2009-2010 NATIONAL SURVEY OF
CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Sponsored by the Health Resources and Services Administration, Maternal and Child Health Bureau
Conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention

Questionnaire Version: December 14, 2011

NOTES FOR DATA USERS

- Data were collected using a Computer-Aided Telephone Interviewing (CATI), which requires large amounts of computer code to be written to create detailed customized instrument specifications. Some sections of lengthy coding have been deleted if not pertinent, of interest to, or useful for data users. Other coding has been edited to provide a brief summary description of its intent.

- In selected households, the NS-CSCHN interview followed the National Immunization Survey (NIS). To reduce respondent burden, questions that were asked during the NIS were not repeated.

- For CSHCN in California (ASK_CALIF = 1), additional questions were included at the request of the Lucile Packard Foundation for Children's Health. These supplemental questions are located in Sections 3, 5, 6, and 11. They are marked with an asterisk (e.g., $*^{CA}$ symbol).

- The abbreviation "S.C." throughout denoted the sampled child, that is, the subject of the detailed interview.

- "Help screen" text is provided for the assistance of interviewers responding to questions from respondents. Because this is a telephone interview, this text is not seen by respondents. Though it is not known how often this text is read to respondents, interviewers tell us (and monitoring of interviews confirms) that this text is rarely read.

1. INTRODUCTION

INTRO   **[FOR SELECTED SAMPLE THAT WILL BE SCREENED FOR NIS ELIGIBILITY]**

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age, are receiving all of the recommended vaccinations for childhood diseases. Your phone number has been selected at random to be included in the study. Am I speaking to someone who lives in this household who is over 17 years old?

INTRO_AUG   **[FOR AUGMENTATION SAMPLE NOT SCREENED FOR NIS ELIGIBILITY]**

Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a national survey [IF CELL SAMPLE "on cell phones"] about health services used by children and teenagers. Am I speaking to someone who lives in this household who is over 17 years old?

- IF YES AND SPEAKING ON A LANDLINE, CATI WILL CONTINUE.

- IF YES AND SPEAKING ON A CELL PHONE, CATI WILL ASK ABOUT RESPONDENT'S SAFETY ("If you are currently driving a car or doing any activity that requires your full attention I need to call you back at a later time.") BEFORE CONTINUING.

- IF NO AND NEW PERSON COMES TO PHONE, CATI WILL REPEAT INTRO.

- IF NO, INTERVIEWER WILL ASK TO SPEAK WITH SOMEONE OVER 17 WHO LIVES IN THE HOUSEHOLD AND WILL SCHEDULE A CALLBACK IF NECESSARY. IF NOBODY OVER 17 LIVES IN THE HOUSEHOLD, AN EXIT SCRIPT IS READ.

- IF PERSON ANSWERING THE PHONE INDICATES THAT A BUSINESS HAS BEEN REACHED, AN EXIT SCRIPT IS READ.

- OTHER ROUTES ARE SCRIPTED IF RESPONDENTS HANG UP DURING THE INTRODUCTION, REQUEST A COPY OF THE ADVANCE LETTER, INDICATE THAT THEY WILL CALL 800 LINE AFTER CHECKING SURVEY WEBSITE, OR NEED A NON-ENGLISH-LANGUAGE INTERVIEWER.

IF LANDLINE AUGMENTATION SAMPLE, SKIP TO S_UNDR18.
IF CELL PHONE AUGMENTATION SAMPLE, SKIP TO S_KIDS.

S_NUMB   How many children between the ages of 12 months and 3 years old are living or staying in your household?

- IF ONE OR MORE, NIS INTERVIEW IS ATTEMPTED. WHEN COMPLETE, RETURN TO S_UNDR18.
- IF ZERO, ANSWER IS CONFIRMED AND THEN NS-CSHCN INTERVIEW SKIPS TO S_UNDR18 IF LANDLINE SAMPLE OR S_KIDS IF CELL-PHONE SAMPLE.
- IF DON'T KNOW OR REFUSED, AN EXIT SCRIPT IS READ.

ELIGIBLITY SCREENING FOR CELL PHONE SAMPLE

S_KIDS   Are there any children living in your household?

                 INTERVIEWER INSTRUCTION: A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF HE/SHE:

- HAS STAYED THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE HE/SHE USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL

                 IF NO CHILDREN LIVE IN THE HOUSEHOLD, THEN AN EXIT SCRIPT IS READ.

LANDLINE   Do you have a landline phone in your household?

                 READ AS NECESSARY: please do not include modem-only lines, fax-only lines, lines used just for home security systems, beepers, Skype, pagers, or cell phones. Please do include voice-over-IP or VOIP numbers.

                 (1) YES   **[GO TO CELLUSE]**
                 (2) NO   **[GO TO S_UNDR18]**
                 (77) DON'T KNOW   **[GO TO CELLUSE]**
                 (99) REFUSED   **[GO TO CELLUSE]**

CELLUSE   Thinking just about the land line home phone, not your cell phone, if that phone rang and someone were home, under normal circumstances how likely is it that it would be answered? Would you say extremely likely, somewhat likely, somewhat unlikely, or not at all likely?

                 (1) EXTREMELY LIKELY   **[EXIT SCRIPT]**
                 (2) SOMEWHAT LIKELY   **[EXIT SCRIPT]**
                 (3) SOMEWHAT UNLIKELY **[SKIP TO S_UNDR18]**
                 (4) NOT AT ALL LIKELY   **[SKIP TO S_UNDR18]**
                 (77) DON'T KNOW   **[EXIT SCRIPT]**
                 (99) REFUSED   **[EXIT SCRIPT]**

NS-CSHCN AGE-ELIGIBILITY SCREENING

S_UNDR18   How many people less than 18 years old live in this household?

INTERVIEWER INSTRUCTION: A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF HE/SHE:

- HAS STAYED THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS
- THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE HE/SHE USUALLY STAYS
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)
- USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)
- ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL

    NUMBER OF CHILDREN = 0   **[EXIT SCRIPT]**
    NUMBER OF CHILDREN > 1   **[SKIP TO ISC200]**

ISC200   **IF NIS INTERVIEW COMPLETED, CONTINUE INTERVIEW WITH NIS RESPONDENT AND SKIP TO SL_INTRO.**

We need to talk to the parent or guardian living in this household who knows about the health and health care of the ['child'/'children'] under 18. Who would that be?

    (1) MYSELF   **[SKIP TO CSHCN_LTR]**
    (2) SOMEONE ELSE   **[SKIP TO ISC240]**

ISC240   Because the rest of the survey is about the health and health care of the ['child'/'children'] under 18, may I speak with that person now?

    (1) YES   **[SKIP TO NEW_RESP]**
    (2) NO   **[SCHEDULE CALLBACK]**

NEW_RESP   Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are doing a national survey about health services used by children and teenagers, and I was told that you were the person to talk with about the health and health care of the ["child"/"children"] in the household.

    (1) CONTINUE

CSHCN_LTR   **IF NO ADVANCE LETTER SENT, THEN SKIP TO SL_INTRO.**

A letter describing this survey may have been sent to your home recently. Do you remember seeing the letter?

    (1) YES
    (2) NO
    (77) DON'T KNOW
    (99) REFUSED

INFORMED CONSENT

SL_INTRO   **CERTAIN SAMPLED CASES WERE FLAGGED TO RECEIVE A MONETARY INCENTIVE. AT THIS POINT IN THE INTERVIEW, SPECIFIC TEXT FILL LOGIC (NOT SHOWN) WAS USED TO DETERMINE SUBSEQUENT INCENTIVE FILL AMOUNTS.**

READ IF NIS INTERVIEW COMPLETED:

I appreciate your answers about the immunizations of ["NIS-ELIGIBLE CHILDREN"]. Next, I have some questions about some other health care needs of children. As before, you may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. [IF (INCENTIVE CASE DISPLAY: In appreciation for your time, we will send you $[MONEY_1 / MONEY_2].)] After a few questions, I can tell you how long this survey will take. In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

ELSE READ:

Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. [IF (INCENTIVE CASE DISPLAY: In appreciation for your time, we will send you $[MONEY_1 / MONEY_2].)] After a few questions, I can tell you how long this survey will take. In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

DISPLAY FOR ALL:

READ IF NECESSARY: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ: The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics and its collaborating agency and contractor, specifically the National Center for Immunization and Respiratory Diseases and the National Opinion Research Center, and their agents and contractors who work on this survey, has taken an oath and is subject to a jail term of up to 5 years, a fine of up to $250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

(1) CONTINUE, RECORDING ACCEPTABLE
(2) CONTINUE, DO NOT RECORD

ROSTER OF CHILDREN IN HOUSEHOLD

AGE_X   **CATI INSTRUCTION (AGE_GRID)** IF S_UNDR18 = 1, FILL "age" AND "child". ELSE, FILL "ages" AND "children".

CATI: AGE_X AND AGE1_X ARE TO BE ASKED FOR ALL CHILDREN WITHIN A HOUSEHOLD. BASED ON THE VALUE OF S_UNDR18, CREATE A ROSTER OF CHILDREN IN THE HOUSEHOLD, AND LOOP FOR UP TO 9 CHILDREN. CHILDREN WILL BE ROSTERED FROM THE OLDEST TO THE YOUNGEST.

1. THE OLDEST CHILD
2. THE SECOND OLDEST CHILD
3. THE THIRD OLDEST CHILD
4. THE FOURTH OLDEST CHILD
5. THE FIFTH OLDEST CHILD
6. THE SIXTH OLDEST CHILD
7. THE SEVENTH OLDEST CHILD
8. THE EIGHTH OLDEST CHILD
9. THE NINTH OLDEST CHILD

TO SIMPLIFY THE IDENTIFICATION OF THE SELECTED CHILD, THE CHILD IN THE ROSTER POSITION WITH THE VALUE OF S_UNDR18 WILL BE REFERRED TO AS THE YOUNGEST CHILD. I.E., IF THERE ARE THREE CHILDREN IN THE HOUSEHOLD, THE THIRD CHILD IN THE ROSTER IS REFERRED TO AS THE YOUNGEST.

Many of my questions are only for children of certain ages. So, I'll know which questions to ask, please tell me the [age/ages] of the [child/children] less than 18 years old living in this household.

FOR ALL SUBSEQUENT CHILDREN (LOOP UNTIL # OF CHILDREN=S_UNDR18) DISPLAY:

READ IF NECESSARY: "Please tell me the age of the next child who lives in this household."

ELSE IF (S_NUMB=S_UNDR18 then FILL AGE_1 (and AGE_1Y_X as needed) with age of

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
IF AGE IS LESS THAN 1 MONTH OLD, RECORD 0 MONTHS.

AGES SHOULD BE STORED IN AGE_1 - AGE_9.

_____(1) MONTHS
_____(2) YEARS

CONTINUE TO LOOP FOR ALL REMAINING CHILDREN

MULTIAGE   **CATI INSTRUCTION (MULTIAGE):** IF NO CHILDREN ARE THE SAME AGE, SKIP TO NEXT SECTION. ELSE ASK:

Since you have more than one child who is [FILL DUPLICATE AGES, E.G. 3 years old], I need a way to refer to each of them during the interview.

RECORD NAMES IN NAME_1 – NAME_9.

2. CSHCN SCREENER

C2Q03_X   Is your **[AGEID OR INITIALS FROM ROSTER]** male or female?

        (1) MALE
        (2) F EMALE
        (6) DON'T KNOW
        (7) REFUSED

SC1_INTRO   The next questions are about any kind of health problems, concerns, or conditions that may affect your ('child'/'children')'s physical health, behavior, learning, growth, or physical development. Some of these health problems may affect your ('child'/'children')'s abilities and activities at school or at play. Some of these problems affect the kind or amount of services your (**'child'/ 'children'**) may need or use.

CSHCN1   ('Does your child'/ 'Do any of your children') currently need or use *medicine prescribed by a doctor*, other than vitamins?

        (1) YES
        (0) NO   **[SKIP TO CSHCN2]**
        (6) DON'T KNOW   **[SKIP TO CSHCN2]**
        (7) REFUSED   **[SKIP TO CSHCN2]**

        READ IF NECESSARY: This applies to ANY medications prescribed by a doctor. Do not include over-the-counter medications such as cold or headache medications, or any vitamins, minerals, or supplements that can be purchased without a prescription.

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

CSHCN1_ROS   **(CSHCN1_ROS_01 THROUGH CSHCN1_ROS_09)**

        [IF S_UNDR18 = 1, SKIP TO CSHCN1_A]

        Is that **[PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF]**?

        CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN1_A AND CSHCN1_B. FOR EXAMPLE, IF THERE ARE 2 CHILDREN, A 10 YEAR OLD AND A 12 YEAR OLD & BOTH ARE CHOSEN FROM THE PICKLIST, ASK CSHCN1_A AND CSHCN1_B ABOUT THE 10 YEAR OLD FIRST, THEN ASK THE SERIES ABOUT THE 12 YEAR OLD, USING APPROPRIATE FILL.

CSHCN1_A_X Is (AGEID)'s need for prescription medicine because of ANY medical, behavioral, or other health condition?

        (1) YES
        (0) NO   **[SKIP TO CSHCN1_C_X]**
        (6) DON'T KNOW   **[SKIP TO CSHCN1_C_X]**
        (7) REFUSED   **[SKIP TO CSHCN1_C_X]**

CSHCN1_B_X   Is this a condition that has lasted or is expected to last 12 months or longer?

        (1) YES   **[SKIP TO CSHCN2]**
        (0) NO   **[SKIP TO CSHCN2]**
        (6) DON'T KNOW   **[SKIP TO CSHCN2]**
        (7) REFUSED   **[SKIP TO CSHCN2]**

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

CSHCN1_C_X   Has (AGEID)'s need for prescription medication lasted or is it expected to last 12 months or longer?

        (1) YES
        (0) NO
        (6) DON'T KNOW
        (7) REFUSED

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

CSHCN2   **('Does your child'/'Do any of your children')** need or use *more* medical care, mental health, or educational services than is *usual* for most children of the same age?

        (1) YES
        (0) NO   **[SKIP TO CSHCN3]**
        (6) DON'T KNOW   **[SKIP TO CSHCN3]**
        (7) REFUSED   **[SKIP TO CSHCN3]**

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

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

CSHCN2_ROS   **(CSHCN2_ROS_01 THROUGH CSHCN2_ROS_09)**

        [IF S_UNDR18 = 1, SKIP TO CSHCN2_A]

        Is that **[PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF]**?
        CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN2_A AND CSHCN2_B.

CSHCN2_A_X   Is (AGEID)'s need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?

        (1) YES
        (0) NO   **[SKIP TO CSHCN2_C_X]**
        (6) DON'T KNOW   **[SKIP TO CSHCN2_C_X]**
        (7) REFUSED   **[SKIP TO CSHCN2_C_X]**

CSHCN2_B_X Is this a condition that has lasted or is expected to last 12 months or longer?

        (1) YES   **[SKIP TO CSHCN3]**
        (0) NO   **[SKIP TO CSHCN3]**
        (6) DON'T KNOW   **[SKIP TO CSHCN3]**
        (7) REFUSED   **[SKIP TO CSHCN3]**

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

CSHCN2_C_X Has (AGEID)'s need for medical care, mental health, or educational services lasted or is it expected to last 12 months or longer?

        (1) YES
        (0) NO
        (6) DON'T KNOW
        (7) REFUSED

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

CSHCN3 ('Is your child'/ 'Are any of your children') *limited or prevented* in any way in (his/ her/their) ability to do the things most children of the same age can do?

        (1) YES
        (0) NO   **[SKIP TO CSHCN4]**
        (6) DON'T KNOW   **[SKIP TO CSHCN4]**
        (7) REFUSED   **[SKIP TO CSHCN4]**

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

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

CSHCN3_ROS **(CSHCN3_ROS_01 THROUGH CSHCN3_ROS_09)**

[IF S_UNDR18 = 1, SKIP TO CSHCN3_A]

Is that **[PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF]**?

CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN3_A AND CSHCN3_B.

CSHCN3_A_X Is (AGEID)'s limitation in abilities because of ANY medical, behavioral, or other health condition?

        (1) YES
        (0) NO   **[SKIP TO CSHCN3_C_X]**
        (6) DON'T KNOW   **[SKIP TO CSHCN3_C_X]**
        (7) REFUSED   **[SKIP TO CSHCN3_C_X]**

CSHCN3_B_X   Is this a condition that has lasted or is expected to last 12 months or longer?

       (1) YES   **[SKIP TO CSHCN4]**
       (0) NO   **[SKIP TO CSHCN4]**
       (6) DON'T KNOW   **[SKIP TO CSHCN4]**
       (7) REFUSED   **[SKIP TO CSHCN4]**

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

CSHCN3_C_X   Has (AGEID)'s limitation in abilities lasted or is it expected to last 12 months or longer?

       (1) YES
       (0) NO
       (6) DON'T KNOW
       (7) REFUSED

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

CSHCN4   ('Does your child'/'Do any of your children') need or get *special therapy*, such as physical, occupational, or speech therapy?

       (1) YES
       (0) NO   **[SKIP TO CSHCN5]**
       (6) DON'T KNOW   **[SKIP TO CSHCN5]**
       (7) REFUSED   **[SKIP TO CSHCN5]**

       READ IF NECESSARY: Special therapy includes physical, occupational, or speech therapy. This is centered on physical needs, and things like psychological therapy are not included here.

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

CSHCN4_ROS   **(CSHCN4_ROS_01 THROUGH CSHCN4_ROS_09)**

       [IF S_UNDR18 = 1, SKIP TO CSHCN4_A]

       Is that **(PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF)**?

       CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN4_A AND CSHCN4_B.

CSHCN4_A_X   Is (AGEID)'s need for special therapy because of ANY medical, behavioral, or other health condition?

       (1) YES
       (0) NO   **[SKIP TO CSHCN4_C_X]**
       (6) DON'T KNOW   **[SKIP TO CSHCN4_C_X]**
       (7) REFUSED   **[SKIP TO CSHCN4_C_X]**

CSHCN4_B_X   Is this a condition that has lasted or is expected to last 12 months or longer?

        (1)   YES   **[SKIP TO CSHCN5]**
        (0)   NO   **[SKIP TO CSHCN5]**
        (6)   DON'T KNOW   **[SKIP TO CSHCN5]**
        (7)   REFUSED   **[SKIP TO CSHCN5]**

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

CSHCN4_C_X   Has (AGEID)'s need for special therapy lasted or is it expected to last 12 months or longer?

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

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

CSHCN5   ('Does your child'/ 'Do any of your children') have any kind of emotional, developmental, or behavioral problem for which ('he/she needs'/'they need') *treatment or counseling*?

        (1)   YES
        (0)   NO   **[SKIP TO CP_CWTYPE]**
        (6)   DON'T KNOW   **[SKIP TO CP_CWTYPE]**
        (7)   REFUSED   **[SKIP TO CP_CWTYPE]**

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

        INTERVIEWER INSTRUCTION: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR TREATMENT OR COUNSELING. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES TREATMENT OR COUNSELING.

CSHCN5_ROS   **(CSHCN5_ROS_01 THROUGH CSHCN5_ROS_09)**

        [IF S_UNDR18 =1, SKIP TO CSHCN5_A]

        Is that **(PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE_CONF)**?

        CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN5_A.

CSHCN5_A_X   Has (AGEID)'s emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

      (1)   YES   **[SKIP TO CP_CWTYPE]**
      (0)   NO   **[SKIP TO CP_CWTYPE]**
      (6)   DON'T KNOW   **[SKIP TO CP_CWTYPE]**
      (7)   REFUSED   **[SKIP TO CP_CWTYPE]**

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

CSHCN SCREENER DECISION INSTRUCTIONS

CREATE VARIABLE CWTYPE

IN CSHCN SCREENER, IF ANY OF THE FOLLOWING ARE TRUE FOR A PARTICULAR ROSTERED CHILD:
CSHCN1_B_X = 1;
CSHCN2_B_X = 1;
CSHCN3_B_X = 1;
CSHCN4_B_X = 1;
CSHCN5_A_X = 1;

THEN CWTYPE = S (SPECIAL).

IF NONE OF THE ABOVE ARE TRUE, THEN CWTYPE = N (NON-SPECIAL NEEDS).

IF ALL CHILDREN IN HOUSEHOLD HAVE CWTYPE = N, THEN SKIP TO SECTION 10 (DEMOGRAPHICS) TO BE ASKED SELECTED QUESTIONS NEEDED TO CALCULATE WEIGHTS.

IF ANY CHILDREN IN HOUSEHOLD HAVE CWTYPE = S, THEN AT THIS POINT, A FOCAL CHILD MUST BE SELECTED FOR THE REST OF THE INTERVIEW FROM ALL CHILDREN WITH A POSITIVE SPECIAL HEALTH CARE NEED SCREEN.

