

**Summary of Item-Level Changes to existing instruments for NSCAW II –
Caregiver, Child, and Caseworker Instruments**

Caregiver Depression (Caregiver Instrument): Items are added if respondent endorses depressive episode

P_DP17

[IF WAVE = 2, GOTO P_DP19.] Think of the **very first time** in your life when you had a period where you felt uninterested in things and had some of the problems you reported earlier that lasted two weeks or longer.

About how old were you?

INTERVIEWER NOTE: @b**IF**@b RESPONDENT RESPONDS WITH “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER”, PROBE: Was it before you started school? IF YES, ENTER 4 FOR AGE. IF NO, PROBE: Was it before you were a teenager? IF YES, ENTER 12 FOR AGE. IF NO, ENTER 13 FOR AGE.

AGE:

Range: 1-90

P_DP18n

About how long did this period when you felt uninterested in things last?

NUMBER:

Range: 1-100

P_DP18u

(Is that...)

- 1 = DAYS
- 2 = WEEKS
- 3 = MONTHS
- 4 = YEARS

P_DP19

Did you ever have a year or more in your life when @bjust about every month@b you felt uninterested in things for several days or longer?

- 1 = YES
- 2 = NO

P_DP20

[IF P_DP19 = 1 OR WAVE 2, CONTINUE. ELSE GOTO P_DP21.]

@bIn the last 12 months@b, did you ever have a time when just about every month you felt uninterested in things for several days or longer?

1 = YES

2 = NO

P_DP21

Did you take any prescription medications for being uninterested in things at any time in the past 12 months?

1 = YES

2 = NO

{GOTO P_DPEND}

Caregiver Insurance (Caregiver Instrument): items added for all respondents

P_SR111

Now we would like to know about your insurance coverage. What is your current insurance status? Are you covered by...

1 = Military health insurance, such as CHAMPUS, CHAMP-VA, TRICARE, or VA care,

2 = A health insurance plan through a current or past employer or union,

2 = Medicaid or another state-funded program,

3 = Indian Health Service,

4 = Medicare,

5 = Health insurance bought directly from an insurance company, or

6 = Do you not have insurance of any kind (completely self pay)?

Child Health & Disability (Caregiver Instrument): item added for all respondents

Obesity

Can you tell me approximately what ^CHILD 's height is?

FEET:

Range: 0-6 ____

P_HS1h40ni

Can you tell me approximately what ^CHILD'S height is?

INCHES:

Range: 0-11 _____

P_HS1h41n

Can you tell me approximately what ^CHILD'S weight is?

POUNDS:

Range: 0-350

P_HS1h42

Do you consider ^CHILD now to be...

1 = Overweight

2 = Underweight, or

3 = About the right weight?

Chronic Conditions: this list replaces original list of chronic condition items for all respondents

P_HS3a1a

To the best of your knowledge, does ^CHILD currently have any of the following:

Asthma?

1 = YES

2 = NO

P_HS3a2a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

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

1 = YES

2 = NO

P_HS3a3a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Autism or Autism Spectrum Disorder, that is ASD?

1 = YES

2 = NO

P_HS3a4a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Down Syndrome?

1 = YES

2 = NO

P_HS3a5a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Mental Retardation or developmental delay?

1 = YES

2 = NO

P_HS3a6a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Depression, anxiety, an eating disorder, or other emotional problems?

1 = YES

2 = NO

P_HS3a7a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Diabetes?

1 = YES {GOTO P_HS3a8a}

2 = NO {GOTO P_HSa9a}

P_HS3a8a

Does ^CHILD use insulin?

1 = YES

2 = NO

P_HS3a9a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

A heart problem, including Congenital Heart Disease?

1 = YES

2 = NO

P_HS3a10a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Blood problems such as Anemia or Sickle Cell Disease? Please do not include Sickle Cell Trait.

1 = YES

2 = NO

P_HS3a11a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Cystic Fibrosis?

1 = YES

2 = NO

P_HS3a12a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Cerebral Palsy?

1 = YES

2 = NO

P_HS3a13a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Muscular Dystrophy?

