

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

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

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

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

RT 01  
3-7  
8

RT 06  
3-4

**Part I - CALL RECORD**

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

**Part II - STATUS**

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

**Part III - NEW ADDRESS FOR CHILD**

RT 07  
3-4

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

**INITIAL SCREENING – CHILDREN**

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

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

### INITIAL SCREENING - Continued

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

#### GENERAL INSTRUCTIONS

1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone.
2. After appropriate introductions, begin all interviews with A on page 2.
3. If the respondent is not within your normal assignment area, call your office for instructions.
4. Make minor corrections to address or phone number on the LABEL. Record new addresses and/or phone numbers above.
5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.
6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions:
  - **Long dash (—)** – Insert the appropriate words or names from the list.
  - **Underlined italics in parentheses** – Insert the specified words, name, date, etc.
  - **Regular type in parentheses** – Either read or do not read the parenthetical, depending on the situation and the context of the question.
  - **Brackets with a slash ( [ / ] )** – Choose the appropriate words or phrase for the particular interview.
  - **Bold capitals** – Emphasize the word(s) when reading the question.
7. If the sample child is emancipated, interview the sample child on a DFS-2 questionnaire, transcribing all label information from the DFS-1 to the DFS-2.

Notes

**Section A - HOME CARE SERVICES**

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

3-4

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

**ITEM A1**

Refer to child's age.

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

5

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

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

6

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

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

7

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

- 1  Yes
- 2  No
- 9  DK

8

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

- 1  Yes
- 2  No
- 9  DK

9

**ITEM A2**

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

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

10

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

(Record up to 4 names in Table H on pages 6 and 7. Return to 4b)

OR

- 0  None in past two weeks } (Skip to 9 on page 8)
- 9  DK }

Anyone else?

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

11

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

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

12

**c. How many other people have helped?**

\_\_\_\_\_ Helper(s)  
(Number)

- 00  None
- 99  DK

13-14

**d. How many of these additional helpers were paid?**

\_\_\_\_\_ Paid helper(s)  
(Number)

