

6-11 SHORT

| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|---------------------------------------|-------|--|---------------------|-------------------|
| A. Your Child's General Health | | | | |
| | | To begin, we would like to ask you about your child's general health. | | |
| | 1 | In general, how would you describe your child's health? | | |
| | | | Excellent | |
| | | | Very Good | |
| | | | Good | |
| | | | Fair | |
| | | | Poor | |
| | 2 | How would you describe the condition of your child's teeth? | | |
| | | | Excellent | |
| | | | Very Good | |
| | | | Good | |
| | | | Fair | |
| | | | Poor | |
| | 3 | How well does each of these items describe your child? | | |
| | | | Definitely true | |
| | | | Somewhat true | |
| | | | Not true | |
| | 3a | Your child has difficulty with feeling anxious or depressed | | |
| | 3b | Your child has difficulty with behavior problems, such as acting out, fighting, or arguing | | |

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| | 3c | Your child bullies or is cruel and mean to others | | |
| | 3d | Your child argues too much | | |
| | 3e | Your child is bullied, picked on, or excluded by other children | | |
| | 3f | Your child has difficulty making and keeping friends | | |
| | 3g | Your child shows interest and curiosity in learning new things | | |
| | 3h | Your child works to finish tasks he or she starts. | | |
| | 3i | Your child stays calm and in control when faced with a challenge | | |
| | 3j | Your child cares about doing well in school | | |
| | 3k | Your child does all required homework | | |
| 4 | | During the past 12 months, has your child had difficulty with or experienced any of the following? | | |
| | | | Yes | |
| | | | No | |
| | 4a | Breathing or other respiratory problems (such as wheezing or shortness of breath) | | |
| | 4b | Eating or swallowing because of a health condition | | |
| | 4c | Digesting food, including stomach/intestinal problems, constipation, or diarrhea | | |
| | 4d | Repeated or chronic physical pain, including headaches or other back or body pain | | |

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| | 4e | Concentrating, remembering, or making decisions because of a physical, mental or emotional condition | | |
| | 4f | Walking or climbing stairs | | |
| | 4g | Dressing or bathing | | |
| | 4h | Deafness or problems with hearing | | |
| | 4i | Blindness or problems with seeing, even when wearing glasses | | |
| | 4j | Toothaches | | |
| | 4k | Bleeding gums | | |
| | 4l | Decayed teeth or cavities | | |
| 5 | | Chronic Conditions | | |
| | | Has a doctor or other health care provider ever told you that your child has... | | |
| | 5a1 | Allergies (including food, drug, insect, or other)? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5a2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5a3 | If yes, would you describe it as mild, moderate, or severe? | | |

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| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 5b1 | Arthritis? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5b2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5b3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 5c1 | Asthma? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |

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| | 5c2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5c3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 5d1 | Blood Disorders (such as sickle cell disease, thalassemia, or hemophilia)? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5d2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5d3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |

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| | | | Severe | |
| | 5e1 | Brain injury, concussion or head injury? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5e2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5e3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 5f1 | Cerebral Palsy? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |

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| | 5f2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5f3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 5g1 | Cystic Fibrosis? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5g2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5g3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |

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| | | | Severe | |
| | 5h1 | Diabetes? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5h2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5h3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 5i1 | Down Syndrome? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |

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| | 5i2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5i3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 5j1 | Epilepsy or seizure disorder? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5j2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5j3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |

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| | | | Severe | |
| | 5k1 | Genetic or inherited condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5k2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5k3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 5l1 | Heart condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |

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| | 5I2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5I3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 5m1 | Frequent or severe headaches, including migraine? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5m2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 5m3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |

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| | | | Severe | |
| | 5n1 | Tourette Syndrome? | | If Yes, skip to next sub question. Else, skip to next section. |
| | | | Yes | |
| | | | No | |
| | 5n2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next section. |
| | | | Yes | |
| | | | No | |
| | 5n3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| 6 | | Emotional, Behavioral, and Developmental Conditions/Problems | | |
| | | Has a doctor or other health care provider ever told you that your child has... | | |
| | 6a1 | Anxiety Problems? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |

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| | | | No | |
| | 6a2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6a3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 6b1 | Depression? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6b2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6b3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |

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| | | | Moderate | |
| | | | Severe | |
| | 6c1 | Behavioral or Conduct Problems? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6c2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6c3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 6d1 | Substance Abuse Disorder? | | |
| | | | Yes | |
| | | | No | |
| | 6d2 | If yes, does the child currently have the condition? | | |
| | | | Yes | |
| | | | No | |
| | 6d3 | If yes, would you describe it as mild, moderate, or severe? | | |

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| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 6e1 | Developmental Delay? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6e2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6e3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 6f1 | Intellectual Disability (also known as Mental Retardation)? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |

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| | 6f2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6f3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 6g1 | Speech or other language disorder? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6g2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6g3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |

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| | | | Severe | |
| | 6h1 | Learning Disability? | | If Yes, skip to next sub question. Else, skip to next section. |
| | | | Yes | |
| | | | No | |
| | 6h2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next section. |
| | | | Yes | |
| | | | No | |
| | 6h3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 6i1 | Any Other Mental Health Condition? If yes, please specify. | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |

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| | 6i2 | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 6i3 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| 7 | 7a | Has a <u>doctor</u> or <u>other health care provider</u> ever told you that your child had Autism or Autism Spectrum Disorder (ASD)? Please include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD)? | | If Yes, skip to next sub question. Else, skip to next condition. |
| | | | Yes | |
| | | | No | |
| | 7b | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to subpart c. |
| | | | Yes | |
| | | | No | |
| | 7b1 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |

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| | 7c | How old was your child when a doctor or other health care provider first told you that he or she had Autism, ASD or PDD? | | |
| | | | [AGE] | |
| | | | Don't Know | |
| | 7d | What type of doctor or other health care provider was the <u>first</u> to tell you that your child had Autism, ASD or PDD? (Please check only one) | | |
| | | | Primary Care Provider | |
| | | | Specialist | |
| | | | School Psychologist/Counselor | |
| | | | Other Psychologist (Non-School) | |
| | | | Psychiatrist | |
| | | | Other, Specify | |
| | | | Don't Know | |
| | 7e | Is your child currently taking medication for Autism, ASD or PDD? | | |
| | | | Yes | |
| | | | No | |

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| | 7f | At any time during the past 12 months, did your child receive behavioral treatment for Autism, ASD or PDD, such as training or an intervention that you or your child received to help with his/her behavior? | | |
| | | | Yes | |
| | | | No | |
| 8 | 8a | Has a doctor or other health care provider ever told you that your child had Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or ADHD? | | If Yes, skip to next sub question. Else, skip to next section. |
| | | | Yes | |
| | | | No | |
| | 8b | If yes, does the child currently have the condition? | | If Yes, skip to next sub question. Else, skip to subpart c. |
| | | | Yes | |
| | | | No | |
| | 8b1 | If yes, would you describe it as mild, moderate, or severe? | | |
| | | | Mild | |
| | | | Moderate | |
| | | | Severe | |
| | 8b2 | Is your child currently taking medication for ADD or ADHD? | | |
| | | | Yes | |
| | | | No | |

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| | 8c | At any time during the past 12 months, did your child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or your child received to help with his/her behavior? | | |
| | | Please answer the following questions only if your child currently has any health conditions or problems. Otherwise, skip to Section B (Infant Health). | | |
| | 9 | During the past 12 months, how often have your child's health conditions or problems affected his or her ability to do things other children his/her age do? | | If Never, skip to next section. Else, skip to Q10. |
| | | | Never | |
| | | | Sometimes | |
| | | | Usually | |
| | | | Always | |
| | 10 | To what extent do your child's health conditions or problems affect his/her ability to do things? | | |
| | | | A great deal | |
| | | | Some | |
| | | | Very little | |
| B. Infant Health | | | | |
| | 1 | Was your child born more than 3 weeks before his or her due date? | | |
| | | | Yes | |
| | | | No | |
| | 2 | How much did he or she weigh when born? Please provide your best estimate. | | |

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| | | | [POUNDS] | |
| | | | [OUNCES] | |
| | | | [GRAMS] | |
| C. Health Care Services | | | | |
| | | Next, we would like to ask you about your child's use of health care and services. | | |
| | 1 | During the past 12 months, did your child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care? | | |
| | | | Yes | |
| | | | No | Skip to Q4. |
| | 2 | During the past 12 months, how many times did your child visit a doctor, nurse, or other health care professional to receive a preventive check-up? A preventive check-up is when your child was not sick or injured, such as an annual or sports physical, or well-child visit. | | |
| | | | 0 visits | Skip to Q4. |
| | | | 1 visit | |
| | | | 2 or more visits | |
| | 4 | What is your child's current height? | | |
| | | | [FEET] | |
| | | | [INCHES] | |
| | | | [METERS] | |
| | | | [CENTIMETERS] | |