1 = YES

2 = NO

P_HS3a14a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Epilepsy or other seizure disorder?

1 = YES

2 = NO

P_HS3a15a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Migraine or frequent headaches?

1 = YES

2 = NO

P_HS3a16a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Arthritis or other joint problems?

1 = YES

2 = NO

P_HS3a19a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Dental problems?

1 = YES

2 = NO

P_HS3a21a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Repeated ear infections?

1 = YES

2 = NO

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Back or neck problems?

1 = YES

2 = NO

P_HS3a25a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Hypertension or high blood pressure?

1 = YES

2 = NO

P_HS3a26a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

AIDS?

1 = YES

2 = NO

P_HS3a27a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Sexually transmitted disease, such as Chlamydia or Gonorrhea?

1 = YES

2 = NO

P_HS3a28a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Chronic bronchitis?

1 = YES

2 = NO

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Other health problems?

1 = YES {GOTO P_HS3a32a}

2 = NO {GOTO P_HS3a33}

P_HS3a32

What other health problems does ^CHILD currently have?

PROBLEM:

Range: 50

Child Health & Services (Caregiver Instrument): items added for all respondents

Medication use

P_HS3a33

To your knowledge, has ^CHILD @bever taken any medication@b prescribed by a doctor or clinician for emotional or behavioral problems?

1 = YES
2 = NO

P_HS3a34

{IF GROUP = 2 FILL: in the last 12 months/IF GROUP = 3, FILL: since {START DATE OF LIVING ARRANGEMENT}}?Has a doctor or clinician {IF GROUP = 1: @bever@B} @recommended ^CHILD take medication@b for emotional or behavioral problems

1 = YES
2 = NO {GOTO P_HS4a}

P_HS3a35

After a doctor or clinician recommended ^CHILD take medication for emotional or behavioral problems, @b did ^CHILD start taking@b the medication?

1 = YES {GOTO P_HS3a38}
2 = NO

P_HS3a36

I'm going to read a list of reasons why some people sometimes choose not to take medication. Please respond yes to any of the reasons why ^CHILD is not taking medication.

CODE ALL THAT APPLY

- 1 = Insurance did not cover medication
- 2 = Concerns about side effects of the medication
- 3 = ^CHILD got better and didn't need medication any more
- 4 = Family or friends were concerned about ^CHILD taking medication
- 5 = Afraid of ^CHILD getting addicted
- 6 = Bad experiences with other clinicians prescribing medications
- 7 = ^CHILD changed providers
- 8 = Other reasons

P_HS3a37

[IF P_HS3a36 = 8, CONTINUE. ELSE, GOTO P_HS4a]

Please specify other reasons.

REASON:

Range: Allow 40

P_HS3a38

[IF WAVE = 1 AND GROUP = 3, FILL: Since {START DATE OF LIVING ARRANGEMENT}/ELSE, FILL:@bIn the past 12 months@b}, has ^CHILD taken any medication for emotional or behavioral problems?

- 1 = YES
- 2 = NO {GOTO P_HS3a40}

P_HS3a39

Is ^CHILD currently taking any medication for emotional or behavioral problems?

- 1 = YES {GOTO P_HS3a42}
- 2 = NO

P_HS3a40

I'm going to read a list of reasons why some people sometimes stop taking medication. Please respond yes to any of the reasons why ^CHILD is not still taking medication.

CODE ALL THAT APPLY

- 1 = Insurance did not cover medication
- 2 = Concerns about side effects of the medication
- 3 = ^CHILD got better and didn't need medication any more
- 4 = Family or friends were concerned about ^CHILD taking medication
- 5 = Afraid of ^CHILD getting addicted
- 6 = Bad experiences with other clinicians prescribing medications
- 7 = ^CHILD changed providers
- 8 = ^CHILD's living situation changed
- 9 = Doctor said to stop
- 10 = Doctor left or moved away
- 11 = Problems getting prescription from doctor's office
- 12 = Other
- 13 = Child refuses to take medication

P_HS3a41

[IF P_HS3a40 = 12, CONTINUE. ELSE, GOTO P_HS4a]

Please specify other reasons.

