

**2005 – 06 NATIONAL SURVEY OF  
CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

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## Section 1. NIS/SLAITS ELIGIBILITY AND SCREENERS

S.C. = Sample Child

Intro\_1 Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age, are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study.

- (1) CONTINUE WITH INTERVIEW..... GO TO S1
- (2) CONFIRM BUSINESS..... GO TO SALZ
- (3) CONFIRM OUT OF SCOPE..... GO TO THANK\_YOU\_OOS
- (4) TERMINATE THE INTERVIEW..... GO TO UNIVERSAL EXIT-T1
- (5) CELL PHONE..... GO TO UNIVERSAL EXIT- CELL\_1
- (6) ANSWERING MACHINE ..... GO TO MSG\_Y
- (7) R WILL CALL 800 LINE/VERIFY WEBSITE..... GO TO CNOTES\_1\_1
- (8) R ASKS FOR LETTER ..... GO TO UNIVERSAL EXIT  
..... M1\_NAME
- (9) SUPERVISOR REVIEW..... GO TO CNOTES\_1\_1  
(RAISE YOUR HAND TO GET PERMISSION BEFORE USING THIS CODE)

THANK\_YOU\_OOS

We are only interviewing families living in their usual place of residence; those are all the questions I have. Thank you.

INTRO\_1 (for partial completes)

Hello, my name is \_\_\_\_\_ and I am calling on behalf of the Centers for Disease Control and Prevention. We recently spoke to (MKR / an adult in this household) and began an important nationwide immunization study regarding (child's name or initials)'s vaccinations. I'm calling to complete the interview now. May I please speak with (MKR / that adult)?

SALZ

Is this telephone number for business use only?

- (1) YES ..... GO TO SALZ\_BUS
- (2) NO ..... GO TO INTRO\_1
- (3) DORM/PRISON/HOSTEL ..... GO TO SALZ\_BUS
- (4) PAGING SERVICE..... GO TO SALZ\_BUS

SASERV

BASED ON THE ANSWERING SERVICE, WAS THIS DEFINITELY A BUSINESS, A HOUSEHOLD, OR COULD NOT BE DETERMINED?

- (1) BUSINESS ..... TERMINATE
- (2) HOUSEHOLD..... TERMINATE
- (3) COULD NOT DETERMINE..... TERMINATE
- (4) ANSWERING MACHINE SAID "TAKE ME OFF YOUR LIST" TERMINATE

S1

Am I speaking to someone who lives in this household who is over 17 years old?

- (1) I AM THAT PERSON..... GO TO S\_NUMB
- (2) THIS IS A BUSINESS ..... GO TO SALZ
- (3) NEW PERSON COMES TO PHONE..... GO TO INTRO\_1
- (8) DOESN'T LIVE IN HOUSEHOLD..... GO TO INSTRUCTION: [ASK FOR  
ANOTHER PERSON OR SCHEDULE APPOINTMENT ON THE NEXT  
SCREEN]
- (9) NO PERSON AT HOME WHO IS AT OVER 17 ..... GO TO S2\_B
- (97) REFUSED ..... GO TO UNIVERSAL EXIT- R1

SALZ\_BUS

We are interviewing only private residences. Thank you very much.  
[TERMINATE INTERVIEW]

S2\_B

Does anyone live in your household who is over 17 years old?

- (1) YES            GO TO [BLANK] SCRIPT SHOWN BELOW
- (2) NO            GO TO S3\_TERM

[BLANK]

Thank you, we'll try back another time.  
[CREATE AN APPOINTMENT OR SET GENERAL CALL BACK. ENTER DATE/TIME AND CONTACT NAME IF KNOWN]

**NIS SCREENING**

S\_NUMB

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

- IF ONE OR MORE, ENTER # OF CHILDREN..... \_\_\_\_\_ (ENTER 01 to 09)
- IF NO CHILDREN ENTER 0..... \_\_\_\_\_ GO TO S\_NUMB2
- (96) Don't Know..... \_\_\_\_\_ GO TO SOFTCHECK\_77 \_\_\_\_\_
- (97) Refused ..... \_\_\_\_\_ GO TO UNIVERSAL EXIT-R1

**SOFT**

**CHECK 77      ASK FOR ANOTHER PERSON OR SCHEDULE APPOINTMENT ON THE NEXT SCREEN**

- (1) CONTINUE.....GO TO S\_NUMB
- (2) APPOINTMENT.....GO TO UNIVERSAL EXIT-CB1

S\_NUMB2

Just to confirm, there are 0 children between the ages of 12 months and 3 years living or staying in your household?

- (1) YES    IF S-NUMB =0 AND FLAGGED FOR NS-CSHCN, GO TO NS-CSHCN, IF 1-9 GO TO S3\_LTR
- (0) NO.....GO TO S\_NUMB
- (6) Don't Know.....GO TO SOFTCHECK\_77 \_\_\_\_\_
- (7) Refused ..... GO TO UNIVERSAL EXIT- R1

**ROSTER SECTION BEGINS**

**[TIME STAMP – SECTION1]**

INTRO\_AUG

[IF AUGMENTATION SAMPLE, READ INTRO\_AUG. ELSE, SKIP TO S\_UNDR18]

Hello, my name is \_\_\_\_\_. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a survey about the health of children and teenagers across the United States, (and I was told that you were the person to talk with about the health of the child or children in your household). (Use the parenthetical for MKR call back interviews)

- (0) CONTINUE WITH INTERVIEW

[FROM THIS POINT FORWARD, IF AUGMENTATION SAMPLE, FOLLOW PATH OF MAIN SAMPLE]

S\_UNDR18 **[IF S\_NUMB GE 1 AND NIS IS DONE, FILL S\_UNDR18 FROM NIS DATA  
S\_UNDR18 = C1 – C1A. C1 – C1A CANNOT BE LE 0. IF THAT IS THE CASE, ASK S\_UNDR18]**

How many people less than 18 years old live in this household?  
**(CATI: 2 NUMERIC-CHARACTER FIELD TO ALLOW FOR DK/REF VALUES, RANGE: 00-09)**

- 1 OR GREATER            SKIP TO ISC200
- (0)                        SKIP TO NOCHILD
- (6) DON'T KNOW [ASK FOR ANOTHER PERSON OR SET APPOINTMENT]
- (7) REFUSED [TERMINATE AND DISP AS A REFUSAL]

ENTER NUMBER OF CHILDREN UNDER 18  
ENTER 6 FOR DON'T KNOW AND 7 FOR REFUSED

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

NUMBER OF CHILDREN = 0 > GO TO NOCHILD  
NUMBER OF CHILDREN > 1 AND HH NIS-ELIGIBLE > GO TO SL\_INTRO  
NUMBER OF CHILDREN > 1 AND HH NIS-INELIGIBLE > GO TO ISC200

NOCHILD            Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. **[TERMINATE]**

ISC200            **(IF NIS-ELIGIBLE HOUSEHOLD, SKIP TO SL\_INTRO)**  
We need to talk to the parent or guardian who lives in this household who knows about the health and health care of the **(IF S\_UNDR18 = 1 INSERT 'child'/ IF S\_UNDR18 GT 1, INSERT 'children')** under 18. Who would that be?

- (1) MYSELF            **(SKIP TO SL\_INTRO)**
- (0) SOMEONE ELSE    **(SKIP TO ISC240)**

NOTE: THE FOLLOWING OPTION SHOULD BE USED VERY RARELY. IF YOU DO SELECT THIS OPTION, IT WILL BE CAREFULLY REVIEWED BY A SUPERVISOR. BE SURE TO LEAVE GOOD CALL NOTES!

**(33) THERE IS NO ONE PERSON WHO KNOWS ABOUT ALL THE CHILDREN IN THE HOUSEHOLD > GO TO CWEND, SET ITS CODE AS 53**

ISC240            Because the rest of the survey is about the health and health care of the **(IF S\_UNDR18 = 1 INSERT 'child'/ IF S\_UNDR18 GT 1, INSERT 'children')** under 18, may I speak with that person now?

- (1) YES                **(SKIP TO INTRO3)**
- (0) NO                **(GO TO SCHEDULE APPOINTMENT)**

SCHEDULE APPOINTMENT ON THE NEXT SCREEN IF NOT AVAILABLE

SL\_INTRO

**IF MAIN SAMPLE AND S3\_INTRO WAS READ OR IF NIS S3\_INTRO READ AND NIS-INELIGIBLE HOUSEHOLD:**

Next, I have some questions about some other health care needs of children. As before, you may choose not to answer any question, and you may end the questions any time you want. There is no penalty for doing this. After a few questions, I can tell you the length of the rest of the interview. I'd like to continue now unless you have any questions.

**IF MAIN SAMPLE AND S3\_INTRO NOT READ:**

Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time. We are required by the Public Health Service Act to keep your answers strictly private. I can give you more information on this and other federal laws if you want. They guarantee that your answers will be used only for statistical research. After a few questions, I can tell you the length of the interview. In order to review my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

**IF REFERENT SAMPLE AND S3\_INTRO WAS READ OR IF NIS S3\_INTRO READ AND NIS-INELIGIBLE HOUSEHOLD:**

Next, I have some questions about some other health care needs of children. As before, you may choose not to answer any question, and you may end the questions any time you want. There is no penalty for doing this. After a few questions, I can tell you the length of the interview. I'd like to continue now unless you have any questions.

**IF REFERENT SAMPLE AND S3\_INTRO NOT READ:**

Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time. We are required by the Public Health Service Act to keep your answers strictly private. I can give you more information on this and other federal laws if you want. They guarantee that your answers will be used only for statistical research. After a few questions, I can tell you the length of the interview. In order to review my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

(1) CONTINUE WITH INTERVIEW [IF MAIN SAMPLE AND S3\_INTRO WAS READ OR IF S3\_INTRO READ AND NIS-INELIGIBLE HOUSEHOLD GO TO SECTION 2 CATI INSTRUCTIONS  
IF REFERENT SAMPLE AND S3\_INTRO WAS READ OR IF S3\_INTRO WAS READ AND NIS-INELIGIBLE HOUSEHOLD, GO TO SECTION 2 CATI INSTRUCTIONS

**ELSE, GO TO SL\_INTRO\_EVAL\_R]**

- |  |                           |
|--|---------------------------|
| (2) HUNG UP DURING 1 <sup>ST</sup> /2 <sup>ND</sup> SENTENCE | (SET ITS CODE AS REFUSAL) |
| (3) HUNG UP DURING 3 <sup>RD</sup> /4 <sup>TH</sup> SENTENCE | (SET ITS CODE AS REFUSAL) |
| (4) HUNG UP DURING 5 <sup>TH</sup> /6 <sup>TH</sup> SENTENCE | (SET ITS CODE AS REFUSAL) |
| (5) HUNG UP DURING 7 <sup>TH</sup> /8 <sup>TH</sup> SENTENCE | (SET ITS CODE AS REFUSAL) |

**READ IF NECESSARY:** The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act.

SL\_INTRO\_EVAL\_R

- (1) YES, RESPONDENT AGREES TO RECORDING/LISTENING (GO TO SECTION 2 CATI INSTRUCTIONS)  
(0) NO, RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING (GO TO SECTION 2 CATI INSTRUCTIONS)

INTRO3 Hello, my name is \_\_\_\_\_. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a survey about the health of children and teenagers, and I was told that you were the person to talk with about the health of the **(IF S\_UNDR18 = 1 INSERT 'child'/ IF S\_UNDR18 GT 1, INSERT 'children')** in your household.

1 – ENTER TO CONTINUE

INTRO3B **IF MAIN SAMPLE AND NIS-INELIGIBLE HOUSEHOLD:**

Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time. We are required by the Public Health Service Act to keep your answers strictly private. I can give you more information on this and other federal laws if you want. They guarantee that your answers will be used only for statistical research. After a few questions, I can tell you the length of the interview. In order to review my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

**IF REFERENT SAMPLE AND NIS-INELIGIBLE HOUSEHOLD:**

Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any question you don't want to answer or stop at any time. We are required by the Public Health Service Act to keep your answers strictly private. I can give you more information on this and other federal laws if you want. They guarantee that your answers will be used only for statistical research. After a few questions, I can tell you the length of the interview. In order to review my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

- (1) CONTINUE WITH INTERVIEW **(GO TO INTRO3B\_EVAL\_R)**
- (2) HUDI – DURING 1<sup>ST</sup>/2<sup>ND</sup> SENTENCE **(SET REFUSAL)**
- (3) HUDI – DURING 3<sup>RD</sup>/4<sup>TH</sup> SENTENCE **(SET REFUSAL)**
- (4) HUDI – DURING 5<sup>TH</sup>/6<sup>TH</sup> SENTENCE **(SET REFUSAL)**
- (5) HUDI – DURING 7<sup>TH</sup>/8<sup>TH</sup> SENTENCE **(SET REFUSAL)**

**READ IF NECESSARY:** The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act.

INTRO3B\_EVAL\_R

- (1) YES, RESPONDENT AGREES TO RECORDING/LISTENING **(GO TO SECTION 2 CATI INSTRUCTIONS)**
- (0) NO, RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING **(GO TO SECTION 2 CATI INSTRUCTIONS)**

## Section 2. INITIAL SCREENING.

[TIME STAMP – SECTION21]

### IF MAIN SAMPLE

CATI: C2Q01B (OR C2Q0A) THROUGH C2Q03 AND CW10Q01THROUGH CW10Q02A ARE TO BE ASKED FOR ALL CHILDREN WITHIN A HOUSEHOLD. ALLOW LOOP FOR UP TO 9 CHILDREN. THE LOOP WILL HAVE TO OCCUR FIRST FOR C2Q01B-AGE\_CONF FOR ALL CHILDREN, SECOND FOR C2Q03, AND LATER FOR CW10Q01-CW10Q02A.

IF ANY CHILD WAS NIS-ELIGIBLE, AND DEMOGRAPHIC QUESTIONS WERE ASKED IN NIS INTERVIEW, DO NOT REPEAT FOR THAT CHILD/THOSE CHILDREN HERE. FILL WITH CORRESPONDING NIS VARIABLE.

IF HOUSEHOLD WAS NIS-ELIGIBLE AND ANY NIS INTERVIEW WAS PERFORMED AND S\_UNDR18 >S\_NUMB, SKIP TO C2Q0A.

ELSE GO TO SC1\_INTRO

FOR C2Q01B: IF S\_UNDR18 >1, USE “the oldest child”, “second oldest child”, ETC. FOR (CHILD) FILL / IF S\_UNDR18=1, USE “your child” FOR (CHILD) FILL

### IF REFERENT SAMPLE

BASED ON THE VALUE OF S\_UNDR18, CREATE A ROSTER OF CHILDREN IN THE HOUSEHOLD. THE ROSTER WILL HAVE UP TO 9 CHILDREN. CHILDREN WILL BE ROSTERED FROM THE OLDEST TO THE YOUNGEST.

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

TO SIMPLIFY THE IDENTIFICATION OF THE SELECTED CHILD, THE CHILD IN THE ROSTER POSITION WITH THE VALUE OF S\_UNDR18 WILL BE REFERRED TO AS THE YOUNGEST CHILD. I.E., IF THERE ARE THREE CHILDREN IN THE HOUSEHOLD, THE THIRD CHILD IN THE ROSTER IS REFERRED TO AS THE YOUNGEST.

NEXT, RANDOMLY SELECT ONE CHILD BASED ONLY ON THAT CHILD’S POSITION IN THE ROSTER. STORE THE ROSTER POSITION OF THE CHILD IN FLG\_HH (01- 9).

THE FILL [S.C.] WILL REFLECT THE CHILD’S AGE, FOR EXAMPLE, THE SECOND OLDEST CHILD.

ALL OF THE QUESTIONS STARTING WITH C2Q01B WILL BE ASKED ABOUT THE SELECTED CHILD ONLY.

IF NIS INTERVIEW WAS CONDUCTED, GO TO NIS\_WHO, ELSE GO TO SELECTION.

NIS\_WHO [IF S\_NUMB = S\_UNDR18 = 1, GO TO SC1\_INTRO]  
The rest of the survey will be about the health and health care of (S.C.) who lives in your household. Is this (FILL NAME(S))?

1. FIRST NIS CHILD NAME >GO TO C2Q01B
2. SECOND NIS CHILD NAME >GO TO C2Q01B
3. THIRD NIS CHILD NAME > GO TO C2Q01B
4. FOURTH NIS CHILD NAME > GO TO C2Q01B
5. FIFTH NIS CHILD NAME > GO TO C2Q01B
6. SIXTH NIS CHILD NAME > GO TO C2Q01B
7. SEVENTH NIS CHILD NAME > GO TO C2Q01B
8. EIGHTH NIS CHILD NAME > GO TO C2Q01B
9. NINTH NIS CHILD NAME > GO TO C2Q01B
10. NO > GO TO C2Q01B

SELECTION (IF S\_UNDR18 = 1 then fill (S.C.) with "the child").The rest of the survey will be about the health and health care of (S.C.) who lives in your household. (IF S\_UNDR18 > 1 THEN FILL: The computer randomly chose this child for the interview, and we will not be asking questions about any other child from this point forward.)

**Begin Loop**

C2Q0A

(FOR NIS ELIGIBLE CASES)

You have already given me (NAME OF NIS-ELIGIBLE CHILD OR CHILDREN)'s birth date(s). Now, would you please tell me the age (s) of your other ('child'/ children') under the age of 18?

- (1) YES [SKIP TO C2Q01B]  
(0) WRONG NUMBER OF CHILDREN UNDER 18 [SKIP TO S\_UNDR18, CORRECT, AND RETURN TO C2Q0A]

[AFTER COLLECTING ALL AGES CALCULATE AGE IN YEARS. SAVE AS AGEID. IF DOB COLLECTED DURING NIS AT S3\_3\_X, THEN CALCULATE AGE IN YEARS FOR ALL CHILDREN > 24 MONTHS AND AGE IN MONTHS FOR ALL CHILDREN < 24 MONTHS. FOR EXAMPLE, "your 8 YEAR OLD".]

[CATI: AGE MUST BE BETWEEN 0-17 YEARS]

C2Q01B What is the age of (CHILD) under the age of 18?

C2Q01B1 \_\_\_\_\_ VALUE

- (96) DON'T KNOW > GO TO WHEN\_CALL2  
(97) REFUSED > GO TO C2Q01B\_REF

IF CHILD IS LESS THAN 1 MONTH OLD, ENTER "0 MONTHS."

C2Q01B1 (1) Months [RANGE 01-24]  
(2)Years [RANGE 00-17]  
IF AGE C2Q01B1 = 1 YEAR > GO TO C2Q01B1MO

[AFTER COLLECTING ALL AGES, ALL GO TO AGE\_CONF]



C2Q01B1MO What is the child's age in months?  
 \_\_\_\_\_ MONTHS [RANGE 12 – 23]

ENTER 96 FOR DON'T KNOW AND 97 FOR REFUSED

**[IF (96) > CONTINUE C2Q01B1 LOOP FOR REMAINING CHILDREN, ELSE GO TO AGE\_CONF]**  
**[IF (97) > CONTINUE C2Q01B1 LOOP FOR REMAINING CHILDREN, ELSE GO TO AGE\_CONF]**

C2Q01B\_REF I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's age is to know which questions to ask.

(1) RESPONDENT AGREES TO GIVE AGE > **RETURN TO C2Q01B**  
 (0) R STILL REFUSES > GO TO AGE\_TERM\_1

AGE\_TERM\_1 The reason we need your child's age is to know which health and healthcare questions to ask. Is there anyone available who would know the child's age?

(1) YES > GO TO WHEN\_CALL2  
 (0) NO > GO TO AGE\_TERM

AGE\_TERM Those are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions. **SET AS REFUSAL. WHEN RETURNING ON A CALL BACK, RETURN TO C2Q01B, BEGINNING WITH CHILDREN WHOSE AGES HAVE NOT BEEN COLLECTED.**

WHEN\_CALL2 What would be a good time to reach a person who knows the child's age?