ONE CHILD:
IF ONLY ONE CHILD UNDER 18 YEARS OLD (S_UNDR18 = 1 CHILD) WITH A POSITIVE SPECIAL HEALTH CARE NEED SCREEN, THAT CHILD IS THE FOCAL CHILD [SAMPLED CHILD, OR S.C.] FROM THIS POINT.

MORE THAN ONE CHILD:
IF THERE IS MORE THAN ONE CHILD UNDER THE AGE OF 18 (S_UNDR18 > 1 CHILD) WITH A POSITIVE SPECIAL HEALTH CARE NEED SCREEN, ONE OF THESE CHILDREN SHOULD BE RANDOMLY SAMPLED AND THAT CHILD IS THE FOCAL CHILD [SAMPLED CHILD, OR S.C.] FROM THIS POINT.

IF S_UNDR18 > 1 THEN GO TO SELECTION1, ELSE IF S_UNDR18 = 1 THEN GO TO SELECTION

SELECTION   This survey will continue to be about the health and health care of [S.C.] and will take about 25 minutes. We know your time is valuable, and we will get through the questions as quickly as possible. [IF WOP_POST = 1 "Remember you can end the interview at any time without penalty."]

READ AS NECESSARY: Let's get started and see how far we get. If you have to go, let me know.

(1) CONTINUE WITH INTERVIEW   **[SKIP TO SELECTION1_NAME]**

SELECTION1   The rest of the survey will be about the health and health care of [S.C.] and will take about 25 minutes. We know your time is valuable, and we will get through the questions as quickly as possible. [IF WOP_POST = 1 "Remember you can end the interview at any time without penalty."]

READ AS NECESSARY:
The computer randomly chose this child for the interview.

READ AS NECESSARY:
Let's get started and see how far we get. If you have to go, let me know.

(1) CONTINUE WITH INTERVIEW   **[SKIP TO SELECTION1_NAME]**

SELECTION1_
NAME   **[SKIP TO S3QINTRO IF NAME OF SELECTED CHILD ALREADY GATHERED BECAUSE FROM MULTIAGE, C2Q01N, NIS INTERVIEW, OR RESPONDENT REFUSED TO ANSWER NAME QUESTIONS.]**

I can continue to refer to your child as (AGEID) for the rest of the interview, or if you prefer, you could give me a first name or initials.

(01) CONTINUE TO USE AGE REFERENCE   **[SKIP TO C3QINTRO]**
(02) USE NAME   **[SKIP TO SELECTION1_NAME_A]**

SELECTION1
_NAME_A   ENTER NAME/INITIALS: _____   **[SKIP TO C3QINTRO]**

[FILL [S.C.] WITH THIS NAME FROM THIS POINT ON IN THE INTERVIEW]

(77) DON'T KNOW   **[SKIP TO C3QINTRO]**
(99) REFUSED   **[SKIP TO C3QINTRO]**

3. HEALTH AND FUNCTIONAL STATUS

C3QINTRO   You told me that [S.C.]

IF CSHCN1_B_X = 1, ADD "needs prescription drugs...**"**
IF CSHCN2_B_X = 1, ADD "needs medical care, mental health, or education services...**"**
IF CSHCN3_B _X= 1, ADD "is limited or prevented in [his/her] ability to do things...**"**
IF CSHCN4_B_X = 1, ADD "needs special therapy....**"**
IF CSHCN5_A_X = 1, ADD "needs treatment or counseling....**"**
IF MORE THAN ONE OF THESE ITEMS = 1, THEN ADD "AND" BETWEEN EACH ADDITIONAL STATEMENT.

IF CSHCN1_B_X, CSHCN2_B_X, CSHCN3_B_X, OR CSHCN4_B_X = 1, THEN CONTINUE: "...because of medical, behavioral, or other health conditions**."**

IFCSHCN1_B_X = 2, CSHCN2_B_X = 2, CSHCN3_B_X = 2, CSHCN4_B_X = 2, AND CSHCN5_A_X = 1, THEN CONTINUE: "because of emotional, developmental, or behavioral problems**."**

FOR C3Q02 AND C3Q03 FILLS, IF CSHCN1_B_X, CSHCN2_B_X, CSHCN3_B_X, or CSHCN4_B_X = 1 USE FIRST FILL. IF CSHCN1_B_X = 2, CSHCN2_B_X = 2, CSHCN3_B _X= 2, CSHCN4_B_X = 2, AND CSHCN5_A_X = 1, USE SECOND FILL].

C3Q02   [During the past 12 months/Since [his/her] birth], how often have [S.C.]'s (medical, behavioral, or other health conditions / emotional, developmental, or behavioral problems) affected [his/her] ability to do things other children [his/her] age do? Would you say:

(1) NEVER   **[SKIP TO C3Q11]**
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6) DON'T KNOW   **[SKIP TO C3Q11]**
(7) REFUSED   **[SKIP TO C3Q11]**

READ IF NECESSARY: This question asks how often your child's abilities are affected by his/her health. It does not ask about the severity, intensity, or magnitude of the effect.

ADDITIONAL INFORMATION FOR INTERVIEWER: FOR EXAMPLE, IF A CHILD'S ASTHMA WAS SEVERE BUT THE ATTACKS WERE RARE, THIS QUESTION WOULD BE ANSWERED WITH "SOMETIMES." IF THE CONDITION IS EPISODIC, RESPONDENTS SHOULD THINK ABOUT HOW OFTEN THE CONDITION HAS AFFECTED THE CHILD'S ABILITIES DURING THE PAST ENTIRE 12 MONTHS.

C3Q03   Do [S.C.]'s (medical, behavioral, or other health conditions/emotional, developmental, or behavioral problems) affect [his/her] ability to do things a great deal, some, or very little?

        (1) A GREAT DEAL
        (2) SOME
        (3) VERY LITTLE
        (6) DON'T KNOW
        (7) REFUSED

READ IF NECESSARY: You told me your child's health affects his/her ability to do things. When this occurs, how much are your child's abilities affected?

ADDITIONAL INFORMATION FOR INTERVIEWER: FOR EXAMPLE, IF A CHILD'S ASTHMA WAS SEVERE BUT THE ATTACKS WERE RARE, THIS QUESTION WOULD BE ANSWERED WITH "A GREAT DEAL." IF THE CONDITION IS EPISODIC, RESPONDENTS SHOULD THINK ABOUT HOW SEVERE THE IMPACT HAS BEEN WHEN THE EPISODES OCCURRED OVER THE PAST 12 MONTHS.

C3Q11   Which of the following statements best describes [S.C.]'s health care needs? [S.C.]'s health care needs change all the time, [S.C.]'s health care needs change only once in a while, or [S.C.]'s health care needs are usually stable?

        (1) CHILD'S HEALTH CARE NEEDS CHANGE ALL THE TIME
        (2) CHILD'S HEALTH CARE NEEDS CHANGE ONLY ONCE IN A WHILE
        (3) CHILD'S HEALTH CARE NEEDS ARE USUALLY STABLE
        (4) NONE OF THE ABOVE
        (6) DON'T KNOW
        (7) REFUSED

C3Q23   The next questions are about ways [S.C.] might experience difficulties due to [his/her] health.

Would you say [he/she] experiences a lot, a little, or no difficulty with breathing or other respiratory problems, such as wheezing or shortness of breath?

        (1) A LOT OF DIFFICULTY
        (2) A LITTLE DIFFICULTY
        (3) NO DIFFICULTY
        (6) DON'T KNOW
        (7) REFUSED

READ IF NECESSARY: We are interested in both on-going and intermittent breathing problems. If the problem comes and goes, please think about the child's breathing throughout the year.

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q24   Would you say [he/she] experiences a lot, a little, or no difficulty with swallowing, digesting food, or metabolism?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q25   Would you say [he/she] experiences a lot, a little, or no difficulty with blood circulation?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q26   (**READ IF NECESSARY:** Would you say [he/she] experiences a lot, a little, or no difficulty with...)

Repeated or chronic physical pain, including headaches?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q21   (**READ IF NECESSARY:** Would you say [he/she] experiences a lot, a little, or no difficulty...)

Seeing even when wearing glasses or contact lenses?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q22   (**READ IF NECESSARY:** Would you say [he/she] experiences a lot, a little, or no difficulty...)

Hearing even when using a hearing aid or other device?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7)   REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q27   **[IF S.C. IS YOUNGER THAN 36 MONTHS, SKIP TO C3Q28]**

Compared to other [CSHCN_AGE]-year-old children, would you say [he/she] experiences a lot, a little, or no difficulty taking care of [himself/herself], for example, doing things like eating, dressing and bathing?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7)   REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q28   **IF CHSCN_AGE < 24 MONTHS, THEN** "Compared to other [CHSCN_AGE]-month-old children would you say [he/she] experiences a lot, a little, or no difficulty with coordination or moving around, such as….?"

IF CHSCN_AGE > or = 24 MONTHS, THEN "Compared to other [CHSCN_AGE]-year-old children would you say [he/she] experiences a lot, a little, or no difficulty with coordination or moving around, such as..."

IF S.C. 0 - 9 MONTHS OLD, SAY: "crawling or moving arms or legs?"
IF S.C. 10 – 23 MONTHS OLD, SAY: "walking or crawling?"
IF S.C. 24+ MONTHS OLD, SAY: "walking or running?"

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7)   REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q29   **IF CHSCN_AGE < 24 MONTHS, THEN** "Compared to other [CHSCN_AGE]-month-old children would you say [he/she] experiences a lot, a little, or no difficulty using (his or her) hands such as….?"
IF CHSCN_AGE > or = 24 MONTHS, THEN "Compared other [CHSCN_AGE]-year-old children would you say [he/she] experiences a lot, a little, or no difficulty using (his or her) hands such as..."

IF S.C. 0-7 MONTHS, SAY: " grabbing small objects?"
IF S.C. 8-23 MONTHS, SAY: " holding a cup or eating finger foods?"
IF S.C. 24+ MONTHS, SAY: "using scissors, a pencil, or a fork?"

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7)   REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q30   **[IF S.C. IS YOUNGER THAN 12 MONTHS, SKIP TO CPC3Q35]**

(**READ IF NECESSARY:** Compared to other [CHSCN_AGE]-year-old children, would you say [he/she] experiences a lot, a little, or no difficulty...)

Learning, understanding, or paying attention?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7)   REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q31   (**READ IF NECESSARY:** Compared to other [CHSCN_AGE]-year-old children, would you say [he/she] experiences a lot, a little, or no difficulty...)

Speaking, communicating, or being understood?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7)   REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q32   **[IF S.C. IS YOUNGER THAN 18 MONTHS, SKIP TO CPC3Q35]**

Compared to other [CSHCN_AGE]-year-old children, would you say [he/she] experiences a lot, a little, or no difficulty…)

With feeling anxious or depressed?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q33   (**READ IF NECESSARY:** Compared to other [CSHCN_AGE]-year-old children, would you say [he/she] experiences a lot, a little, or no difficulty...)

With behavior problems, such as acting-out, fighting, bullying, or arguing?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

C3Q34   **[IF S.C. IS YOUNGER THAN 36 MONTHS, SKIP TO CPC3Q35]**

(**READ IF NECESSARY:** Compared to other [CSHCN_AGE]-year-old children, would you say [he/she] experiences a lot, a little, or no difficulty..)

Making and keeping friends?

(1) A LOT OF DIFFICULTY
(2) A LITTLE DIFFICULTY
(3) NO DIFFICULTY
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: IF RESPONDENT SAYS THAT CHILD HAS MORE THAN A LITTLE DIFFICULTY BUT NOT A LOT OF DIFFICULTY, PLEASE CODE THE ANSWER AS "A LITTLE DIFFICULTY."

CPC3Q35   **[IF ALL C3Q21 THROUGH C3Q34 = MISSING, MISSING IN ERROR, 3, 6, 7 ASK C3Q35. ELSE SKIP TO K2Q31_INTRO]**

C3Q35   You reported that [S.C.] does not experience any difficulty in any of the areas just mentioned. In your opinion, would you say this is because [S.C.]'s health problems are being treated and are under control?

      (1) YES   **[SKIP TO K2Q31_INTRO]**
      (0) NO   **[SKIP TO C3Q35A]**
      (6) DON'T KNOW   **[SKIP TO K2Q31_INTRO]**
      (7) REFUSED   **[SKIP TO K2Q31_INTRO]**

C3Q35A   Why is it that [S.C.]'s health problems do not currently cause [him/her] difficulty?

    _____ **[250 CHARACTERS MAX]**

[**NOTE TO INTERVIEWERS**: DO NOT RECORD ONLY THE DIAGNOSIS OR CONDITION. IF THE RESPONDENT GIVES ONLY THE DIAGNOSIS OR CONDITION, ASK: "Why doesn't that problem cause any difficulty in the areas just mentioned?"]

K2Q31_INTRO   Now I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that [S.C.] had the condition, even if [he/she] does not have the condition now.

CPK2Q31   **If SC AGE < 24 MONTHS SKIP TO K2Q40A**

<u>**CATI INSTRUCTIONS (K2Q31A-K2Q52A)**</u>: **IF SC AGE < 24 MONTHS SKIP TO K2Q40A.**

    FOR ITEMS K2Q31A THROUGH K2Q52A, A SECOND HELP SCREEN WAS SHOWN IMMEDIATELY AFTER THE FIRST HELP SCREEN FOR EACH ITEM. THE SECOND HELP SCREEN IS LISTED ONCE IN THIS VERSION OF THE INSTRUMENT BELOW TO ENHANCE READING FLOW.   INTERVIEWERS DID NOT READ THIS SECOND HELP SCREEN UNLESS PROMPTED BY RESPONDENT CONFUSION AND/OR QUESTION(S). THE SECOND HELP SCREEN TEXT FOR ITEMS K2Q31A – K2Q52A FOLLOWS:

    HELP SCREEN: IF THE RESPONDENT HAS NEVER HEARD OF THE MEDICAL CONDITION OR DOES NOT KNOW WHAT THE CONDITION IS, THEN A DOCTOR OR OTHER HEALTH CARE PROVIDER PROBABLY HAS NOT TOLD THE RESPONDENT THAT THE S.C. HAS THE CONDITION. IF A DOCTOR OR OTHER HEALTH CARE PROVIDER HAS NOT TOLD THE RESPONDENT THAT THE S.C. HAS THE CONDITION, BUT THE RESPONDENT INSISTS THAT THE S.C. HAS THE CONDITION, WE STILL NEED TO CODE THE ANSWER AS "NO."

K2Q31A   Has a doctor or other health care provider *ever* told you that [S.C.] had...

Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, that is, ADD or ADHD?

    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q31A): A child with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder has problems paying attention or sitting still. It may cause the child to be easily distracted.

K2Q32A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Depression?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q32A): Depression is an illness that involves the body, mood, and thoughts. It is marked by persistent sadness or an anxious or empty mood. It affects how a child feels, and the way a child eats, sleeps, and functions.

K2Q33A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Anxiety problems?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q33A): Anxiety is a feeling of constant worrying. Children with severe anxiety problems may be diagnosed as having anxiety disorders. Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias.

K2Q34A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q34A): Oppositional defiant disorder is an ongoing pattern of defiant and hostile behavior that interferes with a child's life and daily activities.

K2Q35A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q35A): Children with autism have delays in language, communication, and social skills. Children with Asperger's disorder have impaired social skills but do not have speech or language delays. They often have an intense interest in a single subject or topic. Children with pervasive developmental disorder have severe and persistent delays in language, communication, and social skills.

K2Q36A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Any developmental delay that affects [his/her] ability to learn?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q36A): A child with a developmental delay does not achieve certain skills as quickly other children of the same age. A developmental delay is a major delay in motor, language, social, or thinking skills.

K2Q37A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Intellectual disability or mental retardation?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q37A): Children with intellectual disabilities or mental retardation learn and develop more slowly than a typical child.

K2Q40A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Asthma?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q40A): Asthma is a disease that causes swelling in the tubes that carry air to the lungs. Sometimes asthma blocks or restricts the airways making it difficult to breathe.

K2Q41A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Diabetes?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q41A): Diabetes is a disease in which the body does not properly make or use insulin.

K2Q42A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Epilepsy or seizure disorder?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q42A): Epilepsy is a brain disease that involves recurrent seizures.

K2Q43A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Has a doctor or other health care provider ever told you that [S.C.] had Migraines or frequent headaches?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q43A): A migraine is a type of severe headache that can cause nausea and vomiting.

K2Q44A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

A head injury, concussion, or traumatic brain injury or concussion?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q44A): A concussion is an injury of the brain that causes a brief disruption in brain function. Developmental and neurological conditions (such as autism or cerebral palsy) should not be included as head or brain injuries. This question refers only to traumatic injuries. Brain tumors should not be considered brain injuries.

K2Q45A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Heart problem, including congenital heart disease?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN: Heart problems are any type of problems with a child's heart. Congenital heart disease is a defect in the structure of the heart that occurs before birth. Harmless or innocuous heart murmurs should not be included as heart problems.

K2Q46A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Blood problems such as anemia or sickle cell disease? Please do not include Sickle Cell Trait.

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN: Children with anemia have problems with their blood that can cause them to be very tired. Leukemia should be included as a blood problem.

K2Q47A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Cystic Fibrosis?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q47A): Cystic Fibrosis is a disease that causes mucus to build up in the lungs and can cause bronchitis, frequent coughing and pneumonia.

K2Q48A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Cerebral Palsy?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q48A): Cerebral Palsy is caused by damage that occurs to the brain prior to or shortly after birth that can affect body movement and muscle coordination.

K2Q49A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Muscular Dystrophy?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q49A): Muscular dystrophy is a group of genetic muscle diseases that cause muscle weakness and muscle degeneration.

K2Q50A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Down Syndrome?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q50A): Down Syndrome is a condition that causes delays in the way a child develops, both mentally and physically.

K2Q51A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Arthritis or other joint problems?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q51A): Arthritis causes joint problems including pain, stiffness, swelling, and damage to joints.

K2Q52A   (**READ IF NECESSARY:** Has a doctor or other health care provider *ever* told you that [S.C.] had…)

Allergies?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN (K2Q52A): An allergy is an abnormal reaction by a person's immune system against a normally harmless substance.

K2Q31B   **[IF K2Q31A IS NOT "1," THEN SKIP TO K2Q32B]**

Does [S.C.] *currently* have ADD or ADHD?

(1) YES
(0) NO   **[SKIP TO K2Q32B]**
(6) DON'T KNOW   **[SKIP TO K2Q32B]**
(7) REFUSED   **[SKIP TO K2Q32B]**

K2Q31C   Would you describe [his/her] ADD or ADHD as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REFUSED

K2Q32B   **[IF K2Q32A IS NOT "1," THEN SKIP TO K2Q33B]**

Does [S.C.] *currently* have depression?

(1) YES
(0) NO   **[SKIP TO K2Q33B]**
(6) DON'T KNOW   **[SKIP TO K2Q33B]**
(7) REFUSED   **[SKIP TO K2Q33B]**

K2Q32C   Would you describe [his/her] depression as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REFUSED

K2Q33B   **[IF K2Q33A IS NOT "1," THEN SKIP TO K2Q34B]**

Does [S.C.] *currently* have anxiety problems?

(1) YES
(0) NO   **[SKIP TO K2Q34B]**
(6) DON'T KNOW   **[SKIP TO K2Q34B]**
(7) REFUSED   **[SKIP TO K2Q34B]**

K2Q33C   Would you describe [his/her] anxiety problems as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REFUSED

K2Q34B   **[IF K2Q34A IS NOT "1," THEN SKIP TO K2Q35B]**

Does [S.C.] *currently* have behavioral or conduct problems?

(1)   YES
(0)   NO   **[SKIP TO K2Q35B]**
(6)   DON'T KNOW   **[SKIP TO K2Q35B]**
(7)   REFUSED   **[SKIP TO K2Q35B]**

K2Q34C   Would you describe [his/her] behavioral or conduct problems as mild, moderate, or severe?

(1)   MILD
(2)   MODERATE
(3)   SEVERE
(6)   DON'T KNOW
(7)   REFUSED

K2Q35B   **[IF K2Q35A IS NOT "1," THEN SKIP TO K2Q36B]**

Does [S.C.] *currently* have autism or an autism spectrum disorder?

(1)   YES
(0)   NO   **[SKIP TO K2Q36B]**
(6)   DON'T KNOW   **[SKIP TO K2Q36B]**
(7)   REFUSED   **[SKIP TO K2Q36B]**

K2Q35C   Would you describe [his/her] autism or ASD as mild, moderate, or severe?

(1)   MILD
(2)   MODERATE
(3)   SEVERE
(6)   DON'T KNOW
(7)   REFUSED

K2Q35D   How old was [S.C.] when a doctor or other health care provider first told you that [he/she] had autism or ASD?

HELP SCREEN: ENTER AGE IN MONTHS FOR 0 TO 23 MONTHS. IF 2 YEARS OR OLDER, ENTER AGE IN YEARS.

