

Attachment 5

Dress rehearsal results

**All questionnaire changes made to 2009-2010 NS-CSHCN between
January 2009 dress rehearsal and Q2/2009**

Section 1 – NIS / SLAITS Screening

- 1) The text at NOCHILD was altered to read as follows:

NOCHILD Those are all the questions I have. We are only interviewing in
Centers households with children. I'd like to thank you on behalf of the
 for Disease Control and Prevention for the time and effort you've spent
 answering these questions.

Section 2 – CSHCN Screener

- 1) The following help text was added to the CSHCN Screener questions:

For CSHCN1: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR PRESCRIPTION MEDICINE. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES PRESCRIPTION MEDICINE.

For CSHCN2: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR SERVICES. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES SERVICES.

For CSHCN3: THIS QUESTION REFERS ONLY TO CURRENT LIMITATIONS. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD IS CURRENTLY LIMITED.

For CSHCN4: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR SPECIAL THERAPY. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES SPECIAL THERAPY.

For CSHCN5: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR TREATMENT OR COUNSELING. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES TREATMENT OR COUNSELING.

- 2) The following help text for the CSHCN screener follow-up questions (CSHCN1_B_X – CSHCN5_A_X, CSHCN1_C_X – CSHCN_4_C) was added:

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

Section 3 – Health and Functional Status

- 1) Changes were made to K2Q44A, B, and C to accommodate the inclusion of head injury.
- a. K2Q44A changed to "A head injury, concussion, or traumatic brain injury?"
 - b. KQ44B changed to "Does [S.C.] currently have a head injury, concussion, or traumatic brain injury?"
 - c. K2Q44C changed to "Would you describe [his/her] injury as mild, moderate, or severe?"

- d. The help screen at K2Q44A was modified to indicate that developmental and neurological conditions (such as autism or cerebral palsy) should not be included as head or brain injuries. This question refers only to traumatic injuries.
- 2) The help screen at K2Q45A was modified to indicate that harmless or innocuous heart murmurs should not be included as heart problems.
- 3) The help screen at K2Q46A was modified to indicate that leukemia should be included as a blood problem.
- 4) Questions C3Q21 – C3Q26 were changed to the following:

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

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

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

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

- (1) A LOT OF DIFFICULTY
- (2) A LITTLE DIFFICULTY
- (3) NO DIFFICULTY
- (77) DON'T KNOW
- (99) REFUSED

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

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

- (1) A LOT OF DIFFICULTY
- (2) A LITTLE DIFFICULTY
- (3) NO DIFFICULTY
- (77) DON'T KNOW
- (99) REFUSED

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

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

- (1) A LOT OF DIFFICULTY
- (2) A LITTLE DIFFICULTY

(3) NO DIFFICULTY
(77) DON'T KNOW
(99) REFUSED

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

Repeated or chronic physical pain, including headaches?

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

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

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

Seeing even when wearing glasses or contact lenses?

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

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

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

Hearing even when using a hearing aid or other device?

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

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

5) A help text was added at C6Q00 to distinguish between the Emergency Room and Urgent Care.

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

- 6) C3Q50 was added for all CSCHN in the state of California.

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

HELP SCREEN: Do not include overnight stays in the emergency room.

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

Section 4 – Access to Care

- 1) Dropped C4Q03_F (verbatim for other reasons).
- 2) Changed C4Q01 to “Is that the same [place selected in C4Q0B] where [S.C.] goes when [he/she] is sick?”
- 3) Changed questions C4Q03_INTRO through C4Q03_F as follows:

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

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

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

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

C4Q03_B (READ IF NECESSARY: During the past 12 months... / Since [his/her] birth...)

Did you have any difficulties or delays because the services [S.C.] needed were not available in your area?

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

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

C4Q03_C
birth...)

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

Did you have any difficulties or delays because there were waiting lists, backlogs, or other problems getting appointments?

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

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

C4Q03_D
birth...)