(1) SET APPOINTMENT FOR CALLBACK  
 (0) PERSON AVAILABLE > **GO TO INTRO\_AGE**

INTRO\_AGE Hello, my name is \_\_\_\_\_. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a survey about the health of children and teenagers, and I was told that you were the person to talk to about the health of the ('child'/ 'children') in your household.

(1) CONTINUE > RETURN TO C2Q01B

**End Loop**

AGE\_CONF **[IF HOUSEHOLD IS NIS ELIGIBLE AND S\_UNDR18 = S\_NUMB, SKIP TO SC1\_INTRO  
 IF NIS\_WHO NE 10 OR NIS\_WHO BLANK > GO TO SC1\_INTRO]**

**(IF MAIN SAMPLE: So, you have a (FILL WITH AGE IN YEARS FOR ALL CHILDREN 2 YEARS OLD OR OLDER, OR AGE IN MONTHS FOR ALL CHILDREN UNDER 2 YEARS OLD, INCLUDING AGE FOR ANY NIS-ELIGIBLE CHILDREN. E.G., 12 month old, 10 year old, and 15 year old/ IF > 1 CHILD, INSERT 'and' BEFORE THE LAST AGEID). Is that correct?**

**(IF REFERENT SAMPLE: So, the (S.C) is (FILL WITH AGE OF THE CHILD). Is that correct?**

(1) YES **[IF TWO OR MORE CHILDREN HAVE THE SAME AGE > GO TO MULTIAGE  
 ELSE IF HH WAS NIS ELIGIBLE GO TO C2Q01N  
 ELSE GO TO C2Q03**

(2) NO, WRONG AGES OF CHILDREN > **RETURN TO C2Q01B**  
 (3) NO, WRONG NUMBER OF CHILDREN > **RETURN TO S\_UNDR18**  
 (6) DON'T KNOW > **GO TO C2Q03**  
 (7) REFUSED > **GO TO C2Q03**

C2Q01N **IF S\_NUMB>0, THEN LOOP FOR ALL CHILDREN. IF S\_NUMB=0, THEN LOOP ONLY FOR CHILDREN OF THE SAME AGE.**

**USE TEXT FOR CHILDREN WITH SAME AGE** "So that I'll know how to refer to (AGEID) during the interview, what is the (FILL WITH "first" **FIRST TIME QUESTION READ**, "second" **SECOND TIME QUESTION READ, ETC.**) child's name or initials?"

**USE TEXT FOR CHILD(REN) WITH UNIQUE AGE** "So that I'll know how to refer to (AGEID) during the interview, what is his or her first name or initials?"

\_\_\_\_\_ (NAME/INITIALS) **[SKIP TO C2Q03 AFTER THE APPROPRIATE NUMBER OF CHILDREN ARE ROSTERED]**

**THE NAMES OF THE CHILDREN ARE STORED IN THE VARIABLES FROM ISC100\_1 TO ISC100\_9.**

(7) REFUSED **[GO TO REFNAME1]**

MULTIAGE **(ASK ONLY IF THE TWO OR MORE CHILDREN ARE UNDER 2 YEARS OLD AND ARE OF THE SAME AGE IN MONTHS, OR THE TWO OR MORE CHILDREN ARE 02-17 YEARS OLD AND ARE OF THE SAME AGE IN YEARS.)**

Since you have more than one child who is [AGEID], I need a way to refer to each of them during the interview. Could you please tell me their first name or initials.

(1) YES **[RETURN TO C2Q01N1]**  
(0) NO **[SKIP TO REFNAME1]**  
(6) DK **[SKIP TO REFNAME1]**  
(7) REF **[SKIP TO REFNAME1]**

REFNAME1 I would like to assure you that ALL information will be kept in strict confidence and will be summarized for research purposes only. Since you have two or more children of the same age, we must have some way to tell them apart. This is important so that we can understand things like whether children with certain characteristics use medical services more or less than other children. You could give me a first name, nick name or their initials.

(1) RESPONDENT WILL GIVE NAMES **[SKIP TO C2Q01N AND ENTER]**  
(0) REFUSED > **[IF ASKED MULTIAGE GO TO REFNAME2, ELSE GO TO C2Q03]**

REFNAME2 These are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions.  
**[TERMINATE AND SET AS REFUSAL]**

CATI: IF C2Q01B ROSTER INCLUDES A CHILD/CHILDREN BETWEEN 19-35 MONTHS OF AGE AND NO NIS INTERVIEW WAS COMPLETED FOR THIS HOUSEHOLD, PROCEED TO S2Q02A. ALL OTHERS SKIP TO C2Q03 IN NS-CSHCN INTERVIEW.

S2Q02A Based on the ages you have given me, I now have some questions about [AGE ID].  
**[FILL S\_NUMB, S3, AND S3.3, THEN SKIP TO S3 IN NIS INTERVIEW].**

**NEED DATA FLAG TO INDICATE THAT THIS SCREEN (S2Q02A) WAS ACCESSED, I.E., THAT NIS-ELIGIBLE CHILD WAS IDENTIFIED IN SLAITS ROSTER.**

**IF IT WAS NECESSARY TO RETURN TO NIS INTERVIEW AT THIS POINT:**

**WHEN THE NIS INTERVIEW IS COMPLETED, IF S\_NUMB EQUAL TO S\_UNDR18 OR REFERENT SAMPLE, SKIP TO SL\_TRANS.**

**WHEN THE NIS INTERVIEW IS COMPLETED, IF S\_NUMB NOT EQUAL TO S\_UNDR18, SKIP TO SL\_TRANS2.**

ROSTER SECTION ENDS

[TIME STAMP – SECTION22]

SL\_TRANS I appreciate your answers about the immunizations of [NIS CHILD]. **SKIP TO SC1\_INTRO**

SL\_TRANS2 I appreciate your answers about the immunizations of [NIS CHILD/CHILDREN]. Next, I have some questions about health care needs of all of the children under 18 years of age living in this household. **[SKIP TO C2Q03]**

**FOR ALL OTHER QUESTIONS IN SECTION 02:  
FILL (S.C.) WITH CHILD NAME FROM C2Q01N, OR MULTIAGE AS APPROPRIATE. IF  
CHILD NAME WAS REFUSED, FILL WITH AGEID.**

**Begin Loop**

C2Q03 **[SKIP IF NIS\_WHO NE 10 OR NIS\_WHO NE BLANK, FILL IN THE DATA FOR THE CHILD FROM NIS – S3.4]**

Is (S.C.) male or female?

- (1) MALE
- (2) FEMALE
- (6) DON'T KNOW
- (7) REFUSED

**End Loop**

SC1\_INTRO The next questions are about any kind of health problems, concerns, or conditions that may affect your ('child'/'children')s physical health, behavior, learning, growth, or physical development. Some of these health problems may affect your ('child'/'children')s abilities and activities at school or at play. Some of these problems affect the kind or amount of services your ('child'/'children')s may need or use.

[TIME STAMP – SECTION23]

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

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

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

THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN1\_ROS (FA1\_ROSX01 through FA1\_ROSX09)

**[IF S\_UNDR18 = 1 OR REFERENT SAMPLE, SKIP TO CSHCN1\_A]**

Is that **[PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE\_CONF]**?

**CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN1\_A AND CSHCN1\_B. FOR EXAMPLE, IF THERE ARE 2 CHILDREN, A 10 YEAR OLD AND A 12 YEAR OLD, AND BOTH ARE CHOSEN FROM THE PICKLIST, ASK CSHCN1\_A AND CSHCN1\_B ABOUT THE 10 YEAR OLD FIRST, AND THEN ASK THE SERIES ABOUT THE 12 YEAR OLD, USING APPROPRIATE FILL.**

CSHCN1\_A Is (AGEID)'s need for prescription medicine because of ANY medical, behavioral, or other health condition?

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

CSHCN1\_B Is this a condition that has lasted or is expected to last 12 months or longer?

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

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

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

READ IF NECESSARY: The child requires more medical care, the use of more mental health services, or the use of more educational services than most children the same age. THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN2\_ROS (FA2\_ROSX01 through FA2\_ROSX09)

**[IF S\_UNDR18 = 1 OR REFERENT SAMPLE, SKIP TO CSHCN2\_A]**

Is that **[PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE\_CONF]**?  
**CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN2\_A AND CSHCN2\_B.**

CSHCN2\_A Is (AGEID)'s need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?

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

CSHCN2\_B Is this a condition that has lasted or is expected to last 12 months or longer?

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

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

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

READ IF NECESSARY: A child is limited or prevented when there are things the child can't do as much or can't do at all that most children the same age can. THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN3\_ROS (FA3\_ROSX01 through FA3\_ROSX09)

[IF S\_UNDR18 = 1 OR REFERENT SAMPLE, SKIP TO CSHCN3\_A]

Is that [PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE\_CONF]?

**CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN3\_A AND CSHCN3\_B.**

CSHCN3\_A Is (AGEID)'s limitation in abilities because of ANY medical, behavioral, or other health condition?

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

CSHCN3\_B Is this a condition that has lasted or is expected to last 12 months or longer?

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

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

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

READ IF NECESSARY: Special therapy includes physical, occupational, or speech therapy. This is centered on physical needs, and things like psychological therapy are not included here. THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN4\_ROS (FA4\_ROSX01 through FA4\_ROSX09)

[IF S\_UNDR18 = 1 OR REFERENT SAMPLE, SKIP TO CSHCN4\_A]

Is that (PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE\_CONF)?

**CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN4\_A AND CSHCN4\_B.**

CSHCN4\_A Is (AGEID)'s need for special therapy because of ANY medical, behavioral, or other health condition?

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

CSHCN4\_B Is this a condition that has lasted or is expected to last 12 months or longer?

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

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

- (1) YES
- (0) NO [SKIP TO C2START1]
- (6) DON'T KNOW [SKIP TO C2START1]
- (7) REFUSED [SKIP TO C2START1]

READ IF NECESSARY: These are remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem. THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

CSHCN5\_ROS (FA5\_ROSX01 through FA5\_ROSX09)

[IF S\_UNDR18 =1 OR REFERENT SAMPLE, SKIP TO CSHCN5\_A]

Is that (PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGE\_CONF)?

**CATI: ALLOW A "CHOOSE ALL THAT APPLY" PICKLIST OF CHILDREN. FOR EACH CHILD CHOSEN, ASK CSHCN5\_A.**

CSHCN5\_A Has (AGEID)'s emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

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

THE NS-CSHCN SCREENER ENDS HERE.

[TIME STAMP – SECTION24]

CREATE VARIABLE CWTYPE [NOTE: THIS DOES NOT = CWTYPE ON DATA FILE]

IN NS-CSHCN SCREENER, IF ANY OF THE FOLLOWING ARE TRUE FOR A PARTICULAR ROSTERED CHILD:

CSHCN1\_B = 1;  
CSHCN2\_B = 1;  
CSHCN3\_B = 1;  
CSHCN4\_B = 1;  
CSHCN5\_A = 1;

THEN CWTYPE = S (SPECIAL)

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

C2START1      Next, I have some more general questions. The rest of the survey will take about **[IF REFERENT SAMPLE OR MAIN SAMPLE AND CWTYPE = S, READ: “25 minutes”; IF MAIN SAMPLE AND CWTYPE = N, READ: “5 minutes”]**.

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

We know your time is valuable, and we will get through the questions as quickly as possible.

Let’s get started and see how far we get. If you have to go, let me know.

PRESS ENTER TO CONTINUE.

**Begin Loop**

CW10Q01      [SKIP IF NIS\_WHO NE 10 OR BLANK, FILL IN THE DATA FOR THE CHILD FROM NIS VARIABLE – C2\_06Q3]

**FIRST CHILD** - Is (S.C.) of Hispanic or Latino origin?

**[THE REST OF CHILDREN]** And how about (S.C.)?

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

CW10Q02      (SKIP IF NIS\_WHO NE 10 OR BLANK, FILL IN THE DATA FOR THE CHILD FROM NIS – C2\_OTHR1\_06Q3\_x)

**[FIRST CHILD]** Now, I’m going to read a list of categories. Please choose one or more of the following categories to describe (S.C.)’s race. Is (S.C.) White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

**[THE REST OF CHILDREN]** And how about (S.C.)?

**[MARK ALL THAT APPLY]**

- |                                  |   |
|----------------------------------|---|
| C1002X01 WHITE                   | (1) YES (0) NO (6) DON’T KNOW (7) REFUSED |
| C1002X02 BLACK/ AFRICAN AMERICAN | (1) YES (0) NO (6) DON’T KNOW (7) REFUSED |
| C1002X03 AMERICAN INDIAN         | (1) YES (0) NO (6) DON’T KNOW (7) REFUSED |
| C1002X04 ALASKA NATIVE           | (1) YES (0) NO (6) DON’T KNOW (7) REFUSED |
| C1002X05 ASIAN                   | (1) YES (0) NO (6) DON’T KNOW (7) REFUSED |
| C1002X06 NATIVE HAWAIIAN         | (1) YES (0) NO (6) DON’T KNOW (7) REFUSED |
| C1002X07 PACIFIC ISLANDER        | (1) YES (0) NO (6) DON’T KNOW (7) REFUSED |
| C1002X08 OTHER (SPECIFY)         | (1) YES (0) NO (6) DON’T KNOW (7) REFUSED |

**End Loop**

HELP SCREEN: BE SURE TO READ THE ENTIRE QUESTION AS WRITTEN (INCLUDING ALL RESPONSE CATEGORIES).

RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS "WHATEVER RACE YOU CONSIDER YOURSELF TO BE." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS. MULTIPLE RACES MAY BE SELECTED.

**[IF C1002X08 = 1, ASK CW10Q02A.  
ELSE SKIP TO SCREENER DECISION INSTRUCTIONS].**

CW10Q02A ENTER OTHER DESCENT  
**[CATI: ALL 2 TEXT BOXES FOR OTHER DESCENT - 50 ALPHANUMERIC CHARACTERS EACH]**

**SCREENER DECISION INSTRUCTIONS**

**IF MAIN SAMPLE, THEN DO**

01) IN NS-CSHCN SCREENER, IF ANY OF THE FOLLOWING ARE TRUE FOR A PARTICULAR ROSTERED CHILD:

CSHCN1\_B = 1;  
CSHCN2\_B = 1;  
CSHCN3\_B = 1;  
CSHCN4\_B = 1;  
CSHCN5\_A = 1;

THEN SKIP TO NS-CSHCN RANDOM SELECTION PROCESS

IF NONE OF THE ABOVE ARE TRUE, SKIP TO CW10Q04, ASK CW10Q04 AND C2Q05, THEN SKIP TO C11Q01\_A, ASK THAT QUESTION AND THEN SKIP TO C11Q01 AND DO THE REST OF THE DEMOGRAPHICS EXCEPT FORC11Q12 AND C11Q13

**NS-CSHCN RANDOM SELECTION PROCESS**

CATI: AT THIS POINT, A FOCAL CHILD MUST BE SELECTED FOR THE REST OF THE INTERVIEW FROM ALL CHILDREN WITH A POSITIVE SPECIAL HEALTH CARE NEED SCREEN.

**ONE CHILD:**

IF ONLY ONE CHILD UNDER 18 YEARS OLD (S\_UNDR18 = 1 CHILD) WITH A POSITIVE SPECIAL HEALTH CARE NEED SCREEN, THAT CHILD IS THE FOCAL CHILD (S.C.) FROM THIS POINT.

**MORE THAN ONE CHILD:**

IF THERE IS MORE THAN ONE CHILD UNDER THE AGE OF 18 (S\_UNDR18 > 1 CHILD) WITH A POSITIVE SPECIAL HEALTH CARE NEED SCREEN, ONE OF THESE CHILDREN SHOULD BE RANDOMLY SAMPLED AND THAT CHILD IS THE FOCAL CHILD (S.C.) FROM THIS POINT.

GO TO CW10Q04



**IF REFERENT SAMPLE, THEN DO**

IN NS-CSHCN SCREENER, IF ANY OF THE FOLLOWING ARE TRUE FOR THE SAMPLED CHILD:

CSHCN1\_B = 1;  
CSHCN2\_B = 1;  
CSHCN3\_B = 1;  
CSHCN4\_B = 1;  
CSHCN5\_A = 1;

THEN DO THE ENTIRE NS-CSHCN INTERVIEW

ELSE, DO THE NS-CSHCN INTERVIEW WITHOUT SEVERAL QUESTIONS IN SECTION 3 AND SECTION 4.

**GO TO CW10Q04**

CW10Q04      What is the highest level of school that *anyone* in the household has completed or the highest degree *anyone* in the household has received?

- (1) 8TH GRADE OR LESS
- (2) 9TH-12TH GRADE
- (3) HIGH SCHOOL GRADUATE OR GED
- (4) SOME COLLEGE (LESS THAN 4 YEARS)
- (5) COLLEGE GRADUATE (4+ YEARS)
- (6) DON'T KNOW
- (7) REFUSED

C2Q05      What is the primary language spoken in your home?  
[READ RESPONSES ONLY IF NECESSARY]

- (1) ENGLISH
- (2) SPANISH
- (3) ANY OTHER LANGUAGE
- (6) DON'T KNOW
- (7) REFUSED

**[IF MAIN SAMPLE AND CWTYPE=N, SKIP TO C11Q01\_A  
IF REFERENT SAMPLE, SKIP TO SELECTION1\_NAME  
ELSE SKIP TO SELECTION1]**

SELECTION1    **IF S\_UNDR18 = 1, SKIP TO SELECTION1\_NAME;**

**ELSE DISPLAY** "The rest of the survey will be about the health and health care of (S.C.). The computer randomly chose this child for the interview, and we will not be asking questions about any other child from this point forward."

**1** - CONTINUE WITH INTERVIEW

SELECTION1\_NAME    **[SKIP TO C2Q04 IF NAME OF SELECTED CHILD ALREADY GATHERED AT MULTIAGE, C2Q01N, NIS INTERVIEW, OR RESPONDENT REFUSED TO ANSWER NAME QUESTIONS. ]**

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

- (01) CONTINUE TO USE AGE REFERENCE > **GO TO C2Q04**
- (02) USE NAME > **GO TO SELECTION1\_NAME\_A**

SELECTION1\_NAME\_A          ENTER NAME/INITIALS: \_\_\_\_\_ > GO TO C2Q04  
[FILL (S.C.) WITH THIS NAME FROM THIS POINT ON IN THE INTERVIEW]  
(9) REFUSED > GO TO C2Q04

C2Q04          **IF [S.C.] WAS NIS-ELIGIBLE, SKIP TO C3QINTRO; FILL THE DATA FROM NIS VARIABLE – C5**

What is your relationship to (S.C.)?

- (1) MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)
- (2) FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)
- (3) SISTER OR BROTHER (BIOLOGICAL/STEP/FOSTER/HALF/ADOPTIVE)
- (4) IN-LAW OF ANY TYPE
- (5) AUNT/ UNCLE
- (6) GRANDPARENT
- (7) OTHER FAMILY MEMBER
- (8) FEMALE GUARDIAN
- (9) MALE GUARDIAN
- (10) GODPARENT OR OTHER FRIEND
- (96) DON'T KNOW
- (97) REFUSED

### Section 3. HEALTH AND FUNCTIONAL STATUS

[TIME STAMP – SECTION31]

C3QINTRO [IF CWTYPE = N, SKIP TO S3Q01, ELSE ASK C3QINTRO]  
Earlier, you told me that (S.C.)

IF CSHCN1\_B = 1, ADD “needs prescription drugs...”

IF CSHCN2\_B = 1, ADD “needs medical care, mental health, or education services...”

IF CSHCN3\_B = 1, ADD “is limited or prevented in (his/her) ability to do things...”

IF CSHCN4\_B = 1, ADD “needs special therapy...”

IF CSHCN5\_A = 1, ADD “needs treatment or counseling...”

IF MORE THAN ONE OF THESE ITEMS = 1, THEN ADD “AND” BETWEEN EACH ADDITIONAL STATEMENT.

IF CSHCN1\_B, CSHCN2\_B, CSHCN3\_B, OR CSHCN4\_B = 1, THEN CONTINUE: “...because of medical, behavioral, or other health conditions.”