___ ____ **VALUE (MUST BE LESS THAN OR EQUAL TO AGE OF CHILD)**

(96) DON'T KNOW
(97) REFUSED

K2Q35DA   **MONTHS**   **[RANGE 00 THROUGH 23]**
                 YEARS   **[RANGE 02 THROUGH 17]**

(1)   MONTHS
(2)   YEARS

K2Q36B   **[IF K2Q36A IS NOT "1," THEN SKIP TO K2Q37B]**

Does [S.C.] *currently* have developmental delay?

(1) YES
(0) NO   **[SKIP TO K2Q37B]**
(6) DON'T KNOW   **[SKIP TO K2Q37B]**
(7) REFUSED   **[SKIP TO K2Q37B]**

K2Q36C   Would you describe [his/her] developmental delay as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REFUSED

K2Q37B   **[IF K2Q37A IS NOT "1," THEN SKIP TO K2Q40B.]**

Does [S.C.] *currently* have intellectual disability or mental retardation?

(1) YES
(0) NO   **[SKIP TO K2Q40B]**
(6) DON'T KNOW   **[SKIP TO K2Q40B]**
(7) REFUSED   **[SKIP TO K2Q40B]**

K2Q37C   Would you describe [his/her] intellectual disability or mental retardation as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REFUSED

K2Q40B   **[IF K2Q40A IS NOT "1," THEN SKIP TO K2Q41B]**

Does [S.C.] *currently* have asthma?

(1) YES
(0) NO   **[SKIP TO K2Q41B]**
(6) DON'T KNOW   **[SKIP TO K2Q41B]**
(7) REFUSED   **[SKIP TO K2Q41B]**

K2Q41B   **[IF K2Q41A IS NOT "1," THEN SKIP TO K2Q42B.]**

Does [S.C.] *currently* have diabetes?

(1) YES
(0) NO   **[SKIP TO K2Q42B]**
(6) DON'T KNOW   **[SKIP TO K2Q42B]**
(7) REFUSED   **[SKIP TO K2Q42B]**

K2Q41C   Does [S.C.] use insulin?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K2Q42B	**[IF K2Q42A IS NOT "1," THEN SKIP TO K2Q43B]**

Does [S.C.] *currently* have epilepsy or seizure disorder?

(1)	YES
(0)	NO	**[SKIP TO K2Q43B]**
(6)	DON'T KNOW	**[SKIP TO K2Q43B]**
(7)	REFUSED	**[SKIP TO K2Q43B]**

K2Q42C	Would you describe [his/her] epilepsy or seizure disorder as mild, moderate, or severe?

(1)	MILD
(2)	MODERATE
(3)	SEVERE
(6)	DON'T KNOW
(7)	REFUSED

K2Q43B	**[IF K2Q43A IS NOT "1," THEN SKIP TO K2Q44B]**

Does [S.C.] *currently* have migraines or frequent headaches?

(1) YES		(0) NO		(6) DON'T KNOW		(7) REFUSED

K2Q44B	**[IF K2Q44A IS NOT "1," THEN SKIP TO K2Q45B]**

Does [S.C.] *currently* have a head injury, concussion, or traumatic brain injury?

(1)	YES
(0)	NO	**[SKIP TO K2Q45B]**
(6)	DON'T KNOW	**[SKIP TO K2Q45B]**
(7)	REFUSED	**[SKIP TO K2Q45B]**

K2Q44C	Would you describe [his/her] injury as mild, moderate, or severe?

(1)	MILD
(2)	MODERATE
(3)	SEVERE
(6)	DON'T KNOW
(7)	REFUSED

K2Q45B	**[IF K2Q45A IS NOT "1," THEN SKIP TO K2Q46B]**

Does [S.C.] *currently* have a heart problem?

(1) YES		(0) NO		(6) DON'T KNOW		(7) REFUSED

K2Q46B	**[IF K2Q46A IS NOT "1," THEN SKIP TO K2Q47B]**

Does [S.C.] *currently* have a blood problem?

(1)	YES
(0)	NO	**[SKIP TO K2Q47B]**
(6)	DON'T KNOW	**[SKIP TO K2Q47B]**
(7)	REFUSED	**[SKIP TO K2Q47B]**

K2Q46C   Are [his/her] blood problems related to anemia, sickle cell disease, hemophilia, or something else?

(1) ANEMIA
(2) SICKLE CELL DISEASE
(3) HEMOPHILIA
(4) SOMETHING ELSE
(6) DON'T KNOW
(7) REFUSED

K2Q47B   **[IF K2Q47A IS NOT "1," THEN SKIP TO K2Q48B]**

Does [S.C.] *currently* have Cystic Fibrosis?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K2Q48B   **[IF K2Q48A IS NOT "1," THEN SKIP TO K2Q49B.]**

Does [S.C.] *currently* have Cerebral Palsy?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K2Q49B   **[IF K2Q49A IS NOT "1," THEN SKIP TO K2Q50B]**

Does [S.C.] *currently* have Muscular Dystrophy?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K2Q50B   **[IF K2Q50A IS NOT "1," THEN SKIP TO K2Q51B]**

Does [S.C.] *currently* have Down Syndrome?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K2Q51B   **[IF K2Q51A IS NOT "1," THEN SKIP TO K2Q52B]**

Does [S.C.] *currently* have arthritis or other joint problems?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K2Q52B   **[IF K2Q52A IS NOT "1," THEN SKIP TO C3Q14]**

Does [S.C.] *currently* have allergies?

(1)   YES
(0)   NO   **[SKIP TO C3Q14]**
(6)   DON'T KNOW   **[SKIP TO C3Q14]**
(7)   REFUSED   **[SKIP TO C3Q14]**

K2Q52C   Are any of these food allergies?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C3Q14   **[IF CSHCN_AGE < 60 MONTHS (5 YEARS), SKIP TO C3Q42]**

During the past 12 months, that is since [ONE_YEAR_AGO], about how many days did [S.C.] miss school because of illness or injury?

NOTE: A SCHOOL YEAR IS 240 DAYS

___ ____ ____ **NUMBER OF DAYS**
(000) NONE
(994) DID NOT GO TO SCHOOL
(995) HOME SCHOOLED
(996) DON'T KNOW
(997) REFUSED

ACCEPTABLE ANSWERS: 000-240, 994, 995, 996, 997
IF C3Q14 > 240 AND NOT IN (994, 995, 996, 997) SKIP TO SC_C3Q14, ELSE SKIP TO C3Q40

SC_C3Q14   YOU ENTERED **[FILL WITH ANSWER FROM C3Q14]** SCHOOL DAYS. IS THIS CORRECT?

(1) YES   **[SKIP TO C3Q40]**
(2) NO   **[GO BACK TO C3Q14]**

C3Q40   Do [S.C.]'s (medical, behavioral, or other health conditions / emotional, developmental, or behavioral problems) interfere with [his/her] ability to attend school on a regular basis?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C3Q41   Do [S.C.]'s (medical, behavioral, or other health conditions / emotional, developmental, or behavioral problems) interfere with [his/her] ability to participate in sports, clubs, or other organized activities?

(1) YES   **[SKIP TO NAME_SEC4]**
(0) NO   **[SKIP TO NAME_SEC4]**
(6) DON'T KNOW   **[SKIP TO NAME_SEC4]**
(7) REFUSED   **[SKIP TO NAME_SEC4]**

C3Q42   **[IF S.C. IS YOUNGER THAN 12 MONTHS, SKIP TO C3Q43]**

Do [S.C.]'s (medical, behavioral, or other health conditions / emotional, developmental, or behavioral problems) interfere with [his/her] ability to participate in play with other children?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C3Q43   Do [S.C.]'s (medical, behavioral, or other health conditions / emotional, developmental, or behavioral problems) interfere with [his/her] ability to go on outings, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

4. ACCESS TO CARE: UTILIZATION AND UNMET NEEDS

C4Q0A   Is there a place that [S.C.] USUALLY goes when [he/she] is sick or you need advice about [his/her] health?

(1) YES
(2) THERE IS NO PLACE   **[SKIP TO C4Q0D]**
(3) THERE IS MORE THAN ONE PLACE
(6) DON'T KNOW   **[SKIP TO C4Q0D]**
(7) REFUSED   **[SKIP TO C4Q0D]**

C4Q0B   **IF C4Q0A = 01, SAY "What kind of place is it?"**
IF C4Q0A = 03, SAY "What kind of place does [S.C.] go to most often?"
Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

(1) DOCTOR'S OFFICE
(2) HOSPITAL EMERGENCY ROOM
(3) HOSPITAL OUTPATIENT DEPARTMENT
(4) CLINIC OR HEALTH CENTER
(5) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
(6) FRIEND/RELATIVE
(7) MEXICO/OTHER LOCATIONS OUT OF US
(8) SOME OTHER PLACE   **[SKIP TO C4Q0C]**
(9) DOES NOT GO TO ONE PLACE MOST OFTEN
(96) DON'T KNOW   **[FILL 6 IN C4Q0A, THEN SKIP TO C4Q0D]**
(97) REFUSED   **[FILL 7 IN C4Q0A, THEN SKIP TO C4Q0D]**

FOR ALL EXCEPT (8,96,97) SKIP TO C4Q0D

C4Q0C   **READ IF NECESSARY**
IF C4Q0A = 1 SAY "What kind of place is it?"
IF C4Q0A = 3 SAY "What kind of place does [S.C.] go to most often?"

RECORD VERBATIM RESPONSE_____

C4Q0D   Is there a place that [S.C.] USUALLY goes when [he/she] needs routine preventive care, such as a physical examination or well-child check-up?

(1) YES
(2) THERE IS NO PLACE   **[SKIP TO C4Q02A]**
(3) THERE IS MORE THAN ONE PLACE
(6) DON'T KNOW   **[SKIP TO C4Q02A]**
(7) REFUSED   **[SKIP TO C4Q02A]**

READ IF NECESSARY: Routine preventive care includes check-ups, immunizations, health screening tests, and discussions about how to keep your child healthy.

C4Q01   **[IF C4Q0A = 2, 6, 7 OR IF C4Q0B = 9, 96, 97 THEN SKIP TO C4Q02]**
         [IF C4Q0B = 6, 7, 8, 96, 97 FILL WITH "place"]

         Is that the same [**place selected in C4Q0B**] where [S.C.] goes when [he/she] is sick?

         (1) YES   **[SKIP TO C4Q02A]**
         (0) NO
         (6) DON'T KNOW   **[SKIP TO C4Q02A]**
         (7) REFUSED   **[SKIP TO C4Q02A]**

C4Q02   **IF C4Q0D =1 OR MISSING, SAY** "What kind of place does [S.C.] USUALLY go to when
         [he/she] needs routine preventive care?"
         IF C4Q0D =3 SAY "What kind of place does [S.C.] go to most often when [he/she] needs routine
         preventive care?"

         (1) DOCTOR'S OFFICE
         (2) HOSPITAL EMERGENCY ROOM
         (3) HOSPITAL OUTPATIENT DEPARTMENT
         (4) CLINIC OR HEALTH CENTER
         (5) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
         (6) FRIEND/RELATIVE
         (7) MEXICO/OTHER LOCATIONS OUT OF US
         (8) SOME OTHER PLACE   **[SKIP TO C4Q02_01]**
         (9) DOES NOT GO TO ONE PLACE MOST OFTEN
         (96) DON'T KNOW
         (97) REFUSED

         FOR ALL RESPONSES EXCEPT (08) SKIP TO C4Q02A.

C4Q02_01 **READ IF NECESSARY**
          IF C4Q0D = 1 SAY "What kind of place is it?"
          IF C4Q0D = 3 SAY "What kind of place does [S.C.] go to most often?"

          RECORD VERBATIM RESPONSE_____

C4Q02A   A personal doctor or nurse is a health professional who knows your child well and is familiar with
         your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse
         practitioner, or a physician's assistant. Do you have one or more persons you think of as [S.C.]'s
         personal doctor or nurse?

         (1) YES, ONE PERSON
         (2) YES, MORE THAN ONE PERSON
         (3) NO   **[SKIP TO C4Q03]**
         (6) DON'T KNOW   **[SKIP TO C4Q03]**
         (7) REFUSED   **[SKIP TO C4Q03]**

C4Q02B   **IF C4Q02A = 01 THEN READ**: "Is this person a general doctor, pediatrician, specialist, nurse practitioner, or physician's assistant?"   **[MARK ALL THAT APPLY]**

IF C4Q02A = 02 THEN READ: "Are those people general doctors, pediatricians, specialists, nurse practitioners, or physician assistants?" **[MARK ALL THAT APPLY]**

(1) GENERAL DOCTOR (GENERAL PRACTICE, FAMILY OR INTERNAL MEDICINE)
(2) PEDIATRICIAN
(3) SPECIALIST (EXAMPLES: SURGEONS, HEART DOCTORS, PSYCHIATRISTS, OB/GYN)
(4) NURSE PRACTITIONER
(5) PHYSICIAN'S ASSISTANT
(6) MOTHER/FRIEND/RELATIVE
(7) OTHER   **[SKIP TO C4Q02B_01]**
(77) DON'T KNOW
(99) REFUSED

ALL EXCEPT (7) GO TO C4Q03_INTRO.

C4Q02B_01   **READ IF NECESSARY:**
What type of health professional is this person?

RECORD VERBATIM RESPONSE_____

C4Q03_INTRO   The next questions are about all the types of services children may need or use, such as medical care, dental care, specialized therapies, counseling, medical equipment, special education, and early intervention. These services can be obtained in clinics, schools, child care centers, through community programs, at home, and other places.

C4Q03_A   [During the past 12 months / Since [his/her] birth], did you have any difficulties or delays getting services for [S.C.] because [he/she] was not eligible for the services?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN: These questions are about all the types of services children may need or use, such as medical care, dental care, specialized therapies, counseling, medical equipment, special education, and early intervention. These services can be obtained in clinics, schools, child care centers, through community programs, at home, and other places.

C4Q03_B   [During the past 12 months / Since [his/her] birth], did you have any difficulties or delays because the services [S.C.] needed were not available in your area?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN: These questions are about all the types of services children may need or use, such as medical care, dental care, specialized therapies, counseling, medical equipment, special education, and early intervention. These services can be obtained in clinics, schools, child care centers, through community programs, at home, and other places.

C4Q03_C   [During the past 12 months / Since [his/her] birth], did you have any difficulties or delays because there were waiting lists, backlogs, or other problems getting appointments?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN: These questions are about all the types of services children may need or use, such as medical care, dental care, specialized therapies, counseling, medical equipment, special education, and early intervention. These services can be obtained in clinics, schools, child care centers, through community programs, at home, and other places.

C4Q03_D   (**READ IF NECESSARY:** [During the past 12 months / Since [his/her] birth]

Did you have any difficulties or delays because of issues related to cost?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN: These questions are about all the types of services children may need or use, such as medical care, dental care, specialized therapies, counseling, medical equipment, special education, and early intervention. These services can be obtained in clinics, schools, child care centers, through community programs, at home, and other places.

C4Q03_E   (**READ IF NECESSARY:** [During the past 12 months/ Since [his/her] birth]

Did you have any difficulties or delays because you had trouble getting the information you needed?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN: These questions are about all the types of services children may need or use, such as medical care, dental care, specialized therapies, counseling, medical equipment, special education, and early intervention. These services can be obtained in clinics, schools, child care centers, through community programs, at home, and other places.

C4Q03_F   **[IF ANY C4Q03_A THROUGH C4Q03_E = YES, THEN SKIP TO C4Q04.]**

(**READ IF NECESSARY:** [During the past 12 months / Since [his/her] birth]
Did you have any difficulties or delays for any other reason?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

HELP SCREEN: These questions are about all the types of services children may need or use, such as medical care, dental care, specialized therapies, counseling, medical equipment, special education, and early intervention. These services can be obtained in clinics, schools, child care centers, through community programs, at home, and other places.

C4Q04   [During the past 12 months / Since [his/her] birth], how often have you been frustrated in your efforts to get services for [S.C.]?

Would you say never, sometimes, usually, or always?

(1) NEVER   **[SKIP TO C6Q00]**
(2) SOMETIMES   **[SKIP TO C6Q00]**
(3) USUALLY   **[SKIP TO C6Q00]**
(4) ALWAYS   **[SKIP TO C6Q00]**
(6) DON'T KNOW   **[SKIP TO C6Q00]**
(7) REFUSED   **[SKIP TO C6Q00]**

C6Q00 [During the past 12 months/Since [his/her] birth], how many times did [S.C.] visit a hospital emergency room?

READ IF NECESSARY: This includes emergency room visits that resulted in a hospital admission.

READ IF NECESSARY: THIS QUESTION IS ASKING SPECIFICALLY ABOUT VISITS TO A HOSPITAL EMERGENCY ROOM. DO NOT INCLUDE VISITS TO URGENT CARE CENTERS OR CLINICS, WHICH TAKE SICK PATIENTS WHO CANNOT BE SEEN BY THEIR REGULAR OR PRIMARY CARE DOCTORS.

ENTER NUMBER OF VISITS

___ ___ ____ NUMBER OF VISITS

(000) NO VISITS IN PAST 12 MONTHS
(996) DON'T KNOW
(997) REFUSED

IF C6Q00 > 10 AND NOT IN (996, 997) SKIP TO SC_C6Q00, ELSE SKIP TO CPC3Q50

SC_C6Q00 YOU ENTERED **[FILL WITH ANSWER FROM C6Q00]** VISITS. IS THIS CORRECT?

(1) YES   **[SKIP TO CPC3Q50]**
(0) NO   **[GO BACKTO C6Q00]**

CPC3Q50 **IF CWTYPE=S AND ASK_CALIF=1 THEN GO TO C3Q50, ELSE GO TO K4Q20**

C3Q50[*CA] [During the past 12 months\ Since [S.C.]'s birth], was [S.C.] admitted to a hospital overnight?

HELP SCREEN: DO NOT INCLUDE OVERNIGHT STAYS IN THE EMERGENCY ROOM.

(1) YES   **[SKIP TO K4Q20]**
(0) NO   **[SKIP TO K4Q20]**
(6) DON'T KNOW **[SKIP TO K4Q20]**
(7) REFUSED   **[SKIP TO K4Q20]**

K4Q20   **IF 0, SKIP TO C4Q05_1. IF >10 AND NOT IN 96, 97, SKIP TO SC_K4Q20. ELSE GO TO C4Q05_1A.**

[During the past 12 months / Since [his/her] birth], how many times did [S.C.] receive a well-child check-up, that is a general check-up, when [he/she] was not sick or injured?

___ ___ **TIMES (CATI: 2 NUMERIC-CHARACTER FIELD, RANGE 00-95, 96, 97)**

(96) DON'T KNOW
(97) REFUSED

SC_K4Q20   **INTERVIEWER CHECK:** YOU ENTERED [**FILL WITH ANSWER FROM K4Q20**] TIMES. IS THIS CORRECT?

(1) YES   **[SKIP TO C4Q05_1A]**
(0) NO   **[GO BACK TO K4Q20]**

CATI: THE C4Q05 SERIES SHOULD BE ASKED HORIZONTALLY ACROSS THE TABLE. IN OTHER WORDS, IF THEY ANSWER YES TO SOMETHING IN COLUMN 01, THEY SHOULD IMMEDIATELY BE ASKED THE QUESTIONS IN COLUMN 2, 3, 4, AND 5 AS APPLICABLE

INTERVIEWER INSTRUCTION: FOR COLUMN 3, CHECK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY.

C4Q05_1 During the past 12 months/ Since [his/her] birth], was there *any* time when [S.C.] needed a well-child check-up? (1) YES **[SKIP TO C4Q05_1B]** (0) NO **[SKIP TO K4Q21]** (6) DK **[SKIP TO K4Q21]** (7) RF **[SKIP TO K4Q21]**	C4Q05_1A Did [S.C.] receive *all* the well-child check-ups that [he/she] needed? (1) YES **[SKIP TO K4Q21]** (0) NO (6) DK **[SKIP TO K4Q21]** (7) RF **[SKIP TO K4Q21]**	C4Q05_1B Why did [S.C.] not get *all* the well-child check-ups [he/she] needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH PROVIDER (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP TO C4Q05_1_O]** (77) DON'T KNOW (99) REFUSED **ALL OTHERS, SKIP TO K4Q21**	C4Q05_1_O **READ IF NECESSARY:** Why did [S.C.] not get *all* the well-child check-ups [he/she] needed? **RECORD VERBATIM RESPONSE_____** **[SKIP TO K4Q21]**

K4Q21 **IF 0, SKIP TO C4Q05_31. IF >10 AND NOT IN 96, 97, SKIP TO SC_K4Q21. ELSE GO TO C4Q05_31A.**

[During the past 12 months / Since [his/her] birth], how many times did [S.C.] see a dentist for preventive dental care, such as check-ups and dental cleanings?

__ __ TIMES

(96) DON'T KNOW
(97) REFUSED

SC_K4Q21 **INTERVIEWER CHECK:** YOU ENTERED [FILL WITH ANSWER FROM K4Q21] TIMES. IS THIS CORRECT?

