**Test-Retest Instrument**

[Administered over the phone for respondents assigned to the test-retest validation condition]

Hello. This is [INTERVIEWER NAME] from NORC at the University of Chicago. We are calling to follow up on the interview you completed with us a few weeks back. We would like to ask you a few more questions to confirm some of the answers you gave during the interview. This should take about 20 minutes to complete.

| **#** | **Question** | **Response Options** | **Skip Instructions** |
| --- | --- | --- | --- |
| 1 |   | First, we would like to ask some question about Chronic Conditions. |   |   |
|   |   | Has a doctor or other health care provider ever told you that your child has… |   |   |
|   | 1a1 | **Allergies (including food, drug, insect, or other)?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1a2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1a3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1b1 | **Arthritis?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1b2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1b3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1c1 | **Asthma?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1c2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1c3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1d1 | **Blood Disorders (such as sickle cell disease, thalassemia, or hemophilia)?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1d2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1d3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1e1 | **Brain injury, concussion or head injury?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1e2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1e3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1f1 | **Cerebral Palsy?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1f2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1f3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1g1 | **Cystic Fibrosis?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1g2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1g3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1h1 | **Diabetes?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1h2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1h3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1i1 | **Down Syndrome?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1i2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1i3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1j1 | **Epilepsy or seizure disorder?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1j2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1j3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1k1 | **Genetic or inherited condition?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1k2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1k3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1l1 | **Heart condition?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1l2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1l3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1m1 | **Frequent or severe headaches, including migraine?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1m2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1m3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 1n1 | **Tourette Syndrome?** |   | If Yes, skip to next sub question. Else, skip to next section. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1n2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next section. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 1n3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
| 2 |   | Now we would like to ask some questions about Emotional, Behavioral, and Developmental Conditions and Problems. |   |   |
|   |   | Has a doctor or other health care provider ever told you that your child has… |   |   |
|   | 2a1 | **Anxiety Problems?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2a2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2a3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 2b1 | **Depression?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2b2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2b3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 2c1 | **Behavioral or Conduct Problems?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2c2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2c3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
| [INTERVIEWER INSTRUCTION: ONLY ADMINISTER SUBSTANCE ABUSE ITEM FOR CHILDREN AGE 6 OR OLDER] |
|   | 2d1 | **Substance Abuse Disorder?** |   |   |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2d2 | **If yes**, does the child currently have the condition? |   |   |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2d3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 2d1 | **Developmental Delay?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2d2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2d3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 2e1 | **Intellectual Disability (also known as Mental Retardation)?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2e2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2e3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 2f1 | **Speech or other language disorder?** |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2f2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2f3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 2g1 | **Learning Disability?** |   | If Yes, skip to next sub question. Else, skip to next section. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2g2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next section. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2g3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 2h1 | **Any Other Mental Health Condition?**  **If yes**, please specify. |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2h2 | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to next condition. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 2h3 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
| 3 | 3a | **Has a doctor or other health care provider 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 |   |
|   | 3b | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to subpart c. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 3b1 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 3c | 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 |   |
|   | 3d | What type of doctor or other health care provider was the first 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 |   |
|   | 3e | Is your child currently taking medication for Autism, ASD or PDD? |   |   |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 3f | 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 |   |
| 4 | 4a | **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 |   |
|   | 4b | **If yes**, does the child currently have the condition? |   | If Yes, skip to next sub question. Else, skip to subpart c. |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 4b1 | **If yes**, would you describe it as mild, moderate, or severe? |   |   |
|   |   |   | Mild |   |
|   |   |   | Moderate |   |
|   |   |   | Severe |   |
|   | 4b2 | Is your child currently taking medication for ADD or ADHD?  |   |   |
|   |   |   | Yes |   |
|   |   |   | No |   |
|   | 4c | 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? |   |   |
|  |  |  |  |  |
|  |  | Next, we would like to ask some questions about your child’s health insurance coverage. |  |  |
| 5 |   | Is your child CURRENTLY covered by ANY kind of health insurance or health coverage plan? |   |   |
|   |   |   | Yes |   |
|   |   |   | No | Skip to next section. |
| 5 |   | 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |

Thank you for taking the time to answer these questions.