IF CSHCN1\_B = 2, CSHCN2\_B = 2, CSHCN3\_B = 2, CSHCN4\_B = 2, AND CSHCN5\_A = 1, THEN CONTINUE: “because of emotional, developmental, or behavioral problems.”

FOR C3Q02 AND C3Q03 FILLS, IF CSHCN1\_B, CSHCN2\_B, CSHCN3\_B, OR CSHCN4\_B = 1 USE FIRST FILL. IF CSHCN1\_B = 2, CSHCN2\_B = 2, CSHCN3\_B = 2, CSHCN4\_B = 2, AND CSHCN5\_A = 1, USE SECOND FILL]

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

- (1) NEVER (SKIP TO C3Q11)
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (6) DON’T KNOW (SKIP TO C3Q11)
- (7) REFUSED (SKIP TO C3Q11)

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

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

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

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

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

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

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

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

**[TIME STAMP – SECTION32]**

S3Q01 The next questions are about ways (S.C.) might experience difficulties due to (his/her) health. Without glasses or contact lenses, would you say (he/she) experiences any difficulty seeing?

- (1) YES
- (0) NO [SKIP TO S3Q02]
- (6) DON'T KNOW [SKIP TO S3Q02]
- (7) REFUSED [SKIP TO S3Q02]

S3Q01A Does (S.C.) wear glasses or contact lenses?

- (1) YES
- (0) NO [SKIP TO S3Q02]
- (6) DON'T KNOW [SKIP TO S3Q02]
- (7) REFUSED [SKIP TO S3Q02]

S3Q01B Does (S.C.) have any difficulty seeing even when wearing glasses or contact lenses?

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

S3Q02 Without hearing aids, would you say (he/she) experiences any difficulty hearing?

- (1) YES
- (0) NO [SKIP TO S3Q03]
- (6) DON'T KNOW [SKIP TO S3Q03]
- (7) REFUSED [SKIP TO S3Q03]

- S3Q02A Does (S.C.) use a hearing aid?
- (1) YES
  - (0) NO [SKIP TO S3Q03]
  - (6) DON'T KNOW [SKIP TO S3Q03]
  - (7) REFUSED [SKIP TO S3Q03]
- S3Q02B Does (S.C.) have any difficulty hearing even when using a hearing aid?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S3Q03 Would you say **(he/she)** experiences any difficulty with breathing or other respiratory problems, such as wheezing or shortness of breath?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S3Q04 (READ IF NECESSARY: Would you say **(he/she)** experiences any difficulty with) Swallowing, digesting food, or metabolism?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S3Q05 (READ IF NECESSARY: Would you say **(he/she)** experiences any difficulty with) Blood circulation?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S3Q06 (READ IF NECESSARY: Would you say **(he/she)** experiences any difficulty with) Repeated or chronic physical pain, including headaches?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S3Q07 **[IF S.C. IS YOUNGER THAN 36 MONTHS, SKIP TO S3Q08]**  
Compared to other **(S.C. AGE)**-year-old children, would you say **(he/she)** experiences any difficulty taking care of **(himself/herself)**, for example, doing things like eating, dressing and bathing?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED

- S3Q08 IF SC AGE=0 MONTHS, THEN "Compared to other newborns would you say **(he/she)** experiences any difficulty with coordination or moving around, such as....?"
- IF SC AGE>0 MONTHS, THEN "Compared to other **(SC AGE)**-year-old children would you say **(he/she)** experiences any difficulty with coordination or moving around, such as..."
- (IF S.C. <10 MONTHS OLD, SAY: "crawling or moving arms or legs?"**  
**IF S.C 10 – 23 MONTHS OLD, SAY: "walking or crawling?"**  
**IF S.C 24+ MONTHS OLD, SAY: "walking or running?"**)
- (1) YES  
(0) NO  
(6)DON'T KNOW  
(7)REFUSED
- S3Q09 IF SC AGE=0 MONTHS, THEN "Compared to other newborns would you say **(he/she)** experiences any difficulty using **(his/her)** hands such as such as....?"
- IF SC AGE>0 MONTHS, THEN "Compared other **(SC AGE)**-year-old children would you say **(he/she)** experiences any difficulty using **(his/her)** hands such as such as..."
- (IF S.C. 0-7 MONTHS, SAY: " grabbing small objects?"**  
**IF S.C. 8-23 MONTHS, SAY: " holding a cup or eating finger foods?"**  
**IF S.C. 24+ MONTHS, SAY: "using scissors, a pencil, or a fork?"**)
- (1) YES  
(0) NO  
(6) DON'T KNOW  
(7) REFUSED
- S3Q10 **[IF S.C. IS YOUNGER THAN 12 MONTHS, SKIP TO S3Q12]**  
(READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)  
Learning, understanding, or paying attention?
- (1) YES  
(0) NO  
(6) DON'T KNOW  
(7) REFUSED
- S3Q11 (READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)  
Speaking, communicating, or being understood?
- (1) YES  
(0) NO  
(6) DON'T KNOW  
(7) REFUSED
- S3Q12 **[IF S.C. IS YOUNGER THAN 18 MONTHS, SKIP TO S3Q14]**  
(READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)  
With feeling anxious or depressed?
- (1) YES  
(0) NO  
(6) DON'T KNOW  
(7) REFUSED

S3Q13 (READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)  
With behavior problems, such as acting-out, fighting, bullying, or arguing?

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

S3Q14 **[IF S.C. IS YOUNGER THAN 36 MONTHS, SKIP TO INSTRUCTIONS BEFORE C3Q10]**  
(READ IF NECESSARY: Compared to other (S.C. AGE)-year-old children, would you say (he/she) experiences any difficulty)  
Making and keeping friends?

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

**[TIME STAMP – SECTION33]**

**IF (S3Q01 = 2, 6, 7 or S3Q01B = 2, 6, 7), (S3Q02 = 2, 6, 7 or S3Q02B = 2, 6, 7), AND ALL S3Q03 THROUGH S3Q14 = 2, 6, 7, SKIP TO S3Q15**

C3Q10 Overall, how would you rate the severity of the difficulties caused by (S.C.)'s health problems? Would you say minor, moderate, or severe?

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

HELP SCREEN: IF THE PARENT IS HAVING TROUBLE RATING THE OVERALL SEVERITY BECAUSE THE CHILD HAS MORE THAN ONE DIFFICULTY, THE PARENT SHOULD RATE THE MOST SEVERE DIFFICULTY RATHER THAN TRYING TO AVERAGE SEVERITY ACROSS ALL OF THE DIFFICULTIES.

**ALL SKIP TO S3Q16**

S3Q15 **[IF REFERENT SAMPLE AND CWTYPE = 'N', SKIP TO S3Q16]**  
You reported that (S.C.) does not experience any difficulty in any of the areas just mentioned. In your opinion, would you say this is because (S.C.)'s health problems are being treated and are under control?

(1) YES [SKIP TO S3Q16]  
(0) NO [SKIP TO S3Q15A]  
(6) DON'T KNOW [SKIP TO S3Q16]  
(7) REFUSED [SKIP TO S3Q16]

S3Q15A Why is it that (S.C.)'s health problems do not currently cause (him/her) difficulty?  
\_\_\_\_\_ [250 CHARACTERS MAX]

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

[TIME STAMP – SECTION34]

- S3Q16 To the best of your knowledge, does (S.C.) currently have any of the following: Asthma?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q17 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q18 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Autism or Autism Spectrum Disorder, that is, ASD?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q19 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Down Syndrome?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q20 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Mental retardation or developmental delay?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q21 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Depression, anxiety, an eating disorder, or other emotional problems?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q22 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Diabetes?
- (1) YES [SKIP TO S3Q22A]
  - (0) NO [SKIP TO S3Q23]
  - (6) DK [SKIP TO S3Q23]
  - (7) REF [SKIP TO S3Q23]



- S3Q22A Does (S.C.) use insulin?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q23 To the best of your knowledge, does (S.C.) currently have a heart problem, including congenital heart disease?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q25 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Blood problems such as anemia or sickle cell disease? Please do not include Sickle Cell Trait.
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q26 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Cystic Fibrosis?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q27 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Cerebral Palsy?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q28 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Muscular Dystrophy?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q29 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Epilepsy or other seizure disorder?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF
- S3Q30 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Migraine or frequent headaches?
- (1) YES
  - (0) NO
  - (6) DK
  - (7) REF

S3Q32 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Arthritis or other joint problems?

- (1) YES
- (0) NO
- (6) DK
- (7) REF

S3Q31 (READ IF NECESSARY: To the best of your knowledge, does (S.C.) currently have) Allergies?

- (1) YES
- (0) NO [SKIP TO C3Q14]
- (6) DK [SKIP TO C3Q14]
- (7) REF [SKIP TO C3Q14]

S3Q31\_A: (READ IF NECESSARY: To the best of your knowledge)  
Are any of these food allergies?

- (1) YES
- (0) NO
- (6) DK
- (7) REF

**[TIME STAMP – SECTION35]**

C3Q14 [IF AGE FROM C2Q01 OR C2Q02 < 60 MONTHS (5 YEARS), SKIP TO C6Q00]  
During the past 12 months, that is since (FILL, TODAY – 12 MONTHS), about how many days did (S.C.) miss school because of illness or injury?  
[NOTE: A SCHOOL YEAR IS 240 DAYS]

(CATI: 3 NUMERIC-CHARACTER-FIELD, RANGE 000-240, 994-997)

(Date Format for FILL: MONTH NAME/YEAR. Example if this were executed today: "..., that is since February 2004, about how many days...")

\_\_\_\_\_NUMBER OF DAYS

- (000) NONE
- (994) DID NOT GO TO SCHOOL
- (995) HOME SCHOOLED
- (996) DON'T KNOW
- (997) REFUSED

C6Q00 [‘During the past 12 months’/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] ‘Since (his/her) birth’], how many times did (S.C.) visit a hospital emergency room?

(CATI: 3 NUMERIC-CHARACTER FIELD, RANGE 000-776)

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

ENTER NUMBER OF VISITS

- \_\_\_\_\_NUMBER OF VISITS
- (000) NO VISITS IN PAST 12 MONTHS
  - (996) DON'T KNOW
  - (997) REFUSED

C6Q01 [During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since (his/her) birth], how many times did (S.C.) visit a doctor or other health care provider? Do not include (IF C6Q00 > 0 AND < 777 THEN FILL: "visits to hospital emergency rooms or") times when (S.C.) was hospitalized overnight.

(CATI: 3 NUMERIC-CHARACTER FIELD, RANGE 000-776)

ENTER NUMBER OF VISITS

\_\_\_\_\_NUMBER OF VISITS

(000) NO VISITS IN PAST 12 MONTHS

(996) DON'T KNOW (SKIP TO NAME\_SEC4)

(997) REFUSED (SKIP TO NAME\_SEC4)

(IF C6Q01 > 000 AND < 030, SKIP TO C4Q0A)

C6Q01\_A I have (ANSWER FROM C6Q01) visits. Is that correct?

(1) YES

(0) NO [SKIP BACK TO C6Q01]

**Section 4. ACCESS TO CARE: UTILIZATION AND UNMET NEEDS**

[TIME STAMP – SECTION41]

NAME\_SEC4 [SKIP TO C4Q0A IF NAME OF SELECTED CHILD ALREADY GATHERED FROM MULTIAGE, C2Q01N, SELECTION1\_NAME, NIS INTERVIEW, OR RESPONDENT REFUSED TO ANSWER NAME QUESTIONS]

HAS THE HOUSEHOLD GIVEN YOU A NAME FOR THE CHILD?

- (1) YES > GO TO NAME\_SEC4\_A
- (0) NO > GO TO C4Q0A

NAME\_SEC4\_A

ENTER NAME/INITIALS: \_\_\_\_\_ > GO TO C4Q0A

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

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

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

C4Q0B

**IF C4Q0A = 01, SAY “What kind of place is it?”**

**IF C4Q0A = 03, SAY “What kind of place does (S.C.) go to most often?”**

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

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

C4Q0C

**READ IF NECESSARY**

**IF C4Q0A = 01, SAY “What kind of place is it?”**

**IF C4Q0A = 3, SAY “What kind of place does (S.C.) go to most often?”**

RECORD VERBATIM RESPONSE \_\_\_\_\_

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

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

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

C4Q01 [IF C4Q0A = 02, 7, 9, OR IF C4Q0B = 9, 7, 9, THEN GO TO C4Q02]  
[IF C4Q0B = 06, 07, 08, 7, 9 FILL WITH "place"]

Is the [place selected in C4Q0B] that (S.C.) goes to when (he/she) is sick the same place (S.C.) usually goes for routine preventive care?

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

C4Q02 IF C4Q0D = 01 OR MISSING, SAY "What kind of place does (S.C.) USUALLY go to when (he/she) needs routine preventive care?"  
IF C4Q0D = 03, SAY "What kind of place does (S.C.) go to most often when (he/she) needs routine preventive care?"

- (1) DOCTOR'S OFFICE
- (2) HOSPITAL EMERGENCY ROOM
- (3) HOSPITAL OUTPATIENT DEPARTMENT
- (4) CLINIC OR HEALTH CENTER
- (5) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
- (6) FRIEND/RELATIVE
- (7) MEXICO/OTHER LOCATIONS OUT OF US
- (8) SOME OTHER PLACE [SKIP TO C4Q02\_01]
- (9) DOES NOT GO TO ONE PLACE MOST OFTEN
- (96) DON'T KNOW
- (97) REFUSED

**FOR ALL EXCEPT (08), GO TO C4Q02A**

C4Q02\_01 **READ IF NECESSARY**  
IF C4Q0D = 1, SAY "What kind of place is it?"  
IF C4Q0D = 3, SAY "What kind of place does (S.C.) go to most often?"

**RECORD VERBATIM RESPONSE** \_\_\_\_\_

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

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

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

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

C4Q02BX01 GENERAL DOCTOR (GENERAL PRACTICE, FAMILY OR INTERNAL MEDICINE)  
(1) YES (0) NO (6) DON’T KNOW (7) REFUSED

C4Q02BX02 PEDIATRICIAN (1) YES (0) NO (6) DON’T KNOW (7) REFUSED

C4Q02BX03 SPECIALIST (FOR EXAMPLE; SURGEONS, HEART DOCTORS, PSYCHIATRISTS, OB/GYN) (1) YES (0) NO (6) DON’T KNOW (7) REFUSED

C4Q02BX04 NURSE PRACTITIONER (1) YES (0) NO (6) DON’T KNOW (7) REFUSED

C4Q02BX05 PHYSICIAN’S ASSISTANT (1) YES (0) NO (6) DON’T KNOW (7) REFUSED

C4Q02BX06 MOTHER/FRIEND/RELATIVE (1) YES (0) NO (6) DON’T KNOW (7) REFUSED

C4Q02BX07 OTHER **[SKIP TO C4Q02B\_01]**  
(1) YES (0) NO (6) DON’T KNOW (7) REFUSED

C4Q02B\_01 READ IF NECESSARY  
What type of health professional is this person?

RECORD VERBATIM RESPONSE\_\_\_\_\_

C4Q03 **[TIME STAMP – SECTION42]**  
People often delay or do not get needed health care. By health care I mean medical care as well as other kinds of care like dental care, mental health services, physical, occupational, or speech therapies, and special education services. **[During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since (his/her) birth],** have you delayed or gone without needed health care for (S.C.)?

- (1) YES
- (0) NO **[SKIP TO C4Q05]**
- (6) DON’T KNOW **[SKIP TO C4Q05]**
- (7) REFUSED **[SKIP TO C4Q05]**

READ IF NECESSARY: When a parent attempts to treat a child by themselves but then takes the child to a doctor, this should not be considered a delay in health care.

AN EXAMPLE OF THAT WOULD BE A CHILD WITH A COUGH OR A SORE THROAT WHO WAS GIVEN COUGH SYRUP AT HOME, BUT THAT DID NOT HELP OR WORK.

C4Q04\_A There are many reasons people delay or do not get needed health care. I am going to read a list of reasons. For each, please tell me – yes or no – if this was a reason you delayed or did not get needed health care.

Did you delay or not get health care for (S.C.) because you couldn’t get through to the health care provider’s office on the telephone?

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

- C4Q04\_B (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) You couldn't get an appointment for (S.C.) soon enough?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C4Q04\_C (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) The clinic or doctor's office was not open when you could get there?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C4Q04\_D (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) Transportation was a problem?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C4Q04\_E (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) You didn't have enough money to pay the health care provider?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C4Q04\_F (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) The type of care (S.C.) needed was not available in your area?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C4Q04\_G (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) The health care provider did not have the skills (S.C.) needed?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C4Q04\_H (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) The type of care was not covered by your health plan?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED

C4Q04\_I (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) You could not get approval from your health plan or doctor?

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

C4Q04\_J (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) Once you get there, (S.C.) has to wait too long to see the health care provider?

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

C4Q04\_K (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) You have language, communication, or cultural problems with the health care provider?

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

C4Q04\_L (READ IF NECESSARY: Did you delay or not get health care for (S.C.) because) Going to appointments conflicts with other responsibilities at home or at work?