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

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

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

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

C4Q03_E
birth...)

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

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

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

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

C4Q03_F
C4Q04.]

[IF ANY C4Q03_A THROUGH C4Q03_E = YES, THEN SKIP TO

birth...)

Did you have any difficulties or delays for any other reason?

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

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

C4Q03_F

VERBATIM DELETED

C4Q04 [During the past 12 months / Since [his/her] birth], how often have you been frustrated in your efforts to obtain services for [S.C.]? Would you say never, sometimes, usually, or always?
(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(77) DON'T KNOW
(99) REFUSED

- 4) Changed C4Q04 from “obtain services” to “get services.”
- 5) Dropped answer choice “(12) Vaccine shortage” from all locations in Section 4.
- 6) Changed C4Q05_1B, C4Q05_2B, and all others through C4Q05_7B, including _O, and C4Q06_1B, C4Q06_2B, and C4Q06_3B from “not get the” to “not get *all* the...”
- 7) Changed C4Q05_32 to “Any other dental care or orthodontia?”
- 8) Dropped C4Q05_13, C4Q05_13A, and C4Q05_13C (medical supplies). Modified skip instructions in C4Q05_12 and C4Q05_12A accordingly.
- 9) Modified the “read if necessary” in C4Q05_14 to drop “wheelchairs” and add “nebulizers, blood glucose monitors,”
- 10) The question, C3Q15, was added after C3Q13 as follows:
C3Q15 Alternative health care includes acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a practitioner, while others can be done on your own.
[During the past 12 months/ Since [his/her] birth], did [S.C.] use any type of alternative health care or treatment?
HELP SCREEN: Respondents should include any alternative care or therapies regardless of whether the care is for the child’s conditions. If the respondent considers the health care to be alternative, it should be included. Do not try to determine if any particular type of treatment is an “alternative” treatment.

READ ONLY IF NECESSARY: Generally, alternative care and treatments are those not typically provided in conventional medical care settings. Examples of relaxation therapies include biofeedback, deep breathing exercises, and yoga. Examples of herbal supplements include any non-vitamin and non-mineral supplement, as well as homeopathic treatments. Other examples of alternative health care could include chelation therapy, energy healing therapy, hypnosis, massage, naturopathy, and use of traditional healers such as an espiritista or a Native American medicine man.
(1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED
- 11) The instructions in C5Q00 were modified to accommodate the addition of C3Q15 as follows:
IF NONE C4Q05_1A THROUGH C4Q05_14A = 01 AND NONE C4Q05_1C THROUGH C4Q05_14C = 01 AND NONE C3Q12, C3Q13, OR C3Q15 = 01, SKIP TO C5Q01]
[IF ANY C4Q05_1A THROUGH C4Q05_14A = 01 OR ANY C4Q05_1C THROUGH C4Q05_14C = 01 OR ANY C3Q12, C3Q13, OR C3Q15 = 01, SAY:

“You told me that, [in the past 12 months/ [WHEN S.C. IS YOUNGER THAN 12 MONTHS] since (his/her) birth], [S.C.] used [FILL WITH ALL NAMES OF SERVICES USED AS REPORTED IN SECTION 4, INCLUDING C3Q12 AND C3Q13 AND C3Q15].”

[SUM UP HOW MANY TIMES THE RESPONSE (01) IS USED IN THE FOLLOWING VARIABLES: C4Q05_1A THROUGH C4Q05_14A, C4Q05_1C THROUGH C4Q05_14C, C3Q12, C3Q13, AND C3Q15. IF THE SUM IS GE 2 THEN SKIP TO C5Q11, ELSE SKIP TO C5Q01]

- 12) The instruction in C5Q12 was modified to accommodate the addition of C3Q15 as follows:
[SUM UP HOW MANY TIMES THE RESPONSE (01) IS USED IN THE FOLLOWING VARIABLES: C4Q05_1A THROUGH C4Q05_14A, C4Q05_1C THROUGH C4Q05_14C, C5Q01, C3Q12, C3Q13, AND C3Q15. IF THE SUM IS LT 2 AND C4Q05_2AA is (missing,0,1,77,99) THEN SKIP TO C6Q01]