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| 5 | | How much does your child currently weigh? | [POUNDS] [KILOGRAMS] | |
| 7 | | Is there a place that your child usually goes when he or she is sick or you need advice about his or her health? | Yes, there is a usual place No, there is no usual place | Skip to Q8 |
| | 7a | Where does your child usually go? Please check one box below: | Doctor's Office Hospital Emergency Department Hospital Outpatient Department Clinic or Health Center Retail Store Clinic or "Minute Clinic" | |

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| | | | School (Nurse's Office, Athletic Trainer's Office) | |
| | | | Some other place | |
| | 8 | Is there a place that your child usually goes when he or she needs routine preventive care , such as a physical examination or well-child check-up? | | |
| | | | Yes | |
| | | | No | Skip to Q9. |
| | 8a | Is that the same place where your child goes when he or she is sick? | | |
| | | | Yes | |
| | | | No | |
| | 9 | During the past 12 months, did your child see a dentist or other oral health care provider for any kind of dental care? | | |
| | | | Yes | |
| | | | No | Skip to Q10. |
| | 10 | During the past 12 months, has your child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. | | |
| | | | Yes | |

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| | | | No, but my child needed to see a mental health professional | |
| | | | No. My child did not need to see a mental health professional. | Skip to Q11. |
| | 10a | How much of a problem was it to get the mental health treatment or counseling that your child needed? | | |
| | | | Big problem | |
| | | | Small problem | |
| | | | Not a problem | |
| | 14 | Sometimes people have difficulty getting health care when they need it. During the past 12 months, was there any time when your child needed health care but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services. | | |
| | | | Yes | |
| | | | No | Skip to Q16. |

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| | 18 | Does your child receive Special Educational Services? Children receiving these services often have an Individualized Family Service Plan or Individualized Education Plan. | | |
| | | | Yes | |
| | | | No | |
| | 19 | Has your child ever received therapy services to meet his/her developmental needs, such as occupational therapy, speech therapy, or behavioral therapy? | | |
| | | | Yes | |
| | | | No | Skip to next section. |
| | 19a | How old was your child when he/she began receiving these therapy services? | | |
| | | | [YEARS OF AGE] | |
| | | | Don't Know | |
| D. Experience with Your Child's Health Care Providers | | | | |
| | | Next we would like to ask you about your child's health care providers and experiences with receiving health care services. | | |
| | 1 | Does your child have a primary doctor or nurse? A primary doctor or nurse is the one your child would see if he or she needs a check-up or gets sick or hurt. | | |
| | | | Yes | |
| | | | No | |

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| 2 | | During the past 12 months, did your child need a referral to see any doctors or receive any services? | | | | |
| | | | Yes | | | |
| | | | No | Skip to Q3. | | |
| 2a | | Was getting referrals a big problem, a small problem, or not a problem? | | | | |
| | | | Big problem | | | |
| | | | Small problem | | | |
| | | | Not a problem | | | |
| | | Please answer the following questions only if your child had a health care visit in the past 12 months. Otherwise, skip to Section E (Your Child's Health Insurance Coverage). | | | | |
| 3 | | During the past 12 months, how often did your child's doctors or other health care providers: | | | | |
| | | | Never | | | |
| | | | Sometimes | | | |
| | | | Usually | | | |
| | | | Always | | | |
| | | | 3a | Spend enough time with your child? | | |
| | | | 3b | Listen carefully to you? | | |
| | | | 3c | Show sensitivity to your family's values and customs? | | |
| 3d | Provide the specific information you needed concerning your child? | | | | | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|------------|-------|---|--|-------------------|
| | 3e | Help you feel like a partner in your child's care? | | |
| 6 | | Does anyone help you arrange or coordinate your child's care among the different doctors or services that your child uses? | | |
| | | | Yes | |
| | | | No | |
| | | | Did not see more than one health care provider in past 12 months | Skip to Q8. |
| | 6a | During the past 12 months, have you felt that you could have used extra help arranging or coordinating your child's care among the different health care providers or services? | | |
| | | | Yes | |
| | | | No | Skip to Q7. |
| | 6b | During the past 12 months, how often did you get as much help as you wanted with arranging or coordinating your child's health care? | | |
| | | | Never | |
| | | | Sometimes | |
| | | | Usually | |
| | | | Always | |
| 7 | | Overall, how satisfied are you with the communication among your child's doctors and other health care providers? | | |