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



[TIME STAMP – SECTION43]

C4Q05 (4.5)

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

<p><b>IF C4Q03 = 1, THEN ADD THE FOLLOWING</b>  <b>TRANSITION:</b> “There are many different services that children sometimes need.”</p> <p><b>ALL RECEIVE THE FOLLOWING</b>  <b>INTRODUCTION:</b>  <b>[During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since (his/her) birth],</b> was there any time when (S.C.) needed any of the following services:</p>	<p>Did (S.C.) receive all the {fill each ‘Yes’ item from first column} that {he/she} needed?</p>	<p>Why did (S.C.) not get the {fill each yes item from first column} {he/she} needed?</p> <p><b>(CHECK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY)</b></p>	<p>Did</p>	<p>(S.C.) get any {fill each yes item from first column} [during the past 12 months/ since (his/her) birth]?</p>
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<p>C4Q05_X01 (READ IF NECESSARY: During the past 12 months/ <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since <b>(his/her)</b> birth, was there any time when <b>(S.C.)</b> needed) Routine preventive care, such as a physical examination or well child check-up? (1) YES (0) NO <b>[SKIP TO C4Q05_X02]</b> (6) DK <b>[SKIP TO C4Q05_X02]</b> (7) REF <b>[SKIP TO C4Q05_X02]</b></p> <p>NOTE: C4Q05_X01A IS AVARIABLE THAT IS NOT USED.</p>	<p>C4Q05X01A Did (S.C.) receive all the <b>[routine preventive care]</b> that {he/she} needed?  (1) YES <b>[SKIP TO C4Q05_X02]</b> (0) NO (6) DK <b>[SKIP TO C4Q05_X02]</b> (7) REF <b>[SKIP TO C4Q05_X02]</b></p>	<p>C40501BX01-X16 Why did (S.C.) not get the routine preventive care {he/she} needed?  For each below: (1) YES (0) NO (6) DK (7) REF</p> <p>1 COST TOO MUCH 2 NO INSURANCE 3 HEALTH PLAN PROBLEM 4 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 5 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 6 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 7 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 8 DISSATISFACTION WITH PROVIDER 9 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER <b>(SKIP TO C4Q0501OE)</b></p>	<p>C4Q0501OE  READ IF NECESSARY (Why did <b>(S.C.)</b> not get the {<b>routine preventive care</b>} {he/she} needed ?)  RECORD VERBATIM RESPONSE_____</p>	<p>C4Q05X01C Did <b>(S.C.)</b> get any <b>routine preventive care [during the past 12 months/[WHEN S.C. IS YOUNGER THAN 12 MONTHS: since his/her birth]?</b> (1) YES (0) NO (6) DK (7) REF</p>
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<p>C4Q05_X02 (During the past 12 months/ <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since <b>(his/her)</b> birth, was there any time when <b>(S.C.)</b> needed) Care from a specialty doctor?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X03]</b> (6) DK <b>[SKIP TO C4Q05_X03]</b> (7) REF <b>[SKIP TO C4Q05_X03]</b></p> <p><b>READ IF NECESSARY: Specialty doctors focus on one part of your child's health. These include cardiologists, pulmonologists, ear, nose and throat doctors, surgeons, etc. Do not include dentists or psychiatrists. Needs for care from dentists and psychiatrists are asked in other questions.</b></p>	<p>C4Q05X02A Did (S.C.) receive all the Care from a specialty doctor that {he/she} needed?</p> <p>(1) YES <b>[SKIP TO C4Q05X02AA]</b> (0) NO (6) DK <b>[SKIP TO C4Q05_X03]</b> (7) REF <b>[SKIP TO C4Q05_X03]</b></p>	<p>C40502BX01-X16 Why did (S.C.) not get the Care from a specialty doctor {he/she} needed?</p> <p>For each below: (1) YES (0) NO (6) DK (7) REF</p> <p>1 COST TOO MUCH 2 NO INSURANCE 3 HEALTH PLAN PROBLEM 4 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 5 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 6 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 7 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 8 DISSATISFACTION WITH PROVIDER 9 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER ( <b>(SKIP TO C4Q0502OE)</b>)</p>	<p>C4Q0502OE READ IF NECESSARY (Why did <b>(S.C.)</b> not get the <b>{care from a specialty doctor} {he/she}</b> needed ?)</p> <p>RECORD VERBATIM RESPONSE _____</p>	<p>C4Q05X02C Did <b>(S.C.)</b> get any <b>care from a specialty doctor [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES <b>[SKIP TO C4Q05X02AA]</b> (0) NO (6) DK (7) REF <b>[SKIP TO C4Q05_X03]</b></p> <p>C4Q05X02AA</p> <p><b>[IF C4Q05X02A = 01 OR C4Q0502C = 01 THEN ASK]:</b> How many different specialty doctors did <b>(S.C.)</b> see <b>[during the past 12 months/ since (his/her) birth]</b>?</p> <p>01-95 ENTER NUMBER 6 - DON'T KNOW 7 - REFUSED</p>
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<p>C4Q05_X031 (During the past 12 months/<b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since <b>(his/her)</b> birth, was there any time when <b>(S.C.)</b> needed Preventive dental care, such as check-ups and dental cleanings?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X032]</b> (6) DK <b>[SKIP TO C4Q05_X032]</b> (7) REF <b>[SKIP TO C4Q05_X032]</b></p>	<p>C4Q05X031A Did (S.C.) receive all the <b>[PREVENTIVE DENTAL CARE]</b> that {he/she} needed?</p> <p>(1)YES <b>[SKIP TO C4Q05_X032]</b> (0) No (6) DK <b>[SKIP TO C4Q05_X032]</b> (7) REF <b>[SKIP TO C4Q05_X032]</b></p>	<p>C405031BX01-X16 Why did (S.C.) not get the <b>[PREVENTIVE DENTAL CARE]</b> {he/she} needed?</p> <p>For each below: (1) YES (0) NO (6) DK (7) REF</p> <p>01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER <b>(SKIP TO C4Q05031OE)</b></p>	<p>C4Q05031OE READ IF NECESSARY (Why did <b>(S.C.)</b> not get the { <b>PREVENTIVE DENTAL CARE</b> } {he/she} needed ?)</p> <p>RECORD VERBATIM RESPONSE_____</p>	<p>C4Q05X031C Did <b>(S.C.)</b> get any preventive dental care <b>[during the past 12 months/ since (his/her) birth]</b>? (1) YES (0) NO (6) DK (7) REF</p>
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<p>C4Q05_X032 (During the past 12 months/<b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since <b>(his/her)</b> birth, was there any time when <b>(S.C.)</b> needed) Any other dental care?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X04]</b> (6) DK <b>[SKIP TO C4Q05_X04]</b> (7) REF <b>[SKIP TO C4Q05_X04]</b></p>	<p>C4Q05X032A Did (S.C.) receive all the <b>[OTHER DENTAL CARE]</b> that {he/she} needed?</p> <p>(1) YES <b>[SKIP TO C4Q05_X04]</b> (0) NO (6) DK <b>[SKIP TO C4Q05_X04]</b> (7) REF <b>[SKIP TO C4Q05_X04]</b></p>	<p>C405032BX01-X16 Why did (S.C.) not get the <b>[OTHER DENTAL CARE]</b> {he/she} needed?</p> <p>For each below: (1) YES (0) NO (6) DK (7) REF</p> <p>01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER (<b>SKIP TO C4Q05032OE</b>)</p>	<p>C4Q05032OE READ IF NECESSARY (Why did <b>(S.C.)</b> not get the { <b>OTHER DENTAL CARE</b> } {he/she} needed ?)</p> <p>RECORD VERBATIM RESPONSE_____</p>	<p>C4Q05X032C Did <b>(S.C.)</b> get any non-preventive dental care <b>[during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
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<p>C4Q05_X04 (During the past 12 months/<b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since <b>(his/her)</b> birth, was there any time when <b>(S.C.)</b> needed Prescription medications?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X05]</b> (6) DK <b>[SKIP TO C4Q05_X05]</b> (7) REF <b>[SKIP TO C4Q05_X05]</b></p>	<p>C4Q05X04A Did (S.C.) receive all the <b>[Prescription medications]</b> that {he/she} needed?</p> <p>(1) YES <b>[SKIP TO C4Q05_X05]</b> (0) NO (6) DK <b>[SKIP TO C4Q05_X05]</b> (7) REF <b>[SKIP TO C4Q05_X05]</b></p>	<p>C40504BX01-X16 Why did (S.C.) not get the <b>[Prescription medications]</b> {he/she} needed?</p> <p>For each below:</p> <p>(1) YES (0) NO (6) DK (7) REF</p> <p>01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER (<b>SKIP TO C4Q0504OE</b>)</p>	<p>C4Q0504OE READ IF NECESSARY (Why did (S.C.) not get the <b>[Prescription medications]</b> {he/she} needed?</p> <p>RECORD VERBATIM RESPONSE_____</p>	<p>C4Q05X04C Did (S.C.) get any <b>prescription medications [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
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<p>C4Q05_X05 (During the past 12 months/<b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since <b>(his/her)</b> birth, was there any time when <b>(S.C.)</b> needed Physical, occupational or speech therapy?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X06]</b> (6) DK <b>[SKIP TO C4Q05_X06]</b> (7) REF <b>[SKIP TO C4Q05_X06]</b></p>	<p>C4Q05X05A Did (S.C.) receive all the <b>[THERAPY]</b> that {he/she} needed?</p> <p>(1) YES <b>[SKIP TO C4Q05_X06]</b> (0) NO (6) DK <b>[SKIP TO C4Q05_X06]</b> (7) REF <b>[SKIP TO C4Q05_X06]</b></p>	<p>C40505BX01-X16 Why did (S.C.) not get the <b>[therapy]</b> {he/she} needed?</p> <p>For each below: (1) YES (0) NO (6) DK (7) REF</p> <p>01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER (<b>SKIP TO C4Q0505OE</b>)</p>	<p>C4Q0505OE READ IF NECESSARY (Why did (S.C.) not get the <b>[therapy]</b> {he/she} needed?)</p> <p>RECORD VERBATIM RESPONSE_____</p>	<p>C4Q05X05C Did (S.C.) get any <b>physical, occupational, or speech therapy [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
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<p>C4Q05_X06 (During the past 12 months/<b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since <b>(his/her)</b> birth, was there any time when <b>(S.C.)</b> needed Mental health care or counseling?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X07]</b> (6) DK <b>[SKIP TO C4Q05_X07]</b> (7) REF <b>[SKIP TO C4Q05_X07]</b></p>	<p>C4Q05X06A Did (S.C.) receive all the <b>[Mental health care or counseling]</b> that {he/she} needed?</p> <p>(1) YES <b>[SKIP TO C4Q05_X07]</b> (0) NO (6) DK <b>[SKIP TO C4Q05_X07]</b> (7) REF <b>[SKIP TO C4Q05_X07]</b></p>	<p>C40506BX01-X16 Why did (S.C.) not get the <b>[Mental health care or counseling]</b> {he/she} needed?</p> <p>For each below: (1) YES (0) NO (6) DK (7) REF</p> <p>01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH PROVIDER 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER (<b>SKIP TO C4Q0506OE</b>)</p>	<p>C4Q0506OE <b>FILL [Mental health care or counseling]</b> READ IF NECESSARY (Why did (S.C.) not get the <b>[Mental health care or counseling]</b> {he/she} needed?</p> <p>RECORD VERBATIM RESPONSE_____</p>	<p>C4Q05X06C Did (S.C.) get any <b>mental health care or counseling [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
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<p>C4Q05_X07  <b>[SKIP IF AGE IS LESS THAN 8 YEARS OLD]</b>  (During the past 12 months, was there any time when (S.C.) needed) Substance abuse treatment or counseling?</p> <p>(1) YES  (0) NO <b>[SKIP TO C4Q05_X08]</b>  (6) DK <b>[SKIP TO C4Q05_X08]</b>  (7) REF <b>[SKIP TO C4Q05_X08]</b></p> <p><b>HELP SCREEN: SUBSTANCE ABUSE TREATMENT INCLUDES TREATMENT FOR ALCOHOL AND TOBACCO ABUSE. SOME RESPONDENTS MAY FIND THIS QUESTION INAPPROPRIATE. IF THIS OCCURS, TELL THE RESPONDENT: I understand this question may be more appropriate for older children, but I am required to ask and read verbatim.</b></p>	<p>C4Q05X07A  Did (S.C.) receive all the <b>[Substance abuse treatment or counseling]</b> that {he/she} needed?</p> <p>(1) YES <b>[SKIP TO C4Q05_X08]</b>  (0) NO  (6) DK <b>[SKIP TO C4Q05_X08]</b>  (7) REF <b>[SKIP TO C4Q05_X08]</b></p>	<p>C40507BX01-X16  Why did (S.C.) not get the <b>[Substance abuse treatment or counseling]</b> {he/she} needed?</p> <p>For each below:  (1) YES  (0) NO  (6) Dk  (7) REF</p> <p>01 COST TOO MUCH  02 NO INSURANCE  03 HEALTH PLAN PROBLEM  04 CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE  05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS  06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT  07 PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE  08 DISSATISFACTION WITH PROVIDER  09 DID NOT KNOW WHERE TO GO FOR TREATMENT  10 CHILD REFUSED TO GO  11 TREATMENT IS ONGOING  12 VACCINE SHORTAGE  13 NO REFERRAL  14 LACK OF RESOURCES AT SCHOOL  15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT  16 OTHER <b>(SKIP TO C4Q0507OE)</b></p>	<p>C4Q0507OE  READ IF NECESSARY (Why did (S.C.) not get the <b>[Substance abuse treatment or counseling]</b> {he/she} needed?)</p> <p>RECORD VERBATIM  RESPONSE _____</p>	<p>C4Q05X07C  Did (S.C.) get any <b>substance abuse treatment or counseling [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES  (0) NO  (6) DK  (7) REF</p>
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<p>C4Q05_X08 (During the past 12 months/ <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since (his/her) birth, was there any time when (S.C.) needed) Home health care?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X09]</b> (6) DK <b>[SKIP TO C4Q05_X09]</b> (7) REF <b>[SKIP TO C4Q05_X09]</b></p>	<p>C4Q05X08A Did (S.C.) receive all the <b>[Home health care]</b> that {he/she} needed?</p> <p>(1) YES (0) No <b>[SKIP TO C4Q0508C]</b> (6) DK (7) REF</p> <p><b>[IF 01,6,7 THEN SKIP TO C4Q05_X09]</b></p>	<p>=====</p>		<p>C4Q05X08C Did (S.C.) get any <b>home health care [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
<p>C4Q05_X09 (During the past 12 months/ <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since (his/her) birth, was there any time when (S.C.) needed) Eyeglasses or vision care?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X10]</b> (6) DK <b>[SKIP TO C4Q05_X10]</b> (7) REF <b>[SKIP TO C4Q05_X10]</b></p>	<p>C4Q05X09A Did (S.C.) receive all the <b>[Eyeglasses or vision care]</b> that {he/she} needed?</p> <p>(1) YES (0) No <b>[SKIP TO C4Q0509C]</b> (6) DK (7) REF</p> <p><b>[IF 01,6,7 THEN SKIP TO C4Q05_X10]</b></p>	<p>=====</p>		<p>C4Q05X09C Did (S.C.) get any <b>eyeglasses or vision care [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
<p>C4Q05_X10 (During the past 12 months/ <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since (his/her) birth, was there any time when (S.C.) needed) Hearing aids or hearing care?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X11]</b> (6) DK <b>[SKIP TO C4Q05_X11]</b> (7) REF <b>[SKIP TO C4Q05_X11]</b></p>	<p>C4Q05X10A Did (S.C.) receive all the <b>[Hearing aids or hearing care]</b> that {he/she} needed?</p> <p>(1) YES (0) No <b>[SKIP TO C4Q0510C]</b> (6) DK (7) REF</p> <p><b>[IF 01,6,7 THEN SKIP TO C4Q05_X11]</b></p>	<p>=====</p>		<p>C4Q05X10C Did (S.C.) get any <b>hearing aids or hearing care [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>

<p>C4Q05_X11  <b>[SKIP IF AGE IS LESS THAN 3 YEARS OLD]</b>  (During the past 12 months/  <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since <b>(his/her)</b> birth, was there any time when <b>(S.C.)</b> needed Mobility aids or devices, such as canes, crutches, wheelchairs, or scooters?  (1) YES  (0) NO <b>[SKIP TO C4Q05_X12]</b>  (6) DK <b>[SKIP TO C4Q05_X12]</b>  (7) REF <b>[SKIP TO C4Q05_X12]</b></p>	<p>C4Q05X11A  Did (S.C.) receive all the <b>[MOBILITY AIDS OR DEVICES]</b> that {he/she} needed?  (1) YES  (0) No <b>[SKIP TO C4Q0511C]</b>  (6) DK  (7) REF  <b>[IF 01,6,7 THEN SKIP TO C4Q05_X12]</b></p>	<p>=====</p>		<p>C4Q05X11C  Did <b>(S.C.)</b> get any <b>mobility aids or devices [during the past 12 months/ since (his/her) birth]</b>?  (1) YES  (0) NO  (6) DK  (7) REF</p>
<p>C4Q05_X12  <b>[SKIP IF AGE IS LESS THAN 3 YEARS OLD]</b>  (During the past 12 months/  <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since <b>(his/her)</b> birth, was there any time when <b>(S.C.)</b> needed Communication aids or devices, such as communication boards?  (1) YES  (0) NO <b>[SKIP TO C4Q05_X13]</b>  (6) DK <b>[SKIP TO C4Q05_X13]</b>  (7) REF <b>[SKIP TO C4Q05_X13]</b></p>	<p>C4Q05X12A  Did (S.C.) receive all the <b>[COMMUNICATION AIDS OR DEVICES]</b> that {he/she} needed?  (1) YES  (0) No <b>[SKIP TO C4Q0512C]</b>  (6) DK  (7) REF  <b>[IF 01,6,7 THEN SKIP TO C4Q05_X13]</b></p>	<p>=====</p>		<p>C4Q05X12C  Did <b>(S.C.)</b> get any <b>communication aids or devices [during the past 12 months/ since (his/her) birth]</b>?  (1) YES  (0) NO  (6) DK  (7) REF</p>

<p>C4Q05_X13 (During the past 12 months/ <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since (his/her) birth, was there any time when (S.C.) needed Medical supplies?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q05_X14]</b> (6) DK <b>[SKIP TO C4Q05_X14]</b> (7) REF <b>[SKIP TO C4Q05_X14]</b> <b>READ IF NECESSARY: Some examples of medical supplies include bandages and sponges. These are items that are disposable. This does not include prescription medication.</b></p>	<p>C4Q05X13A Did (S.C.) receive all the <b>[Medical supplies]</b> that {he/she} needed?</p> <p>(1) YES (0) No <b>[SKIP TO C4Q0513C]</b> (6) DK (7) REF <b>[IF 01,6,7 THEN SKIP TO C4Q05_X14]</b></p>	<p>=====</p>		<p>C4Q05X13C Did (S.C.) get any <b>medical supplies [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
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<p>C4Q05_X14 (During the past 12 months/ <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since (his/her) birth, was there any time when (S.C.) needed) Durable medical equipment?</p> <p>(1) YES (0) NO <b>[SKIP TO C4Q06]</b> (6) DK <b>[SKIP TO C4Q06]</b> (7) REF <b>[SKIP TO C4Q06]</b> <b>READ IF NECESSARY:</b> SOME EXAMPLES OF DURABLE MEDICAL EQUIPMENT INCLUDE WHEELCHAIRS, HOSPITAL BEDS, OXYGEN TANKS, PRESSURE MACHINES, AND ORTHOTICS. THESE ARE ITEMS THAT ARE NOT DISPOSABLE.</p>	<p>C4Q05X14A Did (S.C.) receive all the <b>[Durable medical equipment]</b> that {he/she} needed?</p> <p>(1) YES (0) No <b>[SKIP TO C4Q0514C]</b> (6) DK (7) REF <b>[IF 01,6,7 THEN SKIP TO C4Q06]</b></p>	<p>=====</p>		<p>C4Q05X14C Did (S.C.) get any <b>durable medical equipment [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
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[TIME STAMP – SECTION44]

C4Q06 (4.6) **[IF CWTYPE = ‘N’ THEN SKIP TO C3Q12]**

**(CATI: THIS SERIES SHOULD BE ASKED HORIZONTALLY ACROSS THE TABLE. IN OTHER WORDS, IF THEY ANSWER YES TO SOMETHING IN COLUMN 01, THEY SHOULD IMMEDIATELY BE ASKED THE QUESTIONS IN COLUMN 02, 03, 4 AS APPLICABLE)**