- 00  None
- 99  DK

15-16

Notes

**Section A – HOME CARE SERVICES – Continued**

**HELPER 01**

<b>TABLE H</b>	3-4
Ask 5-8 separately for each helper listed.	Helper name 5-6
<p><b>5a. Does (helper) help with (child's) personal care, supervision or both?</b> Mark (X) only one.</p> <p>Verify and mark (X) if known or HAND CARD C1 and ask. Read categories if telephone interview.</p> <p><b>b. What is (helper's) relationship to (child)?</b> Mark (X) only one.</p>	<p><b>5a.</b> 1 <input type="checkbox"/> Personal care 7 2 <input type="checkbox"/> Supervision 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p> <p><b>b.</b> 0 <input type="checkbox"/> Parent (Skip to 6g) 8 1 <input type="checkbox"/> Other relative in HH 2 <input type="checkbox"/> Other relative not in HH } (Go to 6a) 3 <input type="checkbox"/> Non-relative in HH 4 <input type="checkbox"/> Friend/Neighbor 5 <input type="checkbox"/> Unpaid volunteer from an organization or business (Skip to 6f) 6 <input type="checkbox"/> Paid employee of an organization or business } (Skip to 6b) 7 <input type="checkbox"/> Paid employee of yours 8 <input type="checkbox"/> Other } (Go to 6a) 9 <input type="checkbox"/> DK</p>
<p><b>6a. Is this help paid for?</b></p> <p>HAND CARD C2. Read categories if telephone interview.</p> <p><b>b. Who pays for this help? (Anyone else?)</b> Mark (X) all that apply.</p> <p><b>c. Who pays for most of this help? Record box number from 6b.</b></p> <p>Ask 6d and e only if box 00 or 01 marked in 6b; otherwise, skip to 6f.</p> <p><b>d. DURING THE PAST 12 MONTHS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.</b></p> <p><b>e. DURING THE PAST 2 WEEKS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.</b></p> <p><b>f. How satisfied or dissatisfied are you with this help? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?</b> Mark (X) only one.</p> <p>ASK OR VERIFY:</p> <p><b>g. Is (helper) male or female?</b></p>	<p><b>6a.</b> 1 <input type="checkbox"/> Yes (Go to 6b) 9 2 <input type="checkbox"/> No } (Skip to 6f) 9 <input type="checkbox"/> DK</p> <p><b>b.</b> 00 <input type="checkbox"/> Parent(s) 10-11 01 <input type="checkbox"/> Family in household 12-13 02 <input type="checkbox"/> Family NOT in household 14-15 03 <input type="checkbox"/> Private health insurance 16-17 04 <input type="checkbox"/> Medicaid 18-19 05 <input type="checkbox"/> Rehabilitation program 20-21 06 <input type="checkbox"/> Parent's employer 22-23 07 <input type="checkbox"/> School system 24-25 08 <input type="checkbox"/> VA program 26-27 09 <input type="checkbox"/> Other military 28-29 10 <input type="checkbox"/> Other private source 30-31 11 <input type="checkbox"/> Other public source 32-33 12 <input type="checkbox"/> No one/Free 34-35 99 <input type="checkbox"/> DK 36-37</p> <p><b>c.</b> <input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 38-39 99 <input type="checkbox"/> DK</p> <p><b>d.</b> 00000 <input type="checkbox"/> None 40-44 \$ _____ 00 99999 <input type="checkbox"/> DK</p> <p><b>e.</b> 00000 <input type="checkbox"/> None 45-49 \$ _____ 00 99999 <input type="checkbox"/> DK</p> <p><b>f.</b> 1 <input type="checkbox"/> Very satisfied 50 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p> <p><b>g.</b> 1 <input type="checkbox"/> Male 51 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK</p>
<p><b>7. How many days in the past 2 weeks did (helper) help?</b></p>	<p><b>7.</b> 00 <input type="checkbox"/> None (Go to 5a for next helper, or A3 on page 8) 52-53 _____ Days 14 <input type="checkbox"/> All 99 <input type="checkbox"/> DK</p>
<p><b>8. How many hours per day did (helper) help in the past 2 weeks?</b></p>	<p><b>8.</b> 00 <input type="checkbox"/> None 54-55 _____ Hours } (Go to 5a for next helper, or A3 on page 8) 96 <input type="checkbox"/> Less than one hour 99 <input type="checkbox"/> DK</p>

**Section A - HOME CARE SERVICES - Continued**

<b>ITEM A3</b>	Refer to question 5b for ALL HELPERS in Table H. (Any related household members)	1 <input type="checkbox"/> Box "0" or "1" marked (Go to 9) 2 <input type="checkbox"/> Other (Skip to 10 on page 10)	5
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<p><b>Respite care for children with special needs is care provided by a person or organization to relieve the parent or family caregivers. It can be provided at your home, someone else's home, a home run by an organization, a facility, or an institution.</b></p> <p><b>9a. During the past 12 months, have you used any respite care for (child) so that you or your family could go out for a while, take a break, or go on vacation?</b></p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	6
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<p><b>b. During the past 12 months, have you NEEDED any (additional) respite care for (child)?</b></p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7
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<b>ITEM A4</b>	Refer to question 9a. (Respite care in past 12 months)	1 <input type="checkbox"/> "Yes" in 9a (Go to 9c) 2 <input type="checkbox"/> Other (Skip to 10 on page 10)	8
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<p><i>Ask 9c(1)-(5) before going to 9d-f.</i></p> <p><b>9c. Was any of this respite care in the past 12 months provided by —</b></p>	<p><i>Ask 9d-f for each provider marked "Yes" in 9c.</i></p> <p><b>9d. Altogether, how many days in the past 12 months did you use care provided by ("Yes" in 9c)?</b></p>
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<p><b>(1) A relative, friend, or neighbor?</b></p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	9	<p><b>(1) _____ Days</b> (Number)</p> 99 <input type="checkbox"/> DK	10-11
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<p><b>(2) An unpaid volunteer from an organization or business?</b></p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	19	<p><b>(2) _____ Days</b> (Number)</p> 99 <input type="checkbox"/> DK	20-21
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<p><b>(3) A paid employee of an organization or business?</b></p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	29	<p><b>(3) _____ Days</b> (Number)</p> 99 <input type="checkbox"/> DK	30-31
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<p><b>(4) A paid employee of yours?</b></p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39	<p><b>(4) _____ Days</b> (Number)</p> 99 <input type="checkbox"/> DK	40-41
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<p><b>(5) Any other source?</b></p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	49	<p><b>(5) _____ Days</b> (Number)</p> 99 <input type="checkbox"/> DK	50-51
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Notes

