**Attachment 1a: Questions to be asked directly to teens ages 12-17**

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

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OMB #0920-0222; Expiration Date: 06/30/2015

**Interviewer administered questions**

|  |  |  |
| --- | --- | --- |
| **T1**. I would like to ask you some questions about difficulties you may have in doing certain activities. Do you wear glasses or contact lenses? | Yes 1No 2 | 2⇨T3 |
| **T2**. When wearing your glasses, Do you HAVE difficulty seeing? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 | 1⇨T42⇨T43⇨T44⇨T4 |
| **T3**. Do you have difficulty seeing? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T4**. Do you use a hearing aid? | Yes 1No 2 | 2⇨T6 |
| **T5**. When using your hearing aid(s), Do you have difficulty hearing sounds like peoples’ voices or music? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 | 1⇨T72⇨T73⇨T74⇨T7 |
| **T6**. Do you have difficulty hearing sounds like peoples’ voices or music? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T7**. Do you use any equipment or receive assistance for walking? | Yes 1No 2 | 2⇨T12 |
| **T8**. Without using your equipment or assistance, do you have difficulty walking 100 yards/meters on level ground?  That would be about the length of 1 football field. Would you say you have: some difficulty, a lot of difficulty or cannot do at all? | Some difficulty 1A lot of difficulty 2Cannot do at all 3 |  |
| **T9**. when using your equipment or assistance, Do you have difficulty walking 100 yards/meters on level ground?  That would be about the length of 1 football field. Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 | 1⇨T102⇨T143⇨T14 |
| **T10**. Without using your equipment or assistance, Do you have difficulty walking 500 yards/meters on level ground?   That would be about the length of 5 football fields?  Would you say you have: some difficulty, a lot of difficulty or cannot do at all? | Some difficulty 1A lot of difficulty 2Cannot do at all 3 |  |
| **T11**. Do you have difficulty walking 100 yards/meters on level ground?  That would be about the length of 1 football field. Would you say you have: some difficulty, a lot of difficulty or cannot do at all? | Some difficulty 1A lot of difficulty 2Cannot do at all 3 |  |
| **T12**. Do you have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 | 1⇨T132⇨T133⇨T134⇨T13 |
| **T13**. Do you have difficulty with self-care such as feeding or dressing yourself? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T14**. When you speak, do you have difficulty being understood by people inside of your household? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T15**. When you speak, do you have difficulty being understood by people outside of your household? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T16**. Do you have difficulty learning things? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T17**. Do you have difficulty remembering things? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T18**. How often Do you feel anxious, nervous or worried? Would you say: daily, weekly, monthly, a few times a year or never? | Daily 1Weekly 2Monthly 3A few times a year 4Never 5 |  |
| **T19**. How often Do you feel sad or depressed? Would you say: daily, weekly, monthly, a few times a year or never? | Daily 1Weekly 2Monthly 3A few times a year 4Never 5 |  |
| **T20.**Compared to children of the same age, how much difficulty do you have controlling your behaviour? Would you say: none, the same or less, more or a lot more? | None 1The same or less 2More 3A lot more 4 |  |
| **T21.** Do you have difficulty focusing on an activity that you enjoy doing? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T22.** Do you have difficulty accepting changes in your routine? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T23.** Do you have difficulty making friends? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T24.** Have you suffered a serious accident or injury in the last 3 months? | Yes 1No 2[If yes] What type of accident or injury? (Open Ended) |  |

**Self-Administered Questions**

|  |  |
| --- | --- |
| **D1.** What is Your age? | 12-17: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **D2.** Are you male or female? | MaleFemale |
| **D3.** Are you Hispanic or Latino? | YesNo |
| **D4.** What is your race? You may indicate one or more races that you consider yourself to be. | American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or other Pacific IslanderWhite |
| **D5.** In what grade are you? | 7th8th9th10th11th12thUngraded or other |
| **To be asked only of 15-17 Year Olds** |  |
| **D6.** Which of the following best describes you? | Heterosexual (straight)Gay or lesbianBisexualNot sure |

**Attachment 1b: Questions to be asked to parents/guardians of teens ages 12-17**

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**Interviewer administered questions**

|  |  |  |
| --- | --- | --- |
| **CFD1**. I would like to ask you some questions about difficulties your child may have  Does (name) wear glasses? | Yes 1No 2 | 2⇨CFD3 |
| **CFD2**. When wearing his/her glasses, does (name) have difficulty seeing? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 | 1⇨CFD42⇨CFD43⇨CFD44⇨CFD4 |
| **CFD3**. Does (name) have difficulty seeing? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD4**. Does (name) use a hearing aid? | Yes 1No 2 | 2⇨CFD6 |
| **CFD5**. When using his/her hearing aid(s), does (name) have difficulty hearing noises like peoples’ voices or music? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 | 1⇨CFD72⇨CFD73⇨CFD74⇨CFD7 |
| **CFD6**. Does (name) have difficulty hearing noises like peoples’ voices or music? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD7**. Does (name) use any equipment or receive assistance for walking? | Yes 1No 2 | 2⇨CFD10 |
| **CFD8**. When using his/her equipment or assistance, does (name) have difficulty walking?  Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD9**. Without using his/her equipment or assistance, does (name) have difficulty walking?  Would you say (name) has: some difficulty, a lot of difficulty or cannot do at all? | Some difficulty 1A lot of difficulty 2Cannot do at all 3 | 1⇨CFD112⇨CFD113⇨CFD11 |
| **CFD10**. Compared with children of the same age, does (name) have difficulty walking? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD11**. Does (name) have difficulty with self-care such as feeding or dressing him/herself? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD12**. When (name) speaks, does he/she have difficulty being understood by people inside of this household? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD13**. When (name) speaks, does he/she have difficulty being understood by people outside of this household? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD14**. Compared with children of the same age, does (name) have difficulty learning things? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD15**. Compared with children of the same age, does (name) have difficulty remembering things? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD16**. How often does (name) seem anxious, nervous or worried? Would you say: daily, weekly, monthly, a few times a year or never? | Daily 1Weekly 2Monthly 3A few times a year 4Never 5 |  |
| **CFD17**. How often does (name) seem sad or depressed? Would you say: daily, weekly, monthly, a few times a year or never? | Daily 1Weekly 2Monthly 3A few times a year 4Never 5 |  |
| **CFD18**. Compared with children of the same age, how much difficulty does (name) have controlling his/her behaviour? Would you say: none, the same or less, more or a lot more? | None 1The same or less 2More 3A lot more 4 |  |
| **CFD19**. Does (name) have difficulty focusing on an activity that he/she enjoys doing? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD20**. Does (name) have difficulty accepting changes in his/her routine? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **CFD21**. Does (name) have difficulty making friends? Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot do at all 4 |  |
| **T24.** Has your child suffered a serious accident or injury in the last 3 months? | Yes 1No 2[If yes] What type of accident or injury? (Open Ended) |  |