REASON:

Range: Allow 40

P_HS3a42

How many prescription medications is ^CHILD currently taking for emotional or behavioral problems?

NUMBER:

Allow: 1-10

P_HS3a43

INTERVIEWER NOTE: PLEASE ASK CAREGIVER TO GET MEDICATION BOTTLES FOR REFERENCE. IF MEDICATION BOTTLES ARE AVAILABLE, IT IS OKAY FOR YOU TO FIND THE NAMES ON THE LISTS AND ANSWER THE QUESTION ACCORDINGLY, JUST CONFIRMING WITH THE CG.

Please look at Card 20. Is ^CHILD currently taking any of these brand name medications for emotional or behavioral problems?

1 = YES {GOTO P_HS3a44}

2 = NO {GOTO P_HS3a45}

P_HS3a44

Please tell me which brand name medications ^CHILD is currently taking?

CODE ALL THAT APPLY.

- | | |
|-----------------|-----------------|
| 1 = ABILIFY | 35 = MELATONIN |
| 2 = ADDERALL | 36 = MELLARIL |
| 3 = ANAFRANIL | 37 = METADATE |
| 4 = ARTANE | 38 = METHYLIN |
| 5 = ASENDIN | 39 = MOBAN |
| 6 = ATARAX | 40 = NAVENE |
| 7 = AVENTIL HCL | 41 = NORPRAMINE |
| 8 = BENADRYL | 42 = ORAP |
| 9 = CARBATROL | 43 = PAMELOR |
| 10 = CATAPRES | 44 = PAXIL |
| 11 = CELEXA | 45 = PEXEVA |
| 12 = CIBALITH | 46 = PROLIXIN |
| 13 = COGENTIN | 47 = PROZAC |
| 14 = COMPAZINE | 48 = REMERON |
| 15 = CONCERTA | 49 = RISPERDAL |
| 16 = CYLERT | 50 = RITALIN |
| 17 = CYMBALTA | 51 = SEROQUEL |
| 18 = DEPAKENE | 52 = SERZONE |
| 19 = DEPAKOTE | 53 = SINEQUAN |
| 20 = DESYREL | 54 = STELAZINE |
| 21 = DEXEDRINE | 55 = STRATTERA |
| 22 = EFFEXOR | 56 = SURMONTIL |
| 23 = ELAVIL | 57 = SYMBYAX |
| 24 = ESKALITH | 58 = TEGRETOL |
| 25 = FOCALIN | 59 = TENEX |
| 26 = GEODON | 60 = THORAZINE |
| 27 = HALDOL | 61 = TOFRANIL |
| 28 = LAMICTAL | 62 = TOPAMAX |

29 = LEXAPRO
30 = LIMBITROL
31 = LITHOBID
32 = LOXITANE
33 = LUDIOMIL
34 = LUVOX

63 = TRILAFON
64 = VISTARIL
65 = WELLBUTRIN
66 = ZOLOFT
67 = ZYPREXA

P_HS3a45

Please look at Card 21. Is ^CHILD currently taking any of these generic medications for emotional or behavioral problems?

1 = YES {GOTO P_HS3a46}
2 = NO {GOTO P_HS3a47}

P_HS3a46

Please tell me which generic medications ^CHILD is currently taking?

