbox"/> Could not afford it <input type="checkbox"/> No insurance <input type="checkbox"/> Doctor did not accept Medicaid/ insurance plan <input type="checkbox"/> Insurance didn't cover <input type="checkbox"/> Not serious enough <input type="checkbox"/> Wait too long in clinic/office <input type="checkbox"/> Difficulty getting an appointment <input type="checkbox"/> Doesn't like/trust/ believe in doctors <input type="checkbox"/> No doctor available <input type="checkbox"/> Didn't know where to go <input type="checkbox"/> No way to get there <input type="checkbox"/> Hours not convenient <input type="checkbox"/> Speak a different language <input type="checkbox"/> Health of another family member interfered <input type="checkbox"/> Clinic/office not accessible <input type="checkbox"/> Other - Specify <input type="checkbox"/> <input type="checkbox"/> DK</p> <p>e. <input type="checkbox"/> Yes } (14d for NP with 14b, or 15) <input type="checkbox"/> No } <input type="checkbox"/> DK }</p>	<p>42</p> <p>43</p> <p>44-45</p> <p>46</p>
<p>15a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?</p> <p>-----</p> <p>b. Who delayed getting needed care? Mark (X) "Delayed getting care" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No</p>	<p>15a. <input type="checkbox"/> Yes (15b) <input type="checkbox"/> No } (16) <input type="checkbox"/> DK }</p> <p>b. <input type="checkbox"/> Delayed getting care</p>	<p>47</p> <p>48</p>
<p>16a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get dental care" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No</p>	<p>16a. <input type="checkbox"/> Yes (16b) <input type="checkbox"/> No } (17 on page 14) <input type="checkbox"/> DK }</p> <p>b. <input type="checkbox"/> Didn't get dental care</p>	<p>49</p> <p>50</p>
Notes		

Part A – ACCESS TO CARE – Continued		PERSON 1
17a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?		17a. <input type="checkbox"/> Yes (17b) 51 <input type="checkbox"/> No } (18) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Didn't get prescription" box in person's column.		b. 52 <input type="checkbox"/> Didn't get prescription
c. Anyone else? <input type="checkbox"/> Yes (Reask 17b and c) <input type="checkbox"/> No		
18a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?		18a. <input type="checkbox"/> Yes (18b) 53 <input type="checkbox"/> No } (19) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Didn't get eyeglasses" box in person's column.		b. 54 <input type="checkbox"/> Didn't get eyeglasses
c. Anyone else? <input type="checkbox"/> Yes (Reask 18b and c) <input type="checkbox"/> No		
19a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?		19a. <input type="checkbox"/> Yes (19b) 55 <input type="checkbox"/> No } (Item A5) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Didn't get mental health care" box in person's column.		b. 56 <input type="checkbox"/> Didn't get mental health care
c. Anyone else? <input type="checkbox"/> Yes (Reask 19b and c) <input type="checkbox"/> No (Item A5)		
ITEM A5	About how often did the respondent appear to answer the questions in Part A accurately?	A5 57 <input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
ITEM A6	About how often did the respondent appear to answer the questions in Part A honestly?	A6 58 <input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
ITEM A7	Enter the person number of the respondent. If more than one, enter the person number of the one who answered the most questions.	A7 59-60 _____ Person number
CONTINUE WITH PART B		
Notes		

Part B - HEALTH CARE COVERAGE

PERSON 1

3-4

5

ITEM B1

Refer to household composition. Mark (X) for each person including those deleted in the HIS-1.

- B1 1 Civilian 2 AF living at home 3 Deleted

The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes (read names, including Armed Forces members living at home). The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. There are several government programs that provide medical care or help pay medical bills. People covered by Medicare have a card that looks like this. SHOW MEDICARE CARD.

- 1a. In (month), was anyone in the family, that is (read names), covered by Medicare? b. Who was covered? c. Anyone else? d. May I please see the Medicare card(s) for -- (and --) to determine the type of coverage and to record the Health Insurance Claim Number. e. Was -- covered by Part A, that part of Medicare that pays for hospital bills? f. Was -- covered by Part B, that part of Medicare that pays for doctor's bills?

- 1a. 1 Yes (1b) 2 No 9 DK (2 on page 18) b. 1 Medicare (Mark "Cov" box on HIS-1) d. H.I.C. Number 1 Part A - Hospital only 2 Part B - Medical only 3 Both Part A & Part B 4 Card N.A. (1e) e. 1 Yes 2 No 9 DK f. 1 Yes 2 No 9 DK

ITEM B2

Refer to age.

- B2 1 Under age 67 (1g) 2 Age 67 or older (1d for NP with 1b, or 2 on page 18)

- g. How long has -- been covered by Medicare?

- g. 1 Less than 6 months 2 6 months, but less than 1 year 3 1 year, but less than 2 years 4 2 years or more 9 DK (1d for NP with 1b, or 2 on page 18)

Notes

Part B – HEALTH CARE COVERAGE – Continued		PERSON 1
<p>6a. In (month), was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p>	39
<p>b. Was this CHAMPUS or CHAMP-VA? Read if necessary: CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Yes (6c) 2 <input type="checkbox"/> No (6f) 9 <input type="checkbox"/> DK (6e)</p>	40
<p>c. Who was covered by CHAMPUS or CHAMP-VA? Mark (X) "CHAMPUS/CHAMP-VA" box in person's column.</p>	<p>c.</p> <p>1 <input type="checkbox"/> CHAMPUS/CHAMP-VA (Mark "Cov" box on HIS-1)</p>	41
<p>d. Anyone else? <input type="checkbox"/> Yes (Reask 6c and d) <input type="checkbox"/> No</p>		
<p>e. In (month), was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?</p>	<p>e.</p> <p>1 <input type="checkbox"/> Yes (6f) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p>	42
<p>f. Who was covered by other military health care? Mark (X) "Military" box in person's column.</p>	<p>f.</p> <p>1 <input type="checkbox"/> Military (Mark "Cov" box on HIS-1)</p>	43
<p>g. Anyone else? <input type="checkbox"/> Yes (Reask 6f and g) <input type="checkbox"/> No</p>		
<p>7a. In (month), was anyone in the family covered by the Indian Health Service?</p>	<p>7a.</p> <p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }</p>	44
<p>b. Who was covered? Mark (X) "IHS" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> IHS (Mark "Cov" box on HIS-1)</p>	45
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p>		
<p>8a. (Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan? Read if necessary: Besides government programs, people also get health insurance through their job or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including health maintenance organizations (HMOs).</p>	<p>8a.</p> <p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (Part C, question 8 9 <input type="checkbox"/> DK } on page 30)</p>	46
<p>b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan? If "DK", probe: Do you have something with the plan name on it? Ask 8c after recording each plan. Record up to 4 plan names in Part C, Table H.I.</p>		
<p>c. In (month), was anyone in the family covered by any OTHER private health insurance plan?</p>	<p>c.</p> <p>1 <input type="checkbox"/> Yes (Reask 8b and c) 2 <input type="checkbox"/> No (Part C)</p>	47
Notes		

Part C – PRIVATE PLAN AND COVERAGE DETAIL

PERSON 1

3-4

TABLE H.I. – PLAN 1

PLAN 1 NAME

5-6

Now, I am going to ask some questions about the plan(s) you just told me about, (starting with (plan name).)

7

1a. Who was covered under this plan?

Mark (X) "Private insurance" box in person's column.

- 1a.** 1 Private insurance
(Mark "Cov" box on HIS-1)

b. Anyone else?

- Yes (Reask 1a and b) No

8

2. In whose name is this plan?

Mark (X) "In name" box in person's column and also on the HIS-1.

- 2.** 1 In name
2 Person not in household

3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?

If "Yes", probe for employer or union.

- 1 Employer
2 Union
3 Through workplace, but DK whether employer or union
4 No } (4)
9 DK } (3b)

9

b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?

Read if necessary: The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.

- 1 All (5)
2 Some } (4)
3 None }
9 DK }

10

HAND CARD FC1. Read each category if telephone interview.

4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.

- 1 Zero
2 \$1 – \$9
3 \$10 – \$19
4 \$20 – \$49
5 \$50 – \$99
6 \$100 – \$199
7 \$200 – \$499
8 \$500 or more
9 DK

11

5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?

- 1 Variety of services (6)
2 Only one type of service/care (5b)
9 DK (6)

12

b. What type of service or care does the plan pay for?

Mark (X) only one type of service.

- 01 Accidents
02 AIDS care
03 Cancer treatment
04 Catastrophic care
05 Dental care
06 Disability insurance (cash payments when unable to work for health reasons)
07 Hospice care
08 Hospitalization-only
09 Long term care (nursing home care)
10 Prescriptions
11 Vision care
98 Other – Specify _____
99 DK

13-14

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8a ON PAGE 30

Notes

	RT 89 3-4		RT 89 3-4		RT 89 3-4		RT 89 3-4	
PERSON 2		PERSON 3		PERSON 4		PERSON 5		
7		7		7		7		
1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		
8		8		8		8		
2. <input type="checkbox"/> In name		2. <input type="checkbox"/> In name		2. <input type="checkbox"/> In name		2. <input type="checkbox"/> In name		
6a. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan? <i>Read if necessary: Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the Plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.</i>				<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK				15
b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?				<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)				16
c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?				<input type="checkbox"/> Yes } <input type="checkbox"/> No } (7) <input type="checkbox"/> DK }				17
d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				18
<i>Mark (X) box or ask:</i> 7a. Does (plan name) pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?				<input type="checkbox"/> No persons under 18 in family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				19
<i>Mark (X) box or ask:</i> b. Does this plan pay for any part of the cost for mammograms? <i>Read if necessary: A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.</i>				<input type="checkbox"/> No female over 39 in family } <input type="checkbox"/> Yes } <input type="checkbox"/> No } <input type="checkbox"/> DK }				20
Notes								

Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	
8a. In the past 2 years, has anyone in the family been denied coverage, or had restricted or limited coverage, (under [this plan/any of the plans you just told me about]) because he or she already had a particular health condition, sometimes called a pre-existing condition?		8a.	<input type="checkbox"/> Yes (8b) 69 <input type="checkbox"/> No } (9) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Pre-existing condition" box in person's column.		b.	<input type="checkbox"/> Pre-existing condition 70
c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No <input type="checkbox"/> DK			
9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?		9a.	<input type="checkbox"/> Yes (9b) 71 <input type="checkbox"/> No } (10) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Turned down" box in person's column.		b.	<input type="checkbox"/> Turned down 72
c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No <input type="checkbox"/> DK Ask for each person with "Turned down" box marked in 9b.			
d. Why was -- unable to get that health insurance? Anything else? Mark (X) all that apply.		d.	<input type="checkbox"/> Because of pre-existing condition, as cancer or diabetes 73 <input type="checkbox"/> Because of health risk(s), such as smoking or overweight 74 <input type="checkbox"/> Because of work, such as construction worker, beautician, farm worker 75 <input type="checkbox"/> Because premiums were too high 76 <input type="checkbox"/> Other – Specify <input type="checkbox"/> 77 <input type="checkbox"/> DK 78
10a. In the past two years or so, has anyone in the family decided to stay in one job rather than take another job mainly because of reasons related to health insurance?		10a.	<input type="checkbox"/> Yes (10b) 79 <input type="checkbox"/> No } (C1) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Stayed in job" box in person's column.		b.	<input type="checkbox"/> Stayed in job 80
c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No <input type="checkbox"/> DK			
ITEM C1	Refer to age and Wa/Wb in HIS-1. Mark (X) first appropriate box.	C1	<input type="checkbox"/> 70+ (NP) 81 <input type="checkbox"/> Wa/Wb marked (Check Item C2) <input type="checkbox"/> Other (NP)
ITEM C2	Refer to "In name" box on HIS-1.	C2	<input type="checkbox"/> "In name" (NP) 82 <input type="checkbox"/> Other (11)
11. Was health insurance offered by -- employer?		11.	<input type="checkbox"/> Yes } (NP) 83 <input type="checkbox"/> No } <input type="checkbox"/> DK }
Notes			

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued

PERSON 1

3-4

5

ITEM C3

Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box. If no other person in family, go to 14 on page 34.

C3

- 1 Covered (13)
2 Not covered, under 65
3 Not covered, 65+ (12)

HAND CARD FC2. Read each category if telephone interview. If "Not covered 65 and over," include "or Medicare".

12a. Many people do not have health insurance for various reasons. Which of these statements describes why -- is not covered by any health insurance (or Medicare)?

Anything else?

Mark (X) all that apply.

12a.

- 01 Job layoff/loss/unemployment 6-7
02 Wasn't offered by employer 8-9
03 Not eligible because part time worker 10-11
04 Family coverage not offered by employer 12-13
05 Benefits from former employer ran out 14-15
06 Can't obtain because of poor health, illness, or age 16-17
07 Too expensive/ Can't afford 18-19
08 Dissatisfied with previous insurance 20-21
09 Don't believe in insurance 22-23
10 Have usually been healthy, haven't needed insurance 24-25
11 Covered by some other plan 26-27
12 Too old for coverage under family plans 28-29
13 Free/inexpensive source of care readily available 30-31
98 Other reason - Specify z 32-33
99 DK (12d) 34-35

Ask 12b if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.

b. What is the MAIN reason -- was not covered in (month) by any health insurance (or Medicare)?

Record number from Card FC2.

Ask 12c if box 11 is marked in question 12a; otherwise skip to 12d.

b.

Main reason _____ 38

c. Was -- covered by a state sponsored health plan, a private health insurance plan, or some other type of health plan?

c.

- 1 State Plan
2 Private Plan (C3 for NP)
3 Other Plan
9 DK

d. When was the LAST time -- had health insurance?

d.

- 1 Less than 6 months ago
2 6 months ago, but less than 1 year ago (12e)
3 1 year ago, but less than 3 years ago
4 3 or more years ago (C3 for NP)
5 Never had health insurance
9 DK (12f)

HAND CARD FC3. Read categories if telephone interview.

e. What was the MAIN reason -- stopped being covered by health insurance?

Mark (X) only one.

e.

- 01 Lost job or changed employers
02 Spouse/parent lost job or changed employers
03 Death of spouse or parent
04 Became divorced or separated
05 Became ineligible because of age (12f on page 34)
06 Employer stopped offering coverage
07 Cut back to part time
08 Benefits from employer/former employer ran out
98 Other - Specify z
99 DK

Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	
12f. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?		12f. <input type="checkbox"/> Yes (12g) <input type="checkbox"/> No <input type="checkbox"/> DK } (C3 on page 32 for NP)	
g. What was the MAIN reason -- was unable to find some other type of health insurance?		g. <input type="checkbox"/> Could not afford <input type="checkbox"/> Was rejected <input type="checkbox"/> Other reason - Specify _____ <input type="checkbox"/> DK } (C3 on page 32 for NP)	
13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?		13a. <input type="checkbox"/> Yes (13b) <input type="checkbox"/> No <input type="checkbox"/> DK } (C3 on page 32 for NP)	
b. In how many of the past 12 months was -- without coverage?		b. <input type="checkbox"/> 1 month or less <input type="checkbox"/> 2-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> DK	
<i>HAND CARD FC3. Read each category if telephone interview.</i>		c. <input type="checkbox"/> Lost job or changed employers <input type="checkbox"/> Spouse/parent lost job or changed employers <input type="checkbox"/> Death of spouse or parent <input type="checkbox"/> Became divorced or separated <input type="checkbox"/> Became ineligible because of age <input type="checkbox"/> Employer stopped offering coverage <input type="checkbox"/> Cut back to part time <input type="checkbox"/> Benefits from employer/ former employer ran out <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> DK } (C3 on page 32 for NP)	
14. During the past 12 months, about how much did [you/your family] spend for medical care? Do NOT include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which you expect to be reimbursed.		14. <input type="checkbox"/> Zero <input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 - \$1999 <input type="checkbox"/> \$2,000 - \$2,999 <input type="checkbox"/> \$3,000 - \$4,999 <input type="checkbox"/> \$5,000 or more <input type="checkbox"/> DK	
<i>HAND CARD FC4. Read each category if telephone interview.</i>			
ITEM C4	About how often did the Respondent appear to answer the questions in Parts B and C accurately?	C4	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
ITEM C5	About how often did the Respondent appear to answer the questions in Parts B and C honestly?	C5	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
ITEM C6	Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Parts B and C.	C6	Person number _____

Part D – INCOME AND ASSETS

PERSON 1

3-4

Mark (X) box or ask for each nondeleted family member, including Armed Forces members living at home.

1a. In (month), did -- have a job or business?

1a.

- 0 Under 14 (NP, or 6 on page 42)
 1 Yes (1b)
 2 No } (NP, or 6 on page 42)
 9 DK }

5

b. In (month), was -- working for an employer, was -- self-employed, or both?

b.

Read if necessary: **Examples of self-employment include business, professional practice, or farm.**

- 1 Employer only (2a)
 2 Self-employed only (3)
 3 Both (4)
 9 DK (NP, or 6 on page 42)

6

2a. In (month), how many hours per week did -- usually work in -- MAIN job?

2a.

____ Hours per week
 (Number)
 99 DK

7-8

b. Was -- paid by the hour at this MAIN job?

b.

- 1 Yes
 2 No
 9 DK

9

c. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.

c.

\$ _____
 (Dollars)
 9999999 DK

10-16

d. How long has -- worked at this MAIN job?

d.

- 1 One year or less
 2 More than a year, but not more than 3 years
 3 More than 3 years, but not more than 5 years
 4 More than 5 years, but not more than 10 years
 5 More than 10 years
 9 DK

17

e. In (month), how many hours per week did -- usually work at all OTHER jobs?

e.

____ Hours per week (2f)
 (Number)
 88 None, only worked one job (2g)
 99 DK (2f)

18-19

f. In (month), how much income did -- receive BEFORE deductions in all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.

f.

\$ _____
 (Dollars)
 9999999 DK

20-26

g. In how many of the past 12 months did -- have AT LEAST ONE job or business?

g.

____ Months } (D1 on page 40)
 (Number)
 12 All
 99 DK

27-28

Notes

Part D – INCOME AND ASSETS – Continued

PERSON 1

<p>3a. In (month), how many hours per week did -- usually work in -- MAIN business?</p> <hr/> <p>b. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses. <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p> <hr/> <p>c. How long has -- worked at this MAIN business?</p> <hr/> <p>d. In (month), how many hours per week did -- usually work at all OTHER businesses?</p> <hr/> <p>e. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</p> <hr/> <p>f. In how many of the past 12 months was -- self-employed?</p> <hr/> <p>g. In how many of the past 12 months did -- have AT LEAST ONE job or business?</p>	<p>3a. 29-30</p> <p>____ Hours per week (Number) 99 <input type="checkbox"/> DK</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Already included 31 0 <input type="checkbox"/> Loss 32</p> <p>\$ _____ 33-39 (Dollars) 9999999 <input type="checkbox"/> DK</p> <hr/> <p>c. 40</p> <p>1 <input type="checkbox"/> One year or less 2 <input type="checkbox"/> More than a year, but not more than 3 years 3 <input type="checkbox"/> More than 3 years, but not more than 5 years 4 <input type="checkbox"/> More than 5 years, but not more than 10 years 5 <input type="checkbox"/> More than 10 years 9 <input type="checkbox"/> DK</p> <hr/> <p>d. 41-42</p> <p>____ Hours per week (3e) (Number) 88 <input type="checkbox"/> None, only worked at one business (3g) 99 <input type="checkbox"/> DK (3e)</p> <hr/> <p>e.</p> <p>1 <input type="checkbox"/> Already included 43 0 <input type="checkbox"/> Loss 44</p> <p>\$ _____ 45-51 (Dollars) 9999999 <input type="checkbox"/> DK</p> <hr/> <p>f. 52-53</p> <p>____ Months } <i>If 01-11 (3g) if 12 (D1 on page 40)</i> (Number) } 12 <input type="checkbox"/> All } <i>(D1 on page 40)</i> 99 <input type="checkbox"/> DK }</p> <hr/> <p>g. 54-55</p> <p>____ Months } <i>(D1 on page 40)</i> (Number) } 12 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }</p>
--	--

Notes

Part D – INCOME AND ASSETS – Continued

PERSON 1

<p>4a. In (month), how many hours per week did -- usually work in -- MAIN job or business?</p>	4a.	<p style="text-align: right;">56-57</p> <p>Hours per week (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>b. Was this a job or business?</p>	b.	<p style="text-align: right;">58</p> <p>1 <input type="checkbox"/> Job (4c) 2 <input type="checkbox"/> Business (4e) 9 <input type="checkbox"/> DK (4c)</p>
<p>c. Was -- paid by the hour at this MAIN job?</p>	c.	<p style="text-align: right;">59</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>d. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.</p>	d.	<p style="text-align: right;">60-66</p> <p>\$ _____ } (4f) (Dollars) 9999999 <input type="checkbox"/> DK</p>
<p>e. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses.</p> <p><i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p>	e.	<p>1 <input type="checkbox"/> Already included 67 0 <input type="checkbox"/> Loss 68</p> <p>\$ _____ 69-75 (Dollars) 9999999 <input type="checkbox"/> DK</p>
<p>f. How long has -- worked at this MAIN [job/business]?</p>	f.	<p style="text-align: right;">76</p> <p>1 <input type="checkbox"/> One year or less 2 <input type="checkbox"/> More than a year, but not more than 3 years 3 <input type="checkbox"/> More than 3 years, but not more than 5 years 4 <input type="checkbox"/> More than 5 years, but not more than 10 years 5 <input type="checkbox"/> More than 10 years 9 <input type="checkbox"/> DK</p>
<p>g. In (month), how many hours per week did -- usually work at all OTHER jobs or businesses?</p>	g.	<p style="text-align: right;">77-78</p> <p>Hours per week (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>h. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</p> <p><i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p>	h.	<p>1 <input type="checkbox"/> Already included 79 0 <input type="checkbox"/> Loss 80</p> <p>\$ _____ 81-87 (Dollars) 9999998 <input type="checkbox"/> No other business 9999999 <input type="checkbox"/> DK</p>
<p>i. In (month), how much income did -- receive BEFORE deductions from all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.</p>	i.	<p style="text-align: right;">88-94</p> <p>\$ _____ (Dollars) 9999998 <input type="checkbox"/> No other job 9999999 <input type="checkbox"/> DK</p>
<p>j. In how many of the past 12 months was -- self-employed?</p>	j.	<p style="text-align: right;">95-96</p> <p>Months } If 01-11 (4k) (Number) } If 12 (D1)</p> <p>12 <input type="checkbox"/> All } (D1) 99 <input type="checkbox"/> DK }</p>
<p>k. In how many of the past 12 months did -- have AT LEAST ONE job or business?</p>	k.	<p style="text-align: right;">97-98</p> <p>Months (Number)</p> <p>12 <input type="checkbox"/> All 99 <input type="checkbox"/> DK</p>
<p>ITEM D1</p> <p><i>Refer to age.</i></p>	D1	<p style="text-align: right;">99</p> <p>1 <input type="checkbox"/> 18+ (5 on page 42) 8 <input type="checkbox"/> Other (1a on page 36 for NP, or 6 on page 42)</p>

Part D – INCOME AND ASSETS – Continued

PERSON 1

HAND CARD FD1. Read each category if telephone interview.