**Section A - HOME CARE SERVICES - Continued**

<i>Read categories if necessary.</i>	
<p><b>9e. On the day(s) that you used this care, on the average how many hours did you use it?</b></p> <p><i>Round fractions to the nearest whole hour.</i></p> <p><b>(1)</b> 1 <input type="checkbox"/> Less than 1 hour                  2 <input type="checkbox"/> 1-2 hours                  3 <input type="checkbox"/> 3-11 hours                  4 <input type="checkbox"/> 12-24 hours                  9 <input type="checkbox"/> DK</p>	<p><b>9f. Where was this care provided?</b></p> <p><b>Anywhere else?</b></p> <p><i>Mark (X) all that apply</i></p> <p><b>(1)</b> 1 <input type="checkbox"/> Child's home                  2 <input type="checkbox"/> Home run by organization                  3 <input type="checkbox"/> Other private home                  4 <input type="checkbox"/> Facility or institution                  5 <input type="checkbox"/> Other                  9 <input type="checkbox"/> DK</p>
12	13
<p><b>(2)</b> 1 <input type="checkbox"/> Less than 1 hour                  2 <input type="checkbox"/> 1-2 hours                  3 <input type="checkbox"/> 3-11 hours                  4 <input type="checkbox"/> 12-24 hours                  9 <input type="checkbox"/> DK</p>	<p><b>(2)</b> 1 <input type="checkbox"/> Child's home                  2 <input type="checkbox"/> Home run by organization                  3 <input type="checkbox"/> Other private home                  4 <input type="checkbox"/> Facility or institution                  5 <input type="checkbox"/> Other                  9 <input type="checkbox"/> DK</p>
22	23
<p><b>(3)</b> 1 <input type="checkbox"/> Less than 1 hour                  2 <input type="checkbox"/> 1-2 hours                  3 <input type="checkbox"/> 3-11 hours                  4 <input type="checkbox"/> 12-24 hours                  9 <input type="checkbox"/> DK</p>	<p><b>(3)</b> 1 <input type="checkbox"/> Child's home                  2 <input type="checkbox"/> Home run by organization                  3 <input type="checkbox"/> Other private home                  4 <input type="checkbox"/> Facility or institution                  5 <input type="checkbox"/> Other                  9 <input type="checkbox"/> DK</p>
32	33
<p><b>(4)</b> 1 <input type="checkbox"/> Less than 1 hour                  2 <input type="checkbox"/> 1-2 hours                  3 <input type="checkbox"/> 3-11 hours                  4 <input type="checkbox"/> 12-24 hours                  9 <input type="checkbox"/> DK</p>	<p><b>(4)</b> 1 <input type="checkbox"/> Child's home                  2 <input type="checkbox"/> Home run by organization                  3 <input type="checkbox"/> Other private home                  4 <input type="checkbox"/> Facility or institution                  5 <input type="checkbox"/> Other                  9 <input type="checkbox"/> DK</p>
42	43
<p><b>(5)</b> 1 <input type="checkbox"/> Less than 1 hour                  2 <input type="checkbox"/> 1-2 hours                  3 <input type="checkbox"/> 3-11 hours                  4 <input type="checkbox"/> 12-24 hours                  9 <input type="checkbox"/> DK</p>	<p><b>(5)</b> 1 <input type="checkbox"/> Child's home                  2 <input type="checkbox"/> Home run by organization                  3 <input type="checkbox"/> Other private home                  4 <input type="checkbox"/> Facility or institution                  5 <input type="checkbox"/> Other                  9 <input type="checkbox"/> DK</p>
52	53