CODE ALL THAT APPLY

1 = AMITRIPTYLINE	30 = LITHIUM CITRATE
2 = AMOXAPINE	31 = LOXAPINE
3 = AMPHETAMINE	32 = MAPROTILINE
4 = ARIPIPRAZOLE	33 = MELATONIN
5 = ATOMOXETINE	34 = METHYLPHENIDATE
6 = BENZTROPINE	35 = MIRTAZAPINE
7 = BUPROPION	36 = MOLINDONE
8 = CARBAMAZEPINE	37 = NEFAZODONE
9 = CHLORPROMAZINE	38 = NORTRIPTYLINE
10 = CITALOPRAM	39 = OLANZAPINE
11 = CLOMIPRAMINE	40 = PAROXETINE
12 = CLONIDINE	41 = PEMOLINE
13 = DESIMPAMINE	42 = PERPHENAZINE
14 = DEXMETHYLPHENIDATE	43 = PIMOZIDE
15 = DEXTROAMPHETAMINE	44 = PROCHLORPERAZINE
16 = DIPHENHYDRAMINE	45 = QUETIAPINE
17 = DIVALPROEX SODIUM	46 = RISPERIDONE
18 = DOXEPINE	47 = SERTRALINE
19 = DULOXETINE	48 = THIORIDAZINE
20 = ESCITALOPRAM	49 = THIOTHIXINE
21 = FLUOXTINE	50 = TOPIRAMATE
22 = FLUPHENAZINE	51 = TRAZODONE
23 = FLUVOXAMINE	52 = TRIFLUOPERAZINE
24 = GUANFACINE	53 = TRIHEXYPHENADYL
25 = HALOPERIDOL	54 = TRIMIPRAMINE
26 = HYDROXYZINE	55 = VALPROIC ACID
27 = IMIPRAMINE	56 = VENLAFAXINE
28 = LAMOTRIGINE	57 = ZIPRASIDONE
29 = LITHIUM CARBONATE	

P_HS3a47

How do you usually pay for the prescription medications your child is currently taking?

- 1 = OUT OF POCKET/SELF-PAY
- 2 = INSURANCE COVERS THE MEDICATIONS
- 3 = CHILD WELFARE AGENCY COVERS THE MEDICATIONS
- 4 = OTHER

Continuity of Care (caregiver instrument): items added for all respondents

P_HS1ia

Is there a place that ^CHILD usually goes when [fill he/she] is sick or you need advice about [fill his/her] health?

- 1 = YES
- 2 = THERE IS NO PLACE
- 3 = THERE IS MORE THAN ONE PLACE

P_HS1ib

[IF P_HS1ia = 2, CONTINUE. ELSE, GOTO P_HS1ja.]

What is the **main** reason ^CHILD does not have a usual source of health care?

- 1 = SELDOM OR NEVER GETS SICK
- 2 = RECENTLY MOVED INTO AREA
- 3 = DON'T KNOW WHERE TO GO FOR CARE
- 4 = USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE
- 5 = CAN'T FIND A PROVIDER WHO SPEAKS SAME LANGUAGE
- 6 = LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS
- 7 = JUST CHANGED INSURANCE PLANS
- 8 = DON'T USE DOCTORS/TREAT MYSELF
- 9 = COST OF MEDICAL CARE
- 10 = OTHER REASON

{GOTO P_HS1ia}

P_HS1ja

[IF P_HS1ia = 1]: What kind of place is it -- a clinic, doctor's office, emergency room, or some other place?

[IF P_HS1ia = 3]: What kind of place does ^CHILD go to most often -- a clinic, doctor's office, emergency room, or some other place?

- 1 = CLINIC OR HEALTH CENTER
- 2 = DOCTOR'S OFFICE OR HMO

- 3 = HOSPITAL EMERGENCY ROOM
- 4 = HOSPITAL OUTPATIENT DEPARTMENT
- 5 = SOME OTHER PLACE
- 6 = DOESN'T GO TO ONE PLACE MOST OFTEN

P_HS1ka

Is that [IF P_HS1ja = 1-4, FILL RESPONSE FROM P_HS1Ja] the same place ^CHILD usually goes when [fill he/she] needs routine or preventive care, such as a physical examination or well child check-up?

- 1 = YES [GOTO P_HS1b]
- 2 = NO

P_HS1la

What kind of place does ^CHILD usually go when [fill he/she] needs routine or preventive care, such as a physical examination or well child check-up?

- 1 = DOESN'T GET PREVENTIVE CARE ANYWHERE {GOTO P_HS1m}
- 2 = CLINIC OF HEALTH CENTER
- 3 = DOCTOR'S OFFICE OR HMO
- 4 = HOSPITAL EMERGENCY ROOM
- 5 = HOSPITAL OUTPATIENT DEPARTMENT
- 6 = SOME OTHER PLACE
- 7 = DOESN'T GO TO ONE PLACE MOST OFTEN

P_HS1lb

Does ^CHILD usually see a **particular provider** at the place where [fill he/she) usually goes for routine or preventive care, such as a physical examination or well child check-up?