5a. Thinking about -- (MAIN) job or business in (month), how many people are employed full and part time, including employees at all locations?

- 5a.** 100
- 1 1-9
 - 2 10-24
 - 3 25-49
 - 4 50-99
 - 5 100-499
 - 6 500-999
 - 7 1,000 or more
 - 9 DK (5b)
- (1a on page 36 for NP, or 6)

b. Thinking about the particular location where -- worked in (month), how many people are employed THERE full and part time?

- b.** 101
- 1 1-9
 - 2 10-24
 - 3 25-49
 - 4 50-99
 - 5 100-499
 - 6 500-999
 - 7 1,000 or more
 - 9 DK
- (1a on page 36 for NP, or 6)

6a. In (month), did anyone in the family receive Social Security or Railroad Retirement payments?

Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are sent in a gold colored envelope.

- 6a.** 102
- 1 Yes (6b)
 - 2 No
 - 9 DK
- (7)

b. Who was this?

Mark (X) "SS/RR" box in person's column.

- b.** 103
- 1 SS/RR

c. Anyone else?

Yes (Reask 6b and c) No

Ask 6d-g as appropriate for each person with "SS/RR" box marked in 6b.

d. How much income did -- receive in (month), from Social Security or Railroad Retirement?

- d.** 104
- 1 Already included
- \$ _____ 105-108
(Dollars)
9999 DK

e. How long has -- received Social Security or Railroad Retirement income?

- e.** 109-110
- 1 Months 109-110
 - 2 Years 111
 - 99 DK

Ask 6f-g ONLY if person is under 65; otherwise, go to 6d for NP with "SS/RR" in 6b, or 7.

f. Was -- Social Security or Railroad Retirement income received as a disability benefit?

- f.** 112
- 1 Yes (6g)
 - 2 No
 - 9 DK
- (6d for NP with "SS/RR" in 6b, or 7)

g. Did -- receive this benefit because -- is disabled?

- g.** 113
- 1 Yes
 - 2 No
 - 9 DK
- (6d for NP with "SS/RR" in 6b, or 7)

7a. (Besides --) Has anyone in the family EVER APPLIED for disability benefits from Social Security? This includes people who applied for benefits even if the claim was denied.

- 7a.** 114
- 1 Yes (7b)
 - 2 No
 - 9 DK
- (8)

b. Who was this?

Mark (X) "Applied for SSA" box in person's column.

- b.** 115
- 1 Applied for SSA

c. Anyone else?

Yes (Reask 7b and c) No

Ask 7d for each person marked in 7b.

d. How many times has -- applied for disability benefits from Social Security?

- d.** 116-117
- _____ Times applied for SSA
(Number)

Part D – INCOME AND ASSETS – Continued		PERSON 1
<p>8a. In (month), did anyone in the family receive Supplemental Security Income or SSI? <i>Read if necessary: Federal SSI are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.</i></p> <hr/> <p>b. Who was this? <i>Mark (X) "SSI" box in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 8b and c</i>) <input type="checkbox"/> No <i>Ask 8d-e for each person with "SSI" box marked in 8b.</i></p> <hr/> <p>d. How much income did -- receive in (month) for Supplemental Security Income or SSI?</p> <hr/> <p>e. How long has -- received Supplement Security Income?</p>	<p>8a. <input type="checkbox"/> Yes (8b) <input type="checkbox"/> No } (9) <input type="checkbox"/> DK }</p> <hr/> <p>b. <input type="checkbox"/> SSI</p> <hr/> <p>d. \$ _____ (Dollars) 9999 <input type="checkbox"/> DK</p> <hr/> <p>e. _____ (Number) { <input type="checkbox"/> Months <input type="checkbox"/> Years 99 <input type="checkbox"/> DK</p>	<p>5</p> <hr/> <p>6</p> <hr/> <p>7-10</p> <hr/> <p>11-12 13</p>
<p>9a. (Besides --) Has anyone in the family EVER applied for Supplemental Security Income or SSI? This includes people who applied for benefits even if the claim was denied.</p> <hr/> <p>b. Who was this? <i>Mark (X) "Applied for SSI" box in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 9b and c</i>) <input type="checkbox"/> No <i>Ask 9d for each person marked in 9b.</i></p> <hr/> <p>d. How many times has -- applied for Supplemental Security Income (SSI)?</p>	<p>9a. <input type="checkbox"/> Yes (9b) <input type="checkbox"/> No } (10) <input type="checkbox"/> DK }</p> <hr/> <p>b. <input type="checkbox"/> Applied for SSI</p> <hr/> <p>d. _____ Times applied for SSI (Number)</p>	<p>14</p> <hr/> <p>15</p> <hr/> <p>16-17</p>
<p>10a. In (month), did anyone in the family receive any disability pension (other than Social Security or Railroad Retirement)?</p> <hr/> <p>b. Who was this? <i>Mark (X) "Disability" box in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 10b and c</i>) <input type="checkbox"/> No <i>Ask 10d for each person with "Disability" box marked in 10b.</i></p> <hr/> <p>d. How much did -- receive in (month) BEFORE deductions from a disability pension?</p>	<p>10a. <input type="checkbox"/> Yes (10b) <input type="checkbox"/> No } (11 on page 46) <input type="checkbox"/> DK }</p> <hr/> <p>b. <input type="checkbox"/> Disability</p> <hr/> <p>d. <input type="checkbox"/> Already included \$ _____ (Dollars) 9999 <input type="checkbox"/> DK</p>	<p>18</p> <hr/> <p>19</p> <hr/> <p>20</p> <hr/> <p>21-24</p>
<p>Notes</p>		

Part D – INCOME AND ASSETS – Continued		PERSON 1
<p>11a. (In (month), did anyone in the family receive) Any retirement or survivor pension (other than [Social Security or Railroad Retirement/(or) disability pension])?</p> <p>b. Who was this? <i>Mark (X) "Pension" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No <i>Ask 11d for each person with "Pension" box marked in 11b.</i></p> <p>d. How much income did -- receive BEFORE deductions from retirement or survivor pensions (other than [Social Security or Railroad Retirement/(or) disability pension]) in (month)?</p>	<p>11a. <input type="checkbox"/> Yes (11b) 25 <input type="checkbox"/> No } (D2) <input type="checkbox"/> DK } (D2)</p> <hr/> <p>b. <input type="checkbox"/> Pension 26</p> <hr/> <p>d. <input type="checkbox"/> Already included 27 \$ _____ 28-33 (Dollars) 999999 <input type="checkbox"/> DK</p>	
<p>ITEM D2 <i>Refer to family composition and income in 8a on page 46 of HIS-1.</i></p>	<p style="text-align: right;">34</p> <p>D2 <input type="checkbox"/> Single person household and income = \$20,000 or more (14 on page 48) <input type="checkbox"/> Married couple only and family income = \$20,000 or more (14 on page 48) <input type="checkbox"/> Other (12)</p>	
<p>12a. In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare office? Do not include SSI.</p> <p>b. Who was this? <i>Mark (X) "Welfare" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No <i>Ask 12d-f for each person with "Welfare" box marked in 12b.</i></p> <p>d. Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)?</p> <p>e. In how many of the past 12 months did -- receive these payments?</p> <p>f. How much income did -- receive from public assistance or welfare in (month)?</p>	<p>12a. <input type="checkbox"/> Yes (12b) 35 <input type="checkbox"/> No } (13 on page 48) <input type="checkbox"/> DK } (13 on page 48)</p> <hr/> <p>b. <input type="checkbox"/> Welfare 36</p> <hr/> <p>d. <input type="checkbox"/> AFDC 37 <input type="checkbox"/> Other <input type="checkbox"/> Both <input type="checkbox"/> DK</p> <hr/> <p>e. 12 <input type="checkbox"/> All 38-39 ____ Months (Number) 99 <input type="checkbox"/> DK</p> <hr/> <p>f. <input type="checkbox"/> Already included 40 \$ _____ 41-44 (Dollars) 9999 <input type="checkbox"/> DK</p>	
Notes		

Part D - INCOME AND ASSETS - Continued

PERSON 1

<p>13a. In (month), did anyone in the family receive food stamps?</p> <hr/> <p>b. What was the total value of the food stamp allotment received in (month)? This includes receipt of a food stamp card or vouchers, or cash grants from the state for food.</p>	<p>13a. 45 1 <input type="checkbox"/> Yes (13b) 2 <input type="checkbox"/> No } (14) 9 <input type="checkbox"/> DK } <hr/> <p>b. 46-49 \$ _____ (Dollars) 9999 <input type="checkbox"/> DK</p> </p>
<p>14a. In (month), did anyone in the family have money in any kind of savings or other bank account that EARNED interest? Do not include dividends.</p> <p><i>Read if necessary: Include saving accounts, money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds or any other investments that earn interest.</i></p> <p>b. Who was this?</p> <p><i>Mark (X) "Interest" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No <i>Ask 14d-f as appropriate for each person with "Interest" box marked in 14b.</i></p> <p>d. What is your best estimate of the total amount of interest -- earned in (month)?</p> <hr/> <p>e. Was it more than \$25 or less than \$25?</p> <hr/> <p><i>HAND CARD FD2.</i></p> <p>f. Was it - Read answer categories.</p>	<p>14a. 50 1 <input type="checkbox"/> Yes (14b) 2 <input type="checkbox"/> No } (15 on page 50) 9 <input type="checkbox"/> DK } <hr/> <p>b. 51 1 <input type="checkbox"/> Interest</p> <hr/> <p>d. 52 1 <input type="checkbox"/> Already included } (NP with "Interest" in 14b, or 15) 53-56 \$ _____ (Dollars) 9999 <input type="checkbox"/> DK (14e)</p> <hr/> <p>e. 57 1 <input type="checkbox"/> More than \$25 (14f) 2 <input type="checkbox"/> Less than \$25 } (NP with "Interest" in 14b, or 15) 3 <input type="checkbox"/> \$25 exactly } 9 <input type="checkbox"/> DK } <hr/> <p>f. 58 1 <input type="checkbox"/> \$25-\$99, 2 <input type="checkbox"/> \$100-\$499, 3 <input type="checkbox"/> \$500-\$999, 4 <input type="checkbox"/> \$1000-\$4999, or } (NP with "Interest" in 14b, or 15) 5 <input type="checkbox"/> \$5000 or more? 9 <input type="checkbox"/> DK }</p> </p></p>

Notes

Part D - INCOME AND ASSETS - Continued

PERSON 1

<p>15a. Did anyone in the family receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts in (month)?</p> <p>-----</p> <p>b. Who was this? Mark (X) "Dividends" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No Ask 15d-f as appropriate for each person with "Dividends" box marked in 15b.</p> <p>-----</p> <p>d. What is your best estimate of the total amount that -- received from dividends, NET rental property income, royalties, estates, or trusts in (month)?</p> <p>-----</p> <p>e. Was it more than \$25 or less than \$25?</p> <p>-----</p> <p>HAND CARD FD2.</p> <p>f. Was it - Read answer categories.</p>	<p>15a. 59 1 <input type="checkbox"/> Yes (15b) 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 60 1 <input type="checkbox"/> Dividends</p> <hr/> <p>d. 61 1 <input type="checkbox"/> Already included } (NP with "Dividends" in 15b, or 16) 62 0 <input type="checkbox"/> Loss } \$ _____ } 63-66 (Dollars) } 9999 <input type="checkbox"/> DK (15e)</p> <hr/> <p>e. 67 1 <input type="checkbox"/> More than \$25 (15f) 2 <input type="checkbox"/> Less than \$25 } (NP with "Dividends" in 15b, or 16) 3 <input type="checkbox"/> \$25 exactly } 9 <input type="checkbox"/> DK }</p> <hr/> <p>f. 68 1 <input type="checkbox"/> \$25-\$99, } (NP with "Dividends" in 15b, or 16) 2 <input type="checkbox"/> \$100-\$499, } 3 <input type="checkbox"/> \$500-\$999, } 4 <input type="checkbox"/> \$1000-\$4999, or } 5 <input type="checkbox"/> \$5000 or more? } 9 <input type="checkbox"/> DK }</p>
---	--

<p>16a. In (month), did anyone in the family receive income from ANY OTHER sources, such as veterans payments, worker's or unemployment compensation, child support or alimony? Do not include lump payments, such as money from an inheritance or sale of a home.</p> <p>-----</p> <p>b. Who was this? Mark (X) "Other income" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No Ask 16d-f as appropriate for each person with "Other Income" box marked in 16b.</p> <p>-----</p> <p>d. How much income did -- receive in (month) from ALL OTHER sources?</p> <p>-----</p> <p>e. Was it more than \$25 or less than \$25?</p> <p>-----</p> <p>HAND CARD FD2.</p> <p>f. Was it - Read answer categories.</p>	<p>16a. 69 1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No } (17 on page 52) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 70 1 <input type="checkbox"/> Other income</p> <hr/> <p>d. 71 1 <input type="checkbox"/> Already included } (NP with "Other income" in 16b, or 17) 72-75 \$ _____ } (Dollars) } 9999 <input type="checkbox"/> DK (15e)</p> <hr/> <p>e. 76 1 <input type="checkbox"/> More than \$25 (16f) 2 <input type="checkbox"/> Less than \$25 } (NP with "Other income" in 16b, or 17) 3 <input type="checkbox"/> \$25 exactly } 9 <input type="checkbox"/> DK }</p> <hr/> <p>f. 77 1 <input type="checkbox"/> \$25-\$99, } (NP with "Other income" in 16b, or 17) 2 <input type="checkbox"/> \$100-\$499, } 3 <input type="checkbox"/> \$500-\$999, } 4 <input type="checkbox"/> \$1000-\$4999, or } 5 <input type="checkbox"/> \$5000 or more? } 9 <input type="checkbox"/> DK }</p>
---	---

Notes

Part D – INCOME AND ASSETS – Continued

17a. Does anyone in the family own a car, truck, recreational vehicle, motorcycle, or boat?	<input type="checkbox"/> Yes (17b) <input type="checkbox"/> No } (18) <input type="checkbox"/> DK }	78
<i>HAND CARD FD3. Read categories if telephone interview.</i>		79
b. Altogether, how much are they worth?	<input type="checkbox"/> Less than \$2,000 <input type="checkbox"/> \$2,000 – \$4,999 <input type="checkbox"/> \$5,000 – \$9,999 <input type="checkbox"/> \$10,000 – \$19,999 <input type="checkbox"/> \$20,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> DK	
18a. Is this [house/apartment] now – (1) Owned or being bought by you (or someone in the household)?	<input type="checkbox"/> Yes (18b) <input type="checkbox"/> No (Ask (2))	80
(2) Rented for money?	<input type="checkbox"/> Yes (18e) <input type="checkbox"/> No (Ask (3))	81
(3) Occupied without payment of money rent?	<input type="checkbox"/> Yes } (19) <input type="checkbox"/> No }	82
<i>HAND CARD FD4. Read categories if telephone interview.</i>		83
b. About how much is this place worth on today's market?	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 – \$199,999 <input type="checkbox"/> \$200,000 – \$299,999 <input type="checkbox"/> \$300,000 – \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK	
c. Is it fully paid for or do you still owe something?	<input type="checkbox"/> Fully paid for, nothing is owed (19) <input type="checkbox"/> Still owe something (18d) <input type="checkbox"/> DK(19)	84
<i>HAND CARD FD5. Read categories if telephone interview.</i>		85
d. What is the monthly mortgage payment?	<input type="checkbox"/> Less than \$500 } (19) <input type="checkbox"/> \$500 – \$999 } <input type="checkbox"/> \$1,000 – \$1,999 } <input type="checkbox"/> \$2,000 or more } <input type="checkbox"/> DK }	
<i>HAND CARD FD5. Read categories if telephone interview.</i>		86
e. What is the monthly rent?	<input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 – \$999 <input type="checkbox"/> \$1,000 – \$1,999 <input type="checkbox"/> \$2,000 or more <input type="checkbox"/> DK	
f. Does the monthly rent include meals and/or utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	87
19. [Do you/Does your family] own any other assets, such as another house, a business, or stocks and bonds?	<input type="checkbox"/> Yes (20) <input type="checkbox"/> No } (Item D3) <input type="checkbox"/> DK }	88
20a. [Do you/Does your family] own other property, such as another home, rental property, or land?	<input type="checkbox"/> Yes (20b) <input type="checkbox"/> No } (21) <input type="checkbox"/> DK }	89
<i>HAND CARD FD4. Read categories if telephone interview.</i>		90
b. If [you/your family] sold this other property now and paid off any debts on it, about how much would [you/your family] get?	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 – \$199,999 <input type="checkbox"/> \$200,000 – \$299,999 <input type="checkbox"/> \$300,000 – \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK	

Part D - INCOME AND ASSETS - Continued

<p>21a. (Besides this property) [Do you/Does your family] own part or all of a business, farm, or professional practice?</p> <p><i>HAND CARD FD4. Read categories if telephone interview.</i></p> <p>b. If [you/your family] sold this business, farm, or professional practice now and paid off any debts on it, about how much would [you/your family] get?</p>	<p>1 <input type="checkbox"/> Yes (21b) 2 <input type="checkbox"/> No } (22) 9 <input type="checkbox"/> DK }</p> <p>1 <input type="checkbox"/> Less than \$25,000 2 <input type="checkbox"/> \$25,000 - \$49,999 3 <input type="checkbox"/> \$50,000 - \$99,999 4 <input type="checkbox"/> \$100,000 - \$199,999 5 <input type="checkbox"/> \$200,000 - \$299,999 6 <input type="checkbox"/> \$300,000 - \$499,999 7 <input type="checkbox"/> \$500,000 or more 9 <input type="checkbox"/> DK</p>	<p align="right">91</p> <hr style="border-top: 1px dashed black;"/> <p align="right">92</p>
<p>22a. [Do you/Does your family] have any other savings, assets, or property? Include stocks and bonds and certificates of deposit (CDs).</p> <p><i>HAND CARD FD4. Read categories if telephone interview.</i></p> <p>b. Altogether, what is the present value of these other savings, assets, or property?</p>	<p>1 <input type="checkbox"/> Yes (22b) 2 <input type="checkbox"/> No } (Item D3) 9 <input type="checkbox"/> DK }</p> <p>1 <input type="checkbox"/> Less than \$25,000 2 <input type="checkbox"/> \$25,000 - \$49,999 3 <input type="checkbox"/> \$50,000 - \$99,999 4 <input type="checkbox"/> \$100,000 - \$199,999 5 <input type="checkbox"/> \$200,000 - \$299,999 6 <input type="checkbox"/> \$300,000 - \$499,999 7 <input type="checkbox"/> \$500,000 or more 9 <input type="checkbox"/> DK</p>	<p align="right">93</p> <hr style="border-top: 1px dashed black;"/> <p align="right">94</p>
<p>ITEM D3</p> <p>About how often did the Respondent appear to answer the questions in Part D, Income and Assets accurately?</p>	<p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	<p align="right">95</p>
<p>ITEM D4</p> <p>About how often did the Respondent appear to answer the questions in Part D, Income and Assets honestly?</p>	<p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	<p align="right">96</p>
<p>ITEM D5</p> <p>Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Part D.</p>	<p>Person number _____</p>	<p align="right">97-98</p>