Section 5 – Care Coordination

- 1) The question C5Q14 was deleted and skip patterns were readjusted throughout the questions C5Q12 through C5Q16 to cut back on redundancy. In addition, the response option, “someone at child’s school,” was added to the response options for C5Q16.
- 2) C5Q12 was modified so that the second sentence (“By arrange or coordinate, I mean...”) was removed from the question and was added as a “read if necessary” (as in the 2007 NSCH). Dropped the help screen.
- 3) The question C5Q20 was added for children with special health needs in the state of California.
C5Q20 If there was a web site that could help you arrange or coordinate [S.C.]’s care, would you say that it is very likely, somewhat likely, somewhat unlikely, or very unlikely that you would use it?
(1) VERY LIKELY
(2) SOMEWHAT LIKELY
(3) SOMEWHAT UNLIKELY
(4) VERY UNLIKELY
(77) DON’T KNOW
(99) REFUSED

Section 6A – Family Centered Care

- 1) Dropped C6Q01A and C6Q01B (respondent attending visits). Modified skip instructions at C6Q01 accordingly.
- 2) Question C6Q11 and C6Q12 were added for all CSHCNs in the state of California.

C6Q11 **CATI INSTRUCTION (C6Q11): IF S.C. >36 MONTHS, FILL [or S.C.]. ELSE, DO NOT FILL.**
An interpreter is someone who repeats what one person says in a language used by another person.
[During the past 12 months/Since [S.C.]’s birth], did you [or S.C.] need an interpreter to help speak with [his/her] doctors or other health care providers?
(1) YES
(2) NO **[SKIP TO C6Q21]**
(77) DON’T KNOW **[SKIP TO C6Q21]**
(99) REFUSED **[SKIP TO C6Q21]**

C6Q12 **CATI INSTRUCTION (C6Q12): 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
- (77) DON'T KNOW
- (99) REFUSED

3) Questions C6Q20 – C6Q24 were modified as follows:

- C6Q20 DELETED
- C6Q21 We want to know about how [S.C.]’s doctors or other health care providers work with you to make decisions about [his/her] health care services and treatment.
[During the past 12 months/ Since [his/her] birth], how often did [S.C.]’s doctors or other health care providers discuss with you the range of options to consider for [his/her] health care or treatment? Would you say never, sometimes, usually, or always?
- READ IF NECESSARY: The options may include things like whether or not to start, stop or change a medication, treatment or therapy; whether to have certain tests or procedures, see a specialist, consent for surgery, and so on.
- (1) NEVER
 - (2) SOMETIMES
 - (3) USUALLY
 - (4) ALWAYS
 - (5) THERE WERE NO OPTIONS TO CONSIDER
 - (77) DON'T KNOW
 - (99) REFUSED
- C6Q22 How often did they encourage you to ask questions or raise concerns?
- READ IF NECESSARY: [During the past 12 months/ Since [his/her] birth], how often did [S.C.]’s doctors or other health care providers encourage you to ask questions or raise concerns? Would you say never, sometimes, usually, or always?
- (1) NEVER
 - (2) SOMETIMES
 - (3) USUALLY
 - (4) ALWAYS
 - (77) DON'T KNOW
 - (99) REFUSED
- C6Q23 How often did they make it easy for you to ask questions or raise concerns?
- READ IF NECESSARY: [During the past 12 months/ Since [his/her] birth], how often did [S.C.]’s doctors or other health care providers make it easy for you to ask questions or raise concerns? Would you say never, sometimes, usually, or always?
- (1) NEVER
 - (2) SOMETIMES
 - (3) USUALLY

- (4) ALWAYS
- (77) DON'T KNOW
- (99) REFUSED

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

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

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

Section 6B – Transition Issues

- 1) Change C6Q0A from “talked with you or [S.C.] about” to “talked with you about...”