- 1 = YES
- 2 = NO

P_HS1m

@bDuring the past 12 months@b did ^CHILD receive a well child check-up, that is, a general check-up when [fill he/she] was not sick or injured?

- 1 = YES
- 2 = NO

P_HS1na

@bDuring the past 12 months@b did ^CHILD see a doctor or other health professional because [fill he/she] was sick or injured?

1 = YES

2 = NO

P_HS10

DELETED.

@bDuring the past 12 months@b, was there any time when ^CHILD needed any of the following but couldn't get it because you couldn't afford it...CODE ALL THAT APPLY.

1 = Prescription medicines

2 = Mental health care or counseling

3 = Dental care (including check-ups)

4 = Eyeglasses

5 = NONE OF THE ABOVE

Child Insurance Status (Caregiver Instrument): questions revised for all respondents

P_HS168a

The next questions are about health care plans.

Is ^CHILD currently covered by some type of military health insurance, such as CHAMPUS, CHAMP-VA, TRICARE, or VA care?

1 = YES

2 = NO

P_HS169a

[IF P_HS168a = 1: Other than military health insurance, is ^CHILD covered by any other] / [IF P_HS168a <> 1 Is ^CHILD covered by a] health insurance plan obtained through a current or past employer or union? Please remember to include coverage ^CHILD may have through another family member's plan.

1 = YES

2 = NO

P_HS170a

Medicaid is a program for health care for persons in need. It is different from Medicare, which is a health insurance program for persons 65 and older and some

disabled persons under 65. [IF MEDIFILL NE NONE] The Medicaid program in [STATE FILL] is also called [MEDIFILL].

At this time, is ^CHILD covered by Medicaid?

- 1 = YES {GO TO P_HS172a}
- 2 = NO

[IF P_HS170a = 2, DK OR REF AND CHILD, GO TO P_HS171A; ELSE GO TO P_HS172a]

P_HS171a

Is ^CHILD covered by {STATE NAME FOR CHIP}, the state health insurance plan for uninsured children?

- 1 = YES
- 2 = NO

P_HS172a

Is ^CHILD covered by the Indian Health Service?

- 1 = YES
- 2 = NO

P_HS173a

Is ^CHILD covered by **any other** type of health insurance that I have not mentioned, such as Medicare or insurance purchased directly from an insurance company?

- 1 = YES
- 2 = NO

[IF P_HS168a = 2 AND P_HS169a = 2 AND P_HS170a = 2 AND P_HS171a = 2 AND P_HS172a = 2 AND P_HS173a = 2, GOTO P_HS175a.]

P_HS174a

Is ^CHILD covered under an HMO – that is a Health Maintenance Organization?

PROBE: With an HMO, you have to receive care from HMO doctors to have the cost covered unless you are referred by the HMO to some other doctor or there was a medical emergency.

- 1 = YES
- 2 = NO

3 = VOLUNTEERED: MULTIPLE PLANS AND IT VARIES

P_HS175a

[IF P_HS168a = 2 AND P_HS169a = 2 AND P_HS170a = 2 AND P_HS171a = 2 AND P_HS172a = 2 AND P_HS173a = 2, CONTINUE. ELSE, GOTO P_HS176a.]

Please look at Card 24. What is main reason ^CHILD does not have health insurance?

- 1 = Person in family with health insurance lost job or changed employers
- 2 = Got divorced or separated/death of spouse or parent
- 3 = Became ineligible because of age/left school
- 4 = Employer does not offer coverage/or not eligible for coverage
- 5 = Cost is too high
- 6 = Insurance company refused coverage
- 7 = Medicaid/Medical plan stopped after pregnancy
- 8 = Lost Medicaid/Medical plan because of new job or increase in income
- 9 = Lost Medicaid (other)
- 10 = Other

[GOTO P_HSEND]

P_HS176a

Did ^CHILD have this same insurance {IF CHILD AGE IS >1 fill: for all of the past 12 months/IF CHILD AGE IS <1, fill: since ^CHILD was born?