(1) YES   **[SKIP TO C4Q05_31A]**
(0) NO   **[GO BACK TO K4Q21]**

C4Q05_31	C4Q05_31A	C4Q05_31B	C4Q05_31_O
[During the past 12 months/ Since [his/her] birth], was there *any* time when [S.C.] needed preventive dental care, such as check-ups and dental cleanings? (1) YES **[SKIP TO C4Q05_31B]** (0) NO **[SKIP TO C4Q05_32]** (6) DK **[SKIP TO C4Q05_32]** (7) RF **[SKIP TO C4Q05_32]**	Did [S.C.] receive *all* the preventive dental care that [he/she] needed? (1)YES **[SKIP TO C4Q05_32]** (0) NO (6) DK **[SKIP TO C4Q05_32]** (7) RF **[SKIP TO C4Q05_32]**	Why did [S.C.] not get *all* the preventive dental care [he/she] needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH PROVIDER (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP TO C4Q05_31_O]** (77) DON'T KNOW (99) REFUSED **ALL OTHERS, SKIP TO C4Q05_32**	**READ IF NECESSARY:** Why did [S.C.] not get all the preventive dental care [he/she] needed ? **RECORD VERBATIM RESPONSE**_____ **SKIP TO C4Q05_32**

C4Q05_32	C4Q05_32A	C4Q05_32B	C4Q05_32_O	C4Q05_32C
During the past 12 months/ Since [his/her] birth,] was there *any* time when [S.C.] needed… Any other dental care or orthodontia? **HELP SCREEN**: OTHER DENTAL CARE CAN INCLUDE ORTHODONTIAL CARE SUCH AS BRACES AND RETAINERS, OR PERIODONTIAL CARE SUCH AS TREATMENT FOR GUM DISEASE. (1) YES (0) NO **[SKIP TO C4Q05_2]** (6) DK **[SKIP TO C4Q05_2]** (7) RF **[SKIP TO C4Q05_2]**	Did [S.C.] receive *all* the other dental care that [he/she] needed? (1)YES **[SKIP TO C4Q05_2]** (0) NO (6) DK **[SKIP TO C4Q05_2]** (7) RF **[SKIP TO C4Q05_2]**	Why did [S.C.] not get *all* the other dental care [he/she] needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH PROVIDER (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP TO C4Q05_32_O]** (77) DON'T KNOW (99) REFUSED **ALL OTHERS, SKIP TO C4Q05_32C**	**READ IF NECESSARY:** Why did [S.C.] not get *all* the other dental care [he/she] needed? **RECORD VERBATIM RESPONSE_____**	Did [S.C.] get *any* non-preventive dental care [during the past 12 months/ since [his/her] birth]? (1) YES **[SKIP TO C4Q05_2]** (0) NO **[SKIP TO C4Q05_2]** (6) DK **[SKIP TO C4Q05_2]** (7) RF **[SKIP TO C4Q05_2]**

C4Q05_2	C4Q05_2A	C4Q05_2B	C4Q05_2_O	C4Q05_2C
During the past 12 months/ Since [his/her] birth], was there *any* time when [S.C.] needed… Care from a specialty doctor? (1) YES (0) NO **[SKIP TO C4Q05_4]** (6) DK **[SKIP TO C4Q05_4]** (7) RF **[SKIP TO C4Q05_4]** **READ IF NECESSARY:** SPECIALTY DOCTORS FOCUS ON ONE PART OF YOUR CHILD'S HEALTH. THESE INCLUDE CARDIOLOGISTS, PULMONOLOGISTS, EAR, NOSE AND THROAT DOCTORS, SURGEONS, ETC. DO NOT INCLUDE DENTISTS OR PSYCHIATRISTS. NEEDS FOR CARE FROM DENTISTS AND PSYCHIATRISTS ARE ASKED IN OTHER QUESTIONS.	Did [S.C.] receive *all* the Care from a specialty doctor that [he/she] needed? (1)YES **[SKIP TO C4Q05_2AA]** (0) NO (6) DK **[SKIP TO C4Q05_4]** (7) RF **[SKIP TO C4Q05_4]**	Why did [S.C.] not get *all* the care from a specialty doctor [he/she] needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH PROVIDER (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP TO C4Q05_2_O]** (77) DON'T KNOW (99) REFUSED **ALL OTHERS, SKIP TO C4Q05_2C**	**READ IF NECESSARY:** Why did [S.C.] not get *all* the care from a specialty doctor [he/she] needed? **RECORD VERBATIM RESPONSE_____**	Did [S.C.] get *any* care from a specialty doctor [during the past 12 months/ since [his/her] birth]? (1) YES **[SKIP TO C4Q05_2AA]** (0) NO **[SKIP TO C4Q05_4]** (6) DK **[SKIP TO C4Q05_4]** (7) RF **[SKIP TO C4Q05_4]** C4Q05_2AA __ __ 1-95 ENTER NUMBER (96) DK (97) RF **IF > 10 AND NOT IN 96, 97 SKIP TO SC_C4Q05_2AA ELSE GO TO C4Q05_4** **[IF C4Q05_2A = 1 OR C4Q05_2C = 1 THEN ASK]:** How many different specialty doctors did [S.C.] see [during the past 12 months/ since [his/her] birth]? SC_C4Q05_2AA INTERVIEWER CHECK: YOU ENTERED [**FILL WITH ANSWER FROM C4Q05_2AA**] SPECIALTY DOCTORS. IS THIS CORRECT? (1) YES **[SKIP TO C4Q05_4]** (0) NO **[GO BACK TO C4Q05_2AA]**

C4Q05_4	C4Q05_4A	C4Q05_4B	C4Q05_4_O	C4Q05_4C
(READ AS NECESSARY: [During the past 12 months/ Since [his/her] birth,] was there any time when [S.C.] needed…) Prescription medications? (1) YES (0) NO **[SKIP TO C4Q05_5]** (6) DK **[SKIP TO C4Q05_5]** (7) RF **[SKIP TO C4Q05_5]**	Did [S.C.] receive *all* the prescription medications that [he/she] needed? (1)YES **[SKIP TO C4Q05_5]** (0) NO (6) DK **[SKIP TO C4Q05_5]** (7) RF **[SKIP TO C4Q05_5]**	Why did [S.C.] not get *all* the prescription medications [he/she] needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH PROVIDER (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP TO C4Q05_4_O]** (77) DON'T KNOW (99) REFUSED **ALL OTHERS, SKIP TO C4Q05_4C**	**READ IF NECESSARY:** Why did [S.C.] not get *all* the prescription medications [he/she] needed? **RECORD VERBATIM RESPONSE_____**	Did [S.C.] get *any* prescription medications [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

C4Q05_5	C4Q05_5A	C4Q05_5B	C4Q05_5_O	C4Q05_5C
(READ AS NECESSARY: [During the past 12 months/ Since [his/her] birth,] was there any time when [S.C.] needed…) Physical, occupational or speech therapy? (1) YES (0) NO **[SKIP TO C4Q05_6]** (6) DK **[SKIP TO C4Q05_6]** (7) RF **[SKIP TO C4Q05_6]**	Did [S.C.] receive *all* the therapy [he/she] needed? (1) YES **[SKIP TO C4Q05_6]** (0) NO (6) DK **[SKIP TO C4Q05_6]** (7) RF **[SKIP TO C4Q05_6]**	Why did [S.C.] not get *all* the therapy [he/she] needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH PROVIDER (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP TO C4Q05_5_O]** (77) DON'T KNOW (99) REFUSED **ALL OTHERS, SKIP TO C4Q05_5C**	**READ IF NECESSARY:** Why did [S.C.] not get *all* the therapy [he/she] needed? **RECORD VERBATIM RESPONSE_____**	Did [S.C.] get *any* physical, occupational, or speech therapy [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

C4Q05_6	C4Q05_6A	C4Q05_6B	C4Q05_6_O	C4Q05_6C
(READ AS NECESSARY: [During the past 12 months/ Since [his/her] birth,], was there any time when [S.C.] needed…) Mental health care or counseling? (1) YES (0) NO **[SKIP TO C4Q05_7]** (6) DK **[SKIP TO C4Q05_7]** (7) RF **[SKIP TO C4Q05_7]**	Did [S.C.] receive *all* the mental health care or counseling that [he/she] needed? (1)YES **[SKIP TO C4Q05_7]** (0) NO (6) DK **[SKIP TO C4Q05_7]** (7) RF **[SKIP TO C4Q05_7]**	Why did [S.C.] not get all the mental health care or counseling [he/she] needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH PROVIDER (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP TO C4Q05_6_O]** (77) DON'T KNOW (99) REFUSED **ALL OTHERS, SKIP TO C4Q05_6C**	**READ IF NECESSARY:** Why did [S.C.] not get all the mental health care or counseling [he/she] needed? **RECORD VERBATIM RESPONSE_____**	Did [S.C.] get *any* mental health care or counseling [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

C4Q05_7	C4Q05_7A	C4Q05_7B	C4Q05_7_O	C4Q05_7C
[IF AGE IS LESS THAN 8 YEARS OLD SKIP TO C4Q05_8] **(READ AS NECESSARY:** [During the past 12 months/ Since [his/her] birth,], was there any time when [S.C.] needed…) Substance abuse treatment or counseling? (1) YES (0) NO **[SKIP TO C4Q05_8]** (6) DK **[SKIP TO C4Q05_8]** (7) RF **[SKIP TO C4Q05_8]** **HELP SCREEN:** SUBSTANCE ABUSE TREATMENT INCLUDES TREATMENT FOR ALCOHOL AND TOBACCO ABUSE. SOME RESPONDENTS MAY FIND THIS QUESTION INAPPROPRIATE. **IF THIS OCCURS, TELL THE RESPONDENT:** I UNDERSTAND THIS QUESTION MAY BE MORE APPROPRIATE FOR OLDER CHILDREN, BUT I AM REQUIRED TO ASK AND READ VERBATIM.	Did [S.C.] receive *all* the substance abuse treatment or counseling that [he/she] needed? (1)YES **[SKIP TO C4Q05_8]** (0) NO (6) DK **[SKIP TO C4Q05_8]** (7) RF **[SKIP TO C4Q05_8]**	Why did [S.C.] not get all the substance abuse treatment or counseling [he/she] needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH PROVIDER (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP TO C4Q05_7_O]** (77) DON'T KNOW (99) REFUSED **ALL OTHERS, SKIP TO C4Q05_7C)**	**READ IF NECESSARY:** Why did [S.C.] not get all the substance abuse treatment or counseling [he/she] needed? **RECORD VERBATIM RESPONSE_____**	Did [S.C.] get *any* substance abuse treatment or counseling [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

C4Q05_8 **(READ AS NECESSARY:** During the past 12 months/ Since [his/her] birth, was there any time when [S.C.] needed…) Home health care? (1) YES (0) NO **[SKIP TO C4Q05_9]** (6) DK **[SKIP TO C4Q05_9]** (7) RF **[SKIP TO C4Q05_9]**	C4Q05_8A Did [S.C.] receive *all* the home health care that [he/she] needed? (1) YES **[SKIP TO C4Q05_9]** (0) NO **[SKIP TO C4Q05_8C]** (6) DK **[SKIP TO C4Q05_9]** (7) RF **[SKIP TO C4Q05_9]**			C4Q05_8C Did [S.C.] get *any* home health care [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF
C4Q05_9 **(READ AS NECESSARY:** During the past 12 months/ since [his/her] birth, was there any time when [S.C.] needed…) Eyeglasses or vision care? (1) YES (0) NO **[SKIP TO C4Q05_10]** (6) DK **[SKIP TO C4Q05_10]** (7) RF **[SKIP TO C4Q05_10]**	C4Q05_9A Did [S.C.] receive *all* the eyeglasses or vision care that [he/she] needed? (1) YES**[SKIP TO C4Q05_10]** (0) NO **[SKIP TO C4Q05_9C]** (6) DK **[SKIP TO C4Q05_10]** (7) RF **[SKIP TO C4Q05_10]**			C4Q05_9C Did [S.C.] get *any* eyeglasses or vision care [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF
C4Q05_10 **(READ AS NECESSARY:** During the past 12 months/ Since [his/her] birth, was there any time when [S.C.] needed…) Hearing aids or hearing care? (1) YES (0) NO **[SKIP TO C4Q05_11]** (6) DK **[SKIP TO C4Q05_11]** (7) RF **[SKIP TO C4Q05_11]**	C4Q05_10A Did [S.C.] receive *all* the hearing aids or hearing care that [he/she] needed? (1) YES **[SKIP TO C4Q05_11]** (0) NO**[SKIP TO C4Q05_10C]** (6) DK**[SKIP TO C4Q05_11]** (7) RF **[SKIP TO C4Q05_11]**			C4Q05_10C Did [S.C.] get *any* hearing aids or hearing care [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

C4Q05_11 **[IF AGE IS LESS THAN 3 YEARS OLD SKIP TO C4Q05_14]** **(READ AS NECESSARY:** During the past 12 months/ Since [his/her] birth, was there any time when [S.C.] needed…) Mobility aids or devices, such as canes, crutches, wheelchairs, or scooters? (1) YES (0) NO **[SKIP TO C4Q05_12]** (6) DK **[SKIP TO C4Q05_12]** (7) RF **[SKIP TO C4Q05_12]**	C4Q05_11A Did [S.C.] receive *all* the mobility aids or devices that [he/she] needed? (1)YES **[SKIP TO C4Q05_12]** (0) NO **[SKIP TO C4Q05_11C]** (6) DK **[SKIP TO C4Q05_12]** (7) RF **[SKIP TO C4Q05_12]**			C4Q05_11C Did [S.C.] get *any* mobility aids or devices [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF
C4Q05_12 **[SKIP IF AGE IS LESS THAN 3 YEARS OLD]** (During the past 12 months / Since [his/her] birth, was there any time when [S.C.] needed) Communication aids or devices, such as communication boards? (1) YES (0) NO **[SKIP TO C4Q05_14]** (6) DK **[SKIP TO C4Q05_14]** (7) RF **[SKIP TO C4Q05_14]**	C4Q05_12A Did [S.C.] receive *all* the communication aids or devices that [he/she] needed? (1)YES **[SKIP TO C4Q05_14]** (0) NO **[SKIP TO C4Q05_12C]** (6) DK **[SKIP TO C4Q05_14]** (7) RF **[SKIP TO C4Q05_14]**			C4Q05_12C Did [S.C.] get *any* communication aids or devices [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

C4Q05_14	C4Q05_14A			C4Q05_14C
(READ AS NECESSARY: [During the past 12 months/ Since [his/her] birth,] was there any time when [S.C.] needed…) Durable medical equipment? (1) YES (0) NO **[SKIP TO C4Q06_1]** (6) DK **[SKIP TO C4Q06_1]** (7) RF **[SKIP TO C4Q06_1]** **READ IF NECESSARY:** SOME EXAMPLES OF DURABLE MEDICAL EQUIPMENT INCLUDE NEBULIZERS, BLOOD GLUCOSE MONITORS, HOSPITAL BEDS, OXYGEN TANKS, PRESSURE MACHINES, AND ORTHOTICS. THESE ARE ITEMS THAT ARE NOT DISPOSABLE.	Did [S.C.] receive *all* the durable medical equipment that [he/she] needed? (1)YES **[SKIP TO C4Q06_1]** (0) NO **[SKIP TO C4Q05_14C]** (6) DK **[SKIP TO C4Q06_1]** (7) RF **[SKIP TO C4Q06_1]** **[IF 01,77,99 THEN SKIP TO C4Q06_1]**			Did [S.C.] get *any* durable medical equipment [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

CATI: THE C4Q06 SERIES SHOULD BE ASKED HORIZONTALLY ACROSS THE TABLE. IN OTHER WORDS, IF THEY ANSWER YES TO SOMETHING IN COLUMN 01, THEY SHOULD IMMEDIATELY BE ASKED THE QUESTIONS IN COLUMN 2, 3, AND 4 AS APPLICABLE

INTERVIEWER INSTRUCTION: FOR COLUMN 3, CHECK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY.

C4Q06_1	C4Q06_1A	C4Q06_1B	C4Q06_1C
During the past 12 months/ Since [his/her] birth, was there any time when you or other family members needed any of the following services because of {S.C.'s} health: Respite care? (1) YES (0) NO **[SKIP TO C4Q06_2]** (6) DK **[SKIP TO C4Q06_2]** (7) RF **[SKIP TO C4Q06_2]** **READ IF NECESSARY:** RESPITE CARE IS CARE FOR THE CHILD SO THE FAMILY CAN HAVE A BREAK FROM ONGOING CARE OF THE CHILD. RESPITE CARE CAN BE THOUGHT OF AS CHILD CARE OR BABYSITTING BY SOMEONE TRAINED TO MEET ANY SPECIAL NEEDS THE CHILD MAY HAVE. BOTH PROFESSIONAL AND NON-PROFESSIONAL RESPITE CARE SHOULD BE INCLUDED.	Did you or your family receive *all* the respite care that was needed? (1) YES **[SKIP TO C4Q06_2]** (0) NO (6) DK **[SKIP TO C4Q06_2]** (7) RF **[SKIP TO C4Q06_2]**	Why did you or your family not get *all* the respite care that was needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND DOCTOR WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH DOCTOR (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[GO TO C4Q06_1_O]** (77) DON'T KNOW (99) REFUSED **ALL EXCEPT 16 GO TO C4Q06_1C** **C4Q06_1_O** **READ IF NECESSARY:** Why did you or your family not get *all* the respite care that was needed? ENTER OTHER_____	Did you or your family get *any* respite care [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

C4Q06_2	C4Q06_2A	C4Q06_2B	C4Q06_2C
(During the past 12 months/ Since [his/her] birth, was there any time when you or other family members needed…) Genetic counseling for advice about inherited conditions related to [S.C.]'s medical, behavioral, or other health conditions? (1) YES (0) NO **[SKIP TO C4Q06_3]** (6) DK **[SKIP TO C4Q06_3]** (7) RF **[SKIP TO C4Q06_3]**	Did you or your family receive *all* the genetic counseling that was needed? (1) YES **[SKIP TO C4Q06_3]** (0) NO (6) DK **[SKIP TO C4Q06_3]** (7) RF **[SKIP TO C4Q06_3]**	Why did you or your family not get *all* the genetic counseling that was needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND DOCTOR WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH DOCTOR (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP C4Q06_2_O]** (77) DON'T KNOW (99) REFUSED **ALL EXCEPT 16 GO TO C4Q06_2C** **C4Q06_2_O** **READ IF NECESSARY:** Why did you or your family not get *all* the genetic counseling that was needed? ENTER OTHER_____	Did you or your family get *any* genetic counseling [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

C4Q06_3	C4Q06_3A	C4Q06_3B	C4Q06_3C
(During the past 12 months/ Since [his/her] birth, was there any time when you or other family members needed…) Mental health care or counseling related to [S.C.]'s medical, behavioral, or other health conditions? (1) YES (0) NO **[SKIP TO C3Q12]** (6) DK **[SKIP TO C3Q12]** (7) RF **[SKIP TO C3Q12]**	Did you or your family receive *all* the mental health care counseling that was needed? (1) YES **[SKIP TO C3Q12]** (0) NO (6) DK **[SKIP TO C3Q12]** (7) RF **[SKIP TO C3Q12]**	Why did you or your family not get *all* the mental health care or counseling that was needed? (1) COST WAS TOO MUCH (2) NO INSURANCE (3) HEALTH PLAN PROBLEM (4) CAN'T FIND DOCTOR WHO ACCEPTS CHILD'S INSURANCE (5) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (6) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT (7) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (8) DISSATISFACTION WITH DOCTOR (9) DID NOT KNOW WHERE TO GO FOR TREATMENT (10) CHILD REFUSED TO GO (11) TREATMENT IS ONGOING (13) NO REFERRAL (14) LACK OF RESOURCES AT SCHOOL (15) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT (16) OTHER **[SKIP C4Q06_3_O]** (77) DON'T KNOW (99) REFUSED **ALL EXCEPT 16 GO TO C4Q06_3C** **C4Q06_3_O** **READ IF NECESSARY:** Why did you or your family not get *all* the mental health care or counseling that was needed? ENTER OTHER_____	Did you or your family get *any* mental health care or counseling [during the past 12 months/ since [his/her] birth]? (1) YES (0) NO (6) DK (7) RF

CPC3Q12   **[IF AGE FROM C2Q01 OR C2Q02 IS 36 MONTHS (3 YEARS) OR GREATER, SKIP TO C3Q13]**

C3Q12   Does [S.C.] receive services from a program called Early Intervention Services? Children receiving these services often have an Individualized Family Service Plan.

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

READ IF NECESSARY: Early Intervention Services are defined as: family training, counseling, and home visits; health services; medicine; nursing; nutrition; occupational therapy; physical therapy; psychological services; service coordination services; social work services; special instruction; speech-language therapy; transportation, communication or mobility devices; and vision and hearing services.