Notes

Section IV - YEAR 2000 OBJECTIVES

ITEM IV2	Refer to sample person selection label.	<input type="checkbox"/> Y (Item A1) <input type="checkbox"/> A (Section V, AIDS on page 67)	5
-----------------	---	---	---

Part A - ENVIRONMENTAL HEALTH

ITEM A1	Adult SP status. Begin here on Section IV callbacks.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Item 16 on Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)	
----------------	---	--	--

<p>These next questions are about this home. Mark (X) by observation or ask:</p> <p>1a. Which of the following best describes your home? Read answer categories.</p> <p>----- Mark (X) by observation or ask:</p>		<input type="checkbox"/> Apartment or condominium (1b) <input type="checkbox"/> Single family home or townhouse <input type="checkbox"/> Trailer or mobile home <input type="checkbox"/> Something else <input type="checkbox"/> DK	6
--	--	---	---

<p>b. What floor of the building is the apartment or condominium on?</p>	<input type="checkbox"/> Basement, first or second floor apartment or condominium <input type="checkbox"/> Apartment or condominium on the third floor or above <input type="checkbox"/> DK	7
---	---	---

<p>2a. How many smoke detectors are installed in this home?</p> <p>----- (Number) Smoke detectors (2c)</p>	<input type="checkbox"/> None (4) <input type="checkbox"/> One (2b) <input type="checkbox"/> DK (4)	8-9
--	---	-----

<p>b. Does this smoke detector now work?</p>	<input type="checkbox"/> Yes (2d) <input type="checkbox"/> No <input type="checkbox"/> DK	10
---	---	----

<p>c. How many of these smoke detectors now work?</p> <p>----- (Number) Working (2d)</p>	<input type="checkbox"/> None (4) <input type="checkbox"/> One (2d) <input type="checkbox"/> All (2d) <input type="checkbox"/> DK (3)	11-12
--	--	-------

<p>d. How do you know [it is/they are] working? Anything else? Mark (X) all that apply.</p>	<input type="checkbox"/> Tested it/them <input type="checkbox"/> Went off because of cooking <input type="checkbox"/> Went off because of other smoke <input type="checkbox"/> Changed batteries <input type="checkbox"/> Light is on <input type="checkbox"/> Hasn't beeped because of low battery <input type="checkbox"/> Other <input type="checkbox"/> DK	<table border="1"> <tr><td>13</td></tr> <tr><td>14</td></tr> <tr><td>15</td></tr> <tr><td>16</td></tr> <tr><td>17</td></tr> <tr><td>18</td></tr> <tr><td>19</td></tr> <tr><td>20</td></tr> </table>	13	14	15	16	17	18	19	20
13										
14										
15										
16										
17										
18										
19										
20										

<p>3. Do you have at least one working smoke detector on each floor of your home? Include a finished basement or attic.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	21
--	--	----

<p>4. Have you ever heard of radon, a gas that is found in the air in some homes?</p>	<input type="checkbox"/> Yes (5) <input type="checkbox"/> No <input type="checkbox"/> DK	22
--	--	----

<p>5a. Has your household air been tested for the presence of radon?</p>	<input type="checkbox"/> Yes (5b) <input type="checkbox"/> No <input type="checkbox"/> DK	23
---	---	----

<p>b. Who decided to have a radon test done - was it someone in this household or was it someone else?</p>	<input type="checkbox"/> Someone in this household <input type="checkbox"/> Someone else <input type="checkbox"/> DK	24
---	--	----

Part B – TOBACCO

These next questions are about cigarette smoking.		
1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i>	1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8)	5
2. Around this time LAST YEAR, were you smoking cigarettes everyday, some days, or not at all?	1 <input type="checkbox"/> Everyday 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK	6
3a. Do you NOW smoke cigarettes everyday, some days, or not at all?	1 <input type="checkbox"/> Everyday (4) 2 <input type="checkbox"/> Some days (6) 3 <input type="checkbox"/> Not at all (3b) 9 <input type="checkbox"/> DK (6)	7
b. How long has it been since you quit smoking cigarettes?	(Number) $\left\{ \begin{array}{l} 1 \text{ Days} \\ 2 \text{ Weeks} \\ 3 \text{ Months} \\ 4 \text{ Years} \end{array} \right\}$ (8) 999 <input type="checkbox"/> DK (8)	8-10
4. On the average, how many cigarettes do you now smoke a day?	_____ Cigarettes a day (Number) 99 <input type="checkbox"/> DK	11-12
5. During the past 12 months, have you stopped smoking for one day or longer?	1 <input type="checkbox"/> Yes } (7) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	13
6a. On how many of the past 30 days did you smoke cigarettes?	00 <input type="checkbox"/> None (7) _____ Days } (6b) (Number) 99 <input type="checkbox"/> DK	14-15
b. On the average, when you smoked DURING THE PAST 30 DAYS, about how many cigarettes did you smoke EACH day?	_____ Cigarettes a day (Number) 99 <input type="checkbox"/> DK	16-17
7. Would you like to completely quit smoking cigarettes?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	18
8a. Have you ever used snuff such as Skoal, Skoal Bandits, or Copenhagen?	1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK	19
b. Have you used snuff at least 20 times in your entire life?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	20
c. Do you use snuff now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	21
9a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?	1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (Part C, page 57) 9 <input type="checkbox"/> DK	22
b. Have you used chewing tobacco at least 20 times in your entire life?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	23
c. Do you use chewing tobacco now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24

Part C – OCCUPATIONAL SAFETY AND HEALTH

The next questions are about health and safety in the workplace.

Ask or verify:

1a. Were you employed at a job or business during the past two weeks?

- 1 Yes (1b)
- 2 No
- 9 DK } (Part D on page 60)

25

b. Were you an employee of a private company, the federal, state, or local government, or were you self-employed?

- 1 Private company
 - 2 Federal government
 - 3 State government
 - 4 Local government
 - 5 Self employed
 - 6 Other
 - 9 DK
- } (1c)
} (Part D, page 60)

26

c. Altogether, does your employer have 50 or more employees?

- 1 Yes (1d)
- 2 No
- 9 DK } (2)

27

d. Does your employer have 50 or more employees at the building or location where you work?

- 1 Yes
- 2 No
- 9 DK

28

HAND CARD YC1. Read all categories if telephone interview.

2. Which of these best describes the area in which you work most of the time?

- 1 Work mainly indoors (3)
 - 2 Work mainly outdoors
 - 3 Travel to different buildings or sites
 - 4 In a motor vehicle
 - 5 Other
 - 9 DK
- } (Check item C1)

29

The next few questions are about smoking at work.

3a. Does your employer have an official policy that restricts smoking in any way?

- 1 Yes (3b)
- 2 No
- 9 DK } (Check Item C1)

30

HAND CARD YC2. Read all categories if telephone interview.

b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

Mark (X) only one.

- 1 Not allowed in ANY indoor common areas
- 2 Allowed in SOME indoor common areas, including designated smoking areas
- 3 Allowed in ALL indoor common areas
- 9 DK

31

HAND CARD YC3. Read all categories if telephone interview.

c. Which of these best describes your employer's smoking policy for work areas?

Mark (X) only one.

- 1 Not allowed in ANY work areas
- 2 Allowed in SOME work areas
- 3 Allowed in ALL work areas
- 9 DK

32

ITEM C1

Refer to Part B, question 3a on page 56. (Smokes cigarettes now)

- 1 Box 1, Every day
 - 2 Box 2, Some days
 - 3 All others (5)
- } (4)

33

Notes

Part C – OCCUPATIONAL SAFETY AND HEALTH – Continued

4a. Do you ever smoke during the time you are at work?		<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (Item C2) <input type="checkbox"/> DK }	34
b. Where do you smoke when you are at work? <i>Mark (X) all that apply.</i>		<input type="checkbox"/> In my work area <input type="checkbox"/> In a public area, such as a restroom, lunchroom, lobby, or other smoking area <input type="checkbox"/> Outside the building <input type="checkbox"/> Not applicable — I work outside or at different sites <input type="checkbox"/> In my car or other vehicle <input type="checkbox"/> Other – Specify <u> </u>	35 36 37 38 39 40
		<input type="checkbox"/> DK	41
ITEM C2	Refer to question 3a, on page 57. (Employer has official smoking policy)	<input type="checkbox"/> "Yes" in 3a (4c) <input type="checkbox"/> All others (5)	42
c. Do you feel that you smoke fewer cigarettes per day because of your employer's smoking policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	43
5. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?		<input type="checkbox"/> Yes (Item C3) <input type="checkbox"/> No } (Item C4) <input type="checkbox"/> DK }	44
ITEM C3	Refer to Part B, question 1, page 56. (Smoked at least 100 cigarettes)	<input type="checkbox"/> "Yes" in 1 (6) <input type="checkbox"/> All others (Item C4)	45
6. In the past year, have you participated in a quit smoking program made available by your employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	46
ITEM C4	Refer to Part C, question 1d, page 57. (50+ employees at building)	<input type="checkbox"/> "Yes" in 1d (7) <input type="checkbox"/> All others (Part D on page 60)	47
<i>HAND CARD YC4. Read categories if telephone interview.</i>			
7a. In the past year, which of these exercise facilities, if any, were made available to you by your employer? (Anything else?) <i>Mark (X) each that applies.</i>		<input type="checkbox"/> 01 Gymnasium/Exercise room <input type="checkbox"/> 02 Weight lifting equipment <input type="checkbox"/> 03 Exercise equipment <input type="checkbox"/> 04 Walking/Jogging path <input type="checkbox"/> 05 Parcours/Fitness trails <input type="checkbox"/> 06 Bike path <input type="checkbox"/> 07 Bike racks <input type="checkbox"/> 08 Swimming pool <input type="checkbox"/> 09 Showers <input type="checkbox"/> 10 Lockers <input type="checkbox"/> 11 Other – Specify <u> </u>	48-49 50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69
		<input type="checkbox"/> 99 DK	70-71
		<input type="checkbox"/> 00 No facilities (8)	72-73
<i>Refer to Card YC4. Read categories marked in 7a if telephone interview.</i>			
b. In the past year, which of these facilities did you use? (Anything else?) <i>Mark (X) each that applies.</i>		<input type="checkbox"/> 01 Gymnasium/Exercise room <input type="checkbox"/> 02 Weight lifting equipment <input type="checkbox"/> 03 Exercise equipment <input type="checkbox"/> 04 Walking/Jogging path <input type="checkbox"/> 05 Parcours/Fitness trails <input type="checkbox"/> 06 Bike path <input type="checkbox"/> 07 Bike racks <input type="checkbox"/> 08 Swimming pool <input type="checkbox"/> 09 Showers <input type="checkbox"/> 10 Lockers <input type="checkbox"/> 11 Other – Specify <u> </u>	74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93 94-95
		<input type="checkbox"/> 99 DK	96-97
		<input type="checkbox"/> 00 None	98-99

Part C - OCCUPATIONAL SAFETY AND HEALTH - Continued

HAND CARD YC5. Read categories if telephone interview.

8a. In the past year, which of these exercise programs, if any, were made available to you on the premises by your employer?

(Anything else?)

Mark (X) each that applies.

- 01 Walking group
- 02 Jogging/Running group
- 03 Biking/Cycling group
- 04 Aerobics class
- 05 Swimming class
- 06 Non-aerobic exercise class
- 07 Weight lifting class
- 08 Fully paid membership in health/fitness club
- 09 Partially paid membership in health/fitness club
- 10 Physical activity or exercise competition
- 11 Other - Specify z

- 5-6
- 7-8
- 9-10
- 11-12
- 13-14
- 15-16
- 17-18
- 19-20
- 21-22
- 23-24
- 25-26

- 99 DK
- 00 No Programs (9)

- 27-28
- 29-30

Refer to Card YC5. Read categories marked in 8a if telephone interview.

b. In the past year, which of these programs did you participate in?

(Anything else?)

Mark (X) each that applies.

- 01 Walking group
- 02 Jogging/Running group
- 03 Biking/Cycling group
- 04 Aerobics class
- 05 Swimming class
- 06 Non-aerobic exercise class
- 07 Weight lifting class
- 08 Fully paid membership in health/fitness club
- 09 Partially paid membership in health/fitness club
- 10 Physical activity or exercise competition
- 11 Other - Specify z

- 31-32
- 33-34
- 35-36
- 37-38
- 39-40
- 41-42
- 43-44
- 45-46
- 47-48
- 49-50
- 51-52

- 99 DK
- 00 None

- 53-54
- 55-56

9a. In the past year, have screening tests been available at your work place for —

Ask for each "Yes" in 9a.

b. In the past year, did you receive a screening test at your workplace for —

- (1) Blood pressure? Yes No DK 57
- (2) Cholesterol? Yes No DK 59
- (3) Cancer? Yes No DK 61

- | Yes | No | DK | | Yes | No | DK | |
|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|----|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 60 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 61 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62 |

HAND CARD YC6. Read categories if telephone interview.

10a. In the past year, at your workplace, have any materials or programs been made available to employees on any of these topics?

If "Yes," ask: Which?

Read if necessary: This includes brochures, programs, talks, or counseling.

(Anything else?)

Mark (X) all that apply.

- 01 Weight control
- 02 Nutrition information
- 03 Prenatal education
- 04 Stress reduction and management
- 05 Alcohol and other drugs
- 06 Sexually transmitted diseases (including HIV or AIDS)
- 07 Job hazards and injury prevention
- 08 Back care and prevention of back injury
- 09 Preventing off-the-job accidents
- 10 Other - Specify z

- 63-64
- 65-66
- 67-68
- 69-70
- 71-72
- 73-74
- 75-76
- 77-78
- 79-80
- 81-82

- 00 None (Part D on page 60)
- 99 DK

- 83-84
- 85-86

Refer to Card YC6. Read categories marked in 10a if telephone interview.

b. In the past 12 months, which programs did you participate in at your workplace?

(Anything else?)

Mark (X) all that apply.

- 01 Weight control
- 02 Nutrition information
- 03 Prenatal education
- 04 Stress reduction and management
- 05 Alcohol and other drugs
- 06 Sexually transmitted diseases (including HIV or AIDS)
- 07 Job hazards and injury prevention
- 08 Back care and prevention of back injury
- 09 Preventing off-the-job accidents
- 10 Other - Specify z

- 87-88
- 89-90
- 91-92
- 93-94
- 95-96
- 97-98
- 99-100
- 101-102
- 103-104
- 105-106

- 00 None
- 99 DK

- 107-108
- 109-110

Part D - HEART DISEASE AND STROKE

<p>These next questions are about blood pressure.</p>		5
<p>1. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?</p>	<p>0 <input type="checkbox"/> Borderline } (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Only during pregnancy } (8) 9 <input type="checkbox"/> DK (3)</p>	
<p>2. Were you told two or more DIFFERENT times that you had high blood pressure?</p>	<p>1 <input type="checkbox"/> Yes } (3) 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Only during pregnancy (8) 9 <input type="checkbox"/> DK (3)</p>	6
<p>3a. Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?</p>	<p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }</p>	7
<p>b. Are you NOW following this advice?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	8
<p>4a. Has a doctor or other health professional ever advised you to cut down on salt or sodium in your diet to help lower your blood pressure?</p>	<p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK }</p>	9
<p>b. Are you NOW following this advice?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	10
<p>5a. Has a doctor or other health professional ever advised you to exercise to help lower your blood pressure?</p>	<p>1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }</p>	11
<p>b. Are you NOW following this advice?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	12
<p>6a. Was any medication EVER prescribed by a doctor to help you lower your blood pressure?</p>	<p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p>	13
<p>b. Are you NOW taking this medication?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Sometimes 9 <input type="checkbox"/> DK</p>	14
<p>7a. Do you NOW have high blood pressure?</p>	<p>0 <input type="checkbox"/> Borderline } (7b) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7c) 9 <input type="checkbox"/> DK }</p>	15
<p>b. Is this condition under control?</p>	<p>1 <input type="checkbox"/> Yes } (8) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	16
<p>c. Is this condition completely cured or is it under control?</p>	<p>1 <input type="checkbox"/> Cured 2 <input type="checkbox"/> Under control 9 <input type="checkbox"/> DK</p>	17
<p>8. About how long has it been since you had your blood pressure checked by a doctor or other health professional?</p>	<p>000 <input type="checkbox"/> Never (Part E on page 62)</p> <p>_____ } (9) (Number) { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years }</p> <p>999 <input type="checkbox"/> DK</p>	18-20

Part D - HEART DISEASE AND STROKE - Continued

9. At that time, did the doctor or health professional say your blood pressure was high, low, or normal?

21

- 1 Not told
- 2 High
- 3 Low
- 4 Normal
- 5 Borderline
- 6 Other - *Specify* *z*

9 DK

10. Blood pressure is usually given as one number over another. Were you told what your blood pressure was, in NUMBERS?

22

- 1 Yes
- 2 No
- 9 DK

Notes

Part E – CLINICAL PREVENTIVE SERVICES

1. Would you say your health in general is excellent, very good, good, fair, or poor?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> DK	23
--	--	----

2a. What was the reason for your last visit to a medical doctor or other health professional? Was it for a new problem, followup of a previous problem, a general physical exam, (Females only: an ob/gyn checkup, related to pregnancy) or something else? <i>Mark (X) only one</i>	<input type="checkbox"/> A new problem <input type="checkbox"/> Followup of a previous problem <input type="checkbox"/> A general physical exam <input type="checkbox"/> An ob/gyn checkup <input type="checkbox"/> Combined general and ob/gyn checkup <input type="checkbox"/> Related to pregnancy <input type="checkbox"/> Other – <i>Specify</i> _____ <input type="checkbox"/> DK	24
--	--	----

The next questions are about medical checkups and routine tests. b. About how long has it been since your last general physical exam or routine checkup by a medical doctor or other health professional? Do not include a visit about a specific problem.	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year, less than 2 years <input type="checkbox"/> 2 years, less than 3 years <input type="checkbox"/> 3 years, less than 4 years <input type="checkbox"/> 4+ years <input type="checkbox"/> Never <input type="checkbox"/> DK (3)	25
---	---	----

3. During this last check-up, were you asked about –	Yes No DK	
a. Your diet and eating habits?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26
b. The amount of physical activity or exercise you get?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27
c. Whether you smoke cigarettes or use other forms of tobacco?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28
d. How much and how often you drink alcohol?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29

Were you asked about – e. Whether you use marijuana, cocaine, or other drugs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30
---	--	----

Ask ONLY IF SP is less than 65 otherwise, skip to 4. f. Sexually transmitted diseases?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31
--	--	----

Were you asked about – g. The use of contraceptives?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	32
--	--	----

4. During this last check-up, did you have –	Yes No DK	
a. Your blood pressure checked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33
b. Your cholesterol level checked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	34
c. Your height checked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	35
d. Your weight checked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	36

ITEM E1	Refer to age.	<input type="checkbox"/> SP is 65+ (5) <input type="checkbox"/> Other (7)	37
----------------	---------------	--	----

5a. During this last check-up, were you asked about any episodes of weakness or paralysis in the arms and legs, loss of vision, speech, or memory, or facial droop that lasted for less than 24 hours? These are symptoms of transient ischemic (IS-KEE-MIK) attack or TIA.	Yes No DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	38
--	---	----

b. During this last check-up, were you asked about whether you have difficulty taking care of yourself, including dressing, using the toilet, bathing, eating, or getting around inside your home without help?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	39
--	--	----

c. During this last check-up, were you asked about whether you have difficulty doing every day activities and chores, including preparing your meals, managing your money, using the telephone, doing light housework, and shopping?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	40
---	--	----

Part E - CLINICAL PREVENTIVE SERVICES - Continued

6. During this last check-up, did you have -		Yes	No	DK			
a. A vision test to check how well you see?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		41		
b. A hearing test?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		42		
c. A urine test?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		43		
d. A thyroid function blood test?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		44		
e. A stool test to check for blood in the stool?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		45		
7. During the past 12 months, have you had a flu shot? This vaccination is usually given in the fall and protects against influenza for the flu season.		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	46		
8. Have you EVER had a pneumonia vaccination? This shot is only given once in a person's lifetime.		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	47		
9. During the past TEN years, have you had a tetanus shot?		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	48		
ITEM E2	<i>Refer to sex.</i>	1 <input type="checkbox"/> Male (Part F on page 64)	2 <input type="checkbox"/> Female (10)		49		
10. About how long has it been since you had a Pap smear test? Was it within the past year, between 1 and 3 years ago, or over 3 years ago? <i>Read if necessary: A Pap smear is a routine gynecologic test in which the doctor examines the cervix and sends a cell sample to the lab.</i>		0 <input type="checkbox"/> Never had a Pap smear test	1 <input type="checkbox"/> Within the past year	2 <input type="checkbox"/> 1 to 3 years ago	3 <input type="checkbox"/> Over 3 years ago	9 <input type="checkbox"/> DK	50
11. Have you had a hysterectomy?		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	51		
ITEM E3	<i>Refer to age.</i>	1 <input type="checkbox"/> Under 30 (Part F on page 64)	2 <input type="checkbox"/> 30 and over (12)		52		
12. About how long has it been since you had a mammogram? <i>Read if necessary: A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.</i>		0 <input type="checkbox"/> Never had a mammogram	1 <input type="checkbox"/> Within the past year	2 <input type="checkbox"/> 1 to 2 years ago	3 <input type="checkbox"/> Over 2 years ago	9 <input type="checkbox"/> DK	53
13. A breast physical exam is when the breast is felt for lumps by a doctor or other health care professional. About how long has it been since you had a breast physical exam done?		0 <input type="checkbox"/> Never had a breast physical exam	1 <input type="checkbox"/> Within the past year	2 <input type="checkbox"/> 1 to 2 years ago	3 <input type="checkbox"/> Over 2 years ago	9 <input type="checkbox"/> DK	54
ITEM E4	<i>Refer to age.</i>	1 <input type="checkbox"/> 40-60 (14)	2 <input type="checkbox"/> Other (Part F on page 64)		55		
14a. Are you now experiencing any of the changes or symptoms of menopause?		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Not sure	9 <input type="checkbox"/> DK	56	
b. Has a medical doctor or other health care professional ever discussed with you the pros and cons of taking estrogen pills after menopause?		1 <input type="checkbox"/> Yes (14c)	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	57	(Part F on page 64)	
c. Has a medical doctor or other health care professional ever discussed with you the pros and cons of taking estrogen TO PREVENT BONE LOSS after menopause?		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	58		

Part F – FAMILY

Ask if unknown; otherwise, mark (X) without asking.

