

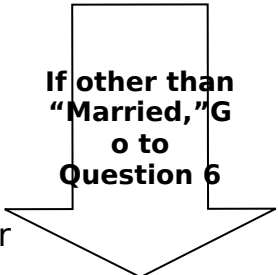


ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					OMB No: ????: Exp Date: ???

1. Do you consider your child to be Hispanic or Latino?
 Yes
 No
2. What race do you consider your child to be? (Mark all that apply)
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Asian
 White
3. Are you currently married, widowed, divorced, separated, never married, or living with a partner?
 Married

Go to Question 4

 Widowed
 Divorced
 Separated
 Never married
 Living with a partner
4. Is your spouse living in the household?
 Yes
 No
5. Is your spouse biologically related to the child in this study?
 Yes
 No



6. How many brothers does the child in this study have?
 brothers
7. How many sisters does the child in this study have?
 sisters
- 8A. The next questions are about health insurance. Is the child in this study covered by any kind of health insurance or some other kind of health care plan?
 Yes
 No → **If No then go to Question 11D**
- 8B. What kind of health insurance or health care coverage does the child in this study have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care), and exclude private plans that only provide extra cash while hospitalized. Fill in all that apply.
 - Private health insurance plan from employer or workplace, purchased directly, or provided through a state, local government or community program
 Yes
 No
 - Medicaid, CHIP (Children's Health Insurance Program) or Sooner Care/Sooner Choice
 Yes
 No

Questionnaire is continued on

- Military health care/VA or TRICARE/CHAMPUS/CHAMP-VA

Yes
 No

- Indian Health Service

Yes
 No

- Other

Yes
 No

8C. In the past 12 months, was your child ever without health insurance?

Yes
 No → **If No then go to Question 12**

12

8D. In the past 12 months, about how long was your child without health insurance?

Months

9. Total combined income for your family in the last calendar year, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.

- Less than \$20,000
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$39,999
- \$40,000 - \$44,999
- \$45,000 - \$49,999
- \$50,000 - \$54,999
- \$55,000 - \$59,999
- \$60,000 - \$64,999
- \$65,000 - \$69,999
- \$70,000 - \$74,999
- \$75,000 & over

10. How many people depend upon your family's total combined family income?

dependents

11. How many years of formal education have you completed?

- Less than/equal to 8th grade
- 9-12th grade, no high school diploma
- High school graduate/GED recipient
- Some college, no degree
- AA degree or technical or vocational degree
- Bachelor's degree
- Master's, professional, or doctoral degree

12. Is the child in this study eligible for free or reduced priced lunch at school?

- Yes
- No

FOR STUDY USE ONLY

Date Interviewed

Month

Day

Year

Interviewed by