Section 6C – Developmental Screening

- 4) Dropped C6Q40 (satisfaction rating). Modified skip instructions in Section 6C accordingly.

Section 7 – Health Insurance

Section 8 – Adequacy of Health Care Coverage

Section 9 – Impact on the Family

- 1) Dropped C9Q04_B (difficulty coordinating). Modified skip instructions in C9Q04 accordingly.
- 2) Added the following help text at questions C9Q02, C9Q03, and C9Q04.

C9Q02: READ IF NECESSARY: Please base your answer on the last several weeks.

C9Q03: READ IF NECESSARY: It is fine to provide an average number of hours per week based on several weeks. Please give your best estimate.

C9Q04: READ IF NECESSARY: It is fine to provide an average number of hours per week based on several weeks. Please give your best estimate.

- 3) Modified the answer choices to C9Q04 to drop option 555. “None” or “does not coordinate care” will be coded as “000” along with “less than one hour.”

Section 10 – Demographics

- 1) Changed C10Q01 from “live in this household” to “live in your household.” Modified C10Q01 so that the second sentence (“Please include anyone...”) was removed from the question and was added as a “read if necessary.” In that new “read if necessary,” changed “lives here even if they are not here now” to “lives there even if they are not there now...”
- 2) An option of "Adoption not finalized" was added at C10Q03.
- 3) Questions C10Q10 through C10Q13C were modified/added to help delineate relationships of the parents/adults living in household.

C10Q10 **CATI INSTRUCTION (C10Q10):** IF HOUSEHOLD INCLUDES A MOTHER (C10Q02A = 1-5 OR C10Q02B = 1-5) AND A FATHER (C10Q02A = 6-10 OR C10Q02B = 6-10), ASK C10Q10. ELSE, SKIP TO C10Q11A. IF THE RESPONDENT IS THE MOTHER (C10Q02A = 1-5), THEN READ: Are you and [S.C.]’s [FATHER TYPE] currently married, separated, divorced, or never married? IF THE RESPONDENT IS THE FATHER (C10Q02A = 6-10), THEN READ: Are you and [S.C.]’s [MOTHER TYPE] currently married, separated, divorced, or never married? IF THE RESPONDENT IS NEITHER THE MOTHER NOR THE FATHER, THEN READ: Are [S.C.]’s [MOTHER TYPE] and [FATHER TYPE] currently married, separated, divorced or never married? HELP SCREEN: THIS QUESTION ASKS ABOUT THE MARITAL STATUS OF THE CHILD’S PARENTS WHO LIVE IN THE HOUSEHOLD.

(1) MARRIED C10Q14]	[SKIP TO
(2) SEPARATED C10Q10A]	[SKIP TO
(3) DIVORCED C10Q10A]	[SKIP TO
(4) NEVER MARRIED C10Q10A]	[SKIP TO
(77) DON’T KNOW C10Q14]	[SKIP TO
(99) REFUSED C10Q14]	[SKIP TO

C10Q10A IF THE RESPONDENT IS THE MOTHER (C10Q02A = 1-5), THEN READ: Are you and [S.C.]’s [FATHER TYPE] currently living together as partners? IF THE RESPONDENT IS THE FATHER (C10Q02A = 6-10), THEN READ: Are you and [S.C.]’s [MOTHER TYPE] currently living together as partners? IF THE RESPONDENT IS NEITHER THE MOTHER NOR THE FATHER, THEN READ: Are [S.C.]’s [MOTHER TYPE] and [FATHER TYPE] currently living together as partners?