59

1. How many family members who are 10 or over live with you in your household?

- 0 None (Item F1)
1 One or more (2)

2. Thinking only of the family members 10 or over who live with you, in the past month, have you had any discussions about –

Yes No DK

a. Nutrition and healthy eating habits?

- 1 2 9

60

b. Exercise, sports or other physical activities, as related to health?

- 1 2 9

61

c. Safety and things that you can do to prevent injuries?

- 1 2 9

62

d. Health issues related to cigarette smoking or other tobacco use?

- 1 2 9

63

e. Health issues related to drinking beer, wine, liquor, and other alcoholic beverages?

- 1 2 9

64

f. Health issues related to sexual behavior, sexually transmitted diseases, AIDS, or unwanted pregnancy?

- 1 2 9

65

g. Health issues related to using illegal drugs?

- 1 2 9

66

ITEM F1

Refer to age.

- 1 SP is 25+ (3)
2 Other (Part G)

67

3. Do you have any children aged 10 through 17?

- 1 Yes (4)
2 No } (Part G)
9 DK }

68

4. Have you ever discussed human sexuality with any of your children aged 10 through 17?

- 1 Yes
2 No
9 DK

69

5. Have any of your children aged 10 through 17 had instruction at school about human sexuality?

- 1 Yes
2 No
9 DK

70

6. Have any of your children aged 10 through 17 had instruction about human sexuality from a youth or religious program?

- 1 Yes
2 No
9 DK

71

Notes

Part G – FIREARM SAFETY

The next questions are about safety and firearms. Firearms include pistols, shotguns, rifles, and other types of guns. Do not include guns that cannot fire, starter pistols, or BB guns.

Read if necessary: Sometimes the use of firearms can lead to injury, which is a health problem.

72

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, truck or car.

- 1 Yes (2)
- 2 No
- 9 DK } (End of interview)

2. Is there one or more than one firearm?

- 1 One (3)
- 2 More than one
- 9 DK } (4 on page 66)

73

3a. What kind of firearm is it?

Mark (X) only one.

- 1 Handgun, including pistol or revolver
- 2 Shotgun
- 3 Rifle
- 4 Other – Specify _____
- 9 DK

74

HAND CARD YG1. Read categories if telephone interview.

75

b. Which statement best describes the PLACE the firearm is kept?

- 1 The firearm is kept in a LOCKED PLACE, such as a drawer, cabinet, or closet
- 2 The firearm is kept in an UNLOCKED place
- 9 DK

HAND CARD YG2. Read categories if telephone interview.

76

c. Which statement best describes the WAY the firearm is kept?

- 1 Taken apart (3f)
- 2 With a trigger lock or other locking mechanism
- 3 Assembled without a locking mechanism
- 4 Other – Specify _____
- 9 DK (3d)

77

d. Is the firearm kept loaded or unloaded?

- 1 Loaded (3e)
- 2 Unloaded
- 9 DK } (3f)

78

e. Besides the ammunition in the firearm, is any other ammunition now kept in or around your home?

- 1 Yes (3g)
- 2 No
- 9 DK } (End interview)

79

f. Is any ammunition now kept in or around your home?

- 1 Yes (3g)
- 2 No
- 9 DK } (End interview)

80

g. How much of the ammunition is kept in a locked place? Would you say all, some or none?

- 1 All
- 2 Some
- 3 None
- 9 DK

81

h. Where is this ammunition kept – is it kept with the firearm, or kept in a separate place away from the firearm?

- 1 With the firearm
- 2 In a separate place
- 9 DK } (End interview)

Notes

Part G – FIREARM SAFETY – Continued

<p>4a. What kinds of firearms are they? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Handgun, including pistol or revolver 2 <input type="checkbox"/> Shotgun 3 <input type="checkbox"/> Rifle 4 <input type="checkbox"/> Other – <i>Specify</i> _____ _____ 9 <input type="checkbox"/> DK</p>	<p>82 83 84 85 86</p>
<p><i>HAND CARD YG3. Read categories if telephone interview.</i></p>		
<p>b. Which statement best describes the PLACES the firearms are kept?</p>	<p>1 <input type="checkbox"/> ALL the firearms are kept in LOCKED PLACES, such as drawers, cabinets, or closets 2 <input type="checkbox"/> One or more firearms are kept in an UNLOCKED place 9 <input type="checkbox"/> DK</p>	<p>87</p>
<p><i>HAND CARD YG2. Read categories if telephone interview.</i></p>		
<p>c. Which statements describe the WAYS in which the firearms are kept? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Taken apart 2 <input type="checkbox"/> With a trigger lock or other locking mechanism 3 <input type="checkbox"/> Assembled without a locking mechanism 4 <input type="checkbox"/> Other – <i>Specify</i> _____ _____ 9 <input type="checkbox"/> DK</p>	<p>88 89 90 91 92</p>
<p>d. Are the firearms kept loaded or unloaded?</p>	<p>1 <input type="checkbox"/> One or more are kept loaded (4e) 2 <input type="checkbox"/> All are kept unloaded } (4f) 9 <input type="checkbox"/> DK</p>	<p>93</p>
<p>e. Besides the ammunition kept in any firearm, is any other ammunition now kept in or around your home?</p>	<p>1 <input type="checkbox"/> Yes (4g) 2 <input type="checkbox"/> No } (4i) 9 <input type="checkbox"/> DK</p>	<p>94</p>
<p>f. Is any ammunition now kept in or around your home?</p>	<p>1 <input type="checkbox"/> Yes (4g) 2 <input type="checkbox"/> No } (End of interview) 9 <input type="checkbox"/> DK</p>	<p>95</p>
<p>g. How much of the ammunition is kept in a locked place? Would you say all, some or none?</p>	<p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None 9 <input type="checkbox"/> DK</p>	<p>96</p>
<p>h. Where is this ammunition kept – is it kept with a firearm, or kept in a separate place away from all firearms?</p>	<p>1 <input type="checkbox"/> With a firearm 2 <input type="checkbox"/> In a separate place 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p>	<p>97</p>
<p>i. Is at least one of the firearms kept loaded and unlocked?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>98</p>

RECORD FINAL STATUS ON BACK COVER

Notes

Section V – AIDS KNOWLEDGE AND ATTITUDES

ITEM V1	Refer to sample person selection label.	<input type="checkbox"/> A (Item V2) <input type="checkbox"/> Y (End Interview)																												
ITEM V2	Adult SP status. Begin here on Section V callbacks.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Item 16 on Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)																												
These next questions are asked to determine what people know about the disease AIDS.		5																												
1. How much would you say you know about AIDS — a lot, some, a little, or nothing?	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Nothing																													
2. In the past month, have you – a. seen any Public Service Announcements about AIDS on television?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	6																												
b. heard any Public Service Announcements about AIDS on the radio?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7																												
c. received any brochures about AIDS from your workplace?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not currently working 4 <input type="checkbox"/> Self employed 9 <input type="checkbox"/> DK	8																												
d. received any brochures about AIDS from a church or religious organization?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	9																												
e. received any information about AIDS from the American Red Cross?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10																												
3. DO YOU THINK that doctors, nurses, dentists, and other health care workers should be allowed to REFUSE care to a person who has the AIDS virus?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> It depends – <i>Specify</i> _____ 9 <input type="checkbox"/> DK	11																												
4. I'm going to read some statements about AIDS. After I read each one, tell me whether you think it is true or false or if you don't know.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">True</th> <th style="width: 10%;">False</th> <th style="width: 20%;">Don't know</th> </tr> </thead> <tbody> <tr> <td>a. The AIDS virus can be passed on through sexual intercourse between a man and a woman.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>b. A man with the AIDS virus can pass it on to another man through sexual intercourse.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>c. A pregnant woman who has the AIDS virus can give it to her baby.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>d. There is a vaccine available to the public that protects a person from getting the AIDS virus.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>e. A person who has the AIDS virus can look well and healthy.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>f. Oil-based lubricants, like vaseline, cause latex condoms to break.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table>		True	False	Don't know	a. The AIDS virus can be passed on through sexual intercourse between a man and a woman.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b. A man with the AIDS virus can pass it on to another man through sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c. A pregnant woman who has the AIDS virus can give it to her baby.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d. There is a vaccine available to the public that protects a person from getting the AIDS virus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e. A person who has the AIDS virus can look well and healthy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f. Oil-based lubricants, like vaseline, cause latex condoms to break.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
	True	False	Don't know																											
a. The AIDS virus can be passed on through sexual intercourse between a man and a woman.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
b. A man with the AIDS virus can pass it on to another man through sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
c. A pregnant woman who has the AIDS virus can give it to her baby.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
d. There is a vaccine available to the public that protects a person from getting the AIDS virus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
e. A person who has the AIDS virus can look well and healthy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
f. Oil-based lubricants, like vaseline, cause latex condoms to break.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
a. The AIDS virus can be passed on through sexual intercourse between a man and a woman.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width: 10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13																								
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
b. A man with the AIDS virus can pass it on to another man through sexual intercourse.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width: 10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14																								
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
c. A pregnant woman who has the AIDS virus can give it to her baby.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width: 10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15																								
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
d. There is a vaccine available to the public that protects a person from getting the AIDS virus.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width: 10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16																								
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
e. A person who has the AIDS virus can look well and healthy.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width: 10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17																								
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											
f. Oil-based lubricants, like vaseline, cause latex condoms to break.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width: 10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17																								
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																											

Section V - AIDS KNOWLEDGE AND ATTITUDES - Continued

HAND CARD A1. Read introduction if telephone interview.

5. (For the next statements, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible, or if you don't know how likely it is that a person will get the AIDS virus infection that way.)

(Now look at Card A1.) In general, how likely do you think it is that a person will get AIDS or the AIDS virus from -

Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Def. not possible	Don't know
					18
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					19
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					20
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					21
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					22
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					23
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					24

a. using public toilets?

b. working near or with someone who has the AIDS virus?

c. sharing plates, forks, or glasses with someone who has the AIDS virus?

d. sharing needles for drug use with someone who has the AIDS virus?

e. being coughed or sneezed on by someone who has the AIDS virus?

f. attending school with a child who has the AIDS virus?

6. How effective do you think the proper use of a condom is to prevent getting the AIDS virus through sexual activity? Would you say very effective, somewhat effective, not at all effective, or you don't know how effective it is?

- 1 Very effective
- 2 Somewhat effective
- 3 Not at all effective
- 4 Don't know how effective
- 9 Don't know method

7. Do you have any children aged 10 through 17?

- 1 Yes (8)
- 2 No (10)

8. Have you ever discussed AIDS with any of your children aged 10 through 17?

- 1 Yes
- 2 No

9. Have any of your children aged 10 through 17 had instruction at school about AIDS?

- 1 Yes
- 2 No
- 9 DK

10a. Do you feel that information about AIDS should be taught in schools?

- 1 Yes (10b)
- 2 No
- 9 DK } (11)

b. At what grade in school should AIDS education start?

Probe for EXACT grade if necessary

Mark (X) only one.

00 Kindergarten

Grade

Grade

01 1

08 8

02 2

09 9

03 3

10 10

04 4

11 11

05 5

12 12

06 6

97 Refused

07 7

99 DK

Notes

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>11a. In the past 12 months, has your workplace offered an organized AIDS education program to its employees?</p> <p><i>Do not include merely distributing brochures as an organized education program.</i></p> <p>----- <i>HAND CARD A2. Read each category if telephone interview.</i></p> <p>b. In the past 12 months, have you attended an organized AIDS education program at any of these places?</p> <p><i>If "Yes," ask: Which?</i></p> <p><i>Mark (X) each that applies.</i></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Not currently working</p> <p>4 <input type="checkbox"/> Self employed</p> <p>7 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p>1 <input type="checkbox"/> A church or other religious organization</p> <p>2 <input type="checkbox"/> A family planning clinic or STD clinic</p> <p>3 <input type="checkbox"/> A hospital, HMO clinic or other health facility</p> <p>4 <input type="checkbox"/> A school</p> <p>5 <input type="checkbox"/> A social or civic club</p> <p>6 <input type="checkbox"/> Your workplace</p> <p>7 <input type="checkbox"/> Some other place – <i>Specify</i> _____</p> <p>8 <input type="checkbox"/> Attended no programs</p> <p>9 <input type="checkbox"/> DK</p>	<p>31</p> <hr/> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <hr/> <p>39</p> <p>40</p>
<p>Now, I am going to ask some questions about giving blood donations to a blood bank, such as the American Red Cross. But this does NOT include blood drawn at a doctor's office for laboratory analysis.</p> <p>12. Have you ever given a blood donation?</p>	<p>1 <input type="checkbox"/> Yes (13a)</p> <p>2 <input type="checkbox"/> No } (13c)</p> <p>9 <input type="checkbox"/> DK }</p>	<p>41</p>
<p>13a. Have you given blood since March 1985?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } (13c)</p> <p>9 <input type="checkbox"/> DK }</p>	<p>42</p>
<p>b. In what month and year did you last give blood?</p>	<p>_____ / 19____</p> <p>Month Year</p>	<p>43-46</p>
<p>c. Do you expect to donate blood in the next 12 months?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>47</p>
<p><i>HAND CARD A1. Read categories if telephone interview</i></p> <p>14. In general, while GIVING A BLOOD DONATION to a blood bank, how likely is it that a person will get the AIDS virus?</p>	<p>1 <input type="checkbox"/> Very likely</p> <p>2 <input type="checkbox"/> Somewhat likely</p> <p>3 <input type="checkbox"/> Somewhat unlikely</p> <p>4 <input type="checkbox"/> Very unlikely</p> <p>5 <input type="checkbox"/> Definitely not possible</p> <p>9 <input type="checkbox"/> DK</p>	<p>48</p>
<p>The next questions are about the blood test for the AIDS virus infection. No questions will ask what the results are of any tests you may have had.</p> <p>15a. (Except for tests you may have had as part of blood donations,) Have you ever had your blood tested for the AIDS virus infection?</p>	<p>1 <input type="checkbox"/> Yes (16)</p> <p>2 <input type="checkbox"/> No (15b)</p> <p>9 <input type="checkbox"/> DK (26)</p>	<p>49</p>
<p>b. Is there any particular reason why you have not been tested?</p> <p><i>If "Yes," ask: What is the reason?</i></p> <p>(Any other?)</p> <p><i>Do not read list</i></p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> No reason</p> <p>02 <input type="checkbox"/> Don't consider myself at risk of AIDS</p> <p>03 <input type="checkbox"/> Doctor/HMO did not recommend it</p> <p>04 <input type="checkbox"/> Don't believe test results are accurate</p> <p>05 <input type="checkbox"/> Don't believe anything can be done if I am positive</p> <p>06 <input type="checkbox"/> Don't like needles</p> <p>07 <input type="checkbox"/> Don't trust results to be confidential</p> <p>08 <input type="checkbox"/> Afraid of losing job, insurance, housing, friends, family, if people knew I was positive for AIDS infection</p> <p>09 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>99 <input type="checkbox"/> DK</p>	<p>50-51</p> <p>52-53</p> <p>54-55</p> <p>56-57</p> <p>58-59</p> <hr/> <p>60-61</p> <p>62-63</p> <p>64-65</p> <hr/> <p>66-67</p> <hr/> <p>68-69</p>

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>16a. How many times, have you had your blood tested for the AIDS virus infection, (NOT including blood donations)?</p>	<p>01 <input type="checkbox"/> One time (16b)</p> <p>_____ Times } (16c) (Number)</p> <p>99 <input type="checkbox"/> DK</p>	70-71
<p>b. Was it in the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes } (17) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK</p>	72
<p>c. In the past 12 months, how many times have you had your blood tested for the AIDS virus infection (NOT including blood donations)?</p>	<p>00 <input type="checkbox"/> None in past 12 months</p> <p>_____ Times in past 12 months (Number)</p> <p>99 <input type="checkbox"/> DK</p>	73-74
<p>17. In what month and year was your (last) blood test for the AIDS virus infection?</p>	<p>_____/ 19 Month Year</p>	75-78
<p><i>HAND CARD A3. Read categories if telephone interview.</i></p> <p>18. Which of these would you say were the reasons for your (last) AIDS blood test (NOT including blood donations)? (Just tell me the numbers of your answers.)</p> <p>(Anything else?)</p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> Just to find out/I am worried that I am infected</p> <p>02 <input type="checkbox"/> Because a doctor asked you to</p> <p>03 <input type="checkbox"/> Because the Health Department asked you to</p> <p>04 <input type="checkbox"/> Because a sex partner asked you to</p> <p>05 <input type="checkbox"/> For hospitalization or a surgical procedure</p> <p>06 <input type="checkbox"/> To apply for health or life insurance</p> <p>07 <input type="checkbox"/> To comply with guidelines for health workers</p> <p>08 <input type="checkbox"/> To apply for a new job</p> <p>09 <input type="checkbox"/> For military induction, separation or during military service</p> <p>10 <input type="checkbox"/> For immigration</p> <p>11 <input type="checkbox"/> For some other reason – <i>Specify</i> _____</p> <p>97 <input type="checkbox"/> Refused</p> <p>99 <input type="checkbox"/> DK</p>	<p>79-80</p> <p>81-82</p> <p>83-84</p> <p>85-86</p> <p>87-88</p> <p>89-90</p> <p>91-92</p> <p>93-94</p> <p>95-96</p> <p>97-98</p> <p>99-100</p> <p>101-102</p> <p>103-104</p>
<p>19. (Not including a blood donation) Where did you have your (last) blood test for the AIDS virus?</p> <p><i>Mark (X) only one.</i></p> <p><i>If "Clinic", Probe: What kind of clinic is that?</i></p>	<p>01 <input type="checkbox"/> AIDS clinic/counselling/testing site</p> <p>02 <input type="checkbox"/> Community health clinic</p> <p>03 <input type="checkbox"/> Clinic run by employer</p> <p>04 <input type="checkbox"/> STD clinic</p> <p>05 <input type="checkbox"/> Family planning/prenatal clinic</p> <p>06 <input type="checkbox"/> Other clinic</p> <p>07 <input type="checkbox"/> Doctor/HMO</p> <p>08 <input type="checkbox"/> Hospital/emergency room/outpatient clinic</p> <p>09 <input type="checkbox"/> Military induction, separation or military service site</p> <p>10 <input type="checkbox"/> Immigration site</p> <p>11 <input type="checkbox"/> At home/home visit by nurse/health worker</p> <p>12 <input type="checkbox"/> Other location – <i>Specify</i> _____</p> <p>97 <input type="checkbox"/> Refused</p> <p>99 <input type="checkbox"/> DK</p>	<p>105-106</p> <p>(20)</p> <p>(22)</p> <p>(20)</p>
<p>20. When your blood was (last) tested for the AIDS virus, were you required to give your name?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>7 <input type="checkbox"/> Refused</p>	107
<p>21. (Again not including blood donations,) AT THE TIME they drew blood for your (last) test for the AIDS virus, did a health professional talk with you about the transmission, prevention or treatment of AIDS or about the meaning of the test?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	108
<p>22. Did you get the results of your (last) blood test?</p>	<p>1 <input type="checkbox"/> Yes (23)</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Only notified if there was a problem</p> <p>9 <input type="checkbox"/> DK</p>	<p>109</p> <p>(26)</p>