<p>During the past 12 months/ <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since (his/her) birth, was there any time when you or other family members needed any of the following services because of {S.C.’s} health:</p>	<p>Did you or your family receive all the <b>{fill with underlined words from first column}</b> that was needed?</p>	<p>Why did you or your family not get the <b>{fill with underlined words from first column}</b> that was needed? <b>(CHECK ALL THAT APPLY. READ RESPONSES ONLY IF NECESSARY)</b></p>	<p>Did you or your family get any <b>{fill with underlined words from first column}</b> during the past 12 months?</p>
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<p>C4Q06_X01 (During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since (his/her) birth, was there any time when you or other family members needed) <u>Respite care</u>?</p> <p>(1) YES (0) NO [SKIP TO C4Q06_X02] (6) DK [SKIP TO C4Q06_X02] (7) REF [SKIP TO C4Q06_X02]</p> <p><b>READ IF NECESSARY: Respite care is care for the child so the family can have a break from ongoing care of the child. Respite care can be thought of as child care or babysitting by someone trained to meet any special needs the child may have. Both professional and non-professional respite care should be included.</b></p>	<p>C4Q06X01A <b>FILL [respite care]</b></p> <p>(1) YES [SKIP TO C4Q06_X02] (0) NO (6) DK [SKIP TO C4Q06_X02] (7) REF [SKIP TO C4Q06_X02]</p>	<p>C40601BX01-X16 <b>FILL [respite care]</b></p> <p>Why did you or your family not get the {<b>fill with underlined words from first column</b>} that was needed? For each below:</p> <p>(1) YES (0) NO (6) DK (7) REF</p> <p>01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND DOCTOR WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH DOCTOR 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER [GO TO C4Q0601OE]</p> <p><b>C4Q0601OE</b> <b>READ IF NECESSARY:</b> Why did you or your family not get the <b>respite care</b> that was needed?</p> <p>ENTER OTHER _____</p>	<p>C4Q06X01C Did you or your family get ANY <b>respite care</b> [during the past 12 months/ since (his/her) birth]?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
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<p>C4Q06_X02 (During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since (his/her) birth, was there any time when you or other family members needed) <u>Genetic counseling</u> for advice about inherited conditions related to (SC)'s medical, behavioral, or other health conditions?</p> <p>(1) YES (0) NO [SKIP TO C4Q06_X03] (6) DK [SKIP TO C4Q06_X03] (7) REF [SKIP TO C4Q06_X03]</p>	<p>C4Q06X02A <b>FILL [genetic counseling]</b></p> <p>(1) YES [SKIP TO C4Q06_X03] (0) NO (6) DK [SKIP TO C4Q06_X03] (7) REF [SKIP TO C4Q06_X03]</p>	<p>C40602BX01-X16 <b>FILL [genetic counseling]</b></p> <p>Why did you or your family not get the {<b>fill with underlined words from first column</b>} that was needed? For each below:</p> <p>(1) YES (0) NO (6) DK (7) REF</p> <p>01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND DOCTOR WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH DOCTOR 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER [SKIP C4Q0602OE]</p> <p><b>C4Q0602OE</b></p> <p><b>READ IF NECESSARY:</b> Why did you or your family not get the <b>genetic counseling</b> that was needed? ENTER OTHER_____</p>	<p>C4Q06X02C Did you or your family get ANY <b>genetic counseling</b> [during the past 12 months/ since (his/her) birth]?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
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<p>C4Q06_X03 (During the past 12 months/ <b>[WHEN S.C. IS YOUNGER THAN 12 MONTHS]</b> Since (his/her) birth, was there any time when you or other family members needed <u>Mental health care or counseling</u> related to (SC)'s medical, behavioral, or other health conditions?</p> <p>(1) YES (0) NO <b>[SKIP TO C3Q12]</b> (6) DK <b>[SKIP TO C3Q12]</b> (7) REF <b>[SKIP TO C3Q12]</b></p>	<p>C4Q06X03A <b>FILL [mental health care or counseling]</b></p> <p>(1) YES <b>[SKIP TO C3Q12]</b> (0) NO (6) DK <b>[SKIP TO C3Q12]</b> (7) REF <b>[SKIP TO C3Q12]</b></p>	<p>C40603BX01-X16 <b>FILL [mental health care or counseling]</b></p> <p>Why did you or your family not get the <b>{fill with underlined words from first column}</b> that was needed?</p> <p>For each below: (1) YES (0) NO (6) DK (7) REF</p> <p>01 COST TOO MUCH 02 NO INSURANCE 03 HEALTH PLAN PROBLEM 04 CAN'T FIND DOCTOR WHO ACCEPTS CHILD'S INSURANCE 05 NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS 06 NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT 07 DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE 08 DISSATISFACTION WITH DOCTOR 09 DID NOT KNOW WHERE TO GO FOR TREATMENT 10 CHILD REFUSED TO GO 11 TREATMENT IS ONGOING 12 VACCINE SHORTAGE 13 NO REFERRAL 14 LACK OF RESOURCES AT SCHOOL 15 DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT 16 OTHER <b>[SKIP C4Q0603OE]</b></p> <p><b>C4Q0603OE</b> <b>READ IF NECESSARY:</b> Why did you or your family not get the <b>mental health care or counseling</b> that was needed? ENTER OTHER_____</p>	<p>C4Q06X03C Did you or your family get ANY <b>mental health care or counseling [during the past 12 months/ since (his/her) birth]</b>?</p> <p>(1) YES (0) NO (6) DK (7) REF</p>
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C3Q12

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

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

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

**[ALL SKIP TO C5Q00]**

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

C3Q13

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

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

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

**Section 5. CARE COORDINATION**

[TIME STAMP – SECTION51]

C5Q00 [IF NONE C4Q05X01A THROUGH C4Q05X14A = 01 AND NONE C4Q05X01C THROUGH C4Q05X14C = 01 AND NONE C3Q12 THROUGH C3Q13 = 01, SKIP TO C5Q01]

[IF ANY C4Q05X01A THROUGH C4Q05X14A = 01 OR ANY C4Q05X01C THROUGH C4Q05X14C = 01 OR ANY C3Q12 THROUGH C3Q13 = 01, SAY:

“You told me that, [in the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] since (his/her) birth], (S.C.) used [FILL WITH ALL NAMES OF SERVICES USED AS REPORTED IN SECTION 4, INCLUDING C3Q12 AND C3Q13].”

[SUM UP HOW MANY TIMES THE RESPONSE (01) IS USED IN THE FOLLOWING VARIABLES: C4Q05X01A THROUGH C4Q05X14A, C4Q05X01C THROUGH C4Q05X14C, C3Q12, AND C3Q13. IF THE SUM IS GE 02 THEN SKIP TO C5Q11, ELSE SKIP TO C5Q01]

C5Q01 Did (S.C.) use any other health-related medical, educational, or social services [in the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] since (his/her) birth]?

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

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

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

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

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

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

[TIME STAMP – SECTION52]

C5Q12 [SUM UP HOW MANY TIMES THE RESPONSE (01) IS USED IN THE FOLLOWING VARIABLES: C4Q05X01A THROUGH C4Q05X14A, C4Q05X01C THROUGH C4Q05X14C, C5Q01, C3Q12 AND C3Q13. IF THE SUM IS LT 02 AND C4Q05X02AA LT 02 THEN SKIP TO C6Q02]

Does anyone help you arrange or coordinate (S.C.)’s care among the different doctors or services that (he/she) uses? By “arrange or coordinate,” I mean: Is there anyone who helps you make sure that (S.C.) gets all the health care and services (he/she) needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

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

HELP SCREEN: IF RESPONDENT SAID ‘YES’ TO ANY ONE OF THE THREE CATEGORIES LISTED IN THE SECOND SENTENCE, ENTER ‘YES’ FOR THIS QUESTION.

READ IF NECESSARY: Anyone means anyone.

C5Q13 Does a doctor or someone in a doctor’s office provide this help arranging or coordinating (S.C.)’s care?

- (1) YES [SKIP TO C5Q15]
- (0) NO
- (6) DON’T KNOW
- (7) REFUSED

C5Q14 Who does provide help arranging or coordinating (S.C.)’s care? A parent, guardian, other family member, friend, nurse, therapist, social worker, hospital discharge planner, case manager, or someone else? [MARK ALL THAT APPLY]

- C5Q14X01 Parent (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- C5Q14X02 Guardian (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- C5Q14X03 Other family member (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- C5Q14X04 Friend (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- C5Q14X05 Nurse (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- C5Q14X06 Therapist (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- C5Q14X07 Social Worker (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- C5Q14X08 Hospital Discharge Planner (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- C5Q14X09 Case Manager (1) YES (0) NO (6) DON’T KNOW (7) REFUSED
- C5Q14X10 Someone else [SKIP to C5Q14\_XOE] (1) YES (0) NO (6) DON’T KNOW (7) REFUSED

[SKIP TO C5Q17]

C5Q14\_XOE Who would that be?

ENTER RESPONSE \_\_\_\_\_ [30 CHARACTERS MAX]

[SKIP TO C5Q17]

C5Q15 Is there anyone else who helps arrange or coordinate (S.C.)’s care?

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

C5Q16 Is this person a parent, guardian, other family member, friend, nurse, therapist, social worker, hospital discharge planner, case manager, or someone else? **[MARK ALL THAT APPLY]**

- C5Q16X01 Parent (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
- C5Q16X02 Guardian (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
- C5Q16X03 Other family member (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
- C5Q16X04 Friend (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
- C5Q16X05 Nurse (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
- C5Q16X06 Therapist (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
- C5Q16X07 Social Worker (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
- C5Q16X08 Hospital Discharge Planner (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
- C5Q16X09 Case Manager (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
- C5Q16X10 Someone else **[SKIP to C5Q16\_XOE]** (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

C5Q16\_XOE Who would that be?

ENTER RESPONSE \_\_\_\_\_ **[30 CHARACTERS MAX]**

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

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

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

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

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

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

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

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

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

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

## Section 6A. FAMILY CENTERED CARE

### [TIME STAMP SECTION 61]

C6Q02 **[IF C6Q01 = 000, SKIP TO C6Q07]**

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

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

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

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

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

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

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

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

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

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

S5Q13 **CATI INSTRUCTION (S5Q13): IF C2Q05 IN (01, 7, 9) [I.E. LANGUAGE ENGLISH OR UNKNOWN] SKIP TO C6Q07. ELSE, SKIP TO S5Q13. IF S.C. >36 MONTHS, FILL [or S.C.]. ELSE, NO FILL.**

An interpreter is someone who repeats what one person says in a language used by another person. (During the past 12 months\Since **(S.C.)**'s birth), did you **(or S.C.)** need an interpreter to help speak with **(his/her)** doctors or other health care providers?

- (1) YES [SKIP TO S5Q13A]
- (0) NO [SKIP TO C6Q07]
- (6) DON'T KNOW [SKIP TO C6Q07]
- (7) REFUSED [SKIP TO C6Q07]

S5Q13A **CATI INSTRUCTION (S5Q13): IF S.C. >36 MONTHS, FILL [or S.C.]. ELSE, DO NOT FILL.**

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

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

**Section 6B. TRANSITION ISSUES**

[TIME STAMP – SECTION62]

C6Q07 **[IF CHILD IS LESS THAN 5 YEARS OF AGE, SKIP TO C6Q0D. IF CHILD IS 5-11 YEARS OF AGE, SKIP TO C6Q08]**

The next questions are about preparing for (S.C.)’s health care needs as **(he/she)** becomes an adult. Do any of (S.C.)’s doctors or other health care providers treat only children?

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

C6Q0A\_B Have they talked with you about having (S.C.) eventually see doctors or other health care providers who treat adults?

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

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

C6Q0A\_C Would a discussion about doctors who treat adults have been helpful to you?

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

C6Q0A Have (S.C.)’s doctors or other health care providers talked with you or (S.C.) about **(his/her)** health care needs as **(he/she)** becomes an adult?

- (1) YES **[SKIP TO C6Q0A\_E]**
- (0) NO
- (6) DON’T KNOW **[SKIP TO C6Q0A\_E]**
- (7) REFUSED **[SKIP TO C6Q0A\_E]**

C6Q0A\_D Would a discussion about (S.C.)’s health care needs have been helpful?

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

C6Q0A\_E Eligibility for health insurance often changes as children reach adulthood. Has anyone discussed with you how to obtain or keep some type of health insurance coverage as (S.C.) becomes an adult?

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

HELP SCREEN: Anyone means anyone.

C6Q0A\_F Would a discussion about health insurance have been helpful to you?

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

C6Q08

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

**IF REFERENT SAMPLE AND CWTYPE = N, THEN:**

**[IF CHILD IS 5-11 YEARS OF AGE, THEN READ:** “learning about **(his/her)** health or helping with treatments and medications?”

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

**ELSE:**

**[IF CHILD IS 5-11 YEARS OF AGE, THEN READ:** “learning about **(his/her)** conditions or helping with treatments and medications?”

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

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

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



**Section 6C. EASE OF SERVICE USE**

**[TIME STAMP – SECTION63]**

C6Q0D We have been talking primarily about medical services provided by your child’s doctors. There are other types of services children may need or use because of their health. These services may be provided by **(IF AGE < 36 MONTHS, SHOW:** early intervention programs; **ELSE SHOW:** schools), child care facilities, vocational education and rehabilitation programs, and other community programs.

Thinking about (S.C.)’s health needs and all the services that (he/she) needs, have you had any difficulties trying to use these services **(IF AGE = 12 MONTHS OR GREATER, SHOW:** during the past 12 months; **ELSE SHOW:** since **(his/her)** birth)?

- (1) YES
- (0) NO [SKIP TO C6Q0C]
- (6) DON’T KNOW [SKIP TO C6Q0C]
- (7) REFUSED [SKIP TO C6Q0C]

IF THE PARENT SAYS THAT THE CHILD DID NOT NEED ANY SERVICES, READ: This question asks about difficulty using ANY services that your child needed because of his/her health. Did you have ANY difficulty using ANY services during the past 12 months?

C6Q0E I am going to read a list of reasons why people may have difficulty trying to use these services. For each reason, please tell me – yes or no – if this was a reason you had difficulties trying to use these services. Did you have any difficulties because:

C6Q0E\_A You could not get the information you needed?

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

C6Q0E\_B (READ IF NECESSARY: Did you have difficulty trying to use any services because) There was too much paperwork required?

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

C6Q0E\_C (READ IF NECESSARY: Did you have difficulty trying to use any services because) You didn’t have enough money to pay for the services?

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

C6Q0E\_D (READ IF NECESSARY: Did you have difficulty trying to use any services because) Transportation was a problem?

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

- C6Q0E\_E (READ IF NECESSARY: Did you have difficulty trying to use any services because) You couldn't get services for (S.C.) when (he/she) needed them?
- (1) YES
  - (0) NO [SKIP TO C6Q0E\_F]
  - (6) DON'T KNOW [SKIP TO C6Q0E\_F]
  - (7) REFUSED [SKIP TO C6Q0E\_F]
- C6Q0E\_E1 Was this because there were long waiting lists?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C6Q0E\_F Did you have difficulty trying to use any services because there were problems in communication between service providers?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C6Q0E\_G (READ IF NECESSARY: Did you have difficulty trying to use any services because) You had language, communication, or cultural problems with the service providers?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C6Q0E\_H (READ IF NECESSARY: Did you have difficulty trying to use any services because) You could not find service providers who had the skills (S.C.) needed?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C6Q0E\_I (READ IF NECESSARY: Did you have difficulty trying to use any services because) The types of services (S.C.) needed were not available in your area?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C6Q0E\_J (READ IF NECESSARY: Did you have difficulty trying to use any services because) The types of services (S.C.) needed were available but (he/she) was not eligible?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- C6Q0E\_K (READ IF NECESSARY: Did you have difficulty trying to use any services because) The types of services (S.C.) needed were available but (he/she) had used up all eligible benefits?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED

C6Q0E\_L (READ IF NECESSARY: Did you have difficulty trying to use any services because) You didn't have the time to figure it all out?

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

C6Q0C Thinking about **(S.C.)**'s health needs and the services **(he/she)** receives, how satisfied or dissatisfied are you with those services? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?

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

**Section 6D. HURRICANE EVACUEES**

[TIME STAMP – SECTION64]

K\_INTRO The next question is about the Gulf Coast hurricanes last year.

K1 Last year, did (S.C.) leave (his/her) home for one night or longer because of Hurricane Katrina or Rita?

- (1) YES [GO TO K2]
- (0) NO [GO TO NAME\_SEC7]
- (6) DON'T KNOW [GO TO NAME\_SEC7]
- (7) REFUSED [GO TO NAME\_SEC7]

INTERVIEWER NOTE: THE PARENT SHOULD ANSWER "YES" IF THE CHILD LEFT HOME FOR AT LEAST ONE NIGHT FOR ANY REASON RELATED TO THE HURRICANE. THIS CAN BE BEFORE THE HURRICANE OR AFTER THE HURRICANE WAS OVER. THIS MAY INCLUDE LEAVING AS A PRECAUTION, LEAVING BY ORDER OF THE AUTHORITIES, LEAVING TO ENSURE COMFORT IN THE ABSENCE OF POWER OR WATER, LEAVING TO OBTAIN OR ENSURE NECESSARY HEALTH CARE, OR ANY OTHER REASON RELATED TO THE HURRICANE.

K2 In order to leave, did (S.C.) require any special arrangements because of (his/her) health (IF CWTYPE = 'S', SHOW: 'conditions')?

- (1) YES [GO TO K2A]
- (0) NO [GO TO K3]
- (6) DON'T KNOW [GO TO K3]
- (7) REFUSED [GO TO K3]

INTERVIEWER NOTE: THIS QUESTION REFERS TO ANY HEALTH CONDITIONS THAT EXISTED PRIOR TO THE HURRICANES. DO NOT INCLUDE SPECIAL ARRANGEMENTS RELATED TO INJURIES SUSTAINED DURING THE HURRICANE OR THE EVACUATION.

K2A What special arrangements were needed?

RECORD VERBATIM RESPONSE

K3 Did you have trouble finding temporary shelter for (S.C.) because of (his/her) health (IF CWTYPE = 'S', SHOW: 'conditions')?

- (1) YES [GO TO K3A]
- (0) NO [GO TO K4A]
- (6) DON'T KNOW [GO TO K4A]
- (7) REFUSED [GO TO K4A]

INTERVIEWER NOTE: THIS QUESTION REFERS TO ANY HEALTH CONDITIONS THAT EXISTED PRIOR TO THE HURRICANES. DO NOT INCLUDE TROUBLE FINDING SHELTER BECAUSE OF INJURIES SUSTAINED DURING THE HURRICANE OR THE EVACUATION.

K3A. (IF CWTYPE = 'N' SHOW: What health condition) (IF CWTYPE = 'S' SHOW: Which health conditions) made it difficult to find temporary shelter?

RECORD VERBATIM RESPONSE

K4A At any point after the hurricanes, did (S.C.) move back into the same home where (he/she) lived before the hurricanes?

- (1) YES [GO TO K4B]
- (0) NO [GO TO K5]
- (6) DON'T KNOW [GO TO K5]
- (7) REFUSED [GO TO K5]

THIS QUESTION ASKS WHETHER THE CHILD ACTUALLY MOVED BACK INTO THE HOME. IF THE CHILD ATTEMPTED TO MOVE HOME, BUT WAS NOT ABLE TO ACTUALLY DO SO, THE ANSWER SHOULD BE RECORDED AS "NO." IF THE CHILD MOVED HOME AFTER HURRICANE KATRINA, BUT THEN LEFT BECAUSE OF HURRICANE RITA AND HAS NOT MOVED BACK HOME, THE ANSWER SHOULD BE RECORDED AS "NO." HOWEVER, NOTE THAT THIS QUESTION DOES NOT ASK IF THE HCILD IS CURRENTLY LIVING IN THE SAME HOME WHERE THE CHILD LIVED BEFORE THE HURRICANES. IF THE HCILD MOVED HOME FOR SEVERAL MONTHS, BUT HAS SINCE MOVED AWAY, THE ANSWER SHOULD STILL BE RECORDED AS "YES."

K4B How many nights was (S.C.) away from home because of the hurricanes?

\_\_\_\_\_ ENTER NUMBER [GO TO K4B\_1]

- (96) DON'T KNOW [GO TO K7]
- (97) REFUSED [GO TO K7]

K4B1 (1) NIGHT(S)  
(2) WEEK(S)  
(3) MONTH(S)

[ALL GO TO K7]

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE COMPLETE TIME PERIOD BETWEEN LEAVING HOME AND MOVING BACK INTO THE HOME. IF THE CHILD MOVED BACK HOME, LEFT AGAIN FOR A REASON RELATED TO THE HURRICANES, AND THEN MOVED BACK HOME AGAIN, THE PARENT SHOULD ADD UP ALL OF THE NIGHTS THAT THE CHILD WAS AWAY FROM HOME.

K5 Is (S.C.) currently living in short-term or temporary housing, such as a FEMA trailer, hotel, or the home of a family member or friend?

- (1) YES [GO TO K7]
- (0) NO [GO TO K6A]
- (6) DON'T KNOW [GO TO K6A]
- (7) REFUSED [GO TO K6A]

K6A Did (S.C.) live in short-term or temporary housing for one night or longer, such as an evacuation center, hotel, or the home of a family member or friend?

- (1) YES [GO TO K6B]
- (0) NO [GO TO NAME\_SEC7]
- (6) DON'T KNOW [GO TO NAME\_SEC7]
- (7) REFUSED [GO TO NAME\_SEC7]

K6B How many nights did (S.C.) live in short-term or temporary housing because of the hurricanes?

\_\_\_\_\_ ENTER NUMBER [GO TO K6B1]

- (96) DON'T KNOW [GO TO K7]
- (97) REFUSED [GO TO K7]

- K6B1 (1) NIGHT(S)  
 (2) WEEK(S)  
 (3) MONTH(S)

[ALL GO TO K7]

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE TOTAL NUMBER OF NIGHTS SPENT IN SHORT-TERM OR TEMPORARY HOUSING. IF THE CHILD LIVED IN SHORT-TERM OR TEMPORARY HOUSING SEVERAL TIMES, THE PARENT SHOULD ADD UP ALL OF THE NIGHTS THAT THE CHILD LIVED IN SUCH HOUSING.