[ALL SKIP TO C3Q15]

C3Q13   Does [S.C.] receive services from a program called Special Educational Services? Children receiving these services often have an Individualized Education Plan.

(1) YES
(0) NO   **[SKIP TO C3Q15]**
(6) DON'T KNOW   **[SKIP TO C3Q15]**
(7) REFUSED   **[SKIP TO C3Q15]**

READ IF NECESSARY: Special Education is any kind of special school, classes or tutoring.

C3Q13A   How old was [S.C.] when [he/she] first began receiving Special Educational Services?

HELP SCREEN: ENTER AGE IN MONTHS FOR 0 TO 23 MONTHS. IF 2 YEARS OR OLDER, ENTER AGE IN YEARS.

___ ____ **VALUE (MUST BE LESS THAN OR EQUAL TO AGE OF CHILD)**

(96) DON'T KNOW
(97) REFUSED

C3Q13AA   **MONTHS: RANGE 00 - 23**
           YEARS: RANGE 02 - 17

(1) MONTHS
(2) YEARS

C3Q13B   At any time before [S.C.] was 3 years old, did [he/she] receive services from a program called Early Intervention Services? Children receiving these services often have an Individualized Family Service Plan.

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C3Q15   Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a practitioner, while others can be done on your own.

[During the past 12 months/ Since [his/her] birth], did [S.C.] use any type of alternative health care or treatment?

HELP SCREEN: RESPONDENTS SHOULD INCLUDE ANY ALTERNATIVE CARE OR THERAPIES REGARDLESS OF WHETHER THE CARE IS FOR THE CHILD'S CONDITIONS. IF THE RESPONDENT CONSIDERS THE HEALTH CARE TO BE ALTERNATIVE, IT SHOULD BE INCLUDED. DO NOT TRY TO DETERMINE IF ANY PARTICULAR TYPE OF TREATMENT IS AN "ALTERNATIVE" TREATMENT.

READ IF NECESSARY: Generally, alternative care and treatments are those not typically provided in conventional medical care settings. Examples of relaxation therapies include biofeedback, deep breathing exercises, and yoga. Examples of herbal supplements include any non-vitamin and non-mineral supplement, as well as homeopathic treatments. Other examples of alternative health care could include chelation therapy, energy healing therapy, hypnosis, massage, naturopathy, and use of traditional healers such as an espiritista or a Native American medicine man.

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

5. CARE COORDINATION

IF K4Q20 NOT 1-95 AND K4Q21 NOT 1-95 AND (NONE C4Q05_1A THROUGH C4Q05_14A = 01) AND (NONE C4Q05_2C THROUGH C4Q05_14C = 01) AND (NONE C3Q12, C3Q13, OR C3Q15 = 01), SKIP TO C5Q01

C5Q00 **[IF K4Q20 = 1-95 OR K4Q21 = 1-95 OR (ANY C4Q05_1A THROUGH C4Q05_14A = 01) OR (ANY C4Q05_2C THROUGH C4Q05_14C = 01) OR (ANY C3Q12, C3Q13, OR C3Q15 = 01), SAY:**
"You told me that, [in the past 12 months/ [**WHEN S.C. IS YOUNGER THAN 12 MONTHS**] since (his/her) birth], [S.C.] used [**FILL WITH ALL NAMES OF SERVICES USED AS REPORTED IN SECTION 4, INCLUDING K4Q20, K4Q21, C3Q12, C3Q13 AND C3Q15**]."

SUM UP HOW MANY TIMES THE RESPONSE (01) IS USED IN THE FOLLOWING VARIABLES: C4Q05_1A THROUGH C4Q05_14A, C4Q05_2C THROUGH C4Q05_14C, C3Q12, C3Q13, AND C3Q15. IF K4Q20 = 1-95 THEN ADD 1 TO THE SUM. IF K4Q21 = 1-95 THEN ADD 1 TO THE SUM. IF THE TOTAL SUM IS GE 2 THEN SKIP TO C5Q11, ELSE SKIP TO C5Q01

C5Q01 Did [S.C.] use any other health-related medical, educational, or social services [in the past 12 months/ Since [his/her] birth]?

  (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

  READ IF NECESSARY: There are many types of services children might use to improve their education, their health, or their well-being. We listed 15 of these services earlier, but there could be others that your child uses.

C5Q11 [During the past 12 months/ Since [his/her] birth], did [S.C.] need a referral to see any doctors or receive any services?

  (1) YES
  (0) NO   **[SKIP TO C5Q12]**
  (6) DON'T KNOW **[SKIP TO C5Q12]**
  (7) REFUSED   **[SKIP TO C5Q12]**

C4Q07 Was getting referrals a big problem, a small problem, or not a problem?

  (1) BIG PROBLEM
  (2) SMALL PROBLEM
  (3) NOT A PROBLEM
  (6) DON'T KNOW
  (7) REFUSED

SUM UP HOW MANY TIMES THE RESPONSE (01) IS USED IN THE FOLLOWING VARIABLES: C4Q05_1A THROUGH C4Q05_14A, C4Q05_2C THROUGH C4Q05_14C, C5Q01, C3Q12, C3Q13, AND C3Q15. IF K4Q20 = 1-95 THEN ADD 1 TO THE SUM. IF K4Q21 = 1-95 THEN ADD 1 TO THE SUM. IF THE TOTAL SUM IS LT 2 AND C4Q05_2AA is (MISSING, .M, 0, 1, 6,7) THEN SKIP TO C6Q01.

C5Q12 Does anyone help you arrange or coordinate [S.C.]'s care among the different doctors or services that [he/she] uses?

READ IF NECESSARY: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that [S.C.] gets all the health care and services [he/she] needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

READ IF NECESSARY: Anyone means anyone.

(1) YES
(0) NO   **[SKIP TO C5Q17]**
(6) DON'T KNOW   **[SKIP TO C5Q17]**
(7) REFUSED   **[SKIP TO C5Q17]**

C5Q13 Does a doctor or someone in a doctor's office provide this help arranging or coordinating [S.C.]'s care?

(1) YES   **[SKIP TO C5Q15]**
(0) NO   **[SKIP TO C5Q16]**
(6) DON'T KNOW   **[SKIP TO C5Q16]**
(7) REFUSED   **[SKIP TO C5Q16]**

C5Q15 Is there anyone else who helps arrange or coordinate [S.C.]'s care?

(1) YES
(0) NO   **[SKIP TO C5Q17]**
(6) DON'T KNOW   **[SKIP TO C5Q17]**
(7) REFUSED   **[SKIP TO C5Q17]**

C5Q16 **IF C5Q13=01 THEN DISPLAY:** Is this person a parent, guardian, other family member, friend, nurse, therapist, social worker, hospital discharge planner, case manager, or someone else?

IF C5Q13=02,77,99 THEN DISPLAY:
Who does provide help arranging or coordinating [S.C.]'s care?

A parent, guardian, other family member, friend, nurse, therapist, social worker, hospital discharge planner, case manager, or someone else? **[MARK ALL THAT APPLY]**

(1) PARENT
(2) GUARDIAN
(3) OTHER FAMILY MEMBER
(4) FRIEND
(5) NURSE
(6) THERAPIST
(7) SOCIAL WORKER
(8) HOSPITAL DISCHARGE PLANNER
(9) CASE MANAGER
(10) SOMEONE AT CHILD'S SCHOOL
(11) SOMEONE ELSE   **[SKIP TO C5Q16_XOE]**
(77) DON'T KNOW
(99) REFUSED

ALL OTHERS SKIP TO C5Q17

C5Q16_XOE Who would that be?
       ENTER RESPONSE _____ **[30 CHARACTERS MAX]**

C5Q17   [During the past 12 months/ Since [his/her] birth], have you felt that you could have used extra help arranging or coordinating [S.C.]'s care among these different health care providers or services?

(1) YES
(0) NO   **[SKIP TO C5Q10]**
(6) DON'T KNOW   **[SKIP TO C5Q10]**
(7) REFUSED   **[SKIP TO C5Q10]**

C5Q09   [During the past 12 months/ Since [his/her] birth], how often did you get as much help as you wanted with arranging or coordinating [S.C.]'s care? Would you say never, sometimes, or usually?

(1) NEVER   (2) SOMETIMES   (3) USUALLY   (6) DK   (7) RF

C5Q10   Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among [S.C.]'s doctors and other health care providers?

(1) VERY SATISFIED
(2) SOMEWHAT SATISFIED
(3) SOMEWHAT DISSATISFIED
(4) VERY DISSATISFIED
(5) NO COMMUNICATION NEEDED OR WANTED
(6) DON'T KNOW
(7) REFUSED

C5Q05   Do [S.C.]'s doctors or other health care providers need to communicate with [his/her] school, early intervention program, child care providers, vocational education or rehabilitation program?

(1) YES
(0) NO   **[SKIP TO CPC5Q20]**
(6) DON'T KNOW   **[SKIP TO CPC5Q20]**
(7) REFUSED   **[SKIP TO CPC5Q20]**

C5Q06   Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that communication?

(1) VERY SATISFIED
(2) SOMEWHAT SATISFIED
(3) SOMEWHAT DISSATISFIED
(4) VERY DISSATISFIED
(6) DON'T KNOW
(7) REFUSED

CPC5Q20   **IF CWTYPE=S AND ASK_CALIF=1 THEN GO TO C5Q20, ELSE GO TO C6Q01**

C5Q20[*CA]   If there were a web site that could help you arrange or coordinate [S.C.]'s care, would you say that it is very likely, somewhat likely, somewhat unlikely, or very unlikely that you would use it?

(1) VERY LIKELY
(2) SOMEWHAT LIKELY
(3) SOMEWHAT UNLIKELY
(4) VERY UNLIKELY
(6) DON'T KNOW
(7) REFUSED

6A. FAMILY CENTERED CARE AND SHARED DECISION MAKING

SUM UP HOW MANY TIMES THE RESPONSE (1) IS USED IN THE FOLLOWING VARIABLES: C4Q05_1A THROUGH C4Q05_10A, C4Q05_2C THROUGH C4Q05_10C. IF K4Q20 = 1-95 THEN ADD 1 TO THE SUM. IF K4Q21 = 1-95 THEN ADD 1 TO THE SUM. IF THE TOTAL SUM IS GREATER THAN ZERO, THEN SKIP TO C6Q02.

C6Q01 Did [S.C.] visit any doctors or other health care providers [in the past 12 months/ since [his/her] birth]?

    (1) YES   **[SKIP TO C6Q02]**
    (0) NO   **[SKIP TO C6Q07]**
    (6) DON'T KNOW **[SKIP TO C6Q07]**
    (7) REFUSED **[SKIP TO C6Q07]**

C6Q02 [During the past 12 months/ Since [his/her] birth], how often did [S.C.]'s doctors and other health care providers spend enough time with [him/her]? Would you say never, sometimes, usually, or always?

    (1) NEVER   (4) ALWAYS
    (2) SOMETIMES (6) DON'T KNOW
    (3) USUALLY   (7) REFUSED

C6Q03 [During the past 12 months/ Since [his/her] birth], how often did [S.C.]'s doctors and other health care providers listen carefully to you? Would you say never, sometimes, usually, or always?

    (1) NEVER   (4) ALWAYS
    (2) SOMETIMES (6) DON'T KNOW
    (3) USUALLY   (7) REFUSED

C6Q04 When [S.C.] is seen by doctors or other health care providers, how often are they sensitive to your family's values and customs? Would you say never, sometimes, usually, or always?

    (1) NEVER   (4) ALWAYS
    (2) SOMETIMES (6) DON'T KNOW
    (3) USUALLY   (7) REFUSED

C6Q05 Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child now, and what changes to expect in the future. [During the past 12 months/ Since [his/her] birth], how often did you get the specific information you needed from [S.C.]'s doctors and other health care providers? Would you say never, sometimes, usually, or always?

    (1) NEVER   (4) ALWAYS
    (2) SOMETIMES (6) DON'T KNOW
    (3) USUALLY   (7) REFUSED

C6Q06 [During the past 12 months/ Since [his/her] birth], how often did [S.C.]'s doctors or other health care providers help you feel like a partner in [his/her] care? Would you say never, sometimes, usually, or always?

    (1) NEVER   (4) ALWAYS
    (2) SOMETIMES (6) DON'T KNOW
    (3) USUALLY   (7) REFUSED

CPC6Q11   **IF CWTYPE=S AND ASK_CALIF=1 THEN GO TO C6Q11, ELSE GO TO C6Q21**

C6Q11^{*CA}   **IF S.C. >36 MONTHS, FILL [or S.C.]. ELSE, DO NOT FILL**

An interpreter is someone who repeats what one person says in a language used by another person.

[During the past 12 months\Since [S.C.]'s birth], did you [or S.C.] need an interpreter to help speak with [his/her] doctors or other health care providers?

(1) YES
(0) NO   **[SKIP TO C6Q21]**
(6) DON'T KNOW   **[SKIP TO C6Q21]**
(7) REFUSED   **[SKIP TO C6Q21]**

C6Q12^{*CA}   **IF S.C. >36 MONTHS, FILL [or S.C.]. ELSE, DO NOT FILL**

When you [or S.C.] needed an interpreter, how often were you able to get someone other than a family member to help you speak with [his/her] doctors or other health care providers? Would you say never, sometimes, usually, or always?

(1) NEVER   (4) ALWAYS
(2) SOMETIMES   (6) DON'T KNOW
(3) USUALLY   (7) REFUSED

C6Q21   We want to know about how [S.C.]'s doctors or other health care providers work with you to make decisions about [his/her] health care services and treatment.

During the past 12 months/ Since [his/her] birth], how often did [S.C.]'s doctors or other health care providers discuss with you the range of options to consider for [his/her] health care or treatment? Would you say never, sometimes, usually, or always?

READ IF NECESSARY: The options may include things like whether or not to start, stop or change a medication, treatment or therapy; whether to have certain tests or procedures, see a specialist, consent for surgery, and so on.

(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(5) THERE WERE NO OPTIONS TO CONSIDER
(6) DON'T KNOW
(7) REFUSED

C6Q22   How often did they encourage you to ask questions or raise concerns?

READ IF NECESSARY: [During the past 12 months/ Since [his/her] birth], how often did [S.C.]'s doctors or other health care providers encourage you to ask questions or raise concerns? Would you say never, sometimes, usually, or always?

(1) NEVER   (4) ALWAYS
(2) SOMETIMES   (6) DON'T KNOW
(3) USUALLY   (7) REFUSED

C6Q23   How often did they make it easy for you to ask questions or raise concerns?

READ IF NECESSARY: [During the past 12 months/ Since [his/her] birth], how often did [S.C.]'s doctors or other health care providers make it easy for you to ask questions or raise concerns? Would you say never, sometimes, usually, or always?

(1) NEVER   (4) ALWAYS
(2) SOMETIMES   (6) DON'T KNOW
(3) USUALLY   (7) REFUSED

C6Q24   How often did they consider and respect what health care and treatment choices you thought would work best for [S.C.]?

READ IF NECESSARY: [During the past 12 months/ Since [his/her] birth], how often did [S.C.]'s doctors or other health care providers consider and respect what health care and treatment choices you thought would work best for [him/her]? Would you say never, sometimes, usually, or always?

(1) NEVER   (4) ALWAYS
(2) SOMETIMES   (6) DON'T KNOW
(3) USUALLY   (7) REFUSED

6B. TRANSITION ISSUES

IF CHILD IS LESS THAN 5 YEARS OF AGE, SKIP TO C6Q30.
IF CHILD IS 5-11 YEARS OF AGE, SKIP TO C6Q08.

C6Q07   The next questions are about preparing for [S.C.]'s health care needs as [he/she] becomes an adult.

Do any of [S.C.]'s doctors or other health care providers treat only children?

(1) YES
(0) NO   **[SKIP TO C6Q0A]**
(6) DON'T KNOW   **[SKIP TO C6Q0A]**
(7) REFUSED   **[SKIP TO C6Q0A]**

C6Q0A_B   Have they talked with you about having [S.C.] eventually see doctors or other health care providers who treat adults?

(1) YES   **[SKIP TO C6Q0A]**
(0) NO
(6) DON'T KNOW   **[SKIP TO C6Q0A]**
(7) REFUSED   **[SKIP TO C6Q0A]**

HELP SCREEN: THIS QUESTION REFERS TO DISCUSSIONS BETWEEN THE RESPONDENT AND THE DOCTORS OR OTHER HEALTH CARE PROVIDERS WHO TREAT ONLY CHILDREN.

C6Q0A_C   Would a discussion about doctors who treat adults have been helpful to you?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C6Q0A   Have [S.C.]'s doctors or other health care providers talked with you about [his/her] health care needs as [he/she] becomes an adult?

(1) YES   **[SKIP TO C6Q0A_E]**
(0) NO
(6) DON'T KNOW   **[SKIP TO C6Q0A_E]**
(7) REFUSED   **[SKIP TO C6Q0A_E]**

C6Q0A_D   Would a discussion about [S.C.]'s health care needs have been helpful?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C6Q0A_E   Eligibility for health insurance often changes as children reach adulthood. Has anyone discussed with you how to obtain or keep some type of health insurance coverage as [S.C.] becomes an adult?

(1) YES   **[SKIP TO C6Q08]**
(0) NO
(6) DON'T KNOW   **[SKIP TO C6Q08]**
(7) REFUSED   **[SKIP TO C6Q08]**

HELP SCREEN: Anyone means anyone.

C6Q0A_F   Would a discussion about health insurance have been helpful to you?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C6Q08   How often do [S.C.]'s doctors or other health care providers encourage (him/her) to take responsibility for [his/her] health care needs, such as:

[IF CHILD IS 5-11 YEARS OF AGE, THEN READ: "learning about [his/her] conditions or helping with treatments and medications?"

[IF CHILD IS 12+ YEARS OF AGE, THEN READ: "taking medication, understanding [his/her] diagnosis, or following medical advice?"

Would you say never, sometimes, usually, or always?

(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6) DON'T KNOW
(7) REFUSED

6C. DEVELOPMENTAL SCREENING

IF AGE >= 72 MONTHS, SKIP TO CPSEC7. IF AGE < 12 MONTHS, SKIP TO CPSEC7.

C6Q30   Sometimes a child's doctor or other health care provider will ask a parent to fill out a questionnaire at home or during their child's visit. During the past 12 months, did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about [S.C.]'s development, communication, or social behaviors?

HELP SCREEN: IF ANOTHER PERSON READ THE QUESTIONNAIRE TO THE PARENT AND FILLED IN THE ANSWERS FOR THE PARENT, THEN THIS QUESTION SHOULD BE ANSWERED YES. BUT IF A DOCTOR OR NURSE JUST ASKED ABOUT CONCERNS AND DID NOT FILL OUT A QUESTIONNAIRE, THEN THIS QUESTION SHOULD BE ANSWERED NO**.**

(1) YES
(0) NO   **[SKIP TO CPSEC7]**
(6) DON'T KNOW   **[SKIP TO CPSEC7]**
(7) REFUSED   **[SKIP TO CPSEC7]**

CPC6Q31A   **IF AGE = 24-71 MONTHS, SKIP TO C6Q32A**

C6Q31A   Did this questionnaire ask about your concerns or observations about how [S.C.] talks or makes speech sounds?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C6Q31B   Did this questionnaire ask about your concerns or observations about how [S.C.] interacts with you and others?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

[ALL SKIP TO CPSEC7]

C6Q32A   Did this questionnaire ask about your concerns or observations about words and phrases [S.C.] uses and understands?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C6Q32B   Did this questionnaire ask about your concerns or observations about how [S.C.] behaves and gets along with you and others?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

7. HEALTH INSURANCE

C7Q03   Now I have a few questions about health insurance and health care coverage for [S.C.].

At this time, is [S.C.] covered by health insurance that is provided through an employer or union?

(1) YES
(0) NO   **[SKIP TO C7Q01]**
(6) DON'T KNOW   **[SKIP TO C7Q01]**
(7) REFUSED   **[SKIP TO C7Q01]**

READ ONLY IF NECESSARY: These plans may be provided in part or fully by a current employer, a former employer, a union, or a professional organization.

IF ONLY PLAN NAME OFFERED, PROBE (READ IF NECESSARY): Is this insurance provided through an employer or union? Do not include dental, vision, school, or accident insurance.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

C7Q03A   Does this health insurance help pay for both doctor visits and hospital stays?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C7Q01   **[IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, VI, WI, THEN SKIP TO C7Q04]**

At this time, is [S.C.] covered by any Medicaid plan? Medicaid is a health insurance program for persons with certain income levels and persons with disabilities. [FILL IF APPLICABLE: In this state, the program is sometimes called [**FILL NAME FROM "TEXT FILLS" SPREADSHEET**].

READ IF NECESSARY: Medicaid is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. It is run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

READ IF NECESSARY: Medicaid is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. It is run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

C7Q02   At this time, is [S.C.] covered by the State Children's Health Insurance Program or S-CHIP? In this state, the program is sometimes called [**FILL NAME FROM "TEXT FILLS" SPREADSHEET**].