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>23. How long did you wait to get the results?</p>	<p>(Number) $\left\{ \begin{array}{l} 1 \square \text{ Days} \\ 2 \square \text{ Weeks} \\ 3 \square \text{ Months} \end{array} \right.$</p> <p>999 <input type="checkbox"/> DK</p>	<p align="right">110-112</p> <p align="right">RT 98</p> <p align="right">3-4</p> <p align="right">5</p>
<p>24a. Did a health professional talk with you about AIDS when you were GIVEN THE RESULTS of your (last) test?</p>	<p>1 <input type="checkbox"/> Yes (24b) 2 <input type="checkbox"/> No } (25) 9 <input type="checkbox"/> DK</p>	
<p><i>HAND CARD A4. Read categories if telephone interview.</i></p>		
<p>b. What kind of topics were covered in the discussion of AIDS? (Just tell me the numbers of your answers).</p> <p>(Anything else?)</p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> How AIDS is transmitted 02 <input type="checkbox"/> How to prevent transmission 03 <input type="checkbox"/> The correct use of condoms 04 <input type="checkbox"/> Needle cleaning/using clean needles 05 <input type="checkbox"/> Dangers of needle sharing 06 <input type="checkbox"/> Abstinence from sex 07 <input type="checkbox"/> Contraception 08 <input type="checkbox"/> Safe sex practices 09 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>99 <input type="checkbox"/> DK/Don't remember</p>	<p align="right">6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23</p> <p align="right">24-25</p>
<p>c. Did you ask questions about the information provided?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p align="right">26</p>
<p>d. Were you given any information that you did NOT understand?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p align="right">27</p>
<p>25. Were the results given to you in person, by telephone, by mail, or in some other way?</p> <p><i>Mark (X) only one.</i></p> <p><i>If more than one given, mark lowest numbered response.</i></p>	<p>1 <input type="checkbox"/> In person 2 <input type="checkbox"/> By telephone 3 <input type="checkbox"/> By mail 4 <input type="checkbox"/> In some other way</p>	<p align="right">28</p>
<p>26. Do you expect to have [a/another] blood test for the AIDS virus infection in the next 12 months, not including through blood donation?</p>	<p>1 <input type="checkbox"/> Yes (27) 2 <input type="checkbox"/> No } (29) 9 <input type="checkbox"/> DK</p>	<p align="right">29</p>
<p><i>HAND CARD A5. Read intro and categories if telephone interview.</i></p>		
<p>27. (I'm going to read some reasons people might have the blood test for the AIDS virus infection.)</p> <p>Tell me which of these statements explain WHY YOU expect to have the blood test in the next 12 months. (Just tell me the numbers of your answers).</p> <p>(Anything else?)</p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> Because you want to find out if you are infected 02 <input type="checkbox"/> Because it will be part of hospitalization or surgery you expect to have 03 <input type="checkbox"/> Because you expect to apply for life or health insurance 04 <input type="checkbox"/> Because you expect to apply for a job 05 <input type="checkbox"/> Because you expect to join the military 06 <input type="checkbox"/> Because of guidelines for health care workers 07 <input type="checkbox"/> Because it will be a required part of some other activity that includes automatic AIDS testing 08 <input type="checkbox"/> Because it is required in your non-health care employment 09 <input type="checkbox"/> Because you plan to have/begin a sexual relationship 10 <input type="checkbox"/> For some other reason – <i>Specify</i> _____</p> <p>99 <input type="checkbox"/> DK/Refused</p>	<p align="right">30-31 32-33 34-35 36-37 38-39 40-41 42-43 44-45 46-47 48-49</p> <p align="right">50-51</p>
<p>28. Where will you have a blood test for the AIDS virus infection?</p> <p><i>Mark (X) only one.</i></p> <p><i>If "Clinic", Probe: "What kind of clinic is that?"</i></p>	<p>01 <input type="checkbox"/> AIDS clinic/counselling/testing site 02 <input type="checkbox"/> Community Health Clinic 03 <input type="checkbox"/> Clinic run by employer 04 <input type="checkbox"/> STD clinic 05 <input type="checkbox"/> Family planning/prenatal clinic 06 <input type="checkbox"/> Other clinic 07 <input type="checkbox"/> Doctor/HMO 08 <input type="checkbox"/> Hospital/emergency room/outpatient clinic 09 <input type="checkbox"/> Military induction/separation or military service site 10 <input type="checkbox"/> Red Cross/blood bank/blood drive 11 <input type="checkbox"/> At home/in a visit by the nurse/health practitioner 12 <input type="checkbox"/> Other location – <i>Specify</i> _____</p> <p>97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>	<p align="right">52-53</p>

Section V - AIDS KNOWLEDGE AND ATTITUDES - Continued

<p>29a. Have you ever known anyone personally who had AIDS or the AIDS virus?</p>	<p>1 <input type="checkbox"/> Yes (29b) 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Don't know if has/had AIDS or the AIDS virus } (30)</p>	<p align="right">54</p>
<p>b. Who was that — a friend, relative, co-worker, or someone else? Mark (X) each that applies.</p>	<p>1 <input type="checkbox"/> Friend 2 <input type="checkbox"/> Relative 3 <input type="checkbox"/> Co-worker 4 <input type="checkbox"/> Someone else - Specify <u> </u> 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>	<p align="right">55 56 57 58 59 60</p>
<p>30. What are your chances of GETTING the AIDS virus; would you say high, medium, low, or none?</p>	<p>1 <input type="checkbox"/> High 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Low 4 <input type="checkbox"/> None 5 <input type="checkbox"/> Already have AIDS or AIDS virus 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>	<p align="right">61</p>
<p><i>HAND CARD A6. Read statements only if telephone interview.</i></p>		
<p>31. (I'm going to read five statements. AFTER I have read them all,) Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you. Just IF ANY of them are.</p> <p>a. You have hemophilia and have received clotting factor concentrations.</p> <p>b. You are a man who has had sex with another man at some time since 1980, even one time.</p> <p>c. You have taken street drugs by needle at any time since 1980.</p> <p>d. You have traded sex for money or drugs at any time since 1980.</p> <p>e. Since 1980, you are or have been the sex partner of any person who would answer "Yes" to any of the items I have read.</p>	<p>1 <input type="checkbox"/> Yes to at least one statement 2 <input type="checkbox"/> No to all statements</p>	<p align="right">62</p>
<p>The next questions are about Tuberculosis, or TB.</p>		
<p>32. Are you worried about catching TB?</p>	<p>1 <input type="checkbox"/> Yes (33) 2 <input type="checkbox"/> No } (34) 9 <input type="checkbox"/> DK }</p>	<p align="right">63</p>
<p>33. How worried are you about catching TB - a lot, some, a little, or not at all?</p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK</p>	<p align="right">64</p>
<p>34a. How much would you say you know about Tuberculosis - a lot, some, a little, or nothing?</p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Nothing (Check Item V3) } (34b)</p>	<p align="right">65</p>
<p>b. Do you know how TB is spread from one person to another?</p>	<p>1 <input type="checkbox"/> Yes (34c) 2 <input type="checkbox"/> No (Check Item V3)</p>	<p align="right">66</p>
<p><i>HAND CARD A7. Read categories if telephone interview.</i></p>		
<p>c. As you understand it, how is TB spread from one person to another? (Any other way?) Mark (X) each that applies.</p>	<p>1 <input type="checkbox"/> Breathing the air around a person who is sick with TB 2 <input type="checkbox"/> Through food and water 3 <input type="checkbox"/> By sexual intercourse 4 <input type="checkbox"/> It is inherited from parents 5 <input type="checkbox"/> From mosquito or other insect bites 6 <input type="checkbox"/> Other - Specify <u> </u> 9 <input type="checkbox"/> DK</p>	<p align="right">67 68 69 70 71 72 73</p>

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued

ITEM V3	<i>Refer to age.</i>	1 <input type="checkbox"/> 59 or under (35) 2 <input type="checkbox"/> 60+ (End Interview)	74
--------------------	----------------------	---	-----------

35.	HAND CARD A8. If telephone interview, end interview. This card shows seven methods of birth control. Which of these do you think is the most effective for preventing pregnancy? <i>Mark (X) only one.</i>	0 <input type="checkbox"/> Diaphragm 1 <input type="checkbox"/> Condom (rubber) 2 <input type="checkbox"/> IUD (loop, coil) 3 <input type="checkbox"/> Rhythm (safe period by calendar) 4 <input type="checkbox"/> Foam 5 <input type="checkbox"/> Pill 6 <input type="checkbox"/> Withdrawal (pulling out) 7 <input type="checkbox"/> DK methods 9 <input type="checkbox"/> DK	75
------------	---	---	-----------

36.	Refer to Card A8. Which of these do you think is the most effective for preventing sexually transmitted diseases such as syphilis, gonorrhea or AIDS? <i>Mark (X) only one.</i>	0 <input type="checkbox"/> Diaphragm 1 <input type="checkbox"/> Condom (rubber) 2 <input type="checkbox"/> IUD (loop, coil) 3 <input type="checkbox"/> Rhythm (safe period by calendar) 4 <input type="checkbox"/> Foam 5 <input type="checkbox"/> Pill 6 <input type="checkbox"/> Withdrawal (pulling out) 7 <input type="checkbox"/> DK methods 9 <input type="checkbox"/> DK	76
------------	--	---	-----------

RECORD FINAL STATUS ON BACK COVER.

Notes

9. Response Status

5	7	9	11				
<p>a. Section III A (Access to Care)</p> <p>Interview: <input type="checkbox"/> Complete } (Mark mode) <input type="checkbox"/> Partial } Explain Partial in notes</p> <p>Noninterview: <input type="checkbox"/> Refused } Explain <input type="checkbox"/> Other } in notes</p> <hr/> <p>Mode of Interview: All or most of the supplement was conducted —</p> <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone	<p>b. Sections III B-D (Health Care, Income and Assets)</p> <p>Interview: <input type="checkbox"/> Complete } (Mark mode) <input type="checkbox"/> Partial } Explain Partial in notes</p> <p>Noninterview: <input type="checkbox"/> Refused } Explain <input type="checkbox"/> Other } in notes</p> <hr/> <p>Mode of Interview: All or most of the supplement was conducted —</p> <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone	<p>c. Section IV (Year 2000 Objectives)</p> <p><input type="checkbox"/> No person 18+ <input type="checkbox"/> Not required</p> <p>Interview: <input type="checkbox"/> Complete } (Mark mode) <input type="checkbox"/> Partial } Explain Partial in notes</p> <p>Noninterview: <input type="checkbox"/> Refused } <input type="checkbox"/> SP Temp. } Explain Absent } in notes <input type="checkbox"/> SP Incapable } <input type="checkbox"/> Other }</p> <hr/> <p>Mode of Interview: All or most of the supplement was conducted —</p> <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone	<p>d. Section V (AIDS)</p> <p><input type="checkbox"/> No person 18+ <input type="checkbox"/> Not required</p> <p>Interview: <input type="checkbox"/> Complete } (Mark mode) <input type="checkbox"/> Partial } Explain Partial in notes</p> <p>Noninterview: <input type="checkbox"/> Refused } <input type="checkbox"/> SP Temp. } Explain absent } in notes <input type="checkbox"/> SP Incapable } <input type="checkbox"/> Other }</p> <hr/> <p>Mode of Interview: All or most of the supplement was conducted —</p> <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone	6	8	10	12
6	8	10	12				

Notes

FORM **DFS-1**
(7-1-94)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
CHILD'S QUESTIONNAIRE

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 01
3-7
8

RT 06
3-4

Part I - CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	

Part II - STATUS

A. Final Status		B. Mode		D. Field representative's name	Code 65-67
Interview 20-21 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 04 <input type="checkbox"/> Refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview		1 <input type="checkbox"/> Telephone 22 2 <input type="checkbox"/> Personal visit		Notes	
} (Explain in Notes)		C. Respondent			
		Name 23-63 _____ 64 1 <input type="checkbox"/> Desired respondent (Name on label) 2 <input type="checkbox"/> Preferred respondent (Name in PR box on page 3) 3 <input type="checkbox"/> Other respondent			

Part III - NEW ADDRESS FOR CHILD

RT 07
3-4

A. Address (Different from label)					
Number and street					5-29
City	30-49	State	50-51	ZIP Code	52-60
B. Telephone (Different from label)					
Area code	61-63	Number	64-70	71	
1 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK number					

INITIAL SCREENING – CHILDREN

<p>1. I need to talk to <i>(desired respondent)</i> about <i>(sample child)</i>. Do they both live here?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 2)</i> 2 <input type="checkbox"/> No <i>(Skip to 6)</i></p>	<p>5</p>
<p>2. May I speak with <i>(desired respondent)</i>?</p>	<p>1 <input type="checkbox"/> Yes <i>(Skip to A)</i> 2 <input type="checkbox"/> Not available <i>(Go to 3)</i></p>	<p>6</p>
<p>3. Will <i>(desired respondent)</i> [be available/return] before <i>(closeout date)</i>?</p>	<p>1 <input type="checkbox"/> Yes <i>(Arrange callback)</i> 2 <input type="checkbox"/> No <i>(Go to 4)</i></p>	<p>7</p>
<p>4. Why will <i>(desired respondent)</i> not be available before <i>(closeout date)</i>?</p>	<p>1 <input type="checkbox"/> Incapable 2 <input type="checkbox"/> Institutionalized } <i>(Skip to 8)</i> 3 <input type="checkbox"/> Temporarily absent <i>(Go to 5)</i> 4 <input type="checkbox"/> Other <i>(Skip to 8)</i></p>	<p>8</p>
<p>5. How can I get in contact with <i>(desired respondent)</i>?</p>	<p>1 <input type="checkbox"/> Not possible <i>(Skip to 8)</i> 2 <input type="checkbox"/> Address/telephone no. given <i>(Record address and telephone no. on page 3)</i></p>	<p>9</p>
<p>6a. Do EITHER of them still live here?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 6b)</i> 2 <input type="checkbox"/> No <i>(Skip to 7)</i></p>	<p>10</p>
<p>b. Who?</p>	<p>1 <input type="checkbox"/> Desired respondent } <i>(Skip to 8)</i> 2 <input type="checkbox"/> Sample child</p>	<p>11</p>
<p>7a. Did they move somewhere together?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 7b)</i> 2 <input type="checkbox"/> No <i>(Skip to 8)</i></p>	<p>12</p>
<p>b. Where do <i>(desired respondent)</i> and <i>(sample child)</i> live?</p>	<p>1 <input type="checkbox"/> DK <i>(END interview-noninterview)</i> 2 <input type="checkbox"/> Address/telephone no. given <i>(Record address and telephone no. on page 3)</i></p>	<p>13</p>
<p><i>Read with parenthetical first.</i> 8a. I need to speak to an adult [relative or guardian who lives with <i>(sample child)</i>] about <i>(sample child's)</i> health. Who would that be?</p>	<p>1 <input type="checkbox"/> Respondent } <i>(Record preferred respondent information on page 3. Go to 8b)</i> 2 <input type="checkbox"/> Other person } 3 <input type="checkbox"/> SC or SC's spouse <i>(Interview SC on DFS-2)</i> 4 <input type="checkbox"/> SC died <i>(Skip to 9)</i> 5 <input type="checkbox"/> SC institutionalized } <i>(Reask 8a without first parenthetical)</i> 6 <input type="checkbox"/> No one 9 <input type="checkbox"/> DK <i>(Skip to 8c)</i></p>	<p>14</p>
<p>b. How [are you/is this person] related to <i>(sample child)</i>?</p>	<p>1 <input type="checkbox"/> Mother 2 <input type="checkbox"/> Father 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Grandparent 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative 9 <input type="checkbox"/> DK } <i>(Continue with A or arrange callback)</i></p>	<p>15</p>
<p>c. Who would know who I should speak to about <i>(sample child's)</i> health?</p>	<p>1 <input type="checkbox"/> Person given – <i>(Record preferred respondent information on page 3)</i> 2 <input type="checkbox"/> No one <i>(End interview – noninterview)</i> 3 <input type="checkbox"/> DK <i>(End interview – noninterview)</i></p>	<p>16</p>
<p>9. On what date did <i>(sample child)</i> die?</p>	<p>Date of Death ____/____/19____ } <i>(Mark deceased on Cover Page)</i> 999999 <input type="checkbox"/> DK</p>	<p>17-22</p>

<p>A</p>	<p><i>Begin all interviews by asking:</i> When we conducted the interview several months ago, we recorded <i>(sample child's)</i> age as <i>(age from label)</i>. Is this still correct?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to Section A on page 5)</i> 2 <input type="checkbox"/> No <i>(Correct age on label, then go to Section A on page 5)</i></p> <p>23</p>
-----------------	---	---

Notes

INITIAL SCREENING - Continued

NEW ADDRESS (<i>First or only</i>)				RT 09 3-4	Second (<i>If appropriate</i>)				RT 10 3-4
Name of place (<i>If appropriate</i>)				5-40	Name of place (<i>If appropriate</i>)				5-40
Number and street				41-64	Number and street				41-64
City		65-84	State	85-86	ZIP Code		87-95	City	
Telephone				106	Telephone				106
Area code	96-98	Number	99-105	1 <input type="checkbox"/> None	9 <input type="checkbox"/> DK			7 <input type="checkbox"/> Refused	number
PREFERRED RESPONDENT (<i>From 8a or 8c</i>)				RT 11 3-4					
Name				5-40					
<input type="checkbox"/> Mark box if same address/phone as SC (<i>Skip to A1 on page 5</i>)				41					
Number and street				42-65					
City		66-85	State	86-87	ZIP Code		88-96		
Telephone				107					
Area code	97-99	Number	100-106	1 <input type="checkbox"/> None	9 <input type="checkbox"/> DK			7 <input type="checkbox"/> Refused	number

GENERAL INSTRUCTIONS

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone. 2. After appropriate introductions, begin all interviews with A on page 2. 3. If the respondent is not within your normal assignment area, call your office for instructions. 4. Make minor corrections to address or phone number on the LABEL. Record new addresses and/or phone numbers above. 5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space. | <ol style="list-style-type: none"> 6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions: <ul style="list-style-type: none"> • Long dash (—) – Insert the appropriate words or names from the list. • Underlined italics in parentheses – Insert the specified words, name, date, etc. • Regular type in parentheses – Either read or do not read the parenthetical, depending on the situation and the context of the question. • Brackets with a slash ([/]) – Choose the appropriate words or phrase for the particular interview. • Bold capitals – Emphasize the word(s) when reading the question. 7. If the sample child is emancipated, interview the sample child on a DFS-2 questionnaire, transcribing all label information from the DFS-1 to the DFS-2. |
|--|---|

Notes

Section A - HOME CARE SERVICES

READ TO RESPONDENT: Because of earlier participation by your family in the National Health Interview Survey, (child) has been selected for a special followup study on children's health. In order to get a complete picture of the health needs of U.S. children, we have included a wide range of children in this survey. For this reason, some of the questions may not seem relevant to (child), but your honest responses will help us get an accurate description of the health status and health care needs of U.S. children.

Now I am going to ask you about any **SPECIAL HELP AND SUPERVISION** that (child) **NOW** receives at home. By this I mean help **BEYOND** what is needed by most children [his/her] age.

3-4

5

ITEM A1

Refer to child's age.

- 1 5+ years old (Go to 1a)
- 2 Other (Skip to 2)

6

1a. Does (child) NEED special help at home with personal care, that is, help with bathing, dressing, eating, toileting, getting in or out of bed or chairs, or getting around inside the home BEYOND WHAT IS NEEDED BY MOST CHILDREN [HIS/HER] AGE?

- 1 Yes (Go to 1b)
- 2 No } (Skip to 3)
- 9 DK }

7

b. During the past 12 months, did (child) receive, as part of [his/her] care, training to increase [his/her] independence in daily living skills, such as bathing, dressing, eating, and toileting?

- 1 Yes } (Skip to 3)
- 2 No }
- 9 DK }

8

2. Because of any significant delays in development, does (child) need special help at home?

- 1 Yes
- 2 No
- 9 DK

9

3. Because of a physical, mental, or emotional problem, does (child) need constant supervision or need to be watched more closely than other children [his/her] age?