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|--|-------|--|-----------------------|-----------------------|
| | | | Very satisfied | |
| | | | Somewhat satisfied | |
| | | | Somewhat dissatisfied | |
| | | | Very dissatisfied | |
| | 8 | During the past 12 months, did your child's health care provider communicate with the child's school, child care provider, or special education program? | | |
| | | | Yes | |
| | | | No | Skip to next section. |
| | 8a | Overall, how satisfied are you with that communication? | | |
| | | | Very satisfied | |
| | | | Somewhat satisfied | |
| | | | Somewhat dissatisfied | |
| | | | Very dissatisfied | |
| E. Your Child's Health Insurance Coverage | | | | |
| | 1 | During the past 12 months, was your child EVER covered by ANY kind of health insurance or health coverage plan? | | |

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|------------|-------|--|--|-----------------------|
| | | | Yes, my child was covered all 12 months | Skip to Q3. |
| | | | Yes, <i>but</i> my child had a gap in coverage | |
| | | | No | |
| | 2 | Please indicate whether any of the following is a reason your child was not covered by health insurance during the past 12 months: | | |
| | | | Yes | |
| | | | No | |
| | 2a | Change in employer or employment status | | |
| | 2b | Cancellation due to overdue premiums | | |
| | 2c | Dropped coverage because it was unaffordable | | |
| | 2d | Dropped coverage because benefits were inadequate | | |
| | 2e | Dropped coverage because choice of health care providers was inadequate | | |
| | 2f | Problems with application or renewal process | | |
| | 2g | Other (specify) _____ | | |
| | 3 | Is your child CURRENTLY covered by ANY kind of health insurance or health coverage plan? | | |
| | | | Yes | |
| | | | No | Skip to next section. |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|------------|-------|--|---------------------|-------------------|
| | 4 | Is your child covered by any of the following types of health insurance or health coverage plans? | | |
| | | | Yes | |
| | | | No | |
| | | Insurance through a current or former employer or union | | |
| | | Insurance purchased directly from an insurance company | | |
| | | Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | | |
| | | TRICARE or other military health care | | |
| | | Indian Health Service | | |
| | | Other (specify) _____ | | |
| | 5 | How often does your child's health insurance offer benefits or cover services that meet your child's needs? | | |
| | | | Never | |
| | | | Sometimes | |
| | | | Usually | |
| | | | Always | |
| | 6 | How often does your child's health insurance allow him/her to see the health care providers he/she needs? | | |
| | | | Never | |
| | | | Sometimes | |
| | | | Usually | |
| | | | Always | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|------------|-------|---|---|-------------------|
| 7 | | Not including health insurance premiums or costs that are covered by insurance, do you pay any money for your child's health care? | | |
| | | | Yes | |
| | | | No | Skip to Q8. |
| | 7a | How often are these costs reasonable? | | |
| | | | Never | |
| | | | Sometimes | |
| | | | Usually | |
| | | | Always | |
| | | Please answer the next question only if your child uses mental or behavioral health services. Otherwise, skip to Section F (Providing for your child's health). | | |
| 8 | | Finally, thinking specifically about your child's mental or behavioral health needs, does your child's health insurance offer benefits or cover services that meet these needs? | | |
| | | | No, it never covers these services | |
| | | | Yes, it sometimes covers these services | |
| | | | Yes, it usually covers these services | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|---|-------|---|---|-------------------|
| | | | Yes, it always covers these services | |
| F. Providing for Your Child's Health | | | | |
| | | Now we would like to ask you if your child's health has any impact on your family. | | |
| | 1 | How much money did you pay for this child's medical and health care during the past 12 months? Please do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. | | |
| | | | \$0 (No medical or health-related expenses) | Skip to Q3. |