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

READ IF NECESSARY: The State Children's Health Insurance Program (SCHIP), created under Title XXI of the Social Security Act, expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

[ALL SKIP TO C7Q05]

C7Q04   At this time, is [S.C.] covered by any Medicaid plan or the State Children's Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? **["In this area,"/ "In this state,**"] it is sometimes called [**FILL NAME FROM "TEXT FILLS" SPREADSHEET**].

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

READ IF NECESSARY: Medicaid and SCHIP are federal-state medical assistance programs. They serve low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay little or no part of costs for covered medical expenses. These programs are run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

C7Q05   At this time, is [S.C.] covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

READ IF NECESSARY: CHAMPUS, CHAMP-VA, and TRICARE are health care plans that are offered to persons in the military (and their dependents). TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families, and survivors. 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..

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

C7Q07   **IF C7Q01, C7Q02, C7Q03, C7Q04, OR C7Q05 = 01, THEN SHOW:** "Besides what you have
              already told me about,"
              Is [S.C.] covered by any *other* health insurance or health care plan?

              INTERVIEWER INSTRUCTION: IF RESPONDENT REPORTS DENTAL, VISION,
              SCHOOL, OR ACCIDENT INSURANCE MARK NO.

              (1) YES
              (0) NO   **[SKIP TO C7Q09]**
              (6) DON'T KNOW   **[SKIP TO C7Q09]**
              (7) REFUSED   **[SKIP TO C7Q09]**

C7Q08A   Does this health insurance help pay for both doctor visits and hospital stays?

              (1) YES
              (0) NO   **[SKIP TO C7Q09]**
              (6) DON'T KNOW   **[SKIP TO C7Q09]**
              (7) REFUSED   **[SKIP TO C7Q09]**

C7Q08B   Is this health insurance provided through an employer or union?

              (1) YES   **[SKIP TO C7Q11]**
              (0) NO
              (6) DON'T KNOW
              (7) REFUSED

C7Q08C   Is this health insurance purchased directly from an insurance company?

              (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C7Q09   **(IF C7Q01, C7Q02, C7Q03A, C7Q04, C7Q05, OR C7Q08A = 01, SKIP TO C7Q11; ELSE
              ASK C7Q09)**

              It appears that [S.C.] does not have any health insurance coverage to pay for both hospitals and
              doctors and other health professionals. Is that correct?

              (1) YES   **[SKIP TO C7Q13]**
              (0) NO
              (6) DON'T KNOW   **[SKIP TO C9Q01]**
              (7) REFUSED   **[SKIP TO C9Q01]**

C7Q10   At this time, what kind of health coverage does [S.C.] have? Any other kind?

         INTERVIEWER INSTRUCTION: MARK ALL THAT APPLY. MARK SINGLE SERVICE
         PLAN ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.

         IF ONLY (8) IS SELECTED, SKIP TO C7Q13.

         (1) MEDICAID **[STATE NAME]**
         (2) MEDICARE
         (3) SCHIP   **[STATE NAME]**
         (4) MEDIGAP
         (5) MILITARY
         (6) INDIAN HEALTH SERVICE
         (7) PRIVATE INSURANCE
         (8) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC)
         (9) OTHER
         (77) DON'T KNOW
         (99) REFUSED

C7Q10B   Does this health insurance help pay for both doctor visits and hospital stays?

         (1) YES
         (0) NO   **[SKIP TO C7Q13]**
         (6) DON'T KNOW   **[SKIP TO C9Q01]**
         (7) REFUSED   **[SKIP TO C9Q01]**

C7Q11   During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS: Since [his/her]
         birth], was there any time when [S.C.] was not covered by ANY health insurance?

         (1) YES
         (0) NO   **[SKIP TO C8Q01_A]**
         (6) DON'T KNOW   **[SKIP TO C8Q01_A]**
         (7) REFUSED   **[SKIP TO C8Q01_A]**

C7Q12   During the past 12 months/ Since [his/her] birth, about how many months was [S.C.] without any
         health insurance or coverage?

         **[IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH,
         IF VALUE LT CWAGE, DISPLAY WARNING: 'TIME WITHOUT INSURANCE CAN'T
         BE GREATER THAN CHILD'S AGE']**

         _____ _____ MONTHS

         (96) DON'T KNOW
         (97) REFUSED

         [ALL SKIP TO C8Q01_A]

C7Q13   IF C7Q10X08 = 1 OR C7Q10B = 2, THEN SAY: About how long has it been since [S.C.] last had health coverage that helps pay for all types of care?]
[ELSE, READ: About how long has it been since [S.C.] last had health coverage?]

(1) 6 MONTHS OR LESS
(2) MORE THAN 6 MONTHS, BUT NOT MORE THAN 01 YEAR AGO
(3) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO **[SKIP TO C9Q01]**
(4) MORE THAN 3 YEARS   **[SKIP TO C9Q01]**
(5) NEVER   **[SKIP TO C9Q01]**
(6) DON'T KNOW   **[SKIP TO C9Q01]**
(7) REFUSED   **[SKIP TO C9Q01]**

C7Q14   (During the past 12 months/ Since [his/her] birth), about how many months was [S.C.] without any health insurance or coverage?

        INTERVIEWER INSTRUCTION: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH.

        _____ _____ MONTHS

        (96) DON'T KNOW
        (97) REFUSED

IF S.C. AGE=0 MONTHS, THEN SKIP TO C9Q01.
IF C7Q14 IN (12, 96, 97) SKIP TO C9Q01.
IF S.C. IS YOUNGER THAN 12 MONTHS AND C7Q14=AGE OF S.C. IN MONTHS, GO TO C9Q01.

C7Q15   (During the (12 - C7Q14) / [IF S.C. IS YOUNGER THAN 12 MONTHS, During the (S.C. AGE IN MONTHS –C7Q14)] months) when [S.C.] DID have health coverage, what kind of health coverage did [S.C.] have?

        [PROBE: Any other kind**?]**

        (1) MEDICAID   **[STATE NAME]**
        (2) MEDICARE
        (3) SCHIP   **[STATE NAME]**
        (4) MEDIGAP
        (5) MILITARY
        (6) INDIAN HEALTH SERVICE
        (7) PRIVATE INSURANCE
        (8) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC)
        (9) OTHER   **[SKIP TO C7Q15A]**
        (77) DON'T KNOW
        (99) REFUSED

C7Q15A   **ENTER OTHER_____ [CATI: 255 CHARACTER-FIELD]**

        IF ONLY (8) IS SELECTED, SKIP TO C9Q01

C7Q15B   Did this health insurance help pay for both doctor visits and hospital stays?

        (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

        [ALL SKIP TO C9Q01]

8. ADEQUACY OF HEALTH CARE COVERAGE

C8Q01_A   The next questions are about [S.C.]'s health insurance or health care plans. Does [S.C.]'s health insurance offer benefits or cover services that meet [his/her] needs?

Would you say never, sometimes, usually, or always?

(1) NEVER	(4) ALWAYS
(2) SOMETIMES	(6) DON'T KNOW
(3) USUALLY	(7) REFUSED

C8Q01_B   Are the costs not covered by [S.C.]'s health insurance reasonable?

Would you say never, sometimes, usually, or always?

(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(5) NO OUT OF POCKET COSTS
(6) DON'T KNOW
(7) REFUSED

IF THE PARENT SEEMS CONFUSED BY HOW TO ANSWER, ASK: Do you have any out-of-pocket costs for your child's health care?

IF YES, THEN ASK: Are those costs reasonable?

C8Q01_C   Does [S.C.]'s health insurance allow (him/her) to see the health care providers [he/she] needs?

Would you say never, sometimes, usually, or always?

(1) NEVER	(4) ALWAYS
(2) SOMETIMES	(6) DON'T KNOW
(3) USUALLY	(7) REFUSED

9. IMPACT ON THE FAMILY

C9Q01   The next question is about the amount of money paid [during the past 12 months/ Since [his/her] birth] for [S.C.]'s medical care. Please do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. But do include out-of-pocket payments for all types of health-related needs such as co-payments, dental or vision care, medications, special foods, adaptive clothing, durable equipment, home modifications, and any kind of therapy. (During the past 12 months/ Since [his/her] birth), would you say that the family paid more than $500, $250-$500, less than $250, or nothing for [S.C.]'s medical care?

        (1)   MORE THAN $500
        (2) $250-$500   **[SKIP TO C9Q02]**
        (3)   LESS THAN $250   **[SKIP TO C9Q02]**
        (4)   NOTHING, $0   **[SKIP TO C9Q02]**
        (6)   DON'T KNOW   **[SKIP TO C9Q02]**
        (7)   REFUSED   **[SKIP TO C9Q02]**

C9Q01_A   [During the past 12 months/ Since [his/her] birth], would you say that the family paid more than $5000, $1000 to $5000, or less than $1000 for [S.C.]'s medical care?

        (1)   MORE THAN $5000
        (2) $1000-$5000
        (3)   LESS THAN $1000
        (6)   DON'T KNOW
        (7)   REFUSED

C9Q02   Many families provide health care at home such as changing bandages, care of feeding or breathing equipment, and giving medication and therapies. Do you or other family members provide health care at home for [S.C.]?

        READ IF NECESSARY: Please base your answer on the last several weeks.
        READ IF NECESSARY: Only include care related to the child's condition.

        (1)   YES
        (0)   NO   **[SKIP TO C9Q04]**
        (6)   DON'T KNOW   **[SKIP TO C9Q04]**
        (7)   REFUSED   **[SKIP TO C9Q04]**

C9Q03   How many hours per week do you or other family members spend providing this kind of care?

        READ IF NECESSARY: It is fine to provide an average number of hours per week based on several weeks. Please give your best estimate.
        READ IF NECESSARY: Only include care related to the child's condition.

        (CATI: 3 NUMERIC CHARACTER FIELD, RANGE 000-168, 996, 997)
        _____ _____ _____HOURS PER WEEK

        (000) LESS THAN ONE HOUR
        (168) AROUND THE CLOCK
        (996) DON'T KNOW
        (997) REFUSED

        [IF C9Q03 < 30 OR = 168, 996, 997 SKIP TO C9Q04]

C9Q03_A   I have **[FILL ANSWER FROM C9Q03]** hours. Is that correct?

(1) YES
(0) NO   **[SKIP BACK TO C9Q03]**

C9Q04   How many hours per week do you or other family members spend arranging or coordinating [S.C.]'s care? By this I mean making appointments, making sure that care providers are exchanging information, and following up on [S.C.]'s care needs.

READ IF NECESSARY: It is fine to provide an average number of hours per week based on several weeks. Please give your best estimate.

[CATI: 3 NUMERIC CHARACTER FIELD, RANGE 000-168, 996, 997]
_ _ _ HOURS PER WEEK

(000) NONE / LESS THAN ONE HOUR
(168) AROUND THE CLOCK
(996) DON'T KNOW
(997) REFUSED

[IF C9Q04 = 000 OR IF C9Q04 < 30 or C9Q04 = 168, 996, 997 SKIP TO C9Q05]

C9Q04_A   I have **[FILL ANSWER FROM C9Q04]** hours. Is that correct?

(1) YES
(0) NO   **[SKIP BACK TO C9Q04]**

C9Q05   Have [S.C.]'s health conditions caused financial problems for your family?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C9Q10   Have you or other family members stopped working because of [S.C.]'s health conditions?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C9Q06   **[IF C9Q10 = 1, THEN READ:** Not including the family members who stopped working...]

Have you or other family members cut down on the hours you work because of [S.C.]'s health conditions?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C9Q11   Have you or other family members avoided changing jobs because of concerns about maintaining health insurance for [S.C.]?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

ADHD MEDICATION AND TREATMENT SUPPLEMENT

Funding for this section was provided by CDC's National Center on Birth Defects and Developmental Disabilities.

IF K2Q31B=1 THEN GO TO C95Q01. ELSE GO TO CPC10.

C95Q01   Earlier you told me that [S.C.] currently has ADD or ADHD. At any time during the past week, did [he/she] take medication for ADD or ADHD?

        (1) YES
        (0) NO   **[SKIP TO C95Q02]**
        (6) DON'T KNOW   **[SKIP TO C95Q02]**
        (7) REFUSED   **[SKIP TO C95Q02]**

C95Q01 A   What medications did [S.C.] take for ADD or ADHD?

        INTERVIEWER INSTRUCTIONS: MARK ALL THAT APPLY. DO NOT READ LIST.

        PROBE: Did (he/she) take any other medications for ADD or ADHD during the past week?

        (1)   ADDERALL (ADD-ur-all), ADDERALL XR, AMPHETAMINE (am-FET-a-meen)
        (2)   CELEXA, CITALOPRAM (si-TAL-o-pram)
        (3)   CONCERTA
        (4)   DAYTRANA PATCH
        (5)   DEXEDRINE, DEXEDRINE SPANSULE, DEXTROSTAT, DEXTRO-AMPHETAMINE
        (6)   DEXMETHYLPHENIDATE
        (7)   FLUOXETINE (floo-ox-e-teen)
        (8)   FOCALIN, FOCALIN XR
        (9)   METADATE, METADATE CD
        (10) METHYLIN
        (11) METHYLPHENIDATE
        (12) PROZAC
        (13) RITALIN, RITALIN LA, RITALIN SR
        (14) SERTRALINE (SER-tra-leen)
        (15) STRATTERA, ATOMOXETINE (AT-oh-mox-e-teen)
        (16) VYVANSE, LISDEXAMFETAMINE (lis-dex-am-FET-a-meen)
        (17) ZOLOFT
        (18) OTHER
        (66) NOT CURRENTLY TAKING MEDICATION **[SKIP TO C95Q02]**
        (77) DON'T KNOW
        (99) REFUSED

        IF 18, SKIP TO C95Q01B. IF 1 - 17, 77, 99, SKIP TO C95Q03.

C95Q01B   **ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN ENTER ALL MEDICATIONS ON ONE LINE.**

        _____**ENTER TEXT**   **[SKIP TO C95Q03]**

C95Q02   In the past 12 months, did [S.C] take any medication for ADD or ADHD?

        (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C95Q03   At any time during the past 12 months, did [S.C.] receive behavioral treatment for ADD or ADHD, such as classroom management, peer interventions, social skills training, or cognitive-behavioral therapy?

HELP TEXT: Cognitive-behavioral therapy, or CBT, is a type of therapy that aims to change negative emotions and behaviors through carious techniques used by a trained psychologist or counselor.

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C95Q04   At any time during the past 12 months, did [S.C.] take a dietary supplement to treat ADD or ADHD?

HELP TEXT: Dietary supplements are products such as viatmins, minerals, or herbs that are taken to supplement a person's diet.

HELP TEXT: Some common supplements include megavitamins, zinc, chamomile; kava hops; lemon balm; passionflower; melatonin; and ginko biloba.

(1) YES
(0) NO   **[SKIP TO CPC10]**
(6) DON'T KNOW   **[SKIP TO CPC10]**
(7) REFUSED   **[SKIP TO CPC10]**

C95Q04A   In the past week, did [S.C.] take a dietary supplement to treat ADD or ADHD?

(1) YES   **[SKIP TO CPC10]**
(0) NO   **[SKIP TO CPC10]**
(6) DON'T KNOW   **[SKIP TO CPC10]**
(7) REFUSED   **[SKIP TO CPC10]**

10. DEMOGRAPHICS

IF CWTYPE = S, THEN SKIP TO C10Q01 ELSE GO TO C10START.

C10START   Next, I have some more general questions about you and your household. The rest of the survey will take about 5 minutes.

         INTERVIEWER INSTRUCTION: IF RESPONDENT IS CONCERNED ABOUT THE TIME ESTIMATE, READ ANY OF THE FOLLOWING:

-        We know your time is valuable, and we will get through the questions as quickly as possible.
-        Let's get started and see how far we get. If you have to go, let me know.

         (1) CONTINUE WITH INTERVIEW

C10Q01   [**IF CWTYPE = S, THEN DISPLAY**: Now I have some questions about your household.]

         Including the adults and all the children, how many people live in your household?

         CATI: VALUE MUST BE =/> S_UNDR18 + 1.
         DISPLAY WARNING IF VALUE < S_UNDR18+1: "NUMBER OF PEOPLE IN THIS HOUSEHOLD CANNOT BE LESS THAN NUMBER OF KIDS + 1."

         ___ ____ PERSONS
         (96) DON'T KNOW
         (97) REFUSED

         READ AS NECESSARY: Please include anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital.

         HELP SCREEN: EACH PERSON IN THE HOUSEHOLD MUST BE A CURRENT RESIDENT OF THE HOUSEHOLD. A CURRENT RESIDENCE IS DEFINED AS A PLACE WHERE THE PERSON IS STAYING FOR MORE THAN TWO MONTHS AT THE TIME OF THE SURVEY CONTACT. IF A PERSON HAS NO PLACE WHERE HE OR SHE USUALLY STAYS, THE PERSON SHOULD BE CONSIDERED A CURRENT RESIDENT REGARDLESS OF THE LENGTH OF THE CURRENT STAY.

         PERSONS AWAY FROM THEIR RESIDENCE FOR TWO MONTHS OR LESS, WHETHER TRAVELING OR IN THE HOSPITAL, ARE CONSIDERED "IN RESIDENCE."

         PERSONS AWAY FROM THEIR RESIDENCE FOR MORE THAN TWO MONTHS ARE CONSIDERED "NOT IN RESIDENCE" UNLESS THE PERSON IS AWAY AT SCHOOL (I.E., BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.).

CPC10Q02A   **IF CWTYPE = N, THEN SKIP TO C10Q14.**

C10Q02A   What is your relationship to [S.C.]?

              IF R RESPONDS "Mother" or "Father," YOU MUST PROBE: Are you [S.C.]'s biological, step, foster, or adoptive mother/father?

              IF R RESPONDS "Partner," PROBE IF NOT SURE: Are you male or female?

              PARENT
                  (01) BIOLOGICAL MOTHER   (06) BIOLOGICAL FATHER
                  (02) STEP MOTHER   (07) STEP FATHER
                  (03) FOSTER MOTHER   (08) FOSTER FATHER
                  (04) ADOPTIVE MOTHER   (09) ADOPTIVE FATHER
                  (05) MOTHER, TYPE REFUSED   (10) FATHER, TYPE REFUSED

              OLDER RELATIVES OR GUARDIANS
                  (11) GRANDMOTHER   (14) UNCLE
                  (12) GRANDFATHER   (15) FEMALE GUARDIAN
                  (13) AUNT   (16) MALE GUARDIAN

              OTHER RELATIVES
                  (17) SISTER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)
                  (18) BROTHER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)
                  (19) COUSIN
                  (20) IN-LAW OF ANY TYPE
                  (22) OTHER RELATIVE / FAMILY MEMBER

              OTHER NON-RELATIVES
                  (23) PARENT'S BOYFRIEND / MALE PARTNER
                  (24) PARENT'S GIRLFRIEND / FEMALE PARTNER
                  (25) PARENT'S PARTNER, but SEX REFUSED
                  (26) OTHER NON-RELATIVE OR FRIEND

                  (96) DON'T KNOW
                  (97) REFUSED

C10Q02B   **[IF C10Q01= 2, SKIP TO C10Q02C.]**

IF C10Q01 IN (96, 97) THEN READ:
For the other people that live in your household with you and [S.C.], what is their relationship to [S.C.]?

IF C10Q01 NOT 96, 97 THEN READ:
In addition to you and [S.C.], I have that [FILL: C10Q01 - 2] [other person lives/other people live] in your household. What is their relationship to [S.C.]? **[MARK ALL THAT APPLY]**

IF R RESPONDS "Mother" or "Father," YOU MUST PROBE: Is that [S.C.]'s biological, step, foster, or adoptive mother/father?

IF R RESPONDS "Partner," PROBE: Is the partner male or female?

PARENT
    (01) BIOLOGICAL MOTHER   (06) BIOLOGICAL FATHER
    (02) STEP MOTHER   (07) STEP FATHER
    (03) FOSTER MOTHER   (08) FOSTER FATHER
    (04) ADOPTIVE MOTHER   (09) ADOPTIVE FATHER
    (05) MOTHER, TYPE REFUSED (10) FATHER, TYPE REFUSED

OLDER RELATIVES OR GUARDIANS
    (11) GRANDMOTHER   (14) UNCLE
    (12) GRANDFATHER   (15) FEMALE GUARDIAN
    (13) AUNT   (16) MALE GUARDIAN

OTHER RELATIVES
    (17) SISTER
    (18) BROTHER
    (19) COUSIN
    (20) IN-LAW OF ANY TYPE
    (21) [S.C.]'S CHILD, SON, OR DAUGHTER
    (22) OTHER RELATIVE / FAMILY MEMBER

OTHER NON-RELATIVES
    (23) PARENT'S BOYFRIEND / MALE PARTNER
    (24) PARENT'S GIRLFRIEND / FEMALE PARTNER
    (25) PARENT'S PARTNER, but SEX REFUSED
    (26) OTHER NON-RELATIVE OR FRIEND

    (96) DON'T KNOW
    (97) REFUSED

CPC10Q02C **IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HH [(C10Q02A = 1 OR C10Q02B = 1) OR (C10Q02A = 6 OR C10Q02B = 6)], SKIP TO C10Q03.**

IF RESPONDENT IS ADOPTIVE MOTHER OR ADOPTIVE FATHER (C10Q02A = 4 or 9), SKIP TO C10Q03 ELSE, ASK C10Q02C.