- 1 Yes
- 2 No
- 9 DK

10

ITEM A2

Refer to questions 1a, 2, and 3. (Special help or supervision)

- 1 "Yes" in 1a, 2, and/or 3 (Go to 4a)
- 2 All other (Skip to 10 on page 10)

11

4a. You said (child) needs [special help/(and) supervision] at home. What are the names of all the people who helped with (child's) [personal care/(and) supervision] in the PAST TWO WEEKS? This includes [special help/(and) supervision] provided by you, other family members, friends, volunteers, or paid professionals. DO NOT INCLUDE PHYSICAL OR OCCUPATIONAL THERAPISTS.

- (Record up to 4 names in Table H on pages 6 and 7. Return to 4b)
- OR
- 0 None in past two weeks } (Skip to 9 on page 8)
 - 9 DK }

Anyone else?

Ask 4b only if 4 names in Table H; otherwise skip to 5a on page 6.

12

b. Besides helpers you just mentioned, has anyone else helped (child) AT HOME with personal care or supervision in the past two weeks?

- 1 Yes (Go to 4c)
- 2 No } (Skip to 5a on page 6)
- 9 DK }

13-14

c. How many other people have helped?

- _____ Helper(s)
(Number)
- 00 None
 - 99 DK

15-16

d. How many of these additional helpers were paid?

- _____ Paid helper(s)
(Number)
- 00 None
 - 99 DK

Notes

Section A – HOME CARE SERVICES – Continued

HELPER 01

TABLE H	3-4
Ask 5-8 separately for each helper listed.	5-6
<p>5a. Does (helper) help with (child's) personal care, supervision or both? Mark (X) only one.</p> <p>Verify and mark (X) if known or HAND CARD C1 and ask. Read categories if telephone interview.</p> <p>b. What is (helper's) relationship to (child)? Mark (X) only one.</p>	<p>5a.</p> <p>1 <input type="checkbox"/> Personal care 2 <input type="checkbox"/> Supervision 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p> <p>b.</p> <p>0 <input type="checkbox"/> Parent (Skip to 6g) 1 <input type="checkbox"/> Other relative in HH 2 <input type="checkbox"/> Other relative not in HH 3 <input type="checkbox"/> Non-relative in HH 4 <input type="checkbox"/> Friend/Neighbor 5 <input type="checkbox"/> Unpaid volunteer from an organization or business (Skip to 6f) 6 <input type="checkbox"/> Paid employee of an organization or business 7 <input type="checkbox"/> Paid employee of yours 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>
<p>6a. Is this help paid for?</p> <p>HAND CARD C2. Read categories if telephone interview.</p> <p>b. Who pays for this help? (Anyone else?) Mark (X) all that apply.</p> <p>c. Who pays for most of this help? Record box number from 6b.</p> <p>Ask 6d and e only if box 00 or 01 marked in 6b; otherwise, skip to 6f.</p> <p>d. DURING THE PAST 12 MONTHS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.</p> <p>e. DURING THE PAST 2 WEEKS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.</p> <p>f. How satisfied or dissatisfied are you with this help? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? Mark (X) only one.</p> <p>ASK OR VERIFY:</p> <p>g. Is (helper) male or female?</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (Skip to 6f)</p> <p>b.</p> <p>00 <input type="checkbox"/> Parent(s) 01 <input type="checkbox"/> Family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicaid 05 <input type="checkbox"/> Rehabilitation program 06 <input type="checkbox"/> Parent's employer 07 <input type="checkbox"/> School system 08 <input type="checkbox"/> VA program 09 <input type="checkbox"/> Other military 10 <input type="checkbox"/> Other private source 11 <input type="checkbox"/> Other public source 12 <input type="checkbox"/> No one/Free 99 <input type="checkbox"/> DK</p> <p>c.</p> <p><input type="text"/> <input type="text"/> Paid most (Number) 99 <input type="checkbox"/> DK</p> <p>d.</p> <p>00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK</p> <p>e.</p> <p>00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK</p> <p>f.</p> <p>1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p> <p>g.</p> <p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK</p>
<p>7. How many days in the past 2 weeks did (helper) help?</p>	<p>7.</p> <p>00 <input type="checkbox"/> None (Go to 5a for next helper, or A3 on page 8) _____ Days 14 <input type="checkbox"/> All 99 <input type="checkbox"/> DK</p>
<p>8. How many hours per day did (helper) help in the past 2 weeks?</p>	<p>8.</p> <p>00 <input type="checkbox"/> None _____ Hours 96 <input type="checkbox"/> Less than one hour 99 <input type="checkbox"/> DK</p> <p>(Go to 5a for next helper, or A3 on page 8)</p>

Section A - HOME CARE SERVICES - Continued

ITEM A3	Refer to question 5b for ALL HELPERS in Table H. (Any related household members)	1 <input type="checkbox"/> Box "0" or "1" marked (Go to 9) 2 <input type="checkbox"/> Other (Skip to 10 on page 10)	5
----------------	---	--	---

<p>Respite care for children with special needs is care provided by a person or organization to relieve the parent or family caregivers. It can be provided at your home, someone else's home, a home run by an organization, a facility, or an institution.</p> <p>9a. During the past 12 months, have you used any respite care for (child) so that you or your family could go out for a while, take a break, or go on vacation?</p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	6
---	--	---

<p>b. During the past 12 months, have you NEEDED any (additional) respite care for (child)?</p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7
--	--	---

ITEM A4	Refer to question 9a. (Respite care in past 12 months)	1 <input type="checkbox"/> "Yes" in 9a (Go to 9c) 2 <input type="checkbox"/> Other (Skip to 10 on page 10)	8
----------------	---	---	---

<p><i>Ask 9c(1)-(5) before going to 9d-f.</i></p> <p>9c. Was any of this respite care in the past 12 months provided by —</p>	<p><i>Ask 9d-f for each provider marked "Yes" in 9c.</i></p> <p>9d. Altogether, how many days in the past 12 months did you use care provided by ("Yes" in 9c)?</p>
--	--

<p>(1) A relative, friend, or neighbor?</p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	9	<p>(1) _____ Days (Number)</p> 99 <input type="checkbox"/> DK	10-11
--	--	---	--	-------

<p>(2) An unpaid volunteer from an organization or business?</p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	19	<p>(2) _____ Days (Number)</p> 99 <input type="checkbox"/> DK	20-21
---	--	----	--	-------

<p>(3) A paid employee of an organization or business?</p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	29	<p>(3) _____ Days (Number)</p> 99 <input type="checkbox"/> DK	30-31
---	--	----	--	-------

<p>(4) A paid employee of yours?</p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39	<p>(4) _____ Days (Number)</p> 99 <input type="checkbox"/> DK	40-41
---	--	----	--	-------

<p>(5) Any other source?</p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	49	<p>(5) _____ Days (Number)</p> 99 <input type="checkbox"/> DK	50-51
-------------------------------------	--	----	--	-------

Notes

Section A - HOME CARE SERVICES - Continued

Read categories if necessary.

9e. On the day(s) that you used this care, on the average how many hours did you use it?

Round fractions to the nearest whole hour.

- (1)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

12

9f. Where was this care provided?

Anywhere else?

Mark (X) all that apply

- (1)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 13
14
15
16
17
18

- (2)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

22

- (2)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 23
24
25
26
27
28

- (3)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

32

- (3)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 33
34
35
36
37
38

- (4)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

42

- (4)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 43
44
45
46
47
48

- (5)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

52

- (5)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 53
54
55
56
57
58

Notes

Section A - HOME CARE SERVICES - Continued

<p>10. Does (child's) health require that [he/she] be left only with a person trained to handle MEDICAL EMERGENCIES or perform special procedures?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>59</p>
<p>11a. Does (child) regularly receive any shots or injections at home?</p>	<p>1 <input type="checkbox"/> Yes (Go to 11b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 12)</p>	<p>60</p>
<p>b. Who gives the shots?</p> <p>Anyone else? Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child (him/herself) 3 <input type="checkbox"/> Doctor/Nurse 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	<p>61 62 63 64 65</p>
<p><i>HAND CARD C4. Read categories if telephone interview.</i></p> <p>12. Did you have any of these problems trying to get help at home for (child) during the past 12 months? (Anything else?)</p> <p>Mark (X) all that apply.</p>	<p>00 <input type="checkbox"/> Did not try to get home care services 01 <input type="checkbox"/> Service not available 02 <input type="checkbox"/> Had trouble finding the right kind of service 03 <input type="checkbox"/> Medicaid not accepted 04 <input type="checkbox"/> Insurance did not cover 05 <input type="checkbox"/> Too expensive/can't afford 06 <input type="checkbox"/> Difficulty arranging it 07 <input type="checkbox"/> Helpers not reliable 08 <input type="checkbox"/> Helpers not properly trained or equipped 09 <input type="checkbox"/> Helpers hours not convenient 10 <input type="checkbox"/> Could not take off from work to arrange it 11 <input type="checkbox"/> Other problem 12 <input type="checkbox"/> No problem getting help 99 <input type="checkbox"/> DK</p>	<p>66-67 68-69 70-71 72-73 74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93</p>

Notes

Section B – WORK/CHILD CARE

1a. Have you worked at a job or business for pay in the past month?	1 <input type="checkbox"/> Yes (<i>Go to 1b</i>) 2 <input type="checkbox"/> No (<i>Skip to 2</i>)	5
b. How many hours do you usually work each week?	_____ Number of hours worked each week 99 <input type="checkbox"/> DK	6-7
2a. Did you attend school in the past month?	1 <input type="checkbox"/> Yes (<i>Go to 2b</i>) 2 <input type="checkbox"/> No (<i>Skip to Item B1</i>)	8
b. How many hours do you usually attend school each week?	_____ Number of hours in school each week 99 <input type="checkbox"/> DK	9-10
ITEM B1 <i>Refer to questions 1a and 2a above. (Work and/or attend school)</i>	1 <input type="checkbox"/> "Yes" in 1a or 2a (<i>Go to Item B2</i>) 2 <input type="checkbox"/> All other (<i>Skip to Section C on page 12</i>)	11
ITEM B2 <i>Refer to child's age on label.</i>	1 <input type="checkbox"/> 3+ years old (<i>Go to 3</i>) 2 <input type="checkbox"/> Other (<i>Skip to 4</i>)	12
3. Did (<i>child</i>) attend school during the past month? (Include preschool, nursery school, and kindergarten, as well as regular schools.)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	13
4a. (Not counting (<i>child's</i>) regular school hours) who took care of (<i>child</i>) MOST OFTEN when you were at [work/(or) school] during the past month? <i>Mark (X) only one.</i>	01 <input type="checkbox"/> MOTHER/FATHER only works during school hours } (<i>Skip to Section C on page 12</i>) 02 <input type="checkbox"/> MOTHER cares for child } 03 <input type="checkbox"/> FATHER cares for child } 04 <input type="checkbox"/> CHILD cares for self (<i>Go to 4b</i>) 05 <input type="checkbox"/> OTHER RELATIVES care for child (<i>Skip to 4c</i>) 06 <input type="checkbox"/> UNRELATED BABYSITTER (<i>Skip to 4d</i>) 07 <input type="checkbox"/> Care provided at SCHOOL } (<i>Skip to 4e</i>) 08 <input type="checkbox"/> DAY CARE CENTER } 09 <input type="checkbox"/> DAY CAMP } 10 <input type="checkbox"/> Other (<i>Skip to 4d</i>) 99 <input type="checkbox"/> DK (<i>Skip to Section C on page 12</i>)	14-15
b. Approximately how many hours did (<i>child</i>) take care of [himself/herself] LAST WEEK?	00 <input type="checkbox"/> None } (<i>Skip to Section C on page 12</i>) _____ Number of hours } 99 <input type="checkbox"/> DK	16-17
c. How is this person related to (<i>child</i>)?	1 <input type="checkbox"/> Brother/sister 2 <input type="checkbox"/> Grandparent 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	18
d. Where was (<i>child</i>) cared for most often, at home or somewhere else?	1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Somewhere else 9 <input type="checkbox"/> DK	19
e. Approximately how many hours was (<i>child</i>) cared for by (answer in 4a) while you [worked/(or) went to school] LAST WEEK?	00 <input type="checkbox"/> None } (<i>Skip to Section C on page 12</i>) _____ Number of hours } 99 <input type="checkbox"/> DK	20-21
f. Do you pay for this child care?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	22
g. How satisfied are you with this child care? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK	23

Section D – ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask 1a–o before going to 2.

Ask for each "Yes" in 1.

1. In the past 12 months, did (child) use any of the following medical devices or supplies?

2. Did (child) use (device) in the past two weeks?

	Yes	No	DK		Yes	No	DK	
a. A tracheotomy tube?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. A respirator?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
c. An ostomy bag?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
d. Catheterization equipment?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
e. A glucose monitor?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
f. Diabetic equipment or supplies?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
g. An inhaler?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
h. A nebulizer?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
i. A hearing aid?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
j. A feeding tube?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
k. A wheelchair?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
l. A scooter?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
m. Crutches?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
n. A Cane?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
o. A Walker?	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

ITEM D1	Refer to question 1 above. (Devices used in the past 12 months)	1 <input type="checkbox"/> Yes, one or more used (Go to 3)	35
		2 <input type="checkbox"/> Other (Skip to 4)	

3. During the past 12 months, about how much did the family pay for [this device/these devices]? Do not include money reimbursed by insurance or any other source.	36-40
00000 <input type="checkbox"/> None	
\$ _____ 00	
99999 <input type="checkbox"/> DK	

4. Does (child) now have any of the following implants?	Yes	No	DK	
a. An ear vent tube?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
b. Any shunt that drains away fluid?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
c. An artificial joint?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
d. Implanted lens?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
e. Implanted pin, screw, nail, wire, rod, or plate?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
f. An artificial heart valve?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
g. A pacemaker?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
h. Silicone implant?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
i. Infusion pump?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
j. A cochlear (kōk'lē-ər) implant?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
k. Any other organ implant?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51

Notes

Section E - OTHER SERVICES		RT 17 3-4	RT 17 3-4
		A	B
The next questions are about other services (child) may have received.		01 A physical therapist	02 An occupational therapist
1a. During the past 12 months, did (child) receive any services from _____?		1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }
b. Did (child) need the services of _____ in the past 12 months?		1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }
2a. During the past 12 months, in how many months did (child) receive services from _____?		(Number) Months 9-10 99 <input type="checkbox"/> DK	(Number) Months 9-10 99 <input type="checkbox"/> DK
b. What was the total number of times (child) received services from _____ during [that/those] month(s)?		(Number) Times 11-12 99 <input type="checkbox"/> DK	(Number) Times 11-12 99 <input type="checkbox"/> DK
HAND CARD C2. Read categories if telephone interview.			
3a. Who paid or will pay for the services (child) received from _____ in the past 12 months? (Anyone else?) Mark (X) all that apply.		00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/ Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/ Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40
b. Who paid most of the cost for the services received from _____ in the past 12 months? Record number of main source. Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking.		<input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK	<input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for the services received from _____? Do not count any money that has been or will be reimbursed by insurance or any other source.		00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK	00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK
d. DURING THE PAST 2 WEEKS, about how much did the family pay for services from _____?		00000 <input type="checkbox"/> None 48-52 \$ _____ 00 99999 <input type="checkbox"/> DK	00000 <input type="checkbox"/> None 48-52 \$ _____ 00 99999 <input type="checkbox"/> DK
4. During (month) did (child) receive services from _____?		1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)
HAND CARD A7. Read categories if telephone interview.			
5. Why didn't (child) receive services from _____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.		00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/ can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/ can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77

C		RT 17 3-4	D		RT 17 3-4	E		RT 17 3-4	F		RT-17 3-4
03 An audiologist		5-6	04 A speech therapist or pathologist		5-6	05 A recreational therapist		5-6	06 A visiting nurse		5-6
1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK	7
b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next service on page 16) 9 <input type="checkbox"/> DK	8
2a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	2a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	2a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	2a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10
b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12
3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40		3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40		3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40		3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	
b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42
c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 00 99999 <input type="checkbox"/> DK	43-47	c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 00 99999 <input type="checkbox"/> DK	43-47	c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 00 99999 <input type="checkbox"/> DK	43-47	c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 00 99999 <input type="checkbox"/> DK	43-47
d.	00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK	48-52	d.	00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK	48-52	d.	00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK	48-52	d.	00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK	48-52
4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service on page 16) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service on page 16)	53
5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77		5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77		5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77		5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	

Section E - OTHER SERVICES - Continued		RT 17		RT 17	
		G		H	
		3-4		3-4	
		07 A personal care attendant (other than family or a friend)		08 A reader or interpreter	
		5-6		5-6	
1a. During the past 12 months, did (child) receive any services from _____?		1a. 1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }		1a. 1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	
b. Did (child) need the services of _____ in the past 12 months?		b. 1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }		b. 1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }	
2a. During the past 12 months, in how many months did (child) receive services from _____?		2a. _____ Months (Number) 9-10 99 <input type="checkbox"/> DK		2a. _____ Months (Number) 9-10 99 <input type="checkbox"/> DK	
b. What was the total number of times (child) received services from _____ during [that/those] months?		b. _____ Times (Number) 11-12 99 <input type="checkbox"/> DK		b. _____ Times (Number) 11-12 99 <input type="checkbox"/> DK	
HAND CARD C2. Read categories if telephone interview.					
3a. Who paid or will pay for the services (child) received from _____ in the past 12 months? (Anyone else?) Mark (X) all that apply.		3a. 00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40		3a. 00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	
Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking.					
b. Who paid most of the cost for the services received from _____ in the past 12 months? Record number of main source.		b. <input type="text"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK		b. <input type="text"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK	
Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4.					
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for the services received from _____? Do not count any money that has been or will be reimbursed by insurance or any other source.		c. 00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ . 00 99999 <input type="checkbox"/> DK		c. 00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ . 00 99999 <input type="checkbox"/> DK	
d. DURING THE PAST 2 WEEKS, about how much did the family pay for services from _____?		d. 00000 <input type="checkbox"/> None 48-52 \$ _____ . 00 99999 <input type="checkbox"/> DK		d. 00000 <input type="checkbox"/> None 48-52 \$ _____ . 00 99999 <input type="checkbox"/> DK	
4. During (month) did (child) receive services from _____?		4. 1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)		4. 1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	
HAND CARD A7. Read categories if telephone interview.					
5. Why didn't (child) receive services from _____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.		5. 00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77		5. 00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	

I		3-4
09 Home visits from a doctor		5-6
1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	7
b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next 9 <input type="checkbox"/> DK } service on page 18)	8
2a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10
b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12
3a.	00 <input type="checkbox"/> Parent(s)	13-14
	01 <input type="checkbox"/> Family in household	15-16
	02 <input type="checkbox"/> Family NOT in household	17-18
	03 <input type="checkbox"/> Private health insurance	19-20
	04 <input type="checkbox"/> Medicaid	21-22
	05 <input type="checkbox"/> Rehabilitation program	23-24
	06 <input type="checkbox"/> Parent's employer	25-26
	07 <input type="checkbox"/> School system	27-28
	08 <input type="checkbox"/> VA program	29-30
	09 <input type="checkbox"/> Other military	31-32
	10 <input type="checkbox"/> Other private source	33-34
	11 <input type="checkbox"/> Other public source	35-36
12 <input type="checkbox"/> No one/Free } (Skip to 4)	37-38	
99 <input type="checkbox"/> DK	39-40	
b.	<input type="text"/> <input type="text"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42
c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ . <input type="text"/> 99999 <input type="checkbox"/> DK	43-47
d.	00000 <input type="checkbox"/> None \$ _____ . <input type="text"/> 99999 <input type="checkbox"/> DK	48-52
4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service on page 18) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service on page 18)	53
5.	00 <input type="checkbox"/> Didn't need services	54-55
	01 <input type="checkbox"/> Provider thinks no longer needed	56-57
	02 <input type="checkbox"/> Too expensive/can't afford	58-59
	03 <input type="checkbox"/> Insurance doesn't cover	60-61
	04 <input type="checkbox"/> Insurance no longer covers	62-63
	05 <input type="checkbox"/> No longer on Medicaid	64-65
	06 <input type="checkbox"/> Provider not available	66-67
	07 <input type="checkbox"/> Didn't like provider	68-69
	08 <input type="checkbox"/> Transportation problems	70-71
	09 <input type="checkbox"/> Could not take time off from work	72-73
10 <input type="checkbox"/> Other	74-75	
99 <input type="checkbox"/> DK	76-77	