Notes

**Section A - HOME CARE SERVICES - Continued**

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

Notes



**Section B – WORK/CHILD CARE**

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



**Section D – ASSISTIVE DEVICES AND TECHNOLOGIES**

The next questions are about medical devices and implants.

Ask 1a–o before going to 2.

Ask for each "Yes" in 1.

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

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

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

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

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

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

Notes

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

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

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

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

Section E - OTHER SERVICES - Continued		RT 17		RT 17	
		J		K	
		3-4		3-4	
The next questions are about other services (child) may have received.		10 Services from a center for independent living		11 Respiratory therapy services	
1a. During the past 12 months, did (child) receive ____ ?		5-6		5-6	
1a.		1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK } 7		1a.	
b. Did (child) need ____ in the past 12 months?		8		8	
b.		1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK } 8		b.	
2a. During the past 12 months, in how many months did (child) receive ____ ?		9-10		9-10	
2a.		____ Months (Number) 99 <input type="checkbox"/> DK		2a.	
b. What was the total number of times (child) received ____ during [that/those] months?		11-12		11-12	
b.		____ Times (Number) 99 <input type="checkbox"/> DK		b.	
HAND CARD C2. Read categories if telephone interview.					
3a. Who paid or will pay for the services (child) received from ____ in the past 12 months? (Anyone else?) Mark (X) all that apply.		3a.		3a.	
		00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40		00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	
b. Who paid most of the cost for ____ in the past 12 months? Record number of main source.		b.		b.	
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for ____? Do not count any money that has been or will be reimbursed by insurance or any other source.		c.		c.	
d. DURING THE PAST 2 WEEKS, about how much did the family pay for ____?		d.		d.	
4. During (month) did (child) receive ____ ?		4.		4.	
4.		1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service) 53		1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service) 53	
HAND CARD A7. Read categories if telephone interview.					
5. Why didn't (child) receive ____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.		5.		5.	
		00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77		00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	



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

Section E - OTHER SERVICES - Continued

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

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

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

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

Anything else?

Mark (X) all that apply.

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

Notes

**Section F - EDUCATIONAL SERVICES**

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

**Section F - EDUCATIONAL SERVICES - Continued**

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

Notes

**Section F – EDUCATIONAL SERVICES – Continued**

66

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

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

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

*HAND CARD C8. Read categories if telephone interview.*

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

**(Anything else?)**

*Mark (X) all that apply.*

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

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

*Mark (X) all that apply.*

- 1  Developmental delay 101
  - 2  Other health condition 102
  - 3  Other problem 103
  - 4  DK 104
- RT 21  
3-4