- K7 (IF K4A = 1, READ: During the time that (S.C.) was away from home, did (S.C.) NEED any health care?)  
 (IF K5 = 1, READ: Since leaving home, has (S.C.) NEEDED any health care?)  
 (IF K6A = 1, READ: When (S.C.) was living in short-term or temporary housing, did (he/she) NEED any health care?)

By health care, I mean care from a doctor or nurse as well as other kinds of care like mental health services, prescription medication, and special therapies.

- (1) YES [GO TO K8]  
 (0) NO [GO TO K11]  
 (6) DON'T KNOW [GO TO K11]  
 (7) REFUSED [GO TO K11]

- K8 (IF K4A = 1, READ: During the time that (S.C.) was away from home, did (S.C.) receive)  
 (IF K5 = 1, READ: Since leaving home, has (S.C.) received)  
 (IF K6A = 1, READ: When (S.C.) was living in short-term or temporary housing, did (he/she) receive)

ANY of the health care that (he/she) needed?

- (1) YES [GO TO K9]  
 (0) NO [GO TO K11]  
 (6) DON'T KNOW [GO TO K11]  
 (7) REFUSED [GO TO K11]

- K9 (IF K4A = 1, READ: Where did (S.C.) receive this health care?)  
 (IF K5 = 1, READ: Where has (S.C.) received this health care?)  
 (IF K6A = 1, READ: Where did (S.C.) receive this health care?)

MARK ALL THAT APPLY

PROBE: Any other place?

- |                                     |   |
|-------------------------------------|---|
| (1) EVACUATION CENTER               | (1) YES (0) NO (6) DON'T KNOW (7) REFUSED |
| (2) SPECIAL NEEDS SHELTER           | (1) YES (0) NO (6) DON'T KNOW (7) REFUSED |
| (3) MOBILE HEALTH UNIT              | (1) YES (0) NO (6) DON'T KNOW (7) REFUSED |
| (4) DOCTOR'S OFFICE                 | (1) YES (0) NO (6) DON'T KNOW (7) REFUSED |
| (5) HOSPITAL EMERGENCY ROOM         | (1) YES (0) NO (6) DON'T KNOW (7) REFUSED |
| (6) HOSPITAL OUTPATIENT DEPARTMENT  | (1) YES (0) NO (6) DON'T KNOW (7) REFUSED |
| (7) CLINIC OR HEALTH CENTER         | (1) YES (0) NO (6) DON'T KNOW (7) REFUSED |
| (8) SCHOOL                          | (1) YES (0) NO (6) DON'T KNOW (7) REFUSED |
| (9) OTHER, SPECIFY > GO TO K9_OTHER | (1) YES (0) NO (6) DON'T KNOW (7) REFUSED |

ALL SKIP TO K10

K9\_OTHER (READ IF NECESSARY:) What kind of place was this?

RECORD VERBATIM RESPONSE \_\_\_\_\_

**[GO TO K10]**

K10 (IF K4A = 1, READ: During the time that (S.C.) was away from home, did (S.C.) receive )  
(IF K5 = 1, READ: Since leaving home, has (S.C.) received)  
(IF K6A = 1, READ: When (S.C. ) was living in short-term or temporary housing, did (he/she) receive)

ALL of the health care that (he/she) needed?

- (1) YES [GO TO K11]
- (0) NO [GO TO K11]
- (6) DON'T KNOW [GO TO K11]
- (7) REFUSED [GO TO K11]

K11 (IF K4A = 1, READ: During the time that (S.C.) was away from home, did (S.C.) NEED)  
(IF K5 = 1, READ: Since leaving home, has (S.C.) NEEDED)  
(IF K6A = 1, READ: When (S.C. ) was living in short-term or temporary housing, did (he/she) NEED)

any durable medical equipment, such as a ventilator, wheelchair, or other medical device?

- (1) YES [GO TO K12]
- (0) NO [GO TO NAME\_SEC7]
- (6) DON'T KNOW [GO TO NAME\_SEC7]
- (7) REFUSED [GO TO NAME\_SEC7]

K12 (IF K4A = 1, READ: During the time that (S.C.) was away from home, did (S.C.) receive )  
(IF K5 = 1, READ: Since leaving home, has (S.C.) received)  
(IF K6A = 1, READ: When (S.C. ) was living in short-term or temporary housing, did (he/she) receive)

ANY of the durable medical equipment that (he/she) needed?

- (1) YES [GO TO K13]
- (0) NO [GO TO NAME\_SEC7]
- (6) DON'T KNOW [GO TO NAME\_SEC7]
- (7) REFUSED [GO TO NAME\_SEC7]

K13 (IF K4A = 1, READ: During the time that (S.C.) was away from home, did (S.C.) receive )  
(IF K5 = 1, READ: Since leaving home, has (S.C.) received)  
(IF K6A = 1, READ: When (S.C. ) was living in short-term or temporary housing, did (he/she) receive)

ALL of the durable medical equipment that (he/she) needed?

- (1) YES [GO TO NAME\_SEC7]
- (0) NO [GO TO NAME\_SEC7]
- (6) DON'T KNOW [GO TO NAME\_SEC7]
- (7) REFUSED [GO TO NAME\_SEC7]

**Section 7. HEALTH INSURANCE**

[TIME STAMP – SECTION7]

NAME\_SEC7 [SKIP TO C7Q03 IF NAME OF SELECTED CHILD ALREADY GATHERED FROM MULTIAGE, C2Q01N, SELECTION1\_NAME, NAME\_SEC4\_A, NIS INTERVIEW, OR RESPONDENT REFUSED TO ANSWER NAME QUESTIONS]

HAS THE HOUSEHOLD GIVEN YOU A NAME FOR THE CHILD?

- (1) YES > GO TO NAME\_SEC7\_A
- (0) NO > GO TO C7Q03

NAME\_SEC7\_A

ENTER NAME/INITIALS: \_\_\_\_\_ > GO TO C7Q03  
[FILL (S.C.) WITH THIS NAME FROM THIS POINT ON IN THE INTERVIEW]

C7Q03 [IF S.C. = NIS-ELIG CHILD, THEN FILL WITH INS-1]

Now I have a few questions about health insurance and health care coverage for (S.C.). At this time, is (S.C.) covered by health insurance that is provided through an employer or union?

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

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

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

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

C7Q03A [IF INS-1 = 1 AND S.C. = 'NIS-ELIG CHILD', THEN FILL WITH INS-1A]

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

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



C7Q01

[IF STATE = AK, CT, DC, FL, HI, IL, IN, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, WI, THEN SKIP TO C7Q04]

[IF S.C. = 'NIS-ELIG CHILD,' THEN FILL WITH INS-2]

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

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

READ IF NECESSARY: Medicaid is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

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

C7Q02

[IF S.C. = 'NIS-ELIG CHLID,' THEN FILL WITH INS-3]

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

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

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

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

**ALL SKIP TO C7Q05**

C7Q04 [IF S.C. = 'NIS-ELIG CHILD,' THEN FILL WITH INS-3A]

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

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

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

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

C7Q05 [IF S.C. = 'NIS-ELIG CHILD,' THEN FILL WITH INS-5]

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

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

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

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

C7Q07 [IF S.C. = 'NIS-ELIG CHILD,' THEN FILL WITH INS-6 AND USE NS-CSHCN LOGIC]

**IF C7Q01, C7Q02, C7Q03, C7Q04, OR C7Q05 = 01, THEN SHOW:** "Besides what you have already told me about,"

Is (S.C.) covered by any other health insurance or health care plan?

[IF RESPONDENT REPORTS DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE, MARK NO]

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

C7Q08A [IF S.C. = 'NIS-ELIG CHILD,' THEN FILL WITH INS-6A AND USE NS-CSHCN LOGIC]

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

(1) YES

(0) NO

(6) DON'T KNOW

(7) REFUSED

[SKIP TO C7Q09]

[SKIP TO C7Q09]

[SKIP TO C7Q09]

C7Q08B [IF S.C. = 'NIS-ELIG CHILD,' THEN FILL WITH INS-6B AND USE NS-CSHCN LOGIC]

Is this health insurance provided through an employer or union?

(1) YES

(0) NO

(6) DON'T KNOW

(7) REFUSED

[SKIP TO C7Q11]

C7Q08C [IF S.C. = 'NIS-ELIG CHILD,' THEN FILL WITH INS-6C]

Is this health insurance purchased directly from an insurance company?

(1) YES

(0) NO

(6) DON'T KNOW

(7) REFUSED

C7Q09 **(IF C7Q01, C7Q02, C7Q03A, C7Q04, C7Q05, OR C7Q08A = 01, SKIP TO C7Q11; ELSE IF S.C. = 'NIS-ELIG CHILD,' AND INS-4 = 1, THEN GO TO C7Q10; ELSE ASK C7Q09)**

[IF S.C. = 'NIS-ELIG CHILD,' THEN FILL WITH INS-7]

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

(1) YES

(0) NO

(6) DON'T KNOW

(7) REFUSED

[SKIP TO C7Q13]

[SKIP TO C9Q01]

[SKIP TO C9Q01]

C7Q10

[IF S.C. = 'NIS-ELIG CHILD,' AND INS-7A NE MISSING, THEN FILL WITH INS-7A/ IF S.C. = 'NIS-ELIG CHILD' AND INS-4 = 1, THEN FILL "Now I have a few questions about health insurance and health care coverage for (S.C.). Earlier you told me that (S.C.) is covered by Indian Health Service. Does (S.C.) have any other kind of health coverage?"/ ELSE FILL "At this time, what kind of health coverage does (S.C.) have? Any other kind?"  
[MARK ALL THAT APPLY. MARK SINGLE SERVICE PLAN ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.]

[CATI INSTRUCTIONS: IF S.C. = 'NIS-ELIG CHILD' AND INS-4 = 1, THEN PRE-FILL C7Q10X07 = 1]

C7Q10X01 MEDICAID [STATE NAME]

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

C7Q10X02 MEDICARE

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

C7Q10X04 SCHIP

[STATE NAME]

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

C7Q10X05 MEDIGAP

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

C7Q10X06 MILITARY

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

C7Q10X07 INDIAN HEALTH SERVICE

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

C7Q10X08 PRIVATE INSURANCE

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

C7Q10X09 SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC)

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

C7Q10X10 OTHER

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

**IF ONLY C7Q10X09 IS SELECTED, SKIP TO C7Q13**

C7Q10B

[IF S.C. = 'NIS-ELIG CHILD,' AND INS-7A-1, INS-7A-3, INS-7A-5, OR INS-7A-6 = 1, THEN FILL C7Q10B = 1.

IF S.C. = 'NIS-ELIG CHILD,' INS-7A-2, INS-7A-4, INS-7A-7 OR INS-7A-9 = 1, THEN FILL WITH INS-7B.]

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

(1) YES

(0) NO

(6) DON'T KNOW

(7) REFUSED

**[SKIP TO C7Q13]**

**[SKIP TO C9Q01]**

**[SKIP TO C9Q01]**

C7Q11 [IF S.C. = 'NIS-ELIG CHILD,' AND INS-11 = 1, THEN FILL "Earlier you told me that since (S.C.)'s birth there was a time when (he/she) was not covered by any health insurance. DURING THE PAST 12 MONTHS, was there any time when (S.C.) was not covered by any health insurance?" AND DO NOT USE CURRENT TEXT/ IF S.C. = 'NIS-ELIG CHILD' AND INS-11 = 2, 7, 9, THEN FILL 2, 7, 9 AND USE CURRENT LOGIC]

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

- (1) YES
- (2) NO [SKIP TO C8Q01\_A]  
[DISPLAY RESPONSE (03) IF S.C. = 'NIS-ELIG CHILD' AND INS-11 =1]
- (3) CHILD ALWAYS COVERED BY INSURANCE [SKIP TO C8Q01\_A]
- (6) DON'T KNOW [SKIP TO C8Q01\_A]
- (7) REFUSED [SKIP TO C8Q01\_A]

C7Q12 [IF S.C. = 'NIS-ELIG CHILD,' AND C7Q11 = 1 AND IF INS-8 = 1, THEN FILL WITH '12']  
During the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] Since (his/her) birth, about how many months was (S.C.) without any health insurance or coverage?

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

[CATI: 02 NUMERIC-CHARACTER-FIELD, RANGE 01-12, 7, 9]  
\_\_\_\_\_ MONTHS

- (96) DON'T KNOW
- (97) REFUSED

[ALL SKIP TO C8Q01\_A]

C7Q13 [IF S.C. = 'NIS-ELIG CHILD,' AND IF INS-8 = 1, THEN FILL "5"/ ELSE IF S.C. = 'NIS-ELIG CHILD' AND IF INS-8 = 2, 6, THEN SAY "Earlier you told me that (S.C.) is not covered by health insurance that pays for all types of care." IF C7Q10X09 = 1 OR C7Q10B = 2, THEN SAY: About how long has it been since (S.C.) last had health coverage that helps pay for all types of care?]  
[ELSE, SAY: About how long has it been since (S.C.) last had health coverage?]  
[IF (C7Q13 GE 2 AND CWAGE LT 6) OR (C7Q13 GE 3 AND CWAGE LT 12) OR (C7Q13 GE 4 AND CWAGE LT 36) OR (CWAGE=6 and (02) CHOSEN), DISPLAY WARNING: 'TIME WITHOUT INSURANCE CAN'T BE GREATER THAN CHILD'S AGE']

- (1) 6 MONTHS OR LESS
- (2) MORE THAN 6 MONTHS, BUT NOT MORE THAN 01 YEAR AGO
- (3) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO (GO TO C9Q01)
- (4) MORE THAN 3 YEARS (GO TO C9Q01)
- (5) NEVER (GO TO C9Q01)

DISPLAY RESPONSE (66) IF S.C. = 'NIS ELIG CHILD' AND INS-8 = 2, 7, OR 9]  
(66) CHILD IS COVERED BY INSURANCE (GO TO C7Q10 AND FOLLOW NS-CSHCN LOGIC)

- (6) DON'T KNOW (GO TO C9Q01)
- (7) REFUSED (GO TO C9Q01)

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

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

**[CATI: 02 NUMERIC-CHARACTER-FIELD, RANGE 01-12, 6, 7]  
\_\_\_\_\_ MONTHS**

(6) DON'T KNOW  
(7) REFUSED

C7Q15

**[IF S.C. AGE=0 MONTHS, THEN GO TO C9Q01]**

**[IF C7Q14=12, DK, OR REF, GO TO C9Q01]**

**[WHEN S.C. IS YOUNGER THAN 12 months, IF C7Q14=AGE OF S.C. IN MONTHS, GO TO C9Q01]**

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

C7Q15X01MEDICAID [STATE NAME] (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

C7Q15X02 MEDICARE (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

C7Q15X04 SCHIP [STATE NAME] (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

C7Q15X05 MEDIGAP (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

C7Q15X06 MILITARY (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

C7Q15X07 INDIAN HEALTH SERVICE (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

C7Q15X08 PRIVATE INSURANCE (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

C7Q15X09 SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC.)

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

C7Q15X10 OTHER [SKIP TO C7Q15A] (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

C7Q15A ENTER OTHER\_\_\_\_\_ [CATI: 255 CHARACTER-FIELD]

**IF ONLY C7Q15X09 IS SELECTED, SKIP TO C9Q01**

C7Q15B

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

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

**ALL SKIP TO C9Q01**

## Section 8. ADEQUACY OF HEALTH CARE COVERAGE

### [TIME STAMP – SECTION8]

C8Q01\_A The next questions are about **(S.C.)**'s health insurance or health care plans. Does **(S.C.)**'s health insurance offer benefits or cover services that meet **(his/her)** needs? Would you say:

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

C8Q01\_B Are the costs not covered by **(S.C.)**'s health insurance reasonable? Would you say:

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

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

IF YES, THEN ASK: Are those costs reasonable?

C8Q01\_C Does **(S.C.)**'s health insurance allow **(him/her)** to see the health care providers **(he/she)** needs? Would you say:

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

**Section 9. IMPACT ON THE FAMILY**

**[TIME STAMP – SECTION9]**

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

- (1) More than \$500
- (2) \$250-\$500 **[SKIP TO C9Q02]**
- (3) Less than \$250 **[SKIP TO C9Q02]**
- (4) Nothing, \$0 **[SKIP TO C9Q02]**
- (6) DON’T KNOW **[SKIP TO C9Q02]**
- (7) REFUSED **[SKIP TO C9Q02]**

HELP SCREEN: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION. BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

C9Q01\_A (During the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since **(his/her)** birth), would you say that the family paid more than \$5000, \$1000 to \$5000, or less than \$1000 for **(S.C.)’s** medical care?

- (1) More than \$5000
- (2) \$1000-\$5000
- (3) Less than \$1000
- (6) DON’T KNOW
- (7) REFUSED

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

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

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

**(CATI: 3 NUMERIC-CHARACTER-FIELD, RANGE 000-168, 996, 997)**  
\_\_\_\_\_ HOURS PER WEEK

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

**IF THE PARENT SAYS THAT THE HOURS PER WEEK VARIES GREATLY FROM WEEK TO WEEK, ASK: How many hours did you or other family members spend last week?**  
**[IF C9Q03 < 30 OR = 168, 996, 997, SKIP TO C9Q04]**



- C9Q03\_A I have (ANSWER FROM C9Q03) hours. Is that correct?  
 (1) YES  
 (0) NO [SKIP BACK TO C9Q03]
- C9Q04 How many hours per week do you or other family members spend arranging or coordinating (S.C.)'s care? By this I mean making appointments, making sure that care providers are exchanging information, and following up on (S.C.)'s care needs.  
  
**[CATI: 3 NUMERIC-CHARACTER-FIELD, RANGE 000-168, 555, 996, 997]**  
 \_\_\_\_\_ HOURS PER WEEK  
  
 (000) LESS THAN ONE HOUR  
 (168) AROUND THE CLOCK  
 (555) NONE / DOES NOT ARRANGE OR COORDINATE CARE  
 (996) DON'T KNOW  
 (997) REFUSED  
  
 IF THE PARENT SAYS THAT THE HOURS PER WEEK VARIES GREATLY FROM WEEK TO WEEK, ASK: How many hours did you or other family members spend last week?  
  
**[IF C9Q04 < 30 or C9Q04 = 168, 555, 996, 997, SKIP TO C9Q05]**
- C9Q04\_A I have (ANSWER FROM C9Q04) hours. Is that correct?  
 (1) YES  
 (0) NO [SKIP BACK TO C9Q04]
- C9Q05 **[IF CHILD HAS SPECIAL HEALTH CARE NEEDS, READ:]**  
 Have (S.C.)'s health conditions caused financial problems for your family?  
  
**[IF CHILD DOES NOT HAVE SPECIAL HEALTH CARE NEEDS, READ:]**  
 Has (S.C.)'s health care caused financial problems for your family?  
  
 (1) YES  
 (0) NO  
 (6) DON'T KNOW  
 (7) REFUSED
- C9Q10 Have you or other family members stopped working because of (S.C.)'s health (IF CWTYPE = 'S', SHOW: 'conditions')?  
 (1) YES  
 (0) NO  
 (6) DON'T KNOW  
 (7) REFUSED
- C9Q06 (IF C9Q10 = 01, THEN SHOW: Not including the family members who stopped working,)  
 Have you or other family members cut down on the hours you work because of (S.C.)'s health (IF CWTYPE = 'S', SHOW: 'conditions')?  
 (1) YES  
 (0) NO  
 (6) DON'T KNOW  
 (7) REFUSED

C9Q07

Have you needed additional income to cover (S.C.)'s medical expenses?