(1) YES	[SKIP TO C10Q14]
(2) NO	[SKIP TO C10Q14]
(77) DON’T KNOW	[SKIP TO C10Q14]
(99) REFUSED	[SKIP TO C10Q14]

- C10Q11A **CATI INSTRUCTION (C10Q11A):** IF HOUSEHOLD INCLUDES A MOTHER (C10Q02A = 1-5 OR C10Q02B = 1-5) BUT NOT A FATHER (C10Q02A <> 6-10 AND C10Q02B <> 6-10), ASK C10Q11A. ELSE, SKIP TO C10Q12A.
 IF THE RESPONDENT IS THE MOTHER (C10Q02A = 1-5), THEN READ: Are you currently married, separated, divorced, widowed, or never married?
 IF THE RESPONDENT IS NOT THE MOTHER, THEN READ: Is [S.C.]’s [MOTHER TYPE] currently married, separated, divorced, widowed, or never married?
 (1) MARRIED
 (2) SEPARATED **[SKIP TO C10Q11C]**
 (3) DIVORCED **[SKIP TO C10Q11C]**
 (4) WIDOWED **[SKIP TO C10Q11C]**
 (5) NEVER MARRIED **[SKIP TO C10Q11C]**
 (77) DON’T KNOW **[SKIP TO C10Q14]**
 (99) REFUSED **[SKIP TO C10Q14]**
- C10Q11B **CATI INSTRUCTION (C10Q11B):** IF MOTHER TYPE IS FOSTER OR ADOPTIVE (C10Q02A = 3-4 OR C10Q02B = 3-4), THEN SKIP TO C10Q14. ELSE, IF RESPONDENT IS THE MOTHER (C10Q02A = 1, 2, or 5), FILL “Are you”; ELSE FILL “Is [S.C.]’S [MOTHER TYPE]”.
 (Are you / Is [S.C.]’s [MOTHER TYPE]) married to [S.C.]’s biological father?
 (1) YES **[SKIP TO C10Q14]**
 (2) NO **[SKIP TO C10Q14]**
 (77) DON’T KNOW **[SKIP TO C10Q14]**
 (99) REFUSED **[SKIP TO C10Q14]**
- C10Q11C IF THE RESPONDENT IS THE MOTHER (C10Q02A = 1-5), THEN READ: Are you currently living with anyone as partners?
 IF THE RESPONDENT IS NOT THE MOTHER, THEN READ: Is [S.C.]’s [MOTHER TYPE] currently living with anyone as partners?
 (1) YES **[SKIP TO C10Q14]**
 (2) NO **[SKIP TO C10Q14]**
 (77) DON’T KNOW **[SKIP TO C10Q14]**
 (99) REFUSED **[SKIP TO C10Q14]**
- C10Q12A **CATI INSTRUCTION (C10Q12A):** IF HOUSEHOLD INCLUDES A FATHER (C10Q02A = 6-10 OR C10Q02B = 6-10) BUT NOT A MOTHER (C10Q02A <> 6-10 OR C10Q02B <> 6-10), ASK C10Q12A. ELSE, SKIP TO C10Q13A.
 IF THE RESPONDENT IS THE FATHER (K1Q02 = 2), THEN READ: Are you currently married, separated, divorced, widowed, or never married?
 IF THE RESPONDENT IS NOT THE FATHER, THEN READ: Is [S.C.]’s [FATHER TYPE] currently married, separated, divorced, widowed, or never married?
 (1) MARRIED
 (2) SEPARATED **[SKIP TO C10Q12C]**
 (3) DIVORCED **[SKIP TO C10Q12C]**
 (4) WIDOWED **[SKIP TO C10Q12C]**
 (5) NEVER MARRIED **[SKIP TO C10Q12C]**
 (77) DON’T KNOW **[SKIP TO C10Q14]**
 (99) REFUSED **[SKIP TO C10Q14]**
- C10Q12B **CATI INSTRUCTION (C10Q12B):** IF FATHER TYPE IS FOSTER OR ADOPTIVE (C10Q02A = 8-9 OR C10Q02B = 8-9), THEN SKIP TO C10Q14.