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

**Anywhere else?**

*Mark (X) all that apply.*

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

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

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

25

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

**Anything else?**

*Mark (X) all that apply.*

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

Notes

**Section F - EDUCATIONAL SERVICES - Continued**

<p><b>6a. During the past 12 months, have you tried to get any (additional) special education services for <u>(child)</u>?</b></p> <p>-----  <i>HAND CARD C8. Read categories if telephone interview.</i></p> <p><b>b. What (additional) special education services did you try to get for <u>(child)</u> ?</b>  <b>(Anything else?)</b>  <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 6b</i>)                  2 <input type="checkbox"/> No } (<i>Skip to 7</i>)                  9 <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>01 <input type="checkbox"/> Transportation services                  02 <input type="checkbox"/> Speech/Language therapy                  03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training)                  04 <input type="checkbox"/> Family training, counseling and home visits                  05 <input type="checkbox"/> Nursing or health services                  06 <input type="checkbox"/> Physical therapy                  07 <input type="checkbox"/> Occupational therapy                  08 <input type="checkbox"/> Nutrition services                  09 <input type="checkbox"/> Social work services                  10 <input type="checkbox"/> Psychological services                  11 <input type="checkbox"/> Service coordination/case management                  12 <input type="checkbox"/> Special instruction                  13 <input type="checkbox"/> Vision services, including eye testing and obtaining glasses                  14 <input type="checkbox"/> Other assistive devices and training in their use                  15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes                  16 <input type="checkbox"/> Other early intervention services                  99 <input type="checkbox"/> DK</p>
<p align="right">35</p> <hr style="border-top: 1px dashed black;"/> <p align="right">36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69</p>	
<p><b>c. During the past 12 months, was <u>(child)</u> on a waiting list for any special education services?</b></p> <p>-----  <i>HAND CARD C7. Read categories if telephone interview.</i></p> <p><b>d. What problems did you have trying to get special education services for <u>(child)</u> during the past 12 months?</b>  <b>(Anything else?)</b>  <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>00 <input type="checkbox"/> No problem getting services                  01 <input type="checkbox"/> Service is not available                  02 <input type="checkbox"/> Had trouble finding the right kind of service                  03 <input type="checkbox"/> Services available are inadequate                  04 <input type="checkbox"/> School did not think child needed the service                  05 <input type="checkbox"/> School would not test child for disabilities                  06 <input type="checkbox"/> School would not help in finding services                  07 <input type="checkbox"/> Could not take time off from work to arrange it                  08 <input type="checkbox"/> Other problems                  99 <input type="checkbox"/> DK</p>
<p align="right">70</p> <hr style="border-top: 1px dashed black;"/> <p align="right">71-72 73-74 75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90</p>	
<p><b>7. Overall, how satisfied are you with the education services that <u>(child)</u> receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?</b></p>	<p>0 <input type="checkbox"/> Did not receive any educational services                  1 <input type="checkbox"/> Very satisfied                  2 <input type="checkbox"/> Somewhat satisfied                  3 <input type="checkbox"/> Somewhat dissatisfied                  4 <input type="checkbox"/> Very dissatisfied                  9 <input type="checkbox"/> DK</p>
<p align="right">91</p>	