| | | | \$1-\$249 | |
| | | | \$250-\$499 | |
| | | | \$500-\$999 | |
| | | | \$1,000-\$5,000 | |
| | | | More than \$5,000 | |
| | 2 | During the past 12 months, did your family have problems paying for any of your child's medical or health care bills? | | |
| | | | Yes | |
| | | | No | |
| G. Your Child's Schooling and Activities | | | | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|----------------------------|-------|--|---|-------------------|
| | | This next set of questions asks about your child's schooling and extracurricular activities. | | |
| H. About Your Child | | | | |
| | 1 | Was your child born in the United States? | Yes No | Skip to Q2. |
| | 1a | How long has your child been in the United States? | [YEARS] [MONTHS] | |
| | 2 | How many times has your child moved to a new address since he or she was born? | [NUMBER OF TIMES] | |
| | | We would now like to ask some questions about your child's sleeping behaviors. | | |
| | 3 | How often does your child go to bed at about the same time on weeknights? | Never Rarely Sometimes Usually Always | |
| | 4 | During the past week, how many hours of sleep did your child get on an average weeknight? | | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|---|-------|--|----------------------|-------------------|
| | | | Less than 6 hours | |
| | | | 6-7 hours | |
| | | | 8-9 hours | |
| | | | 10 or more hours | |
| | 7 | How well can you and your child share ideas or talk about things that really matter? | | |
| | | | Very well | |
| | | | Somewhat well | |
| | | | Not very well | |
| | | | Not very well at all | |
| I. About Your Family and Household | | | | |
| | 1 | During the past week, on how many days did all the family members who live in the household eat a meal together? | | |
| | | | 0 days | |
| | | | 1-3 days | |
| | | | 4-6 days | |
| | | | Every day | |
| | 2 | Does anyone living in your household use cigarettes, cigars, or pipe tobacco? | | |
| | | | Yes | |
| | | | No | Skip to Q3. |
| | 1a | Does anyone smoke inside your home? | | |
| | | | Yes | |
| | | | No | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|------------|-------|--|---|-------------------|
| | 5 | The next question is about whether you were able to afford the food you need. Which of these statements best describes the food situation in your household in the last 12 months: | | |
| | | | We could always afford to eat good nutritious meals | |
| | | | We could always afford enough to eat but not always the kinds of food we should eat | |
| | | | Sometimes we could not afford enough to eat | |
| | | | Often we could not afford enough to eat | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|------------------------------|-------|--|-------------------------------|-------------------|
| | 6 | At any time during the past 12 months, even for one month, did anyone in this household receive: | | |
| | | | Yes | |
| | | | No | |
| | 6a | Cash assistance from a government welfare program? | | |
| | 6b | Food Stamps or Supplemental Nutrition Assistance Program benefits? | | |
| | 6c | Free or reduced-cost breakfasts or lunches at school? | | |
| | 6d | Benefits from the Women, Infants, and Children (WIC) Program? | | |
| J. Adult Demographics | | | | |
| | | Please fill out a column for each of the two adults in the household who are the child's primary caregivers. If there is just one adult, please provide answer for that adult. | | |
| | | ADULT 1 (Respondent) | | |
| | 1 | How are you related to the selected child? | | |
| | | | Biological or Adoptive Parent | |
| | | | Step-parent | |
| | | | Grandparent | |
| | | | Foster Parent | |
| | | | Aunt or Uncle | |
| | | | Other: Relative | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|------------|-------|---|--|-------------------|
| | | | Other: Non-Relative | |
| | 2 | What is your sex? | Male Female | |
| | 3 | What is your age? | [AGE IN YEARS] | |
| | 4 | Where were you born? | In the United States Outside of the United States | Go to Q5. |
| | 4a | When did you come to the United States? | [YEAR] | |
| | 5 | What is the highest grade or year of school you have completed? | 8th grade or less 9th-12th grade; No diploma High School Graduate or GED Completed | |