ELSE, IF RESPONDENT IS THE FATHER (C10Q02A = 6, 7, or 10) FILL
“Are you”; ELSE FILL “Is [S.C.]’S [FATHER TYPE]”.
(Are you / Is [S.C.]’s [FATHER TYPE]) married to [S.C.]’s biological mother?
(1) YES [SKIP TO C10Q14]
(2) NO [SKIP TO C10Q14]
(77) DON’T KNOW [SKIP TO C10Q14]
(99) REFUSED [SKIP TO C10Q14]

C10Q12C IF THE RESPONDENT IS THE FATHER (K1Q02 = 2), THEN READ: Are
you currently living with anyone as partners?
IF THE RESPONDENT IS NOT THE FATHER, THEN READ: Is [S.C.]’s
[FATHER TYPE] currently living with anyone as partners?
(1) YES [SKIP TO C10Q14]
(2) NO [SKIP TO C10Q14]
(77) DON’T KNOW [SKIP TO C10Q14]
(99) REFUSED [SKIP TO C10Q14]

- 4) Education questions’ help text was adjusted to specify which adult the question is asking about.
- 5) The race and ethnicity questions were revised as follows to lessen respondent burden.

ETH If S_UNDR18 > 1 THEN DISPLAY: My next questions are about all of the
children in your household.

Are any of the [S_UNDR18] children in your household of Hispanic or Latino
origin?

IF S_UNDR18=1 THEN DISPLAY: Is [S.C./AGEID] of Hispanic or Latino
origin?

- (1) YES [IF S_UNDR18 > 1 GO TO ETH_B]
- (2) NO [GO TO C10Q32 _X]
- (77) DON’T KNOW [GO TO C10Q32 _X]
- (99) REFUSED [GO TO C10Q32 _X]

ETH_B Is that [PICKLIST CONSISTING OF CHILDREN LISTED AS IN AGEID]?
LOOP FOR ALL CHILDREN

C10Q32 _X DISPLAY ONLY FOR C10Q32 _1: Please choose one or more of the following
categories to describe [FILL IN S.C./AGEID for Roster Position 1]’s race.

FIRST TIME THROUGH:

Is [FILL IN S.C./AGEID for Roster Position 1] White, Black or African
American, American Indian, Alaska Native, Asian, Native Hawaiian, or other
Pacific Islander?

SUBSEQUENT TIMES THROUGH:

And how about [FILL IN S.C./AGEID]?

[MARK ALL THAT APPLY]

- (1) WHITE / CAUCASIAN
- (2) BLACK/ AFRICAN AMERICAN
- (3) AMERICAN INDIAN
- (4) ALASKA NATIVE
- (5) ASIAN

- (6) NATIVE HAWAIIAN
- (7) PACIFIC ISLANDER
- (8) OTHER (SPECIFY)

C10Q32A_X IF 8, ASK C10Q32A_X. ELSE SKIP TO
ENTER OTHER DESCENT

6) The rent/own question was modified as follows:

C10Q41 Do you own or rent your home?
HELP SCREEN: IF THE HOME IS OWNED OR BEING BOUGHT BY
SOMEONE IN THE HOUSEHOLD, THE ANSWER SHOULD BE MARKED
AS "OWNED." IF THE HOME IS NOT OWNED BY SOMEONE IN THE
HOUSEHOLD AND IS BEING OCCUPIED WITHOUT PAYMENT OF
RENT, THE ANSWER SHOULD BE MARKED AS "SOME OTHER
ARRANGEMENT."
(1) OWNED OR BEING BOUGHT
(2) RENTED
(3) SOME OTHER ARRANGEMENT
(77) DON'T KNOW
(99) REFUSED

Section 11 – Income

- 1) Modified the skip instructions at C11Q11 (TANF) so that this question is skipped if CWTYPE = N. Households that do not include CSHCN will not be asked C11Q11.
- 2) FOLLOWING C11Q11, INSERT QUESTIONS K11Q30—K11Q37B FROM THE 2007 NSCH. SKIP INSTRUCTIONS WILL NEED TO BE CHANGED TO ACCOMMODATE THE NEW NS-CSHCN METHOD FOR ASKING ABOUT MOTHERS AND FATHERS RESIDING WITH THE CHILD.