[IF MORE THAN ONE PLAN, ANSWER YES IF COVERAGE FOR ANY ONE PLAN WAS FOR ALL 12 MONTHS]

- 1 = YES
- 2 = NO

P_HS177a

During the past 12 months was there any time when ^CHILD did not have any health insurance?

- 1 = YES
- 2 = NO

{GOTO P_HSEND}

Psychological Adoption (Caregiver Instrument): questions added if children are in foster care

P_FC14

Now I'd like to ask you a few questions about your relationship with ^CHILD.

Do you ever wish you could raise ^CHILD?

- 1 = YES
- 2 = NO

P_FC15

How much would you miss ^CHILD if {FILL:he/she} had to leave? Would you say...

- 1 = A lot
- 2 = Somewhat
- 3 = A little
- 4 = Not at all

P_FC16

How much do you think your relationship with ^CHILD is affecting {FILL:him/her} right now? Would you say...

- 1 = A lot
- 2 = Somewhat
- 3 = A little
- 4 = Not at all

P_FC17

How much do you think your relationship with ^CHILD will affect {FILL:him/her} in the future? Would you say...

- 1 = A lot
- 2 = Somewhat
- 3 = A little
- 4 = Not at all

Sexual Activity (Child Instrument): questions revised from original instrument

Y_SX22a

How old were you this @bfirst@btime you had sex?

- 8 = 8 years old or younger
- 9 = 9 years old
- 10 = 10 years old
- 11 = 11 years old
- 12 = 12 years old
- 13 = 13 years old
- 14 = 14 years old
- 15 = 15 years old

16 = 16 years old
17 = 17 years old
18 = 18 years old or older

Y_SX23a

[IF Y_SX21a = 1 fill: Have you ever had sex that you wanted to happen or that was okay with you?] [IF Y_SX21a = 2/RF/DK fill: Have you ever had sex that was forced—that is, that was against your will?]

1 = Yes
2 = No [GO TO Y_SX25a]

Y_SX24a

How old were you the first time you had [IF Y_SX21a = 1 fill: sex that you wanted to happen or that was okay with you?] [IF Y_SX21a = 2/RF/DK fill: sex that was forced or against your will?]

8 = 8 years old or younger
9 = 9 years old
10 = 10 years old
11 = 11 years old
12 = 12 years old
13 = 13 years old
14 = 14 years old
15 = 15 years old
16 = 16 years old
17 = 17 years old
18 = 18 years old or older

Y_SX25a

[IF R IS MALE fill: Counting all your female partners, even those you had sex with only once, how many females have you had sex with @bin your life@b?]

[IF R IS FEMALE fill: Counting all your male partners, even those you had sex with only once, how many males have you had sex with @bin your life@b?]

1 = 1 partner
2 = 2 partners
3 = 3 – 5 partners
3 = 6 – 9 partners
4 = More than 10 partners

Y_SX26a

Have you had sex anytime in the past 12 months?

1 = Yes

2 = No [GO TO SXEND]

Y_SX27a

[IF R IS MALE]: In the past 12 months, how many females have you had sex with?
Please count every female sexual partner, even those you had sex with only once, or if you did not know her well.

[IF R IS FEMALE]: In the past 12 months, how many males have you had sex with?
Please count every male sexual partner, even those you had sex with only once, or if you did not know him well.

- 1 = 1 partner
- 2 = 2 partners
- 3 = 3 - 5 partners
- 3 = 6 - 9 partners
- 4 = More than 10 partners

Y_SX28a

The most recent time you had sex, what method or methods did you or your partner use to prevent a pregnancy? Please check all methods you or your partner used that time.

- 1 = We did not use any method
- 2 = Male condom
- 3 = Withdrawal ("pulling out")
- 4 = Birth control pill
- 5 = Birth control injection or "the shot"
- 6 = Birth control patch
- 7 = Other methods

Y_SX29a

How many times have you ever [IF R IS MALE fill: gotten someone pregnant?]
[IF R IS FEMALE fill: been pregnant?]

- 0 = I have never (gotten anyone pregnant/ gotten pregnant) [GO TO Y_SX32a]
- 1 = once
- 2 = two times
- 3 = three times
- 4 = four or more times

Y_SX30a

How old were you the [first] time [IF R IS FEMALE fill: you got pregnant?] [IF R IS MALE fill: you got someone pregnant?]