Notes

**Section G - COORDINATION OF SERVICES**

<b>1a. Is there any one doctor who you think of as the one who coordinates (child's) overall medical care? By coordinating, I mean one who keeps in touch with the different doctors or therapists who (child) sees, who knows the results of all tests and treatments that (child) has, and who is aware of (child's) different prescription medicines.</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	5
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<b>b. Do (child's) doctors talk to each other about [his/her] health and the care [he/she] gets, including any tests or medications?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Only one doctor 9 <input type="checkbox"/> DK	6
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<b>2a. Is there anyone who is NOT a doctor who coordinates (child's) medical care?</b>	1 <input type="checkbox"/> Yes (Go to 2b) 2 <input type="checkbox"/> No } (Skip to 3) 9 <input type="checkbox"/> DK }	7
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<b>b. Who does this for (child)?</b>  <b>Anyone else?</b>  Mark (X) all that apply.	0 <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Friend/Family member 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Therapist 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Hospital discharge planner 6 <input type="checkbox"/> Case manager 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	8 9 10 11 12 13 14 15 16
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<b>3a. Does any physician or someone in a physician's office help with arranging (child's) non-medical care, like social services and personal care services?</b>	1 <input type="checkbox"/> Yes (Go to 3b) 2 <input type="checkbox"/> No } (Skip to 4) 9 <input type="checkbox"/> DK }	17
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<b>b. Is this person, or does this person work for a general care physician or a specialist?</b>	1 <input type="checkbox"/> General care physician 2 <input type="checkbox"/> Specialist 3 <input type="checkbox"/> Someone else 9 <input type="checkbox"/> DK	18
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<b>c. Is this person a --</b>  Mark (X) all that apply.	1 <input type="checkbox"/> <b>Physician?</b> 2 <input type="checkbox"/> <b>Therapist?</b> 3 <input type="checkbox"/> <b>Nurse?</b> 4 <input type="checkbox"/> <b>Social worker?</b> 5 <input type="checkbox"/> <b>Hospital discharge planner?</b> 6 <input type="checkbox"/> <b>Case manager?</b> 7 <input type="checkbox"/> <b>Something else?</b> 9 <input type="checkbox"/> DK	19 20 21 22 23 24 25 26
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<b>4a. Does anyone NOT in a physician's office help with arranging (child's) non-medical services?</b>	1 <input type="checkbox"/> Yes (Go to 4b) 2 <input type="checkbox"/> No } (Skip to G1) 9 <input type="checkbox"/> DK }	27
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<b>b. Who does this for (child)?</b>  <b>Anyone else?</b>  Mark (X) all that apply.	0 <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Friend/Family member 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Therapist 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Hospital discharge planner 6 <input type="checkbox"/> Case manager 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	28 29 30 31 32 33 34 35 36
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<b>ITEM G1</b>	Refer to 1a, 2a, 3a and 4a. (Coordinates/arranges)	1 <input type="checkbox"/> "Yes" in any (Go to 5 on page 26) 2 <input type="checkbox"/> All other (Skip to 9 on page 26)	37
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Notes	
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**Section G – COORDINATION OF SERVICES – Continued**

*HAND CARD C9. Read categories if telephone interview.*

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

**(Anything else?)**

*Mark (X) all that apply.*

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

**ITEM  
G2**

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

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

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

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

*HAND CARD C2. Read categories if telephone interview.*

**b. Who paid or will pay for this help?**

**(Anyone else?)**

*Mark (X) all that apply.*

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

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

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

*Record number of main source.*

- Paid most  
(Number)  
99  DK

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

- 000  None  
(Number) { 1  Per week  
2  Per month  
3  Per six months  
999  DK

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

*Mark (X) only one.*

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

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

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







**Section I - PERSONAL ADJUSTMENT AND ROLE SKILLS (PARS)**

**ITEM 11**

Refer to child's age on label.

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

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

HAND CARD C11.

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

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

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

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

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

Notes

**Section J - IMPACT ON THE FAMILY**

1a. For reasons related to <i>(child's)</i> health, has anyone in the family EVER:	Yes	No	DK	
(0) Not taken a job in order to care for <i>(child)</i> ?	(0) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34
(1) Quit working other than normal maternity leave?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35
(2) Changed jobs?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36
(3) Changed work hours to a different time of day?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37
(4) Turned down a better job or promotion?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
(5) Worked fewer hours?	(5) 1 <input type="checkbox"/> (Go to 1b)	2 <input type="checkbox"/> (Skip to 2)	9 <input type="checkbox"/> (Skip to 2)	39
<b>b. Right BEFORE the family member changed hours the last time, how many hours a week did he or she work?</b>	_____ Hours (Number) 99 <input type="checkbox"/> DK			40-41
<b>c. AFTER the family member changed hours, how many hours a week did he or she work?</b>	_____ Hours (Number) 99 <input type="checkbox"/> DK			42-43
<b>2. During the past 12 months, because of <i>(child's)</i> health, has anyone in the family had to change sleeping patterns for more than a few nights at a time?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			44
<b>3. During the past 12 months, has the family had severe financial problems because of <i>(child's)</i> health?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			45