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| Section/Q# | | Question/Intro Text | Response Categories | Skip Instructions |
|------------|-------|------------------------------|--|-------------------|
| | Sub # | | | |
| | | | Completed a vocational, trade, or business school program | |
| | | | Some College Credit, but No Degree | |
| | | | Associate Degree (AA, AS) | |
| | | | Bachelor's Degree (BA, BS, AB) | |
| | | | Master's Degree (MA, MS, MSW, MBA) | |
| | | | Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) | |
| | 6 | What is your marital status? | | |
| | | | Married | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|------------|-------|---|--|-------------------|
| | | | Not married, but living with a partner | |
| | | | Never Married | |
| | | | Divorced | |
| | | | Separated | |
| | | | Widowed | |
| | 7 | In general, what is your physical health status? | | |
| | | | Excellent | |
| | | | Very Good | |
| | | | Good | |
| | | | Fair | |
| | | | Poor | |
| | 8 | In general, what is your mental or emotional health status? | | |
| | | | Excellent | |
| | | | Very Good | |
| | | | Good | |
| | | | Fair | |
| | | | Poor | |
| | 1 | ADULT 2 How is Adult 2 related to the selected child? | | |
| | | | Biological or Adoptive Parent | |
| | | | Step-parent | |
| | | | Grandparent | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|------------|-------|--|--|-------------------|
| | | | Foster Parent Aunt or Uncle | |
| | | | Other: Relative | |
| | | | Other: Non-Relative | |
| | 2 | What is Adult 2's sex? | Male Female | |
| | 3 | What is Adult 2's age? | [AGE IN YEARS] | |
| | 4 | Where was Adult 2 born? | In the United States Outside of the United States | Go to Q5. |
| | 4a | When did Adult 2 come to the United States? | [YEAR] | |
| | 5 | What is the highest grade or year of school Adult 2 has completed? | 8th grade or less 9th-12th grade; No diploma | |

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| Section/Q# | | Question/Intro Text | Response Categories | Skip Instructions |
|------------|--|---------------------|--|-------------------|
| | | | High School Graduate or GED Completed | |
| | | | Completed a vocational, trade, or business school program | |
| | | | Some College Credit, but No Degree | |
| | | | Associate Degree (AA, AS) | |
| | | | Bachelor's Degree (BA, BS, AB) | |
| | | | Master's Degree (MA, MS, MSW, MBA) | |
| | | | Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) | |

6-11 SHORT

| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|------------|-------|--|---------------------|-------------------|
| | 6 | In general, what is Adult 2's physical health status? | | |
| | | | Excellent | |
| | | | Very Good | |
| | | | Good | |
| | | | Fair | |
| | | | Poor | |
| | 7 | In general, what is Adult 2's mental or emotional health status? | | |
| | | | Excellent | |
| | | | Very Good | |
| | | | Good | |
| | | | Fair | |
| | | | Poor | |
| | 1 | Was anyone in the household employed at least 50 weeks out of the past 52 weeks? | | |
| | | | Yes | |
| | | | No | |

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| Section/Q# | | Question/Intro Text | Response Categories | Skip Instructions |
|------------|--|---|---------------------------|-------------------|
| 2 | | <p>The following question is about your income and is very important for our research. Think about your total combined family income during last year for all members of the family. Can you please tell us that amount before taxes?</p> <p>Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from business, farm, or rent, and any other money income received.</p> | | |
| | | | [INCOME AMOUNT] | |
| | | | Don't Know/Don't Remember | |
| 3 | | <p>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 last year.</p> <p>To the best of your knowledge, please select the range that best applies to your household.</p> | | |
| | | | No income | |
| | | | Less than \$20,000 | |

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| Section/Q# | Sub # | Question/Intro Text | Response Categories | Skip Instructions |
|--------------------------|-------|---|-----------------------|-------------------|
| | | | \$20,000 - \$29,999 | |
| | | | \$30,000 - \$49,999 | |
| | | | \$50,000 - \$69,999 | |
| | | | \$70,000 - \$99,999 | |
| | | | \$100,000 - \$124,999 | |
| | | | \$125,000 - \$149,999 | |
| | | | \$150,000 or more | |
| | 4 | How many people are living or staying at this address? Please include everyone who is living or staying here for more than two months. Include yourself if you are living here for more than two months. Include anyone else staying here how does not have another place to stay, even if they are here for two months or less. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment. | | |
| | | | [NUMBER] | |
| END QUESTIONNAIRE | | | | |

| | |
|-------|------|
| Color | Code |
|-------|------|

| | |
|------|-----------------------------------|
| | All age groups (0-5, 6-11, 12-17) |
| | 0-5 Only |
| | 6-11 Only |
| | 12-17 Only |
| | Older age groups (6-11, 12-17) |
| | Not Applicable |
| RED | Test/Retest Item |
| GRAY | Item excluded from Short version |