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

**Section 10. FAMILY COMPOSITION**

[TIME STAMP – SECTION10]

C11Q01\_A     **[IF REFERENT SAMPLE AND NIS IS DONE THEN FILL C11Q01\_A FROM NIS DATA C1 AND SKIP TO S10Q00;  
ELSE IF MAIN SAMPLE AND NIS IS DONE AND CWTYPE = S, FILL C11Q01\_A FROM NIS DATA C1, SKIP TO S10Q00;  
ELSE IF MAIN SAMPLE AND NIS IS DONE AND CWTYPE = N, FILL C11Q01\_A FROM NIS DATA C1, C11Q01.  
ELSE ASK C11Q01\_A]**

Now I have some questions about your household. Please tell me how many people live in this household, including all children and anyone who normally lives here even if they are not here now, like someone who is away traveling or in a hospital.

**[CATI: 02 NUMERIC-CHARACTER FIELD, RANGE 01-30, 6, 7  
VALUE MUST BE => S\_UNDR18 + 1] [DISPLAY WARNING IF VALUE < S\_UNDR18+1 ->  
“NUMBER OF PEOPLE IN THIS HOUSEHOLD CANNOT BE LESS THAN NUMBER OF KIDS + 1.”**

\_\_\_\_\_ PERSONS

(6) DK

(7) REFUSED

**IF MAIN SAMPLE AND CWTYPE = N, SKIP TO C11Q01, ELSE**

**IF C2Q04 = (01) Mother OR (02) Father, CONTINUE WITH S10Q00.  
ELSE SKIP TO S10Q01**

S10Q00     **CATI INSTRUCTION (S10Q00): IF C2Q04 = 01, REMOVE RESPONSE CATEGORIES 05-08.  
ELSE IF C2Q04 = 02, REMOVE RESPONSE CATEGORIES 01-04.**

Earlier you told me you are (S.C.)’s (mother/father). Are you (S.C.)’s biological, step, foster, or adoptive (mother/father)?

(01) Biological mother

(02) Step mother

(03) Foster mother

(04) Adoptive mother

(05) Biological father

(06) Step father

(07) Foster father

(08) Adoptive father

(09) OTHER

(96) DON’T KNOW

(97) REFUSED

S10Q01

**CATI INSTRUCTION (S10Q01): [IF C11Q01\_A = S\_UNDR18 + 1, THERE IS ONLY ONE PARENT IN HH AND SKIP TO C10Q03.**

**[IF S10Q00 BLANK FILL: Earlier you told me you are (S.C.)'s (ANSWER TO C2Q04)**

**IF C2Q04 = 01, FILL 'mother';**

**IF C2Q04 = 02, FILL 'father';**

**IF C2Q04 = 03, FILL 'sibling';**

**IF C2Q04 = 04, 05, 07 FILL 'relative';**

**IF C2Q04 = 06, FILL 'grandparent';**

**IF C2Q04 = 10, FILL 'friend';**

**IF C2Q04 = 08, 09, FILL 'guardian';**

**IF C2Q04 = 7, 9, DO NOT READ THE SENTENCE].**

**[IF C2Q04 = (01) Mother OR (02) Father, FILL "other"]**

Does (S.C.) have any (other) parents, or people who act as (his/her) parents, living here?

(1) YES

(0) NO

**[SKIP TO C10Q03]**

(6) DON'T KNOW

**[SKIP TO C10Q03]**

(7) REFUSED

**[SKIP TO C10Q03]**

S10Q02

What is their relationship to (S.C.)? [MARK ALL THAT APPLY]

IF R RESPONDS "Mother" or "Father" PROBE: 'Is that (his/her) biological, step, foster, or adoptive (Mother/Father?)'

- S10Q02X01 BIOLOGICAL MOTHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X02 STEP MOTHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X03 FOSTER MOTHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X04 ADOPTIVE MOTHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X05 BIOLOGICAL FATHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X06 STEP FATHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X07 FOSTER FATHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X08 ADOPTIVE FATHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X09 SISTER/BROTHER (STEP/FOSTER/HALF/ADOPTIVE)  
(1) YES (0) NO (6) DK (7) REF
- S10Q02X10 IN-LAW OF ANY TYPE (1) YES (0) NO (6) DK (7) REF
- S10Q02X11 AUNT/ UNCLE (1) YES (0) NO (6) DK (7) REF
- S10Q02X12 GRANDMOTHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X13 GRANDFATHER (1) YES (0) NO (6) DK (7) REF
- S10Q02X14 OTHER FAMILY MEMBER (1) YES (0) NO (6) DK (7) REF
- S10Q02X15 FEMALE GUARDIAN (1) YES (0) NO (6) DK (7) REF
- S10Q02X16 MALE GUARDIAN (1) YES (0) NO (6) DK (7) REF
- S10Q02X17 RESPONDENT'S PARTNER OR BOY/GIRLFRIEND  
(1) YES (0) NO (6) DK (7) REF
- S10Q02X18 OTHER NON-RELATIVE (1) YES (0) NO (6) DK (7) REF
- S10Q02X19 TWO OR MORE OF THE SAME RELATIONSHIP TYPE  
(1) YES (0) NO (6) DK (7) REF

IF S10Q00=1 = S10Q02, THEN DISPLAY WARNING TEXT.

IF S10Q00=5 = S10Q02, THEN DISPLAY WARNING TEXT.

WARNING TEXT: SELECTED CHILD CAN NOT HAVE TWO BIOLOGICAL MOTHERS OR TWO BIOLOGICAL FATHERS. CONFIRM RESPONSES FOR THE LAST THREE QUESTIONS.

IF NUMBER OF SELECTIONS S10Q02-INDEX > =

(C11Q01\_A - S\_UNDR18), [SKIP TO S10Q02\_A]

ELSE, IF S10Q02X19 = 01, [SKIP TO S10Q02\_T]

ELSE, [SKIP TO C10Q03]

S10Q02\_T ENTER RELATIVE OR RELATIVES\_\_\_\_\_.

[ENTER THE NUMBER AND TYPE OF PERSON REPORTED. FOR EXAMPLE: "02 BROTHERS". IF ONE OF THE RELATIVES IS ALREADY LISTED IN THE PICKLIST, DO NOT INCLUDE AGAIN HERE]

S10Q02\_A Just to confirm, you are (S.C.)'s [IF C2Q04=1 OR 2, FILL RESPONSE FROM S10Q00, ELSE FILL FROM C2Q04], and your child's [FILL ALL RESPONSES FROM S10Q02, WITH "AND" BEFORE THE LAST RESPONSE] also live in the household?

(1) YES, CONTINUE > GO TO C10Q03

(0) NO, RETURN TO S10Q02 AND CORRECT ANSWER

C10Q03 IF S10Q00 = 04 OR 08 OR S10Q02X04 = 01 OR S10Q02X08 = 01, CONTINUE WITH C10Q03.  
ELSE, SKIP TO C11Q01.

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

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

C10Q03 \_\_\_\_ VALUE (MUST BE LESS THAN OR EQUAL TO AGE OF CHILD)

(6) DON'T KNOW

(7) REFUSED

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

C10Q03A

Months (00-12)

Years (Range 00-17)

**(CATI: 2 NUMERIC-CHARACTER FIELD FOR MONTHS**

**2 NUMERIC-CHARACTER FIELD FOR YEARS**

**AGE SHOULD BE CONVERTED TO MONTHS)**

C10Q04

Was (S.C.) adopted from another country?

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

(1) YES

[SKIP TO C11Q01]

(0) NO

(6) DON'T KNOW

(7) REFUSED

C10Q05

Was (S.C.) residing in foster care prior to being placed for adoption? This includes children placed by private agencies on behalf of a state or county child welfare agency.

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

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

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

(1) YES

(02) NO

(6) DON'T KNOW

(7) REFUSED

**Section 10B. INFLUENZA VACCINATION SECTION**

FLU\_INSTRUCTIONS IF FLU\_TYPE = 1 OR 2, THEN CONTINUE;  
ELSE, IF FLU\_TYPE = 3, THEN FILL TIMESTAMP\_SECTION10B AND GO TO  
SELECTION2;  
ELSE, GO TO C11Q01

**TIMESTAMP\_SECTION10B**

FLU\_INTRO Now I would like to ask you a few questions about your health (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN ADD: and the health of all other adults living in your household.)

S10Q10 Do you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any other adults" / ELSE NO FILL) have any difficulty with breathing or other respiratory problems, such as wheezing or shortness of breath?

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

S10Q11 To the best of your knowledge, do you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any other adults" / ELSE NO FILL) currently have any of the following: Asthma?

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

S10Q12 (READ IF NECESSARY: To the best of your knowledge, do you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any other adults" / ELSE NO FILL) currently have any of the following:) Diabetes?

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

S10Q13 (READ IF NECESSARY: To the best of your knowledge, do you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any other adults" / ELSE NO FILL) currently have any of the following:) A heart problem, including congenital heart disease?

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

S10Q14 (READ IF NECESSARY: To the best of your knowledge, do you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any other adults" / ELSE NO FILL) currently have any of the following:  
Blood problems such as anemia or sickle cell disease? Please do not include Sickle Cell Trait.

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

S10Q15 (READ IF NECESSARY: To the best of your knowledge, do you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any other adults" / ELSE NO FILL) currently have any of the following:  
Kidney problems?

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

S10Q16 (READ IF NECESSARY: To the best of your knowledge, do you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any other adults" / ELSE NO FILL) currently have any of the following:  
A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

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

READ IF NECESSARY: Illnesses such as cancer or HIV/AIDS can cause a person to have a weakened immune system. Medicines such as steroids can cause a person to have a weakened immune system.

S10Q17 Are you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any other adults living in your household" / ELSE NO FILL) 65 years of age or older?

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

S10Q18 Do you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any other adults living in your household" / ELSE NO FILL) work in a health care facility, such as a medical clinic, hospital, or nursing home?

- (1) YES
- (0) NO [SKIP TO S10Q20]
- (6) DON'T KNOW [SKIP TO S10Q20]
- (7) REFUSED [SKIP TO S10Q20]

READ IF NECESSARY: This includes part-time and volunteer work.



S10Q19 Do you (IF C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL), THEN FILL "or any of these adults" / ELSE NO FILL) have direct face-to-face or hands-on contact with patients as a part of (your/their) routine work?

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

S10Q20 During the past 12 months, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

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

READ IF NECESSARY: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

S10Q21 During the past 12 months, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.

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

READ IF NECESSARY: This influenza vaccine is called FluMist ®.

**IF (S10Q20 = 1 OR S10Q21 = 1) AND (C11Q01\_A – S\_UNDR18 > 1 OR IF C11Q01\_A = (77, 99, OR NULL)) THEN ASK S10Q22 / ELSE GO TO FLU\_INSTRUCTIONS\_2**

S10Q22 Thinking about the other adults living in your household, did everyone have a flu shot or a flu nasal spray during the past 12 months?

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

**IF FLU\_TYPE=3, THEN GO TO TIMESTAMP-SECTION\_11 (SKIP INSTRUCTIONS JUST BEFORE C11Q01) /ELSE CONTINUE**

**FLU\_INSTRUCTIONS\_2: IF FLU\_TYPE=1, THEN GO TO FLU1\_A / IF FLU\_TYPE=3, THEN GO TO TIMESTAMP-SECTION\_11 (SKIP INSTRUCTIONS JUST BEFORE C11Q01) / ELSE GO TO FLU\_INTRO\_2**

FLU\_INTRO\_2 Now I have just a few questions about the health of (AGEID\_FLU). The computer randomly chose this child for these few remaining questions.

S10Q23 Does (AGEID\_FLU) have any difficulty with breathing or other respiratory problems, such as wheezing or shortness of breath?

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

- S10Q24 To the best of your knowledge, does **(AGEID\_FLU)** currently have any of the following: Asthma?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S10Q25 (READ IF NECESSARY: To the best of your knowledge, does **(AGEID\_FLU)** currently have) Diabetes?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S10Q26 (READ IF NECESSARY: To the best of your knowledge, does **(AGEID\_FLU)** currently have) A heart problem, including congenital heart disease?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S10Q27 (READ IF NECESSARY: To the best of your knowledge, does **(AGEID\_FLU)** currently have) Blood problems such as anemia or sickle cell disease? Please do not include Sickle Cell Trait.
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S10Q28 (READ IF NECESSARY: To the best of your knowledge, does **(AGEID\_FLU)** currently have) Cerebral Palsy?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S10Q29 (READ IF NECESSARY: To the best of your knowledge, does **(AGEID\_FLU)** currently have) Muscular Dystrophy?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED
- S10Q30 (READ IF NECESSARY: To the best of your knowledge, does **(AGEID\_FLU)** currently have) Epilepsy or other seizure disorder?
- (1) YES
  - (0) NO
  - (6) DON'T KNOW
  - (7) REFUSED

S10Q31 (READ IF NECESSARY: To the best of your knowledge, does (AGEID\_FLU) currently have) Kidney problems?

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

S10Q32 (READ IF NECESSARY: To the best of your knowledge, does (AGEID\_FLU) currently have) A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

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

READ IF NECESSARY: Illnesses such as cancer or HIV/AIDS can cause a child to have a weakened immune system. Medicines such as steroids can cause a child to have a weakened immune system.

S10Q33 To the best of your knowledge, is (AGEID\_FLU) required to take aspirin every day?

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

**IF FLU\_TYPE=3, THEN GO TO FLU\_INTRO / ELSE GO TO FLU1\_A**

SELECTION2 **IF FLU\_TYPE = 3 AND S\_UNDR18 = 1, THEN DISPLAY** ""Now I have a few more questions about the health of (AGEID\_FLU). / **IF FLU\_TYPE=3 AND S\_UNDR18>1, THEN DISPLAY** "Now I have just a few questions about the health of (AGEID\_FLU). The computer randomly chose this child for the interview, and we will not be asking questions about any other child from this point forward."

FLU1\_A. [IF AGE\_ID< 12 months, THEN "Since (his/her) birth" / ELSE "During the past 12 months"], has (AGEID\_FLU) had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

- (1) YES
- (0) NO [SKIP TO FLU2\_A]
- (6) DON'T KNOW [SKIP TO FLU2\_A]
- (7) REFUSED [SKIP TO FLU2\_A]

READ IF NECESSARY: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

FLU1\_B. During what month and year did (S.C./ AGEID\_FLU) receive (his/her) most recent flu shot?

ENTER DATE \_\_\_\_\_  
MM/YYYY

- (01-12) Month
- (05-06) Year
- (96) DON'T KNOW
- (97) REFUSED

FLU1\_C. Was this the first time that (S.C./ AGEID\_FLU) has ever received a flu shot?

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

FLU2\_A. During the past 12 months, has (S.C./ AGEID\_FLU) had a flu vaccine sprayed in (his/her) nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.

- (1) YES
- (0) NO [SKIP TO CATI INSTRUCTION 3]
- (6) DON'T KNOW [SKIP TO CATI INSTRUCTION 3]
- (7) REFUSED [SKIP TO CATI INSTRUCTION 3]

READ IF NECESSARY: This influenza vaccine is called FluMist ®.

FLU2\_B. During what month and year did (S.C./ AGEID\_FLU) receive (his/her) most recent flu nasal spray?

ENTER DATE \_\_\_\_\_  
MM/YYYY

- (01-12) Month
- (05-06) Year
- (96) DON'T KNOW
- (97) REFUSED

FLU2\_C. Was this the first time that (S.C./AGEID) has ever received a flu nasal spray?

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

**FLU\_INSTRUCTIONS\_3: IF FLU1\_A = 2 AND FLU2\_A = 2 AND 'SC2N\_FLU CHILD'S AGE' >= 6 MONTHS, THEN SKIP TO FLU3 / ELSE, GO TO FLU4.**

FLU3. What is the MAIN reason (S.C./AGEID) did not receive a flu vaccination during the most recent flu season? (DO NOT READ ANSWER CHOICES BELOW. SELECT CATEGORY THAT BEST MATCHES RESPONSE.)

- (01) Need: Child was too young to receive vaccine
- (02) Need: Doctor did not recommend vaccination
- (03) Need: Child had the flu already this flu season
- (04) Need: Flu is not that serious
- (05) Need: Child does not need vaccination
- (06) Need: Did not know that child should be vaccinated
- (07) Concern about vaccine: Side effects/can cause flu
- (08) Concern about vaccine: Does not work
- (09) Access: Flu vaccination costs too much
- (10) Access: Inconvenient to get vaccinated / transportation / communication problems
- (11) Access: Plan to get child vaccinated later this flu season
- (12) Vaccine shortage: Saving vaccine for people who need it more
- (13) Vaccine shortage: Tried to find vaccine, but it was not available
- (14) Vaccine shortage: Not eligible to receive vaccine
- (15) Some other reason [SKIP TO FLU3\_OTH]
- (96) DON'T KNOW/NOT SURE (Probe: "What was the main reason?")
- (97) REFUSED

FLU3\_OTH. READ IF NECESSARY: What is the main reason (S.C./AGEID) did not receive a flu vaccination?

RECORD VERBATIM RESPONSE: \_\_\_\_\_

FLU4. [IF DOB FOR AGEID\_FLU CHILD COLLECTED AT S3\_3M/D/Y, THEN FILL MM/DD/YYYY AND CONTINUE / ELSE ASK]

Doctor recommendations regarding flu immunization vary by exact age. Would you please tell me the date of birth of (AGEID\_FLU)?

IF RESPONDENT IS NOT COMFORTABLE GIVING THE FULL BIRTH DATE, PROBE FOR ONLY MONTH AND YEAR

ENTER 77/77/7777 FOR DK AND 99/99/9999 FOR REFUSED

ENTER DATE: \_\_\_ / \_\_\_ / \_\_\_

77/77/7777 DON'T KNOW

99/99/9999 REFUSED

**FLU\_INSTRUCTIONS\_4: IF FLU\_TYPE=2, THEN GO TO TIMESTAMP-SECTION\_11 (SKIP INSTRUCTIONS JUST BEFORE C11Q01) / IF FLU\_TYPE=3, THEN GO TO S10Q23 / ELSE GO TO S10Q34**

S10Q34 To the best of your knowledge, does (S.C.) currently have a weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

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

READ IF NECESSARY: Illnesses such as cancer or HIV/AIDS can cause a child to have a weakened immune system. Medicines such as steroids can cause a child to have a weakened immune system.

S10Q35 To the best of your knowledge, is (S.C.) required to take aspirin every day?

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

S10Q36 To the best of your knowledge, does (S.C.) currently have kidney problems?

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

**ALL SKIP TO SECTION 11.**

**Section 11. INCOME**

**IF ANY NIS INTERVIEW WAS DONE IN THIS HH, SKIP TO C11Q12 – FILL DATA FROM NIS VARIABLE – CFAMINC;  
ELSE CONTINUE**

**[TIME STAMP – SECTION11]**

C11Q01 What was the total combined income of your household in **[CATI: FILL LAST CALENDAR YEAR]**, including income from all sources such as wages, salaries, unemployment payments, public assistance, Social Security or retirement benefits, help from relatives and so forth? Can you tell me that amount before taxes?

**[CATI: 9 NUMERIC-CHARACTER FIELD]**

RECORD INCOME \$ \_\_\_\_\_  
(999999996) DON'T KNOW **[SKIP TO W9Q02]**  
(999999997) REFUSED **[SKIP TO W9Q02]**

HELP SCREEN: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION.  
BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

C11CONF **(NIS VARIABLE - CINC)**

Just to confirm that I entered it correctly, your income was **(AMOUNT FROM C11Q01)**. Is that correct?

(1) YES **[SKIP TO C11Q12]**  
(0) NO **[SKIP BACK TO C11Q01]**

W9Q02 **(NIS VARIABLE - C12\_DON'T KNOW)**

For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in **{fill year}**. Would you say that the total combined income, before taxes, was above or below \$20,000?

(1) MORE THAN \$20,000 **[SKIP TO W9Q06]**  
(2) \$20,000 **[SKIP TO C11Q12]**  
(3) LESS THAN \$20,000 **[SKIP TO W9Q03]**  
(6) DON'T KNOW **[SKIP TO C11Q12]**  
(7) REFUSED **[SKIP TO C11Q12]**

W9Q03 **(NIS VARIABLE - C13)**

Was the total combined household income more or less than \$10,000?