Notes

**Section K – MENTAL HEALTH**

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

**Section K - MENTAL HEALTH - Continued**

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

<b>ITEM K3</b>	Refer to 3f. (Number of times)	<p>1 <input type="checkbox"/> 1 time (Go to 4a)                  2 <input type="checkbox"/> 2 or more times (Skip to 4b)                  9 <input type="checkbox"/> DK (Skip to 4c)</p>	80
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<p><b>4a. Was that visit on an emergency basis?</b></p>	<p>1 <input type="checkbox"/> Yes }                  2 <input type="checkbox"/> No } (Skip to 4e on page 34)                  9 <input type="checkbox"/> DK }</p>	81
<p><b>b. How many of the (number in 3f) visits were on an emergency basis?</b></p>	<p>00 <input type="checkbox"/> None                  _____ Emergency } (Skip to 4e on page 34)                  (Number)                  99 <input type="checkbox"/> DK }</p>	82-83
<p><b>c. Were any of the visits in the past 12 months on an emergency basis?</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 4d)                  2 <input type="checkbox"/> No } (Skip to 4e on page 34)                  9 <input type="checkbox"/> DK }</p>	84
<p><b>d. How many visits were on an emergency basis?</b></p>	<p>_____ Emergency } (Go to 4e on page 34)                  (Number)                  99 <input type="checkbox"/> DK }</p>	85-86

Notes
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**Section L - HOUSING AND TRANSPORTATION**

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

<p><b>1a. Is it NECESSARY to use any stairs to get into this home from outside?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>5</p>
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<p><i>ASK OR VERIFY:</i></p> <p><b>b. Counting basements and stepdown living areas as separate levels, does this home have more than one floor or level?</b></p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 1c</i>) 2 <input type="checkbox"/> No (<i>Skip to 2</i>) 9 <input type="checkbox"/> DK (<i>Go to 1c</i>)</p>	<p>6</p>
<p><b>c. Does this home have a bathroom, bedroom and kitchen ALL on the SAME floor or level?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>7</p>
-----		
<p><b>2. Because of a physical impairment or health problem, does (child) have any difficulty:</b></p>	<p>Yes    No    DK</p>	
<p><b>a. Entering or leaving your home?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>8</p>
<p><b>b. Opening or closing any of the doors in your home?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>9</p>
<p><b>c. Reaching or opening cabinets in your home?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>10</p>
<p><b>d. Using the bathroom in your home?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>11</p>
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<p><b>3. Does this home have any of these special features:</b></p>	<p>Yes    No    DK</p>	
<p><b>a. Widened doorways or hallways?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>12</p>
<p><b>b. Ramps or street level entrances?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>13</p>
<p><b>c. Railings?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>14</p>
<p><b>d. Automatic or easy to open doors?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>15</p>
<p><b>e. Accessible parking or drop-off site?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>16</p>
<p><b>f. Bathroom modifications?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>17</p>
<p><b>g. Kitchen modifications?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>18</p>
<p><b>h. Elevator, chair lift, or stair glide?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>19</p>
<p><b>i. Alerting devices?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>20</p>
<p><b>j. Any other special features?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>21</p>
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<p><b>4. Does (child) NEED any of these special features to get around the home?</b></p>	<p>Yes    No    DK</p>	
<p><b>a. Widened doorways or hallways?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>22</p>
<p><b>b. Ramps or street level entrances?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>23</p>
<p><b>c. Railings?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>24</p>
<p><b>d. Automatic or easy to open doors?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>25</p>
<p><b>e. Accessible parking or drop-off site?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>26</p>
<p><b>f. Bathroom modifications?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>27</p>
<p><b>g. Kitchen modifications?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>28</p>
<p><b>h. Elevator, chair lift, or stair glide?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>29</p>
<p><b>i. Alerting devices?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>30</p>
<p><b>j. Any other special features?</b> .....</p>	<p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	<p>31</p>
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<p><b>5. DURING THE PAST 12 MONTHS, were you ever refused housing or rental accommodations because of any impairment or health problem that (child) has or did you not look for housing in the past 12 months?</b></p>	<p>0 <input type="checkbox"/> Did not look 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>32</p>



**Section M - HEALTH INSURANCE**

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

Notes