- 10 = 10 years old
- 11 = 11 years old
- 12 = 12 years old
- 13 = 13 years old
- 14 = 14 years old
- 15 = 15 years old
- 16 = 16 years old
- 17 = 17 years old
- 18 = 18 years old or older

Y_SX31a

How many children have you had, including all children living with you or not?

- 0 = I have never had a child
- 1 = 1 child
- 2 = 2 children
- 3 = 3 or more children

Y_SX32a

Now I'm interested in knowing about any classes or special programs you might have taken part in that talked about sexual activity and health. Have you ever taken part in any classes or special programs at school, church, a community center or some other place about...

[SELECT ALL THAT APPLY.]

- 1= Saying no to sex
- 2= Ways people who have sex can prevent a pregnancy (birth control methods)
- 3= Condoms
- 4 = NONE OF THE ABOVE

{GOTOY_SXEND}

Case Investigation (Caseworker Instrument): questions added

C_CI3aa

Was this case handled as...

- 1 = An investigation
- 2 = An assessment
- 3 = An assessment that later resulted in an investigation
- 4 = Or something else?

C_CI3ab

Was there a @bcriminal@b investigation regarding this investigation/assessment?

- 1 = YES
- 2 = NO {GOTO C_CI4a}

C_CI3ac

Were charges files?

- 1 = YES
- 2 = NO

C_CI4a

USE CARD 2. Please look at Card 2 and tell me which child welfare or police department staff conducted this investigation/assessment.

CODE ALL THAT APPLY.

- 1 = A CPS OR CHILD WELFARE INVESTIGATOR
- 2 = A POLICE DEPARTMENT INVESTIGATOR
- 3 = OTHER CPS/CWS WORKER (WHO MAY PERFORM A VARIETY OF FUNCTIONS)
- 4 = JUVENILE PROBATION OFFICER
- 5 = OTHER (OUTSIDE OF CPS/CWS OR POLICE DEPARTMENT)

C_CI4aa

Who made the initial report to the authorities which led to the investigation/assessment?

- 1 = PARENT/GUARDIAN
- 2 = FOSTER PARENT
- 3 = NEIGHBOR
- 4 = TEACHER OR DAY CARE PROVIDER
- 5 = OTHER SCHOOL STAFF
- 6 = DOCTOR OR OTHER MEDICAL PROFESSIONAL
- 7 = RELATIVES
- 8 = ANONYMOUS CALLER
- 9 = OTHER

C_CI16a

Regardless of the outcome of the investigation/assessment, have any services been referred for, provided to, or arranged for the family? Referring the family for services includes suggesting to the client that services may be needed, or giving the client

provider contact information. Arranging services for the family includes contacting a provider, completing the necessary paperwork, and/or making an appointment.

1 = YES

2 = NO {GO TO C_CI19a}

C_CI17a

What kind of services? (CODE ALL THAT APPLY.)

NT/CAREGIVER
D

S, PARENTS

S

Risk Assessment (Caseworker Instrument): questions added

C_RA11aa

At the time of the investigation, was ^CHILD fearful of the home situation or people within the home?

1 = YES

2 = NO

C_RA11ba

At the time of the investigation, were ^CHILD's physical living conditions hazardous and immediately threatening?

1 = YES

2 = NO

C_RA11ca

At the time of the investigation, was ^CHILD involved in any delinquent or chronic CHINS behavior that may have resulted in negative consequences, such as arrests or probation?

1 = YES

2 = NO

C_RA11da

At the time of the investigation, was sexual abuse of ^CHILD suspected?

1 = YES

2 = NO

C_RA21aa

At the time of the investigation, did {fill PERMANENT PRIMARY CAREGIVER} exhibit very limited communication skills, such as a language barrier, that resulted in an inability to access resources?

1 = YES

2 = NO

C_RA21ba

At the time of investigation, did {fill PERMANENT PRIMARY CAREGIVER} describe or act toward child in predominately negative terms?

1 = YES
2 = NO