C10Q02C **CATI INSTRUCTION (C10Q02C):** IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HH [(C10Q02A = 1 OR C10Q02B = 1) OR (C10Q02A = 6 OR C10Q02B = 6)], SKIP TO C10Q03. IF RESPONDENT IS ADOPTIVE MOTHER OR ADOPTIVE FATHER (C10Q02A = 4 or 9), SKIP TO C10Q03. ELSE, ASK C10Q02C

Have you legally adopted [S.C.]?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C10Q03 **IF C10Q02A = 01 OR 06 OR C10Q02B = 01 OR 06, SKIP TO CPC10Q10. ELSE, IF C10Q02A = 04 OR 09 OR C10Q02B = 04 OR 09 OR C10Q02C = 1, CONTINUE WITH C10Q03. ELSE, SKIP TO C10Q10.**

The next questions will help us better understand the health needs of adopted children.

How old was [S.C.] when the adoption was finalized? By "finalized," I mean when the court papers were signed that completed the adoption process.

HELP SCREEN: IF CHILD WAS LESS THAN 1 MONTH AT THE TIME OF ADOPTION, ENTER 0 MONTHS.

HELP SCREEN: ENTER AGE IN MONTHS FOR 0 TO 23 MONTHS. IF 2 YEARS OR OLDER, ENTER AGE IN YEARS.

___ ____ **VALUE (MUST BE LESS THAN OR EQUAL TO AGE OF CHILD)**

(55) ADOPTION NOT FINALIZED
(96) DON'T KNOW
(97) REFUSED

C10Q03A **MONTHS: RANGE 00 – 23**
YEARS: RANGE 02-17

(1) MONTHS
(2) YEARS

C10Q04 Was [S.C.] adopted from another country?

IF RESPONDENT SEEMS UPSET BY THIS QUESTION, READ: We ask this question for all children with adoptive parents.

(1) YES   **[SKIP TO C10Q10]**
(0) NO
(6) DON'T KNOW
(7) REFUSED

C10Q05   Prior to being adopted, was [S.C.] in the legal custody of a state or county child welfare agency in the United States? That is, was [S.C.] in the U.S. foster care system?

IF THE CHILD WAS ADOPTED THROUGH A PRIVATE AGENCY AND THE PRIVATE AGENCY WAS ACTING IN ASSOCIATION WITH OR IN COOPERATION WITH A STATE OR COUNTY WELFARE AGENCY, THEN THIS QUESTION SHOULD BE ANSWERED "YES."

IF A FOSTER PARENT ADOPTED ONE OF THEIR OWN FOSTER CHILDREN, THEN THIS QUESTION SHOULD BE ANSWERED "YES."

IF RESPONDENT SEEMS UPSET BY THIS QUESTION, READ: We ask this question for all children with adoptive parents.

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

CPC10Q10   **IF HOUSEHOLD INCLUDES A MOTHER (C10Q02A = 1-5 OR C10Q02B = 1-5) AND A FATHER (C10Q02A = 6-10 OR C10Q02B = 6-10), ASK C10Q10. ELSE, SKIP TO C10Q11A.**

C10Q10   <u>**CATI INSTRUCTION (C10Q10)**</u>: **IF THE RESPONDENT IS THE MOTHER (C10Q02A = 1-5), THEN READ**: Are you and [S.C.]'s [FATHER TYPE] currently married, separated, divorced, or never married?

IF THE RESPONDENT IS THE FATHER (C10Q02A = 6-10), THEN READ: Are you and [S.C.]'s [MOTHER TYPE] currently married, separated, divorced, or never married?

IF THE RESPONDENT IS NEITHER THE MOTHER NOR THE FATHER, THEN READ: Are [S.C.]'s [MOTHER TYPE] and [FATHER TYPE] currently married, separated, divorced, or never married?

(1) MARRIED   **[SKIP TO C10Q14]**
(2) SEPARATED   **[SKIP TO C10Q10A]**
(3) DIVORCED   **[SKIP TO C10Q10A]**
(4) NEVER MARRIED   **[SKIP TO C10Q10A]**
(6) DON'T KNOW   **[SKIP TO C10Q10A]**
(7) REFUSED   **[SKIP TO C10Q10A]**

HELP SCREEN: THIS QUESTION ASKS ABOUT THE MARITAL STATUS OF THE CHILD'S PARENTS WHO LIVE IN THE HOUSEHOLD.

C10Q10A   **IF THE RESPONDENT IS THE MOTHER (C10Q02A = 1-5), THEN READ**: Are you and [S.C.]'s [FATHER TYPE] currently living together as partners?

IF THE RESPONDENT IS THE FATHER (C10Q02A = 6-10), THEN READ: Are you and [S.C.]'s [MOTHER TYPE] currently living together as partners?

IF THE RESPONDENT IS NEITHER THE MOTHER NOR THE FATHER, THEN READ: Are [S.C.]'s [MOTHER TYPE] and [FATHER TYPE] currently living together as partners?

(1) YES   **[SKIP TO C10Q14]**
(0) NO   **[SKIP TO C10Q14]**
(6) DON'T KNOW   **[SKIP TO C10Q14]**
(7) REFUSED   **[SKIP TO C10Q14]**

CPC10Q11A **IF HOUSEHOLD INCLUDES A MOTHER (C10Q02A = 1-5 OR C10Q02B = 1-5) BUT NOT A FATHER (C10Q02A <> 6-10 AND C10Q02B <> 6-10), ASK C10Q11A. ELSE, SKIP TO C10Q12A.**

C10Q11A **IF THE RESPONDENT IS THE MOTHER (C10Q02A = 1-5), THEN READ:** Are you currently married, separated, divorced, widowed, or never married?

IF THE RESPONDENT IS NOT THE MOTHER, THEN READ: Is [S.C.]'s [MOTHER TYPE] currently married, separated, divorced, widowed, or never married?

(1) MARRIED
(2) SEPARATED   **[SKIP TO C10Q11C]**
(3) DIVORCED   **[SKIP TO C10Q11C]**
(4) WIDOWED   **[SKIP TO C10Q11C]**
(5) NEVER MARRIED **[SKIP TO C10Q11C]**
(6) DON'T KNOW   **[SKIP TO C10Q11C]**
(7) REFUSED   **[SKIP TO C10Q11C]**

CPC10Q11B **IF MOTHER TYPE IS FOSTER OR ADOPTIVE (C10Q02A = 3-4 OR C10Q02B = 3-4), THEN SKIP TO C10Q14.**

C10Q11B **CATI INSTRUCTION (C10Q11B)**: **IF RESPONDENT IS THE MOTHER** (C10Q02A = 1, 2, or 5**), FILL** "Are you**"; ELSE FILL** "Is [S.C.]'S [MOTHER TYPE]".

(Are you / Is [S.C.]'s [MOTHER TYPE]) married to [S.C.]'s biological father?

(1) YES   **[SKIP TO C10Q14]**
(0) NO   **[SKIP TO C10Q14]**
(6) DON'T KNOW **[SKIP TO C10Q14]**
(7) REFUSED   **[SKIP TO C10Q14]**

C10Q11C **IF THE RESPONDENT IS THE MOTHER (C10Q02A = 1-5), THEN READ**: Are you currently living with anyone as partners?

IF THE RESPONDENT IS NOT THE MOTHER, THEN READ: Is [S.C.]'s [MOTHER TYPE] currently living with anyone as partners?

(1) YES   **[SKIP TO C10Q14]**
(0) NO   **[SKIP TO C10Q14]**
(6) DON'T KNOW **[SKIP TO C10Q14]**
(7) REFUSED   **[SKIP TO C10Q14]**

CPC10Q12A   **IF HOUSEHOLD INCLUDES A FATHER (C10Q02A = 6-10 OR C10Q02B = 6-10) BUT NOT A MOTHER (C10Q02A <> 6-10 OR C10Q02B <> 6-10), ASK C10Q12A. ELSE, SKIP TO C10Q13A.**

C10Q12A   **CATI INSTRUCTION (C10Q12A): IF THE RESPONDENT IS THE FATHER** (C10Q02A= 6-10), THEN READ: Are you currently married, separated, divorced, widowed, or never married?

IF THE RESPONDENT IS NOT THE FATHER, THEN READ: Is [S.C.]'s [FATHER TYPE] currently married, separated, divorced, widowed, or never married?

(1) MARRIED
(2) SEPARATED   **[SKIP TO C10Q12C]**
(3) DIVORCED   **[SKIP TO C10Q12C]**
(4) WIDOWED   **[SKIP TO C10Q12C]**
(5) NEVER MARRIED   **[SKIP TO C10Q12C]**
(6) DON'T KNOW   **[SKIP TO C10Q12C]**
(7) REFUSED   **[SKIP TO C10Q12C]**

CPC10Q12B   **IF FATHER TYPE IS FOSTER OR ADOPTIVE (C10Q02A = 8-9 OR C10Q02B = 8-9), THEN SKIP TO C10Q14.**

C10Q12B   **CATI INSTRUCTION (C10Q12B)**: IF RESPONDENT IS THE FATHER (C10Q02A = 6, 7, or 10) FILL "Are you"; ELSE FILL "Is [S.C.]'s [FATHER TYPE]".

(Are you/Is [S.C.]'s [FATHER TYPE]) married to [S.C.]'s biological mother?

(1) YES   **[SKIP TO C10Q14]**
(0) NO   **[SKIP TO C10Q14]**
(6) DON'T KNOW   **[SKIP TO C10Q14]**
(7) REFUSED   **[SKIP TO C10Q14]**

C10Q12C   **IF THE RESPONDENT IS THE FATHER** (C10Q02A= 6-10), THEN READ: Are you currently living with anyone as partners?

IF THE RESPONDENT IS NOT THE FATHER, THEN READ: Is [S.C.]'s [FATHER TYPE] currently living with anyone as partners?

(1) YES   **[SKIP TO C10Q14]**
(0) NO   **[SKIP TO C10Q14]**
(6) DON'T KNOW   **[SKIP TO C10Q14]**
(7) REFUSED   **[SKIP TO C10Q14]**

C10Q13A   Are you currently married, separated, divorced, widowed, or never married?

        (1) MARRIED
        (2) SEPARATED   **[SKIP TO C10Q13C]**
        (3) DIVORCED   **[SKIP TO C10Q13C]**
        (4) WIDOWED   **[SKIP TO C10Q13C]**
        (5) NEVER MARRIED **[SKIP TO C10Q13C]**
        (6) DON'T KNOW   **[SKIP TO C10Q13C]**
        (7) REFUSED   **[SKIP TO C10Q13C]**

C10Q13B   Does your spouse currently live in the household with [S.C.]?

        (1) YES   **[SKIP TO C10Q14]**
        (0) NO   **[SKIP TO C10Q14]**
        (6) DON'T KNOW   **[SKIP TO C10Q14]**
        (7) REFUSED   **[SKIP TO C10Q14]**

C10Q13C   Are you currently living with a partner?

        (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C10Q14   What is the age of the oldest adult living in the household?

        ___ ____ ____ YEARS **(ENTER 1 – 995, 996, 997)**
        (996) DON'T KNOW
        (997) REFUSED

CPC10Q20   **IF CWTYPE = N, THEN SKIP TO C10Q23.**
                  IF C10Q02A = 1-5 OR C10Q02B = 1-5, ASK C10Q20. ELSE, SKIP TO C10Q21.

C10Q20   **<u>CATI INSTRUCTION (C10Q20):</u>** IF C10Q02A = 1-5, FILL "you have". ELSE, FILL
                  "[S.C.]'s [MOTHER TYPE] has"

        What is the highest grade or year of school [you have / [S.C.]'s [MOTHER TYPE] has]
        completed?

        (1) 8th GRADE OR LESS
        (2) 9th-12th GRADE NO DIPLOMA
        (3) HIGH SCHOOL GRADUATE OR GED COMPLETED
        (4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
        (5) SOME COLLEGE CREDIT BUT NO DEGREE
        (6) ASSOCIATE DEGREE (AA, AS)
        (7) BACHELOR'S DEGREE (BA, BS, AB)
        (8) MASTER'S DEGREE (MA, MS, MSW, MBA)
        (9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
        (96) DON'T KNOW
        (97) REFUSED

        **HELP SCREEN (C10Q20): AT THIS QUESTION, COLLECT INFORMATION ABOUT
        THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.**

CPC10Q21   **IF C10Q02A = 6-10 OR C10Q02B = 6-10, ASK C10Q21. ELSE, SKIP TO C10Q22.**

C10Q21   **CATI INSTRUCTION (C10Q21):** IF C10Q20 NOT BLANK AND C10Q02A = 6-10, ASK: "And how about you?"

READ AS NECESSARY: "What is the highest grade or year of school you have completed?"

IF C10Q20 NOT BLANK AND C10Q02A <> 6-10, ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "What is the highest grade or year of school [S.C.]'s [FATHER TYPE] has completed?"

IF C10Q20 IS BLANK AND C10Q02A = 6-10, ASK: "What is the highest grade or year of school you have completed?"

IF C10Q20 IS BLANK AND C10Q02A <> 6-10, ASK: "What is the highest grade or year of school [S.C.]'s [FATHER TYPE] has completed?"

IF C10Q20 FILLED FROM NIS AND C10Q02A = 6-10, ASK: "What is the highest grade or year of school you have completed?"

IF C10Q20 FILLED FROM NIS AND C10Q02A <> 6-10, ASK: "What is the highest grade or year of school [S.C.]'s [FATHER TYPE] has completed?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

(1) 8th GRADE OR LESS
(2) 9th-12th GRADE NO DIPLOMA
(3) HIGH SCHOOL GRADUATE OR GED COMPLETED
(4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
(5) SOME COLLEGE CREDIT BUT NO DEGREE
(6) ASSOCIATE DEGREE (AA, AS)
(7) BACHELOR'S DEGREE (BA, BS, AB)
(8) MASTER'S DEGREE (MA, MS, MSW, MBA)
(9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (C10Q21): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

CPC10Q22   IF C10Q02A <> 1-10, ASK C10Q22. ELSE SKIP TO ETH.

C10Q22   **CATI INSTRUCTION (C10Q22):** IF (C10Q20 IS NOT BLANK AND NOT FILLED FROM NIS OR TEEN) OR C10Q21 IS NOT BLANK, ASK: "And how about you?"

READ AS NECESSARY: "What is the highest grade or year of school you have completed?"

IF C10Q20 AND C10Q21 ARE BLANK, ASK: "What is the highest grade or year of school you have completed?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A (see TEXTFILL logic)] LIVING IN THIS HOUSE.

(1) 8th GRADE OR LESS
(2) 9th-12th GRADE NO DIPLOMA
(3) HIGH SCHOOL GRADUATE OR GED COMPLETED
(4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
(5) SOME COLLEGE CREDIT BUT NO DEGREE
(6) ASSOCIATE DEGREE (AA, AS)
(7) BACHELOR'S DEGREE (BA, BS, AB)
(8) MASTER'S DEGREE (MA, MS, MSW, MBA)
(9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (C10Q22): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE RESPONDENT.

C10Q23   What is the highest level of school that any parent in the household has completed or the highest degree any parent in the household has received?

(1) 8th GRADE OR LESS
(2) 9th-12th GRADE NO DIPLOMA
(3) HIGH SCHOOL GRADUATE OR GED COMPLETED
(4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
(5) SOME COLLEGE CREDIT BUT NO DEGREE
(6) ASSOCIATE DEGREE (AA, AS)
(7) BACHELOR'S DEGREE (BA, BS, AB)
(8) MASTER'S DEGREE (MA, MS, MSW, MBA)
(9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (C10Q23): IF RESPONDENT INDICATES THAT NO PARENTS LIVE IN THE HOUSEHOLD, THEN ASK FOR THE HIGHEST LEVEL OF SCHOOL COMPLETED BY ANY ADULT IN THE HOUSEHOLD.

ETH   **IF S_UNDR18=1 THEN DISPLAY**: Is [S.C./AGEID] of Hispanic, Latino, or Spanish origin?

      IF S_UNDR18=2 THEN DISPLAY:
      My next questions are about all of the children in your household.

      Are either of the [S_UNDR18] children in your household of Hispanic, Latino, or Spanish origin?

      IF S_UNDR18 > 2 THEN DISPLAY: My next questions are about all of the children in your household.

      Are any of the [S_UNDR18] children in your household of Hispanic, Latino, or Spanish origin?

      (1) YES   **[IF S_UNDR18 > 1   GO TO ETH_B]**
      (2) NO   **[GO TO C10Q32 _X]**
      (77) DON'T KNOW   **[GO TO C10Q32 _X]**
      (99) REFUSED   **[GO TO C10Q32 _X]**

ETH_B   Is that [**PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGEID**]?

C10Q32_X **FOR C10Q32_1, DISPLAY**: Please choose one or more of the following categories to describe [FILL IN S.C./AGEID FOR ROSTER POSITION 1]'s race. Is [FILL IN S.C./AGEID FOR ROSTER POSITION 1] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian, or other Pacific Islander?

      FOR C10Q32_2 - C10Q32_9, DISPLAY: And how about [FILL IN S.C./AGEID]?

      HELP SCREEN: RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS "WHATEVER RACE YOU CONSIDER YOURSELF TO BE." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS. MULTIPLE RACES MAY BE SELECTED.

      [MARK ALL THAT APPLY]

      (1) WHITE / CAUCASIAN
      (2) BLACK/ AFRICAN AMERICAN
      (3) AMERICAN INDIAN / NATIVE AMERICAN
      (4) ALASKA NATIVE
      (5) ASIAN
      (6) NATIVE HAWAIIAN
      (7) PACIFIC ISLANDER
      (8) OTHER (SPECIFY)

      IF 8, ASK C10Q32A_X. ELSE SKIP TO C10Q40.

      ASK FOR ALL CHILDREN IN THE HOUSEHOLD.

      [IF C10Q32X08 = 1, ASK C10Q32A. ELSE SKIP TO C10Q40].

C10Q32A_X **ENTER OTHER DESCENT**

C10Q40   What is the primary language spoken in your home?
          [READ RESPONSES ONLY IF NECESSARY]

          (1) ENGLISH
          (2) SPANISH
          (3) ANY OTHER LANGUAGE
          (6) DON'T KNOW
          (7) REFUSED

C10Q41   Do you own or rent your home?

          HELP SCREEN: IF THE HOME IS OWNED OR BEING BOUGHT BY SOMEONE IN THE
          HOUSEHOLD, THE ANSWER SHOULD BE MARKED AS "OWNED." IF THE HOME IS
          NOT OWNED BY SOMEONE IN THE HOUSEHOLD AND IS BEING OCCUPIED
          WITHOUT PAYMENT OF RENT, THE ANSWER SHOULD BE MARKED AS "SOME
          OTHER ARRANGEMENT."

          (1) OWNED OR BEING BOUGHT
          (2) RENTED
          (3) SOME OTHER ARRANGEMENT
          (6) DON'T KNOW
          (7) REFUSED

11. INCOME

C11Q01   What was the total combined income of your household in **[FILL LAST CALENDAR YEAR]**, including income from all sources such as wages, salaries, unemployment payments, public assistance, Social Security or retirement benefits, help from relatives and so forth? Can you tell me that amount before taxes?

RECORD INCOME $_____
(96) DON'T KNOW   **[SKIP TO C11Q01_DONT_KNOW]**
(97) REFUSED   **[SKIP TO C11Q01_REFUSED]**

HELP SCREEN: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION. BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

C11CONF   Just to confirm that I entered it correctly, your household income was about (FILL AMOUNT FROM C11Q01). Is that correct?

(1) YES   **[SKIP TO C11Q12]**
(2) NO   **[SKIP BACK TO C11Q01]**

C11Q01 _
DON'T
KNOW   You may not be able to give us an exact figure for your total combined household income, but was your total household income during [FILL LAST CALENDAR YEAR] more or less than $20,000.

(1) MORE THAN $20,000   **[SKIP TO W9Q06]**
(2) $20,000   **[SKIP TO CPC11Q12]**
(3) LESS THAN $20,000   **[SKIP TO W9Q03]**
(6) DON'T KNOW   **[SKIP TO CPC11Q12]**
(7) REFUSED   **[SKIP TO CPC11Q12]**

C11Q01_
REFUSED   Income is important in analyzing the health care information we collect. For example, this information helps us to learn whether persons in one group use these medical services more or less than those in another group. Now you may not be able to give us an exact figure for your total combined household income, but was your total household income during **[FILL LAST CALENDAR YEAR]** more or less than $20,000?