(1) MORE THAN \$10,000 **[SKIP TO W9Q05]**  
(2) \$10,000 **[SKIP TO C11Q12]**  
(3) LESS THAN \$10,000 **[SKIP TO W9Q04]**  
(6) DON'T KNOW **[SKIP TO C11Q12]**  
(7) REFUSED **[SKIP TO C11Q12]**

W9Q04 **(NIS VARIABLE - C14A)**

Was it more than \$7,500?

(1) YES **[SKIP TO W9Q12]**  
(0) NO **[SKIP TO W9Q12]**  
(6) DON'T KNOW **[SKIP TO C11Q12]**  
(7) REFUSED **[SKIP TO C11Q12]**

W9Q05        **(NIS VARIABLE - C15)**  
Was it more than \$15,000?

(1) YES                                **[SKIP TO W9Q05A]**  
(0) NO                                    **[SKIP TO W9Q05B]**  
(6) DON'T KNOW                        **[SKIP TO C11Q12]**  
(7) REFUSED                              **[SKIP TO C11Q12]**

W9Q05A      **(NIS VARIABLE - C15A)**  
Was it more than \$17,500?

(1) YES                                **[SKIP TO W9Q12]**  
(0) NO                                    **[SKIP TO W9Q12]**  
(6) DON'T KNOW                        **[SKIP TO C11Q12]**  
(7) REFUSED                              **[SKIP TO C11Q12]**

W9Q05B      **(NIS VARIABLE - C15B)**  
Was it more than \$12,500?

(1) YES                                **[SKIP TO W9Q12]**  
(0) NO                                    **[SKIP TO W9Q12]**  
(6) DON'T KNOW                        **[SKIP TO C11Q12]**  
(7) REFUSED                              **[SKIP TO C11Q12]**

W9Q06        **(NIS VARIABLE - C16)**  
(READ IF NECESSARY: Was the total combined household income) more or less than \$40,000?

(1) MORE THAN \$40,000                **[SKIP TO W9Q06A]**  
(2) \$40,000                                **[SKIP TO C11Q12]**  
(3) LESS THAN \$40,000                **[SKIP TO W9Q07]**  
(6) DON'T KNOW                        **[SKIP TO C11Q12]**  
(7) REFUSED                              **[SKIP TO C11Q12]**

W9Q06A      **(NIS VARIABLE - C16A)**  
(READ IF NECESSARY: Was the total combined household income) more or less than \$60,000?

(1) MORE THAN \$60,000                **[SKIP TO W9Q08]**  
(2) \$60,000                                **[SKIP TO C11Q12]**  
(3) LESS THAN \$60,000                **[SKIP TO W9Q06B]**  
(6) DON'T KNOW                        **[SKIP TO C11Q12]**  
(7) REFUSED                              **[SKIP TO C11Q12]**

W9Q06B      **(NIS VARIABLE - C16B)**  
(READ IF NECESSARY: Was the total combined household income) more or less than \$50,000?

(1) MORE THAN \$50,000                **[SKIP TO W9Q12]**  
(2) \$50,000                                **[SKIP TO C11Q12]**  
(3) LESS THAN \$50,000                **[SKIP TO W9Q06C]**  
(6) DON'T KNOW                        **[SKIP TO C11Q12]**  
(7) REFUSED                              **[SKIP TO C11Q12]**

W9Q06C      **(NIS VARIABLE - C16C)**  
(READ IF NECESSARY: Was the total combined household income) more or less than \$45,000?

(1) MORE THAN \$45,000                **[SKIP TO W9Q12]**  
(2) \$45,000                                **[SKIP TO C11Q12]**  
(3) LESS THAN \$45,000                **[SKIP TO W9Q12]**  
(6) DON'T KNOW                        **[SKIP TO C11Q12]**  
(7) REFUSED                              **[SKIP TO C11Q12]**

W9Q07 (NIS VARIABLE - C17)  
(READ IF NECESSARY: Was the total combined household income) income more or less than \$30,000?

- |                        |                  |
|------------------------|------------------|
| (1) MORE THAN \$30,000 | [SKIP TO W9Q07A] |
| (2) \$30,000           | [SKIP TO C11Q12] |
| (3) LESS THAN \$30,000 | [SKIP TO W9Q07B] |
| (6) DONT KNOW          | [SKIP TO C11Q12] |
| (7) REFUSED            | [SKIP TO C11Q12] |

W9Q07A (NIS VARIABLE - C17A)  
(READ IF NECESSARY: Was the total combined household income) more or less than \$35,000?

- |                        |                  |
|------------------------|------------------|
| (1) MORE THAN \$35,000 | [SKIP TO W9Q12]  |
| (2) \$35,000           | [SKIP TO C11Q12] |
| (3) LESS THAN \$35,000 | [SKIP TO W9Q12]  |
| (6) DON'T KNOW         | [SKIP TO C11Q12] |
| (7) REFUSED            | [SKIP TO C11Q12] |

W9Q07B (NIS VARIABLE - C17B)  
(READ IF NECESSARY: Was the total combined household income) more or less than \$25,000?

- |                        |                  |
|------------------------|------------------|
| (1) MORE THAN \$25,000 | [SKIP TO W9Q12]  |
| (2) \$25,000           | [SKIP TO C11Q12] |
| (3) LESS THAN \$25,000 | [SKIP TO W9Q12]  |
| (6) DONT KNOW          | [SKIP TO C11Q12] |
| (7) REFUSED            | [SKIP TO C11Q12] |

W9Q08 (NIS VARIABLE - C18)  
(READ IF NECESSARY: Was the total combined household income) more or less than \$75,000?

- |                        |                  |
|------------------------|------------------|
| (1) MORE THAN \$75,000 | [SKIP TO W9Q12]  |
| (2) \$75,000           | [SKIP TO C11Q12] |
| (3) LESS THAN \$75,000 | [SKIP TO W9Q12]  |
| (6) DONT KNOW          | [SKIP TO C11Q12] |
| (7) REFUSED            | [SKIP TO C11Q12] |

W9Q12 (CHECK\_I12)

**BASED ON THE RANGE ALREADY IDENTIFIED, THIS NEXT QUESTION WILL BE FILLED WITH A DOLLAR AMOUNT THAT FALLS WITHIN THE RANGE AND IS EQUIVALENT TO 50%, 100%, 133%, 150%, 185%, 200%, 300%, OR 400% OF THE FEDERAL POVERTY LEVEL BASED ON THE NUMBER OF FAMILY MEMBERS. IF THE RANGE IDENTIFIED IS NARROW ENOUGH THAT NONE OF THESE POVERTY LEVEL CUTOFFS FALL WITHIN THE RANGE, THEN SKIP TO C11Q12. FOR A FEW RANGES, TWO ADDITIONAL QUESTIONS WILL BE NEEDED.**

Would you say this income was above or below [\$REF]?

- |                       |                              |
|-----------------------|------------------------------|
| (1) MORE THAN [\$REF] | [WHEN INDICATED, ASK W9Q12A] |
| (2) EXACTLY [\$REF]   | [SKIP TO C11Q12]             |
| (3) LESS THAN [\$REF] | [SKIP TO C11Q12]             |
| (6) DON'T KNOW        | [SKIP TO C11Q12]             |
| (7) REFUSED           | [SKIP TO C11Q12]             |



W9Q12A Would you say this income was above or below [SREF]?

- (1) MORE THAN [SREF] [SKIP TO C11Q12]
- (2) EXACTLY [SREF] [SKIP TO C11Q12]
- (3) LESS THAN [SREF] [SKIP TO C11Q12]
- (6) DON'T KNOW [SKIP TO C11Q12]
- (7) REFUSED [SKIP TO C11Q12]

C11Q12 **[IF MAIN SAMPLE AND CWTYPE=N, SKIP TO C11Q11]**  
Does (S.C.) receive SSI, that is, Supplemental Security Income?

- (1) YES
- (0) NO [SKIP TO C11Q11]
- (6) DON'T KNOW [SKIP TO C11Q11]
- (7) REFUSED [SKIP TO C11Q11]

C11Q13 Is this for a disability (he/she) has?

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

C11Q11 **ASK ONLY IN HH WITH INCOME UNDER 200% POVERTY, BASED ON RESULTS FROM TABLE, ELSE SKIP TO C11Q14**

At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from a state or county welfare program, such as **[fill state name program]**?

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

**Section 11A. TELEPHONE LINE AND HOUSEHOLD INFORMATION**

[TIME STAMP SECTION 11A]

C11Q14

**(IF NIS INTERVIEW PERFORMED IN THIS HOUSEHOLD, SKIP TO CWEND  
FILL DATA FROM NIS VARIABLES)**

**(NIS VARIABLE – C20\_06Q3)**

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

**READ IF NECESSARY:** I'd like to know about the telephone *numbers*, not telephone *extensions*, that ring to this household.

**COUNT BUSINESS TELEPHONE NUMBERS THAT RING TO THE HOUSEHOLD IF THEY ARE USED OCCASIONALLY FOR HOME USE.**

- (1) YES
- (0) NO [SKIP TO C11Q20]
- (6) DON'T KNOW [SKIP TO C11Q20]
- (7) REFUSED [SKIP TO C11Q20]

C11Q14\_A

**(NIS VARIABLE – C21\_06Q3)**

How many telephone numbers are residential numbers?

**THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF HOME TELEPHONE NUMBERS (INCLUDING THE NUMBER WE CALLED).**

- (1) ONE
- (2) TWO
- (3) THREE OR MORE
- (6) DON'T KNOW
- (7) REFUSED

C11Q20

**(NIS VARIABLE – CNOSERV)**

During the past 12 months, has your household been without telephone service for 1 week or more? Please do not include cellular phones in your answer. Do not include interruptions of phone service due to weather or natural disasters.

- (1) YES
- (0) NO [SKIP TO C11Q22]
- (6) DON'T KNOW [SKIP TO C11Q22]
- (7) REFUSED [SKIP TO C11Q22]

C11Q21\_A

**(NIS VARIABLE – CHOWLONG1)**

For how long was your household without telephone service in the past 12 months?

**HELP SCREEN: IF ONE WEEK OR LESS, ENTER 00 FOR THE NUMBER, ENTER 7 FOR DON'T KNOW AND 9 FOR REFUSED.**

**(ENTER THE DAYS, WEEKS, OR MONTHS THEN CONTINUE TO THE NEXT SCREEN TO ENTER TIME PERIOD.)**

**[CATI: TWO NUMERIC-CHARACTER FIELD]**

ENTER NUMBER \_\_\_\_ \_  
(996) DON'T KNOW  
(997) REFUSED

C11Q21\_B (NIS VARIABLE – CHOWLONG2)  
ENTER PERIOD  
(1) DAYS  
(2) WEEK(S)  
(3) MONTH(S)

**(IF DAYS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-99;  
IF WEEKS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-52;  
IF MONTHS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-12.  
VERIFY VALUE WITH POP-UP SCREEN EXPRESSING VALUE IN WORDS, AS DONE IN NIS  
INCOME QUESTION)**

C11Q22 (NIS VARIABLE – C19A)  
Please tell me your zip code.

**[CATI: 5 NUMERIC-CHARACTER-FIELD, RANGE 00001-99998]**  
\_\_\_\_\_ (00001-99998)  
(99996) DON'T KNOW  
(99997) REFUSED

**[CATI CHECK: USE "ZIP CODE BY STATE" TABLE TO RECORD STATE IN C11Q22\_STATE. IF  
C11Q22\_STATE = STATE, THEN GO TO CWEND / IF C11Q22\_STATE ≠ STATE, THEN ASK LOC\_CONF /  
ELSE, IF C11Q22 NOT IN TABLE, THEN GO TO C11Q22\_CONF]**

C11Q22\_CONF [IF C11Q22 FILLED FROM C19A, THEN "Earlier you told me your zip code is" / IF C11Q22 ASKED,  
THEN "I entered"] [FILL C11Q22], is that correct?

(1) YES [GO TO LOC\_STATE]  
(0) NO [GO TO C11Q22]

LOC\_CONF We have your zip code, [FILL C11Q22], listed in [FILL C11Q22\_STATE]. Do you live in this  
state?

(1) YES [GO TO CWEND]  
(2) NO [GO TO LOC\_STATE]  
(3) WRONG ZIP CODE [GO TO C11Q22]  
(6) DK [GO TO LOC\_STATE]  
(7) REF [GO TO CWEND]

IF A RESPONDENT HAS DIFFICULTY REPORTING DECIDING BETWEEN MULTIPLE  
STATES, ASK: "Where is your primary residence? That is, where do you live most of the time?"

LOC\_STATE What state do you live in?

\_\_\_\_\_ **(DROP DOWN MENU OF STATE NAMES) [THIS DOES NOT CHANGE  
'STATE' FROM THE SAMPLE PRE-FILL TABLE]**

CWEND Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and  
Prevention for the time and effort you've spent answering these questions. If you have any questions  
about this survey, you may call my supervisor toll-free at 1-866-999-3340. If you have questions about  
your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at  
1-800-223-8118. Thank you again.

LANG1 - THIS FIELD MUST BE FILLED IN. DO NOT ALLOW INTERVIEWER TO SKIP AHEAD OR CALLBACKS TO BE SET.  
- APPEARS AFTER COMPLETED INTERVIEWS ONLY.

**INTERVIEWER: WAS THIS INTERVIEW COMPLETED USING ENGLISH ONLY?**

- (1) YES [TERMINATE]
- (0) NO [SKIP TO LANG2]

LANG2 **WHICH LANGUAGES WERE NEEDED TO COMPLETE THIS INTERVIEW?**

LANG2X01 ENGLISH  
LANG2X02 SPANISH  
LANG2X03 ARABIC  
LANG2X04 CANTONESE  
LANG2X05 FRENCH/CREOLE/HAITIAN  
LANG2X06 ITALIAN  
LANG2X07 JAPANESE  
LANG2X08 KOREAN  
LANG2X09 MANDARIN  
LANG2X10 POLISH  
LANG2X11 PORTUGUESE  
LANG2X12 TAGALOG/FILIPINO  
LANG2X13 VIETNAMESE  
LANG2X14 ANOTHER LANGUAGE

**[IF LANG2X01 AND LANG2X02 SELECTED > GO TO LANG3 / ELSE TERMINATE INTERVIEW, GO TO COMMENTS]**

LANG3 **WAS THIS INTERVIEW COMPLETED “MOSTLY IN ENGLISH” OR “MOSTLY IN SPANISH”?**

- (1) MOSTLY IN ENGLISH
- (2) MOSTLY IN SPANISH
- (3) ABOUT HALF AND HALF

**[TERMINATE INTERVIEW. GO TO COMMENTS]**

COMMENTS

**[TIME STAMP SECTION ENDTIME]**

**CALLBACK / REFUSAL CONVERSION SCRIPT**

**FOR RETURN PHONE CALLS/REFUSAL CONVERSION CALLS IN NS-CSHCN**

INTRO\_1 Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Centers for Disease Control and Prevention. We started an interview with you or someone in your household about the health of children and teenagers. I'm calling back now to finish the interview. (IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

BE SURE TO CONFIRM THAT YOU ARE SPEAKING WITH THE SAME PERSON WHO STARTED THE INTERVIEW. THE PERSON WHO STARTED THE INTERVIEW MUST COMPLETE THIS INTERVIEW.

- (1) CONTINUE WITH INTERVIEW ..... GO TO S1
- (2) CONFIRM BUSINESS..... GO TO SALZ
- (3) CONFIRM OUT OF SCOPE..... GO TO THANK\_YOU\_OOS
- (4) TERMINATE THE INTERVIEW ..... GO TO UNIVERSAL EXIT-T1
- (5) CELL PHONE ..... GO TO UNIVERSAL EXIT-CELL\_1
- (6) ANSWERING MACHINE ..... GO TO MSG\_Y
- (7) R WILL CALL 800 LINE/VERIFY WEBSITE ..... GO TO CNOTES\_1\_1
- (8) R ASKS FOR LETTER ..... GO TO UNIVERSAL EXIT M1\_NAME
- (9) SUPERVISOR REVIEW ..... GO TO CNOTES\_1\_1  
(RAISE YOUR HAND TO GET PERMISSION BEFORE USING THIS CODE)

[IF MOST KNOWLEDGEABLE PARENT HAS NOT BEEN IDENTIFIED:

May I please speak with the parent or guardian who knows the most about the health of the child[ren] in the household?]

[IF MOST KNOWLEDGEABLE PARENT HAS BEEN DETERMINED:

May I please speak with [NAME]/the person who had started the interview?]

**SALZ**

Is this telephone number for business use only?

- (1) YES ..... GO TO SALZ\_BUS
- (2) NO ..... GO TO INTRO\_1
- (3) DORM/PRISON/HOSTEL ..... GO TO SALZ\_BUS
- (4) PAGING SERVICE..... GO TO SALZ\_BUS

**SASERV**

BASED ON THE ANSWERING SERVICE, WAS THIS DEFINITELY A BUSINESS, A HOUSEHOLD, OR COULD NOT BE DETERMINED?

- (1) BUSINESS ..... TERMINATE
- (2) HOUSEHOLD ..... TERMINATE
- (3) COULD NOT DETERMINE..... TERMINATE
- (4) ANSWERING MACHINE SAID "TAKE ME OFF YOUR LIST" TERMINATE

S1

Am I speaking to someone who lives in this household who is over 17 years old?

- (1) I AM THAT PERSON..... GO TO S\_NUMB  
[IFINCENTIVE=1, GO TO S3\_INTRO\_INCENT]
- (2) THIS IS A BUSINESS..... GO TO SALZ
- (3) NEW PERSON COMES TO PHONE..... GO TO INTRO\_1
- (8) DOESN'T LIVE IN HOUSEHOLD..... GO TO INSTRUCTION: [ASK FOR  
ANOTHER PERSON OR SCHEDULE APPOINTMENT ON THE NEXT  
SCREEN]
- (9) NO PERSON AT HOME WHO IS AT OVER 17..... GO TO S2\_B
- (97) REFUSED GO TO UNIVERSAL EXIT- R1

SALZ\_BUS

We are interviewing only private residences. Thank you very much.  
[TERMINATE INTERVIEW]

S2\_B

Does anyone live in your household who is over 17 years old?

- (1) YES GO TO [BLANK] SCRIPT SHOWN BELOW
- (2) NO GO TO S3\_TERM

[BLANK]

Thank you, we'll try back another time.  
[CREATE AN APPOINTMENT OR SET GENERAL CALL BACK. ENTER DATE/TIME AND  
CONTACT NAME IF KNOWN]

REMIND1

I want to remind you that we will be asking questions about (S.C) for the rest of this interview.  
[CONTINUE WITH INTERVIEW AT POINT OF BREAKOFF]

# ANSWERING MACHINE MESSAGES

## **Answering Machine Message (FOR CASES PAST NIS SCREENING/INTERVIEW AND AUG. SAMPLE)**

(PLEASE READ SLOWLY AND CLEARLY.) Hello. The Centers for Disease Control and Prevention is conducting a survey about the health of children and the use of medical services. Your telephone number has been selected at random. Would you please call us, toll-free, at 1-866-999-3340 to let us know whether or not there is a child under 18 years old living or staying in this household? For most people, the survey will be very brief and we would be glad to answer any questions you have. The toll-free number again is 1-866-999-3340. Thank you.

## **Answering Machine Message (FOR CASES THAT HAVE BEGUN NS-CSHCN INTERVIEW)**

(PLEASE READ SLOWLY AND CLEARLY.) Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier we spoke to someone in this household who answered questions as part of a survey we are conducting about children's health. We appreciate your participation in this important study, and would like to complete the interview as soon as possible. You may reach us at 1-866-999-3340 to complete the survey or to set an appointment at your convenience. The number again is 1-866-999-3340. Thank you.

## **Answering machine message for appointments:**

Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a nationwide study about the health of children and the use of medical services. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at 1 - 866 - 999 - 3340. Also, if you have any questions, that number again is 1 - 866 - 999 - 3340. Thank you.