Section E - OTHER SERVICES - Continued		RT 17		RT 17	
		J		K	
		3-4		3-4	
The next questions are about other services (child) may have received.		10 Services from a center for independent living		11 Respiratory therapy services	
1a. During the past 12 months, did (child) receive ____ ?		5-6		5-6	
1a.		1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK } 7		1a.	
b. Did (child) need ____ in the past 12 months?		8		8	
b.		1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK } 8		b.	
2a. During the past 12 months, in how many months did (child) receive ____ ?		9-10		9-10	
2a.		____ Months (Number) 99 <input type="checkbox"/> DK		2a.	
b. What was the total number of times (child) received ____ during [that/those] months?		11-12		11-12	
b.		____ Times (Number) 99 <input type="checkbox"/> DK		b.	
HAND CARD C2. Read categories if telephone interview.					
3a. Who paid or will pay for the services (child) received from ____ in the past 12 months? (Anyone else?) Mark (X) all that apply.		3a.		3a.	
		00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40		00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	
Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking.		41-42		41-42	
b. Who paid most of the cost for ____ in the past 12 months? Record number of main source.		b.		b.	
Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4.		43-47		43-47	
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for ____? Do not count any money that has been or will be reimbursed by insurance or any other source.		c.		c.	
d. DURING THE PAST 2 WEEKS, about how much did the family pay for ____?		d.		d.	
4. During (month) did (child) receive ____ ?		53		53	
4.		1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)		4.	
HAND CARD A7. Read categories if telephone interview.					
5. Why didn't (child) receive ____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.		5.		5.	
		00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77		00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	

L		RT 17 3-4	M		RT 17 3-4	Notes
12 Social work services		5-6	13 Transportation services		5-6	
1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	7	
b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for 9 <input type="checkbox"/> DK } next service)	8	b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Skip to 6 9 <input type="checkbox"/> DK } on page 20)	8	
2a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	2a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	
b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	
3a.	00 <input type="checkbox"/> Parent(s)	13-14	3a.	00 <input type="checkbox"/> Parent(s)	13-14	
	01 <input type="checkbox"/> Family in household	15-16		01 <input type="checkbox"/> Family in household	15-16	
	02 <input type="checkbox"/> Family NOT in household	17-18		02 <input type="checkbox"/> Family NOT in household	17-18	
	03 <input type="checkbox"/> Private health insurance	19-20		03 <input type="checkbox"/> Private health insurance	19-20	
	04 <input type="checkbox"/> Medicaid	21-22		04 <input type="checkbox"/> Medicaid	21-22	
	05 <input type="checkbox"/> Rehabilitation program	23-24		05 <input type="checkbox"/> Rehabilitation program	23-24	
	06 <input type="checkbox"/> Parent's employer	25-26		06 <input type="checkbox"/> Parent's employer	25-26	
	07 <input type="checkbox"/> School system	27-28		07 <input type="checkbox"/> School system	27-28	
	08 <input type="checkbox"/> VA program	29-30		08 <input type="checkbox"/> VA program	29-30	
	09 <input type="checkbox"/> Other military	31-32		09 <input type="checkbox"/> Other military	31-32	
	10 <input type="checkbox"/> Other private source	33-34		10 <input type="checkbox"/> Other private source	33-34	
	11 <input type="checkbox"/> Other public source	35-36		11 <input type="checkbox"/> Other public source	35-36	
12 <input type="checkbox"/> No one/Free } (Skip to 4)	37-38	12 <input type="checkbox"/> No one/Free } (Skip to 4)	37-38			
99 <input type="checkbox"/> DK	39-40	99 <input type="checkbox"/> DK	39-40			
b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	
c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 00 99999 <input type="checkbox"/> DK	43-47	c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 00 99999 <input type="checkbox"/> DK	43-47	
d.	00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK	48-52	d.	00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK	48-52	
4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 6 on page 20) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 6 on page 20)	53	
5.	00 <input type="checkbox"/> Didn't need services	54-55	5.	00 <input type="checkbox"/> Didn't need services	54-55	
	01 <input type="checkbox"/> Provider thinks no longer needed	56-57		01 <input type="checkbox"/> Provider thinks no longer needed	56-57	
	02 <input type="checkbox"/> Too expensive/can't afford	58-59		02 <input type="checkbox"/> Too expensive/can't afford	58-59	
	03 <input type="checkbox"/> Insurance doesn't cover	60-61		03 <input type="checkbox"/> Insurance doesn't cover	60-61	
	04 <input type="checkbox"/> Insurance no longer covers	62-63		04 <input type="checkbox"/> Insurance no longer covers	62-63	
	05 <input type="checkbox"/> No longer on Medicaid	64-65		05 <input type="checkbox"/> No longer on Medicaid	64-65	
	06 <input type="checkbox"/> Provider not available	66-67		06 <input type="checkbox"/> Provider not available	66-67	
	07 <input type="checkbox"/> Didn't like provider	68-69		07 <input type="checkbox"/> Didn't like provider	68-69	
	08 <input type="checkbox"/> Transportation problems	70-71		08 <input type="checkbox"/> Transportation problems	70-71	
	09 <input type="checkbox"/> Could not take time off from work	72-73		09 <input type="checkbox"/> Could not take time off from work	72-73	
	10 <input type="checkbox"/> Other	74-75		10 <input type="checkbox"/> Other	74-75	
99 <input type="checkbox"/> DK	76-77	99 <input type="checkbox"/> DK	76-77			

Section E – OTHER SERVICES – Continued

HAND CARD C6. Read categories in 6b if telephone interview.

5

6a. Is (child) currently on a waiting list for any of these services?

- 1 Yes (Go to 6b)
- 2 No } (Skip to Section F on page 21)
- 9 DK }

b. For which ones is (child) on a waiting list?

Anything else?

Mark (X) all that apply.

- 01 A physical therapist
- 02 An occupational therapist
- 03 An audiologist
- 04 A speech therapist or pathologist
- 05 A recreational therapist
- 06 A visiting nurse
- 07 A personal care attendant, other than family or a friend
- 08 A reader or interpreter
- 09 Home visits from a doctor
- 10 Services from a center for independent living
- 11 Respiratory therapy services
- 12 Social work services
- 13 Transportation services
- 99 DK

6-7
8-9
10-11
12-13
14-15
16-17
18-19
20-21
22-23
24-25
26-27
28-29
30-31
32-33

Notes

Section F - EDUCATIONAL SERVICES

ITEM F1	Refer to child's age on label.	<input type="checkbox"/> 3+ years old (Go to 1) <input type="checkbox"/> Other (Skip to 5 on page 23)	5
<p>Special education is a program designed to meet the individual needs of children with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.</p> <p>1a. DURING THE PAST 12 MONTHS, has (child) received any type of special education services or benefits? Do not include gifted or talented programs.</p>		<input type="checkbox"/> Yes (Go to 1b) <input type="checkbox"/> No } (Skip to 3 on page 22) <input type="checkbox"/> DK }	6
<p><i>HAND CARD A15. Read categories if telephone interview.</i></p> <p>b. During the past 12 months, which of these services or benefits did (child) receive through special education programs?</p> <p>(Anything else?)</p> <p><i>Mark (X) all that apply.</i></p>		<input type="checkbox"/> 01 Transportation services <input type="checkbox"/> 02 Speech/Language therapy <input type="checkbox"/> 03 Audiology services for hearing problems (such as testing, evaluation, and training) <input type="checkbox"/> 04 Mental health or counseling services <input type="checkbox"/> 05 Developmental testing <input type="checkbox"/> 06 Physical therapy <input type="checkbox"/> 07 Occupational therapy <input type="checkbox"/> 08 Recreational therapy <input type="checkbox"/> 09 Respiratory therapy <input type="checkbox"/> 10 Social work services <input type="checkbox"/> 11 Eyeglasses <input type="checkbox"/> 12 Hearing aids <input type="checkbox"/> 13 Wheelchair <input type="checkbox"/> 14 Other assistive devices and training in their use <input type="checkbox"/> 15 Medical services for diagnostic and evaluation purposes <input type="checkbox"/> 16 Communication services (such as reader, interpreter, or writer) <input type="checkbox"/> 17 Nursing services <input type="checkbox"/> 18 Other <input type="checkbox"/> 99 DK	7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44
<p><i>HAND CARD A16. Read categories if telephone interview.</i></p> <p>c. During the past 12 months, has (child) received special education for any of these conditions?</p> <p>(Anything else?)</p> <p><i>Mark (X) all that apply.</i></p>		<input type="checkbox"/> 01 Learning disabilities <input type="checkbox"/> 02 Speech or language problems <input type="checkbox"/> 03 Mental retardation <input type="checkbox"/> 04 Emotional disturbances <input type="checkbox"/> 05 Deaf and blind <input type="checkbox"/> 06 Hearing, including deafness or hard of hearing <input type="checkbox"/> 07 Visual, including blindness and other problems <input type="checkbox"/> 08 Orthopedic problems <input type="checkbox"/> 09 Autism <input type="checkbox"/> 10 Traumatic brain injury <input type="checkbox"/> 11 Developmental delay <input type="checkbox"/> 12 Multiple disabilities <input type="checkbox"/> 13 Other health problem <input type="checkbox"/> 14 Not a specific condition <input type="checkbox"/> 99 DK	45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72 73-74
<p><i>HAND CARD A17. Read categories if telephone interview.</i></p> <p>d. During the past 12 months, where did (child) receive these special education services?</p> <p>(Anywhere else?)</p> <p><i>Mark (X) all that apply.</i></p>		<input type="checkbox"/> 01 Regular classroom setting <input type="checkbox"/> 02 Resource room in regular school <input type="checkbox"/> 03 Separate class all day or part of a day in regular school <input type="checkbox"/> 04 Special school - day school <input type="checkbox"/> 05 Special school - residential school <input type="checkbox"/> 06 Home <input type="checkbox"/> 07 Hospital or institution <input type="checkbox"/> 08 Provider's office <input type="checkbox"/> 09 Other <input type="checkbox"/> 99 DK	75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94
<p>e. Has (child) received any special education services during the past month?</p>		<input type="checkbox"/> Yes (Skip to Item F2 on page 22) <input type="checkbox"/> No (Go to 1f) <input type="checkbox"/> DK (Skip to Item F2 on page 22)	95
<p>f. Why hasn't (child) received any special education services in the past month?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>		<input type="checkbox"/> 0 Child did not need the service during the past month <input type="checkbox"/> 1 Provider/school thinks services no longer necessary <input type="checkbox"/> 2 Child on vacation from school <input type="checkbox"/> 3 Provider/service no longer available <input type="checkbox"/> 4 Didn't like provider/service <input type="checkbox"/> 5 Transportation problems <input type="checkbox"/> 6 Could not take time off from work to arrange it <input type="checkbox"/> 7 Other reason <input type="checkbox"/> 9 DK	96 97 98 99 100 101 102 103 104

Section F - EDUCATIONAL SERVICES - Continued

ITEM F2	Refer to child's age on label.	1 <input type="checkbox"/> 16+ years old (Go to 2) 2 <input type="checkbox"/> Other (Skip to 3)	105
2. During the past 12 months, did (child) receive any instruction through special education about how to get and keep a job?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	106
3a. During the past 12 months, have you tried to get any (additional) special education services for (child)?		1 <input type="checkbox"/> Yes (Go to 3b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 4)	RT 20 3-4 5
----- HAND CARD A15. Read categories if telephone interview.			
b. What (additional) special education services did you try to get for (child)? (Anything else?) Mark (X) all that apply.		01 <input type="checkbox"/> Transportation services 02 <input type="checkbox"/> Speech/Language therapy 03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training) 04 <input type="checkbox"/> Mental health or counseling services 05 <input type="checkbox"/> Developmental testing 06 <input type="checkbox"/> Physical therapy 07 <input type="checkbox"/> Occupational therapy 08 <input type="checkbox"/> Recreational therapy 09 <input type="checkbox"/> Respiratory therapy 10 <input type="checkbox"/> Social work services 11 <input type="checkbox"/> Eyeglasses 12 <input type="checkbox"/> Hearing aids 13 <input type="checkbox"/> Wheelchair 14 <input type="checkbox"/> Other assistive devices and training in their use 15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes 16 <input type="checkbox"/> Communication services (such as reader, interpreter, or writer) 17 <input type="checkbox"/> Nursing services 18 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43
c. During the past 12 months, was (child) on a waiting list for any special education services?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	44
----- HAND CARD C7. Read categories if telephone interview.			
d. What problems did you have trying to get (additional) special education services for (child) during the past 12 months? (Anything else?) Mark (X) all that apply.		00 <input type="checkbox"/> No problem getting services 01 <input type="checkbox"/> Service is not available 02 <input type="checkbox"/> Had trouble finding the right kind of service 03 <input type="checkbox"/> Services available are inadequate 04 <input type="checkbox"/> School did not think child needed the service 05 <input type="checkbox"/> School would not test child for disabilities 06 <input type="checkbox"/> School would not help in finding services 07 <input type="checkbox"/> Could not take time off from work to arrange it 08 <input type="checkbox"/> Other problems 99 <input type="checkbox"/> DK	45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64
4. Overall, how satisfied are you with the educational services that (child) receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?		0 <input type="checkbox"/> Does not receive educational services 1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK	65 } (Skip to Section G on page 25)

Notes

Section F – EDUCATIONAL SERVICES – Continued

66

Special education is a program designed to meet the individual needs of infants and very young children who have special needs. It is provided free and may include services at home, at a hospital, or somewhere else.

5a. During the past 12 months, has (child) received any type of special education services?

- 1 Yes (Go to 5b)
- 2 No } (Skip to 6 on page 24)
- 9 DK }

HAND CARD C8. Read categories if telephone interview.

b. During the past 12 months, which of these special education services did (child) receive?

(Anything else?)

Mark (X) all that apply.

- 01 Transportation services 67-68
- 02 Speech/Language therapy 69-70
- 03 Audiology services for hearing problems (such as testing, evaluation, and training) 71-72
- 04 Family training, counseling and home visits 73-74
- 05 Nursing or health services 75-76
- 06 Physical therapy 77-78
- 07 Occupational therapy 79-80
- 08 Nutrition services 81-82
- 09 Social work services 83-84
- 10 Psychological services 85-86
- 11 Service coordination/case management 87-88
- 12 Special instruction 89-90
- 13 Vision services, including eye testing and obtaining glasses 91-92
- 14 Other assistive devices and training in their use 93-94
- 15 Medical services for diagnostic and evaluation purposes 95-96
- 16 Other early intervention services 97-98
- 99 DK 99-100

c. During the past 12 months, has (child) received special education for a developmental delay, other health condition, or some other problem?

Mark (X) all that apply.

- 1 Developmental delay 101
- 2 Other health condition 102
- 3 Other problem 103
- 4 DK 104

d. During the past 12 months, where did (child) receive these special education services?

Anywhere else?

Mark (X) all that apply.

- 01 Home 5-6
- 02 Family daycare 7-8
- 03 Regular nursery school/daycare center 9-10
- 04 Outpatient services facility 11-12
- 05 Early intervention classroom/center 13-14
- 06 Hospital as inpatient 15-16
- 07 Provider's office 17-18
- 08 Residential facility 19-20
- 09 Other place 21-22
- 99 DK 23-24

e. Has (child) received any special education services during the past MONTH?

- 1 Yes (Skip to 6 on page 24)
- 2 No (Go to 5f)
- 9 DK (Skip to 6 on page 24)

25

f. Why didn't (child) receive special education services during the past MONTH?

Anything else?

Mark (X) all that apply.

- 0 Child did not need the service during the past month 26
- 1 Provider/school thinks services no longer necessary 27
- 2 Child on vacation from school 28
- 3 Provider/service no longer available 29
- 4 Didn't like provider/service 30
- 5 Transportation problems 31
- 6 Could not take time off from work to arrange it 32
- 7 Other reason 33
- 9 DK 34

Notes

Section F - EDUCATIONAL SERVICES - Continued

6a. During the past 12 months, have you tried to get any (additional) special education services for (child)?	1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 7)	35
--	---	----

HAND CARD C8. Read categories if telephone interview.

b. What (additional) special education services did you try to get for (child)? (Anything else?)	01 <input type="checkbox"/> Transportation services 02 <input type="checkbox"/> Speech/Language therapy 03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training) 04 <input type="checkbox"/> Family training, counseling and home visits 05 <input type="checkbox"/> Nursing or health services 06 <input type="checkbox"/> Physical therapy 07 <input type="checkbox"/> Occupational therapy 08 <input type="checkbox"/> Nutrition services 09 <input type="checkbox"/> Social work services 10 <input type="checkbox"/> Psychological services 11 <input type="checkbox"/> Service coordination/case management 12 <input type="checkbox"/> Special instruction 13 <input type="checkbox"/> Vision services, including eye testing and obtaining glasses 14 <input type="checkbox"/> Other assistive devices and training in their use 15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes 16 <input type="checkbox"/> Other early intervention services 99 <input type="checkbox"/> DK	36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69
--	--	---

Mark (X) all that apply.

c. During the past 12 months, was (child) on a waiting list for any special education services?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	70
--	--	----

HAND CARD C7. Read categories if telephone interview.

d. What problems did you have trying to get special education services for (child) during the past 12 months? (Anything else?)	00 <input type="checkbox"/> No problem getting services 01 <input type="checkbox"/> Service is not available 02 <input type="checkbox"/> Had trouble finding the right kind of service 03 <input type="checkbox"/> Services available are inadequate 04 <input type="checkbox"/> School did not think child needed the service 05 <input type="checkbox"/> School would not test child for disabilities 06 <input type="checkbox"/> School would not help in finding services 07 <input type="checkbox"/> Could not take time off from work to arrange it 08 <input type="checkbox"/> Other problems 99 <input type="checkbox"/> DK	71-72 73-74 75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90
--	--	--

Mark (X) all that apply.

7. Overall, how satisfied are you with the education services that (child) receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	0 <input type="checkbox"/> Did not receive any educational services 1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK	91
--	--	----

Notes

Section G - COORDINATION OF SERVICES

1a. Is there any one doctor who you think of as the one who coordinates (child's) overall medical care? By coordinating, I mean one who keeps in touch with the different doctors or therapists who (child) sees, who knows the results of all tests and treatments that (child) has, and who is aware of (child's) different prescription medicines.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	5
--	--	---

b. Do (child's) doctors talk to each other about [his/her] health and the care [he/she] gets, including any tests or medications?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Only one doctor 9 <input type="checkbox"/> DK	6
--	--	---

2a. Is there anyone who is NOT a doctor who coordinates (child's) medical care?	1 <input type="checkbox"/> Yes (Go to 2b) 2 <input type="checkbox"/> No } (Skip to 3) 9 <input type="checkbox"/> DK }	7
--	---	---

b. Who does this for (child)? Anyone else? Mark (X) all that apply.	0 <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Friend/Family member 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Therapist 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Hospital discharge planner 6 <input type="checkbox"/> Case manager 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	8 9 10 11 12 13 14 15 16
---	--	--

3a. Does any physician or someone in a physician's office help with arranging (child's) non-medical care, like social services and personal care services?	1 <input type="checkbox"/> Yes (Go to 3b) 2 <input type="checkbox"/> No } (Skip to 4) 9 <input type="checkbox"/> DK }	17
---	---	----

b. Is this person, or does this person work for a general care physician or a specialist?	1 <input type="checkbox"/> General care physician 2 <input type="checkbox"/> Specialist 3 <input type="checkbox"/> Someone else 9 <input type="checkbox"/> DK	18
--	--	----

c. Is this person a — Mark (X) all that apply.	1 <input type="checkbox"/> Physician? 2 <input type="checkbox"/> Therapist? 3 <input type="checkbox"/> Nurse? 4 <input type="checkbox"/> Social worker? 5 <input type="checkbox"/> Hospital discharge planner? 6 <input type="checkbox"/> Case manager? 7 <input type="checkbox"/> Something else? 9 <input type="checkbox"/> DK	19 20 21 22 23 24 25 26
--	--	--

4a. Does anyone NOT in a physician's office help with arranging (child's) non-medical services?	1 <input type="checkbox"/> Yes (Go to 4b) 2 <input type="checkbox"/> No } (Skip to G1) 9 <input type="checkbox"/> DK }	27
--	--	----

b. Who does this for (child)? Anyone else? Mark (X) all that apply.	0 <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Friend/Family member 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Therapist 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Hospital discharge planner 6 <input type="checkbox"/> Case manager 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	28 29 30 31 32 33 34 35 36
---	--	--

ITEM G1	Refer to 1a, 2a, 3a and 4a. (Coordinates/arranges)	1 <input type="checkbox"/> "Yes" in any (Go to 5 on page 26) 2 <input type="checkbox"/> All other (Skip to 9 on page 26)	37
----------------	--	---	----

Notes	
-------	--

Section G – COORDINATION OF SERVICES – Continued

HAND CARD C9. Read categories if telephone interview.

5. What kinds of medical or non-medical services [does this person/do these persons] provide for (child)?

(Anything else?)

Mark (X) all that apply.