CPK11
Q30IF
CWTYPE
E=S
AND
ASK_C
ALIF=1
THEN
GO TO
K11Q30
, ELSE
GO TO
CPC11
Q14

K11Q30 IF C10Q02A=1-5, FILL "WERE YOU". ELSE, FILL "WAS [S.C.]'S
[MOTHER TYPE]"

[WERE YOU / WAS [S.C.]'S [MOTHER TYPE]] BORN IN THE UNITED
STATES?

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT
THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN
THIS HOUSE.

- (1) YES

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

IF (C10Q02A=1-5 OR C10Q02B=1-5), ASK K11Q30. ELSE, SKIP TO K11Q31.

K11Q31 IF K11Q30 NOT BLANK AND C10Q02A=6-10, ASK: "And how about you?"

READ AS NECESSARY: "Were you born in the United States?"

IF K11Q30 NOT BLANK AND C10Q02A NOT equal 6-10, ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "Was [S.C.]'s [FATHER TYPE] born in the United States?"

IF
K11Q30 IS BLANK AND C10Q02A=6-10, ASK: "Were you born in the United

States?"

IF K11Q30 IS BLANK AND C10Q02A not equal 6-10, ASK: "Was [S.C.]'s [FATHER TYPE] born in the United States?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

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

IF (C10Q02A=6-10 OR C10Q02B=6-10), ASK K11Q31. ELSE, SKIP TO CPK11Q32.

CPK11Q32 IF C10Q02A NOT equal 1-10, ASK K11Q32. ELSE SKIP TO K11Q33.

K11Q32 IF K11Q30 OR K11Q31 ARE NOT BLANK, ASK: "And how about you?"

READ AS NECESSARY: "Were you born in the United States?"

IF K11Q30 AND K11Q31 ARE BLANK, ASK: "Were you born in the

United
States?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A (see TEXTFILL logic)] LIVING IN THIS HOUSE.

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

K11Q33 And how about [S.C.]?

READ AS NECESSARY: Was [S.C.] born in the United States?

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

K11Q34A
TYPE]"

IF C10Q02A=1-5, FILL "have you". ELSE, FILL "has [S.C.]'s [MOTHER

How long [have you / has [S.C.]'s [MOTHER TYPE]] been in the United States?

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER(BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

ENTER NUMBER: _____
(777) DON'T KNOW
(999) REFUSED

K11Q34B

[MARK PERIOD]

- (1) DAYS
- (2) WEEKS
- (3) MONTHS
- (4) YEARS

K11Q35A
you?"

IF K11Q34A NOT BLANK AND C10Q02A=6-10, ASK: "And how about

READ AS NECESSARY: "How long have you been in the United States?"

IF K11Q34A NOT BLANK AND C10Q02A NOT equal 6-10, ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "How long has [S.C.]'s [FATHER TYPE] been in the United States?"

IF K11Q34A IS BLANK AND C10Q02A=6-10, ASK: "How long have you been in the United States?"

IF K11Q34A IS BLANK AND C10Q02A NOT equal 6-10, ASK: "How long has [S.C.]'s [FATHER TYPE] been in the United States?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

ENTER NUMBER: _____
(777) DON'T KNOW
(999) REFUSED

K11Q35B

[MARK PERIOD]

- (1) DAYS

- (2) WEEKS
- (3) MONTHS
- (4) YEARS

CPK11Q36A TO IF C10Q02A NOT equal 1-10 AND K11Q32 = 2, ASK K11Q36A. ELSE SKIP TO K11Q37A.

K11Q36A IF K11Q34A OR K11Q35A ARE NOT BLANK, ASK: "And how about you?"