(1)   MORE THAN $20,000   **[SKIP TO W9Q06]**
(2) $20,000   **[SKIP TO CPC11Q12]**
(3)   LESS THAN $20,000   **[SKIP TO W9Q03]**
(6) DON'T KNOW   **[SKIP TO CPC11Q12]**
(7) REFUSED   **[SKIP TO CPC11Q12]**

W9Q03   Was the total combined household income more or less than $10,000?

(1)   MORE THAN $10,000   **[SKIP TO W9Q05]**
(2) $10,000   **[SKIP TO C11Q12]**
(3)   LESS THAN $10,000   **[SKIP TO W9Q04]**
(6) DON'T KNOW   **[SKIP TO C11Q12]**
(7) REFUSED   **[SKIP TO C11Q12]**

W9Q04	Was it more than $7,500?	
	(1) YES	**[SKIP TO W9Q12]**
	(2) NO	**[SKIP TO W9Q12]**
	(6) DON'T KNOW	**[SKIP TO C11Q12]**
	(7) REFUSED	**[SKIP TO C11Q12]**

W9Q05	Was it more than $15,000?	
	(1) YES	**[SKIP TO W9Q05A]**
	(0) NO	**[SKIP TO W9Q05B]**
	(6) DON'T KNOW	**[SKIP TO C11Q12]**
	(7) REFUSED	**[SKIP TO C11Q12]**

W9Q05A	Was it more than $17,500?	
	(1) YES	**[SKIP TO W9Q12]**
	(0) NO	**[SKIP TO W9Q12]**
	(6) DON'T KNOW	**[SKIP TO C11Q12]**
	(7) REFUSED	**[SKIP TO C11Q12]**

W9Q05B	Was it more than $12,500?	
	(1) YES	**[SKIP TO W9Q12]**
	(0) NO	**[SKIP TO W9Q12]**
	(6) DON'T KNOW	**[SKIP TO C11Q12]**
	(7) REFUSED	**[SKIP TO C11Q12]**

W9Q06	(**READ IF NECESSARY:** Was the total combined household income) more or less than $40,000?	
	(1) MORE THAN $40,000	**[SKIP TO W9Q06A]**
	(2) $40,000	**[SKIP TO C11Q12]**
	(3) LESS THAN $40,000	**[SKIP TO W9Q07]**
	(6) DON'T KNOW	**[SKIP TO C11Q12]**
	(7) REFUSED	**[SKIP TO C11Q12]**

W9Q06A	(**READ IF NECESSARY:** Was the total combined household income) more or less than $60,000?	
	(1) MORE THAN $60,000	**[SKIP TO W9Q08]**
	(2) $60,000	**[SKIP TO C11Q12]**
	(3) LESS THAN $60,000	**[SKIP TO W9Q06B]**
	(6) DON'T KNOW	**[SKIP TO C11Q12]**
	(7) REFUSED	**[SKIP TO C11Q12]**

W9Q06B	(**READ IF NECESSARY:** Was the total combined household income) more or less than $50,000?	
	(1) MORE THAN $50,000	**[SKIP TO W9Q12]**
	(2) $50,000	**[SKIP TO C11Q12]**
	(3) LESS THAN $50,000	**[SKIP TO W9Q06C]**
	(6) DON'T KNOW	**[SKIP TO C11Q12]**
	(7) REFUSED	**[SKIP TO C11Q12]**

W9Q06C   (**READ IF NECESSARY:** Was the total combined household income)
more or less than $45,000?

        (1) MORE THAN $45,000   **[SKIP TO W9Q12]**
        (2) $45,000   **[SKIP TO C11Q12]**
        (3) LESS THAN $45,000   **[SKIP TO W9Q12]**
        (6) DON'T KNOW   **[SKIP TO C11Q12]**
        (7) REFUSED   **[SKIP TO C11Q12]**

W9Q07   (**READ IF NECESSARY:** Was the total combined household income)
income more or less than $30,000?

        (1) MORE THAN $30,000   **[SKIP TO W9Q07A]**
        (2) $30,000   **[SKIP TO C11Q12]**
        (3) LESS THAN $30,000   **[SKIP TO W9Q07B]**
        (6) DONT KNOW   **[SKIP TO C11Q12]**
        (7) REFUSED   **[SKIP TO C11Q12]**

W9Q07A   (**READ IF NECESSARY:** Was the total combined household income)
more or less than $35,000?

        (1) MORE THAN $35,000   **[SKIP TO W9Q12]**
        (2) $35,000   **[SKIP TO C11Q12]**
        (3) LESS THAN $35,000   **[SKIP TO W9Q12]**
        (6) DON'T KNOW   **[SKIP TO C11Q12]**
        (7) REFUSED   **[SKIP TO C11Q12]**

W9Q07B   (**READ IF NECESSARY:** Was the total combined household income)
more or less than $25,000?
        (1) MORE THAN $25,000   **[SKIP TO W9Q12]**
        (2) $25,000   **[SKIP TO C11Q12]**
        (3) LESS THAN $25,000   **[SKIP TO W9Q12]**
        (6) DONT KNOW   **[SKIP TO C11Q12]**
        (7) REFUSED   **[SKIP TO C11Q12]**

W9Q08   (**READ IF NECESSARY:** Was the total combined household income)
more or less than $75,000?

        (1) MORE THAN $75,000   **[SKIP TO W9Q12]**
        (2) $75,000   **[SKIP TO C11Q12]**
        (3) LESS THAN $75,000   **[SKIP TO W9Q12]**
        (6) DONT KNOW   **[SKIP TO C11Q12]**
        (7) REFUSED   **[SKIP TO C11Q12]**

W9Q12 (CHECK_I12)

BASED ON THE RANGE ALREADY IDENTIFIED, THIS NEXT QUESTION WILL BE FILLED WITH A DOLLAR AMOUNT THAT FALLS WITHIN THE RANGE AND IS EQUIVALENT TO 50%, 100%, 133%, 150%, 185%, 200%, 300%, OR 400% OF THE FEDERAL POVERTY LEVEL BASED ON THE NUMBER OF FAMILY MEMBERS.   IF THE RANGE IDENTIFIED IS NARROW ENOUGH THAT NONE OF THESE POVERTY LEVEL CUTOFFS FALL WITHIN THE RANGE, THEN SKIP TO C11Q12.   FOR A FEW RANGES, TWO ADDITIONAL QUESTIONS WILL BE NEEDED.

Would you say this income was above or below **[$REF]**?

(1) MORE THAN **[$REF]**   **[WHEN INDICATED, ASK W9Q12A]**
(2) EXACTLY **[$REF]**   **[SKIP TO C11Q12]**
(3) LESS THAN **[$REF]**   **[SKIP TO C11Q12]**
(6) DON'T KNOW   **[SKIP TO C11Q12]**
(7) REFUSED   **[SKIP TO C11Q12]**

W9Q12A   Would you say this income was above or below **[$REF]**?

(1) MORE THAN **[$REF]**   **[SKIP TO C11Q12]**
(2) EXACTLY **[$REF]**   **[SKIP TO C11Q12]**
(3) LESS THAN **[$REF]**   **[SKIP TO C11Q12]**
(6) DON'T KNOW   **[SKIP TO C11Q12]**
(7) REFUSED   **[SKIP TO C11Q12]**

CPC11Q12   **[IF CWTYPE=N, SKIP TO C11Q11]**

C11Q12   Does [S.C.] receive SSI, that is, Supplemental Security Income?

(1) YES
(0) NO   **[SKIP TO C11Q11]**
(6) DON'T KNOW   **[SKIP TO C11Q11]**
(7) REFUSED   **[SKIP TO C11Q11]**

C11Q13   Is this for a disability [he/she] has?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

CPC11Q11   **IF CWTYPE = N, GO TO CPC11Q14. ELSE ASK C11Q11 ONLY IN HH WITH INCOME UNDER 200% POVERTY, BASED ON RESULTS FROM TABLE, ELSE SKIP TO CPK11Q30.**

C11Q11   At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from a state or county welfare program, such as [FILL STATE NAME]?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

CPK11Q30   **IF CWTYPE=S AND ASK_CALIF=1 THEN GO TO K11Q30, ELSE GO TO CPC11Q14,**

K11Q30^{*CA}   **IF C10Q02A=1-5, FILL "WERE YOU". ELSE, FILL "WAS [S.C.]'S [MOTHER TYPE]"**

[WERE YOU / WAS [S.C.]'S [MOTHER TYPE]] BORN IN THE UNITED STATES?

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

IF (C10Q02A=1-5 OR C10Q02B=1-5), ASK K11Q30. ELSE, SKIP TO K11Q31.

K11Q31^{*CA}   **IF K11Q30 NOT BLANK AND C10Q02A=6-10, ASK**: "And how about you?"

READ AS NECESSARY: "Were you born in the United States?"

IF K11Q30 NOT BLANK AND C10Q02A NOT equal 6-10, ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "Was [S.C.]'s [FATHER TYPE] born in the United States?"

IF K11Q30 IS BLANK AND C10Q02A=6-10, ASK: "Were you born in the United States?"

IF K11Q30 IS BLANK AND C10Q02A not equal 6-10, ASK: "Was [S.C.]'s [FATHER TYPE] born in the United States?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

IF (C10Q02A=6-10 OR C10Q02B=6-10), ASK K11Q31. ELSE, SKIP TO CPK11Q32.

CPK11Q32   **IF C10Q02A NOT equal 1-10, ASK K11Q32. ELSE SKIP TO K11Q33.**
K11Q32^{*CA}   **IF K11Q30 OR K11Q31 ARE NOT BLANK, ASK**: "And how about you?"

READ AS NECESSARY: "Were you born in the United States?"

IF K11Q30 AND K11Q31 ARE BLANK, ASK: "Were you born in the United States?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A (see TEXTFILL logic)] LIVING IN THIS HOUSE.

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K11Q33^{*CA}   And how about [S.C.]?

READ AS NECESSARY: Was [S.C.] born in the United States?

(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K11Q34A[*CA]   **IF C10Q02A=1-5, FILL "have you". ELSE, FILL** "has [S.C.]'s [MOTHER TYPE]"

How long [have you / has [S.C.]'s [MOTHER TYPE]] been in the United States?

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER(BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

ENTER NUMBER: _____
(996) DON'T KNOW
(997) REFUSED

K11Q34B[*CA]   **[MARK PERIOD]**

(1) DAYS
(2) WEEKS
(3) MONTHS
(4) YEARS

K11Q35A[*CA]   **IF K11Q34A NOT BLANK AND C10Q02A=6-10, ASK**: "And how about you?"

READ AS NECESSARY: "How long have you been in the United States?"

IF K11Q34A NOT BLANK AND C10Q02A NOT equal 6-10, ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "How long has [S.C.]'s [FATHER TYPE] been in the United States?"

IF K11Q34A IS BLANK AND C10Q02A=6-10, ASK: "How long have you been in the United States?"

IF K11Q34A IS BLANK AND C10Q02A NOT equal 6-10, ASK: "How long has [S.C.]'s [FATHER TYPE] been in the United States?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

ENTER NUMBER: _____
(996) DON'T KNOW
(997) REFUSED

K11Q35B[*CA]   **[MARK PERIOD]**

(1) DAYS
(2) WEEKS
(3) MONTHS
(4) YEARS

CPK11Q36A **IF C10Q02A NOT equal 1-10 AND K11Q32 = 2, ASK K11Q36A. ELSE SKIP TO K11Q37A.**

K11Q36A[*CA] **IF K11Q34A OR K11Q35A ARE NOT BLANK, ASK**: "And how about you?"

READ AS NECESSARY: "How long have you been in the United States?"

IF K11Q34A AND K11Q35A ARE BLANK, ASK: "How long have you been in the United States?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A (see TEXTFILL logic)] LIVING IN THIS HOUSE.

ENTER NUMBER: _____
(996) DON'T KNOW
(997) REFUSED

K11Q36B[*CA] **[MARK PERIOD]**

(1) DAYS
(2) WEEKS
(3) MONTHS
(4) YEARS

K11Q37A[*CA] **IF K11Q33 = 2, ASK K11Q37A. ELSE SKIP TO CPC11Q14.**

IF K11Q34A, K11Q35A, OR K11Q36A ARE NOT BLANK, ASK: "And how about [S.C.]?"

READ AS NECESSARY: "How long has [S.C.] been in the United States?"

IF K11Q34A, K11Q35A, AND K11Q36A ARE BLANK, ASK: "How long has [S.C.] been in the United States?"

ENTER NUMBER: _____
(996) DON'T KNOW
(997) REFUSED

K11Q37B[*CA] **[MARK PERIOD]**

(1) DAYS
(2) WEEKS
(3) MONTHS
(4) YEAR

12. PHONE LINE AND HOUSEHOLD INFORMATION

C11Q15_CELL   The next few questions are about the phones in your household.

In total, how many working cell phones do you and your household members have available for personal use? Please do not count cell phones that are used exclusively for business purposes [**IF CELL CASE and NEWPHONE_FLAG=0 then display**: "and please include the number we called." **ELSE IF CELL CASE and NEWPHONE_FLAG=1 then display**: "and please include [OLD_NUMBER]."]

[If CELL CASE and NEWPHONE_FLAG=1 display "**INTERVIEWER NOTE**: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL."]

    (0) NONE   **[SKIP TO C11Q20]**
    (1) ONE
    (2) TWO
    (3) THREE OR MORE
    (6) DON'T KNOW
    (7) REFUSED

C11Q15_CELL_USUALLY

How many [IF C11Q15_CELL = 1, 2, 3 THEN DISPLAY: "of these"] cell phones do the adults in this household usually use? [If CELL CASE and NEWPHONE_FLAG=0 then display: "Please include the number we called." ELSE If CELL CASE and NEWPHONE_FLAG=1 then display "Please include [OLD_NUMBER]."]

[IF CELL CASE then display: "**INTERVIEWER NOTE**: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE""]

[If CELL CASE and NEWPHONE_FLAG=1 display "**INTERVIEWER NOTE**: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.]

    (0) NONE
    (1) ONE
    (2) TWO
    (3) THREE OR MORE
    (6) DON'T KNOW
    (7) REFUSED

C11Q16   Of all the phone calls that you and your household receive, are nearly all received on cell phone, nearly all received on regular phones, or some received on cell phones and some received on regular phones?

    (1) NEARLY ALL RECEIVED ON CELL PHONES
    (2) NEARLY ALL RECEIVED ON REGULAR PHONES
    (3) SOME RECEIVED ON CELL PHONES AND SOME RECEIVED ON REGULAR PHONES
    (6) DON'T KNOW
    (7) REFUSED

CPC11_AWAY   **IF CELL SAMPLE THEN GO TO C11_AWAY, ELSE GO TO CP_CELLONLY**

C11_AWAY   Would you mind telling me if I reached you today away from home or at home?

> **INTERVIEWER NOTE:** IF THE RESPONDENT WAS AWAY FROM HOME DURING ANY PART OF THE CALL, THEN CODE AS AWAY FROM HOME.

> (1) AWAY FROM HOME
> (2) AT HOME
> (96) DON'T KNOW
> (97) REFUSED

> **SKIP TO CP_CELLONLY**

CP_ CELLONLY   **IF CELL ONLY, THEN GO TO CPC11Q17. ELSE GO TO C11Q20**

C11Q20   Not including cell phones, has your household been without phone service for 1 week or more during the past 12 months?

> (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

CPC11Q17   **IF CWTYPE=S AND ASK_CALIF=1 THEN GO TO C11Q17, ELSE GO TO C11Q22.**

C11Q17[*CA]   Do you have access to the internet at home?

> (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

C11Q22   Please tell me your zip code.

> _____ _____ _____ ____ _____ **(00001-99997)**
> (99996) DON'T KNOW
> (99997) REFUSED

C11Q22_CONF I entered [**FILL C11Q22**], is that correct?

> (1) YES   **[GO TO LOC_STATE]**
> (2) NO   **[GO TO C11Q22]**

LOC_STATE   What state do you live in?

> _____(**DROP DOWN MENU OF STATE NAMES**)

LOCATE_ TRANSITION	We may want to contact you in the future to ask questions about the health and health care of [S.C.]. By participating in future surveys, you will help us better understand the health and health care needs of children and adolescents in your state and the nation.
LOCATE_ NUMBER	Is there another number where we can reach you if this number isn't working for some reason? **INTERVIEWER INSTRUCTION:** IF THE RESPONDENT SAYS NO, PROBE THE RESPONDENT FURTHER BY SAYING "An alternate number can be a work or cell phone number, or even a number for a relative who you keep in touch with." **READ AS NECESSARY:** We will only call you back to participate in future surveys about the health or health care of [S.C.], and will not sell or disclose your phone number to any other party. If we do contact you in the future, you can choose whether or not to participate at that time. (1) YES **[RECORD PHONE NUMBER]** (2) NO **[SKIP TO LOCATE_ADDRESS]**
TELETYPE	Is this phone number a cell phone, landline, work number or other type? (1) CELL (2) LANDLINE (3) WORK (4) OTHER
LOCATE_ ADDRESS	**IF CASE QUALIFIED FOR CSHCN INCENTIVE THEN READ**: We'd also like to mail you [MONEY_1 / MONEY_2] as a token of our appreciation for taking the time to answer our questions.] [**IF NO ADDRESS, READ**: Would you please give me your address?] (1) YES **[RECORD ADDRESS]** (2) NO **[SKIP TO LOCATING_NAME]**
CPNAME	IF NAME OF SC GIVEN DURING SURVEY **[SKIP TO PNAME]** ELSE **[SKIP TO LOCATING_NAME]**
LOCATING_ NAME	I could refer to your child as [AGEID] if we call you back, or if you prefer, you could give me a first name or initials. (1) CONTINUE TO USE AGE REFERENCE **[SKIP TO PNAME]** (2) USE NAME **[SKIP TO LOCATING_NAME_A]**
LOCATING _NAME_A	ENTER NAME/INITIALS: _____ **[SKIP TO PNAME]** (99) REFUSED **[SKIP TO PNAME]**
PNAME	Since following up with your household may be easier if we have your name, could you please give me your name or initials? (1) YES **[SKIP TO PNAME_A]** (2) NO **[SKIP TO CPGOGETMED]**
PNAME_A	ENTER NAME/INITIALS _____

CPGOGETMED   **IF C95Q01A = 77, ASK GOGETMED. ELSE SKIP TO CWEND.**

GOGETMED   Earlier you told me that [S.C.] has taken medication for ADD or ADHD in the past week, however
                you did not know the name of the medication. Before we finish the interview, can you please take
                a moment to get [S.C.]'s medication so we may record the name of the medication?

                READ IF NECESSARY: If [S.C.] takes more than one medication for ADD or ADHD, please
                get all the medications so we can record each name.

                (1) YES   **[SKIP TO GOGETMED_CNFM]**
                (7) REFUSED   **[SKIP TO CWEND]**

GOGETMED_CNFM   **READ IF APPROPRIATE**: Thank you for taking the time to get the medication.
                    Please read the name of each medication that [S.C.] takes for ADD or ADHD.

                INTERVIEWER INSTRUCTIONS: MARK ALL THAT APPLY AMONG 1-18. DO NOT
                READ LIST.

                (1) ADDERALL (ADD-ur-all), ADDERALL XR, AMPHETAMINE (am-FET-a-meen)
                (2) CELEXA, CITALOPRAM (si-TAL-o-pram)
                (3) CONCERTA
                (4) DAYTRANA PATCH
                (5) DEXEDRINE, DEXEDRINE SPANSULE, DEXTROSTAT, DEXTRO-AMPHETAMINE
                (6) DEXMETHYLPHENIDATE
                (7) FLUOXETINE (floo-ox-e-teen)
                (8) FOCALIN, FOCALIN XR
                (9) METADATE, METADATE CD
                (10) METHYLIN
                (11) METHYLPHENIDATE
                (12) PROZAC
                (13) RITALIN, RITALIN LA, RITALIN SR
                (14) SERTRALINE (SER-tra-leen)
                (15) STRATTERA
                (16) VYVANSE
                (17) ZOLOFT
                (18) OTHER
                (55) COULD NOT FIND BOTTLE/NAME OF MEDICATION
                (99) REFUSED

                IF 1-17 OR 55, GO TO CWEND. IF 18 GO TO GOGETMED_OTH.

GOGETMED_OTH
                ENTER OTHER MEDICATION. IF MORE THAN ONE MEDICATION IS GIVEN ENTER
                ALL MEDICATIONS ON ONE LINE.

                _____**ENTER TEXT**

CWEND   Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease
                Control and Prevention for the time and effort you've spent answering these questions. If you
                have any questions about this survey, you may call my supervisor toll-free at [1-866-999-3340/1-
                888-990-9986]. If you have questions about your rights as a survey participant, you may call the
                chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.