- | | |
|--|-------|
| 01 <input type="checkbox"/> Helps make medical appointments with (other) doctors | 38-39 |
| 02 <input type="checkbox"/> Makes appointments with nurses/therapists/dieticians | 40-41 |
| 03 <input type="checkbox"/> Follows up to be sure appointments are kept | 42-43 |
| 04 <input type="checkbox"/> Arranges transportation to appointments | 44-45 |
| 05 <input type="checkbox"/> Makes referrals to doctors | 46-47 |
| 06 <input type="checkbox"/> Makes referrals to nurses/therapists/dieticians | 48-49 |
| 07 <input type="checkbox"/> Checks to see if child's needs or conditions have changed | 50-51 |
| 08 <input type="checkbox"/> Makes sure that child is doing exercises or following diet | 52-53 |
| 09 <input type="checkbox"/> Reviews medications | 54-55 |
| 10 <input type="checkbox"/> Explains medical procedures and terms to child and family | 56-57 |
| 11 <input type="checkbox"/> Helps with insurance or other benefits | 58-59 |
| 12 <input type="checkbox"/> Tries to find volunteers to help child | 60-61 |
| 13 <input type="checkbox"/> Tries to find workers or agencies to help child | 62-63 |
| 14 <input type="checkbox"/> Arranges home delivered meals for child | 64-65 |
| 15 <input type="checkbox"/> Makes sure that friends/family are able to help child | 66-67 |
| 16 <input type="checkbox"/> Arranges for care at home | 68-69 |
| 17 <input type="checkbox"/> Helps develop a personal care plan | 70-71 |
| 18 <input type="checkbox"/> Evaluates need for services | 72-73 |
| 19 <input type="checkbox"/> Arranges special education services | 74-75 |
| 20 <input type="checkbox"/> Arranges vocational rehabilitation services | 76-77 |
| 21 <input type="checkbox"/> Other | 78-79 |
| 99 <input type="checkbox"/> DK | 80-81 |

ITEM G2

*Refer to 4b on page 25.
(Arranges non-medical services)*

- 1 Only box "0" and/or box "1" marked *(Skip to 9)*
2 Other *(Go to 6)*

82

6a. Was the help coordinating (child's) non-medical services paid for?

- 1 Yes *(Go to 6b)*
2 No } *(Skip to 7)*
9 DK }

83

HAND CARD C2. Read categories if telephone interview.

b. Who paid or will pay for this help?

(Anyone else?)

Mark (X) all that apply.

- | | |
|--|---------|
| 00 <input type="checkbox"/> Parent(s) | 84-85 |
| 01 <input type="checkbox"/> Family in household | 86-87 |
| 02 <input type="checkbox"/> Family NOT in household | 88-89 |
| 03 <input type="checkbox"/> Private health insurance | 90-91 |
| 04 <input type="checkbox"/> Medicaid | 92-93 |
| 05 <input type="checkbox"/> Rehabilitation program | 94-95 |
| 06 <input type="checkbox"/> Parent's employer | 96-97 |
| 07 <input type="checkbox"/> School system | 98-99 |
| 08 <input type="checkbox"/> VA program | 100-101 |
| 09 <input type="checkbox"/> Other military | 102-103 |
| 10 <input type="checkbox"/> Other private source | 104-105 |
| 11 <input type="checkbox"/> Other public source | 106-107 |
| 12 <input type="checkbox"/> No one/Free | 108-109 |
| 99 <input type="checkbox"/> DK | 110-111 |

Ask if more than one box marked in 6b; if only one, transcribe the number of the box without asking.

c. Who paid the most for the cost of this help?

Record number of main source.

- Paid most
(Number)
99 DK

112-113

7. In the past 6 months, about how many times did you see or talk to the person(s) who help(s) arrange (child's) non-medical services?

- 000 None

(Number) { 1 Per week
2 Per month
3 Per six months
999 DK

114-116

8. Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the job [the person has/these people have] done to help in coordinating (child's) non-medical services?

Mark (X) only one.

- 1 Very satisfied
2 Somewhat satisfied
3 Somewhat dissatisfied } *(Skip to 10a on page 27)*
4 Very dissatisfied
9 DK

117

9. During the past 12 months have you felt that you NEEDED someone to help arrange or coordinate (child's) personal care or social services?

- 1 Yes
2 No
3 Never thought about it
9 DK

118

Section I - PERSONAL ADJUSTMENT AND ROLE SKILLS (PARS)

ITEM 11

Refer to child's age on label.

- 1 6+ year old (Go to 1)
- 2 Other (Skip to Section J on page 31)

In the next questions, I'll ask about *(child's)* social behaviors and activities.

HAND CARD C11.

1. During the past 30 days, has *(child)* —

- a. Spent time with friends? Would you say — *(Read all categories?)*
- b. Made friends without difficulty? (Would you say — *(Read all categories?)*)
- c. Joined others of [his/her] own accord? (Would you say — *(Read all categories?)*)
- d. Had many different friends? (Would you say — *(Read all categories?)*)
- e. Wanted help in things [he/she] could have done on own? (Would you say — *(Read all categories?)*)
- f. Been unable to decide things for [his/her] self? (Would you say — *(Read all categories?)*)
- g. Asked for help when [he/she] could have figured things out? (Would you say — *(Read all categories?)*)
- During the past 30 days, has *(child)* —
- h. Asked unnecessary questions instead of working on own? (Would you say — *(Read all categories?)*)
- i. Done things for attention even though punished for it? (Would you say — *(Read all categories?)*)
- j. Flared up when [he/she] couldn't have [his/her] own way? (Would you say — *(Read all categories?)*)
- k. Become upset if others did not agree with [him/her]? (Would you say — *(Read all categories?)*)
- l. Ignored warnings to stop unacceptable behavior? (Would you say — *(Read all categories?)*)
- m. Told lies? (Would you say — *(Read all categories?)*)
- n. Not responded to discipline? (Would you say — *(Read all categories?)*)
- During the past 30 days, has *(child)* —
- o. Stayed with tasks or assignments until finished? (Would you say — *(Read all categories?)*)
- p. Made full use of abilities? (Would you say — *(Read all categories?)*)
- q. Done work without being pushed or punished? (Would you say — *(Read all categories?)*)
- r. Kept on with tasks even when difficult? (Would you say — *(Read all categories?)*)
- s. Complained about problems? (Would you say — *(Read all categories?)*)
- t. Seemed restless, tense? (Would you say — *(Read all categories?)*)
- u. Said people didn't care about [him/her]? (Would you say — *(Read all categories?)*)

	Never or rarely	Sometimes	Often	Always
				6
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	10
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	11
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	12
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	13
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	14
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	15
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	16
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	17
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	18
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	19
n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	20
o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	21
p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	22
q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	23
r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	24
s. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	25
t. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	26
u. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

Section I – PERSONAL ADJUSTMENT AND ROLE SKILLS (PARS) – Continued

	Never or rarely	Sometimes	Often	Always	
During the past 30 days, has (child) —				27	
v. Seemed sad? (Would you say — (Read all categories)?)	v. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	28
w. Said [he/she] couldn't do things right? (Would you say — (Read all categories)?)	w. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	29
x. Acted afraid or apprehensive? (Would you say — (Read all categories)?)	x. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	30
y. Sat and stared without doing anything? (Would you say — (Read all categories)?)	y. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	31
z. Appeared listless and apathetic? (Would you say — (Read all categories)?)	z. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	32
aa. Seemed unaware of things going on around [him/her]? (Would you say — (Read all categories)?)	aa. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	33
bb. Shown little interest in things, had to be pushed into activity? (Would you say — (Read all categories)?)	bb. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

Notes

Section K – MENTAL HEALTH

ITEM K1	Refer to child's age on label.	<input type="checkbox"/> 3+ years old (Go to 1) <input type="checkbox"/> Other (Skip to Section L on page 36)	5
1a. During the past 12 months, did (child) stay OVERNIGHT in a hospital or other place to receive services for mental health or substance abuse?		<input type="checkbox"/> Yes (Go to 1b) <input type="checkbox"/> No } (Skip to 3 on page 33) <input type="checkbox"/> DK	6
b. Was this for mental health, substance abuse or both? Mark (X) only one.		<input type="checkbox"/> Mental health <input type="checkbox"/> Substance abuse <input type="checkbox"/> Both <input type="checkbox"/> DK	7
c. Where did (child) receive inpatient [mental health/(and) substance abuse] services during the past 12 months? (Anywhere else?) Mark (X) all that apply.		<input type="checkbox"/> Private or public psychiatric hospital <input type="checkbox"/> Psychiatric service in a general hospital <input type="checkbox"/> Other hospital <input type="checkbox"/> Residential treatment center <input type="checkbox"/> Other place <input type="checkbox"/> DK	8 9 10 11 12 13
d. During the past 12 months, altogether how many times was (child) admitted to (place(s) in 1c) for [mental health/(and) substance abuse] services?		_____ Times admitted (Number) <input type="checkbox"/> DK	14-15
e. Altogether how many nights did (child) spend in the (place(s) in 1c) during the past 12 months?		_____ Nights (Number) <input type="checkbox"/> DK	16-17
ITEM K2	Refer to 1d. (Number of admissions)	<input type="checkbox"/> 1 admission (Go to 2a) <input type="checkbox"/> 2 or more admissions (Skip to 2b) <input type="checkbox"/> DK (Skip to 2c)	18
2a. Was that admission on an emergency basis?		<input type="checkbox"/> Yes } <input type="checkbox"/> No } (Skip to 2e) <input type="checkbox"/> DK	19
b. How many of the (number in 1d) admissions were on an emergency basis?		<input type="checkbox"/> None _____ Emergency admissions } (Skip to 2e) (Number) <input type="checkbox"/> DK	20-21
c. Were any of the admissions in the past 12 months on an emergency basis?		<input type="checkbox"/> Yes (Go to 2d) <input type="checkbox"/> No } (Skip to 2e) <input type="checkbox"/> DK	22
d. How many admissions were on an emergency basis?		_____ Emergency admissions (Number) <input type="checkbox"/> DK	23-24
e. Who paid, or will pay, for the inpatient [mental health/(and) substance abuse] services (child) received during the past 12 months? (Anyone else?) Mark (X) all that apply.		<input type="checkbox"/> Parent(s) <input type="checkbox"/> Family in household <input type="checkbox"/> Family NOT in household <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Rehabilitation program <input type="checkbox"/> Parent's employer <input type="checkbox"/> School system <input type="checkbox"/> VA program <input type="checkbox"/> Other military <input type="checkbox"/> Other private source <input type="checkbox"/> Other public source <input type="checkbox"/> No one/Free } (Skip to 3 on page 33) <input type="checkbox"/> DK	25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52
f. Who paid for MOST of the cost of the inpatient [mental health/(and) substances abuse] services? Record number of main source. Ask if box 00 or 01 marked in 2e; otherwise, skip to 3.		<input type="checkbox"/> Paid most (Number) <input type="checkbox"/> DK	53-54
g. During the past 12 months, about how much did the family pay for (child's) inpatient [mental health/(and) substance abuse] services? Do not include costs that were or will be reimbursed by insurance or another source.		<input type="checkbox"/> None \$ _____ . <input type="checkbox"/> 00 <input type="checkbox"/> DK	55-59

Section K - MENTAL HEALTH - Continued

<p>3a. During the past 12 months, did (child) receive any OUTPATIENT mental health or substance abuse services, including mental health or substance abuse services received from a general practitioner or any other health professional? Do not include treatment for smoking cessation.</p>	<p>1 <input type="checkbox"/> Yes (Go to 3b) 2 <input type="checkbox"/> No } (Skip to 5 on page 34) 9 <input type="checkbox"/> DK</p>	60
<p>b. Was this for mental health, substance abuse or both? Mark (X) only one.</p> <p>HAND CARD A10. Read categories if telephone interview.</p>	<p>1 <input type="checkbox"/> Mental health 2 <input type="checkbox"/> Substance abuse 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p>	61
<p>c. From whom did (child) receive outpatient [mental health/ (and) substance abuse] services during the past 12 months? (Anyone else?) Mark (X) all that apply.</p> <p>HAND CARD A11. Read categories if telephone interview.</p>	<p>1 <input type="checkbox"/> Psychiatrist 2 <input type="checkbox"/> Psychologist 3 <input type="checkbox"/> Nurse 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Other mental health counselor or therapist 6 <input type="checkbox"/> General practitioner or other medical doctor 7 <input type="checkbox"/> Other health professional 9 <input type="checkbox"/> DK</p>	62 63 64 65 66 67 68 69
<p>d. Where did (child) receive outpatient [mental health/(and) substance abuse] services during the past 12 months? (Anywhere else?) Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Doctor's/Other health professional's office, NOT a clinic 2 <input type="checkbox"/> Outpatient mental health clinic, such as a community mental health center 3 <input type="checkbox"/> Outpatient medical clinic 4 <input type="checkbox"/> HMO 5 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK</p>	70 71 72 73 74 75
<p>e. During the past 12 months, in how many MONTHS did (child) receive outpatient [mental health/(and) substance abuse] services?</p>	<p>_____ Months (Number) 99 <input type="checkbox"/> DK</p>	76-77
<p>f. What was the total number of times (child) received [mental health/(and) substance abuse] services during those months?</p>	<p>_____ Times (Number) 99 <input type="checkbox"/> DK</p>	78-79

ITEM K3	Refer to 3f. (Number of times)	<p>1 <input type="checkbox"/> 1 time (Go to 4a) 2 <input type="checkbox"/> 2 or more times (Skip to 4b) 9 <input type="checkbox"/> DK (Skip to 4c)</p>	80
----------------	-----------------------------------	--	----

<p>4a. Was that visit on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (Skip to 4e on page 34) 9 <input type="checkbox"/> DK }</p>	81
<p>b. How many of the (number in 3f) visits were on an emergency basis?</p>	<p>00 <input type="checkbox"/> None _____ Emergency } (Skip to 4e on page 34) (Number) 99 <input type="checkbox"/> DK }</p>	82-83
<p>c. Were any of the visits in the past 12 months on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4d) 2 <input type="checkbox"/> No } (Skip to 4e on page 34) 9 <input type="checkbox"/> DK }</p>	84
<p>d. How many visits were on an emergency basis?</p>	<p>_____ Emergency } (Go to 4e on page 34) (Number) 99 <input type="checkbox"/> DK }</p>	85-86

Notes

Section K - MENTAL HEALTH - Continued

<p>8a. During the past 12 months, has (child) NEEDED any mental health or substance abuse services or counseling that [he/she] HAS NOT RECEIVED?</p> <p>----- <i>HAND CARD A12. Read categories if telephone interview.</i></p> <p>b. Which of these statements explains why (child) did not receive the mental health or substance abuse services [he/she] needed?</p> <p>(Anything else?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 8b</i>)</p> <p>2 <input type="checkbox"/> No } (<i>Skip to 9</i>)</p> <p>9 <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>00 <input type="checkbox"/> Did not try to get mental health services during the past 12 months</p> <p>01 <input type="checkbox"/> Too expensive/can't afford</p> <p>02 <input type="checkbox"/> Didn't know where to go to get services</p> <p>03 <input type="checkbox"/> No mental health services nearby</p> <p>04 <input type="checkbox"/> No nearby provider accepts Medicaid</p> <p>05 <input type="checkbox"/> Private insurance does not cover the services</p> <p>06 <input type="checkbox"/> Did not have insurance</p> <p>07 <input type="checkbox"/> Transportation problems</p> <p>08 <input type="checkbox"/> Trouble finding the right kind of mental health professional</p> <p>09 <input type="checkbox"/> Language barrier</p> <p>10 <input type="checkbox"/> Could not take time off from work</p> <p>11 <input type="checkbox"/> Other reasons</p> <p>99 <input type="checkbox"/> DK</p>	<p>40</p> <hr style="border-top: 1px dashed black;"/> <p>41-42</p> <p>43-44</p> <p>45-46</p> <p>47-48</p> <p>49-50</p> <p>51-52</p> <p>53-54</p> <p>55-56</p> <p>57-58</p> <p>59-60</p> <p>61-62</p> <p>63-64</p> <p>65-66</p>
<p>9. Because of a physical, mental or emotional problem, during the past 12 months, did (child) receive any TRAINING in social skills, such as making and keeping friends or how to interact with other people?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>67</p>

Notes

Section L - HOUSING AND TRANSPORTATION

READ: These next questions are about the place (child) lives.

<p>1a. Is it NECESSARY to use any stairs to get into this home from outside?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>5</p>

<p><i>ASK OR VERIFY:</i></p> <p>b. Counting basements and stepdown living areas as separate levels, does this home have more than one floor or level?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 1c</i>) 2 <input type="checkbox"/> No (<i>Skip to 2</i>) 9 <input type="checkbox"/> DK (<i>Go to 1c</i>)</p>	<p>6</p>
<p>c. Does this home have a bathroom, bedroom and kitchen ALL on the SAME floor or level?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>7</p>

<p>2. Because of a physical impairment or health problem, does (child) have any difficulty:</p>	<p>Yes No DK</p>	
<p>a. Entering or leaving your home?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>8</p>
<p>b. Opening or closing any of the doors in your home?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>9</p>
<p>c. Reaching or opening cabinets in your home?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>10</p>
<p>d. Using the bathroom in your home?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>11</p>

<p>3. Does this home have any of these special features:</p>	<p>Yes No DK</p>	
<p>a. Widened doorways or hallways?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>12</p>
<p>b. Ramps or street level entrances?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>13</p>
<p>c. Railings?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>14</p>
<p>d. Automatic or easy to open doors?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>15</p>
<p>e. Accessible parking or drop-off site?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>16</p>
<p>f. Bathroom modifications?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>17</p>
<p>g. Kitchen modifications?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>18</p>
<p>h. Elevator, chair lift, or stair glide?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>19</p>
<p>i. Alerting devices?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>20</p>
<p>j. Any other special features?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>21</p>

<p>4. Does (child) NEED any of these special features to get around the home?</p>	<p>Yes No DK</p>	
<p>a. Widened doorways or hallways?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>22</p>
<p>b. Ramps or street level entrances?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>23</p>
<p>c. Railings?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>24</p>
<p>d. Automatic or easy to open doors?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>25</p>
<p>e. Accessible parking or drop-off site?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>26</p>
<p>f. Bathroom modifications?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>27</p>
<p>g. Kitchen modifications?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>28</p>
<p>h. Elevator, chair lift, or stair glide?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>29</p>
<p>i. Alerting devices?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>30</p>
<p>j. Any other special features?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>31</p>

<p>5. DURING THE PAST 12 MONTHS, were you ever refused housing or rental accommodations because of any impairment or health problem that (child) has or did you not look for housing in the past 12 months?</p>	<p>0 <input type="checkbox"/> Did not look 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>32</p>

Section M - HEALTH INSURANCE

<p>The next questions are about health insurance coverage.</p> <p>There is a program called Medicaid that pays for health care for persons in need. In this state, it is also called <i>(state name)</i>.</p> <p>1a. In <i>(month)</i>, was <i>(child)</i> covered by Medicaid or <i>(state name)</i>?</p>	<p style="text-align: right;">5</p> <p>1 <input type="checkbox"/> Yes <i>(Go to 1b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to 2)</i></p>
<p>b. How long has <i>(child)</i> been covered by Medicaid or <i>(state name)</i>?</p> <p><i>Read categories if necessary.</i></p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">6</p> <p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years, but less than 5 years 5 <input type="checkbox"/> 5 years or more 6 <input type="checkbox"/> On and off for less than 2 years 7 <input type="checkbox"/> On and off for 2 years, but less than 5 years 8 <input type="checkbox"/> On and off for 5 years or more 9 <input type="checkbox"/> DK</p>
<p>2. In <i>(month)</i>, was <i>(child)</i> covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is <i>(child's)</i> only source of care.</p>	<p style="text-align: right;">7</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>3a. In <i>(month)</i>, was <i>(child)</i> covered by military care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?</p>	<p style="text-align: right;">8</p> <p>1 <input type="checkbox"/> Yes <i>(Go to 3b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Go to 4)</i></p>
<p>b. Was this CHAMPUS or CHAMP-VA?</p> <p><i>Read if necessary: CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</i></p>	<p style="text-align: right;">9</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>c. In <i>(month)</i>, was <i>(child)</i> covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?</p>	<p style="text-align: right;">10</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>4. In <i>(month)</i>, was <i>(child)</i> covered by the Indian Health Service?</p>	<p style="text-align: right;">11</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>5a. (Not counting the Government health programs we just mentioned), in <i>(month)</i> was <i>(child)</i> covered by a private health insurance plan?</p> <p><i>Read if necessary: Beside government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.</i></p>	<p style="text-align: right;">12</p> <p>1 <input type="checkbox"/> Yes <i>(Go to 5b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to Section N on page 39)</i></p>
<p>b. Was any of this private health insurance obtained originally through a workplace, that is through a parent's employer or union?</p>	<p style="text-align: right;">13</p> <p>1 <input type="checkbox"/> Employer 2 <input type="checkbox"/> Union 3 <input type="checkbox"/> Through workplace, DK which 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>

Notes