READ AS NECESSARY: "How long have you been in the United States?"

IF K11Q34A AND K11Q35A ARE BLANK, ASK: "How long have you been in the United States?"

HELP SCREEN: AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [TEXTFILL: answer from C10Q02A (see TEXTFILL logic)] LIVING IN THIS HOUSE.

ENTER NUMBER: _____
(777) DON'T KNOW
(999) REFUSED

K11Q36B [MARK PERIOD]

- (1) DAYS
- (2) WEEKS
- (3) MONTHS
- (4) YEARS

K11Q37A IF K11Q33 = 2, ASK K11Q37A. ELSE SKIP TO CPC11Q14

IF K11Q34A, K11Q35A, OR K11Q36A ARE NOT BLANK, ASK: "And how about [S.C.]?"

READ AS NECESSARY: "How long has [S.C.] been in the United States?"

IF K11Q34A, K11Q35A, AND K11Q36A ARE BLANK, ASK: "How long has [S.C.] been in the United States?"

ENTER NUMBER: _____
(777) DON'T KNOW
(999) REFUSED

K11Q37B [MARK PERIOD]

- (1) DAYS
- (2) WEEKS
- (3) MONTHS
- (4) YEARS

Section 11A – Telephone

- 1) Dropped C11Q14 and C11Q14_A (multiple telephone numbers) for all households (CWTYPE = S and CWTYPE = N).
- 2) Changes were made to the cell phone questions as follows.

CATI INSTRUCTION (C11q15): IF NIS INTERVIEW PERFORMED IN THIS HOUSEHOLD, SKIP TO C11Q22_CONF. FILL DATA FROM NIS VARIABLES)

C11Q15 The next few questions are about the telephones in your household. Do you or anyone in your household have a working cell phone?
READ IF NECESSARY: We need to be able to make comparisons between people who use cell phones and those who do not.
(1) YES
(2) NO [SKIP TO C11Q20]
(77) DON'T KNOW [SKIP TO C11Q20]
(99) REFUSED [SKIP TO C11Q20]

C11Q16 Of all the telephone calls that you and your household receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular phones?
(1) NEARLY ALL CALLS RECEIVED ON CELL PHONES
(2) NEARLY ALL CALLS RECEIVED ON REGULAR PHONES
(3) SOME RECEIVED ON CELL PHONES AND SOME ON REGULAR PHONES
(77) DON'T KNOW
(99) REFUSED

C11Q20 **(NIS VARIABLE – CNOSERV)**
Not including cell phones, has your household been without telephone service for 1 week or more during the past 12 months?
(1) YES
(2) NO [SKIP TO C11Q22]
(77) DON'T KNOW [SKIP TO C11Q22]
(99) REFUSED [SKIP TO C11Q22]

- 3) An internet access question was added for all CSCHN in the state of California. Skips were adjusted to accommodate this addition.

C11Q17 Do you have access to the internet at home?
(1) YES
(2) NO
(77) DON'T KNOW
(99) REFUSED

- 4) A question was added for Virgin Island sample to ask for which island the respondent lived on instead of asking for zip code and state.

CPV_ISLAND IF IAP=95 THEN GO TO V_ISLAND, ELSE GO TO C11Q22

V_ISLAND IF NIS COMPLETE FILL FROM C_ISLAND
IF TEEN COMPLETE FROM TIS_C_ISLAND

On what island do you live?

(1) SAINT CROIX	[GO TO CP_ADDRESS]
(2) SAINT THOMAS	[GO TO CP_ADDRESS]
(3) SAINT JOHN	[GO TO CP_ADDRESS]
(4) WATER ISLAND	[GO TO CP_ADDRESS]
(5) DON'T LIVE IN VIRGIN ISLANDS	[GO TO C11Q22]
(77) DON'T KNOW	[GO TO C11Q22]
(99) REFUSED	[GO TO C11Q22]