

## 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 <u>doctor</u> or <u>other health care provider</u> ever told you that your child has...		
1a1	<b>Allergies (including food, drug, insect, or other)?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1a2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1a3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1b1	<b>Arthritis?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	

#	Question	Response Options	Skip Instructions
1b2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1b3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1c1	<b>Asthma?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1c2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1c3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1d1	<b>Blood Disorders (such as sickle cell disease, thalassemia, or hemophilia)?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	

#	Question	Response Options	Skip Instructions
1d2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1d3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1e1	<b>Brain injury, concussion or head injury?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1e2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1e3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1f1	<b>Cerebral Palsy?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	

#	Question	Response Options	Skip Instructions
1f2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1f3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1g1	<b>Cystic Fibrosis?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1g2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1g3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1h1	<b>Diabetes?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	

#	Question	Response Options	Skip Instructions
1h2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1h3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1i1	<b>Down Syndrome?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1i2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1i3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1j1	<b>Epilepsy or seizure disorder?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	

#	Question	Response Options	Skip Instructions
1j2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1j3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1k1	<b>Genetic or inherited condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1k2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1k3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1l1	<b>Heart condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	

#	Question	Response Options	Skip Instructions
1l2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1l3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1m1	<b>Frequent or severe headaches, including migraine?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1m2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
1m3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
1n1	<b>Tourette Syndrome?</b>		If Yes, skip to next sub question. Else, skip to next section.
		Yes	
		No	

#	Question	Response Options	Skip Instructions
1n2	<b>If yes</b> , does the child currently have the condition?		If Yes, skip to next sub question. Else, skip to next section.
		Yes	
		No	
1n3	<b>If yes</b> , 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 <u>doctor</u> or <u>other health care provider</u> ever told you that your child has...		
2a1	<b>Anxiety Problems?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2a2	<b>If yes</b> , does the child currently have the condition?		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2a3	<b>If yes</b> , would you describe it as mild, moderate, or severe?		
		Mild	
		Moderate	
		Severe	



#	Question	Response Options	Skip Instructions
2b1	<b>Depression?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2b2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2b3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
2c1	<b>Behavioral or Conduct Problems?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2c2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2c3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
[INTERVIEWER INSTRUCTION: ONLY ADMINISTER SUBSTANCE ABUSE ITEM FOR CHILDREN AGE 6 OR OLDER]			
2d1	<b>Substance Abuse Disorder?</b>		
		Yes	

#	Question	Response Options	Skip Instructions
		No	
2d2	<b>If yes, does the child currently have the condition?</b>		
		Yes	
		No	
2d3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
2d1	<b>Developmental Delay?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2d2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2d3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
2e1	<b>Intellectual Disability (also known as Mental Retardation)?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2e2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	

#	Question	Response Options	Skip Instructions
		No	
2e3	<b>If yes</b> , would you describe it as mild, moderate, or severe?		
		Mild	
		Moderate	
		Severe	
2f1	<b>Speech or other language disorder?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2f2	<b>If yes</b> , does the child currently have the condition?		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2f3	<b>If yes</b> , would you describe it as mild, moderate, or severe?		
		Mild	
		Moderate	
		Severe	
2g1	<b>Learning Disability?</b>		If Yes, skip to next sub question. Else, skip to next section.
		Yes	
		No	
2g2	<b>If yes</b> , does the child currently have the condition?		If Yes, skip to next sub question. Else, skip to next section.
		Yes	
		No	
2g3	<b>If yes</b> , would you describe it as mild, moderate, or severe?		
		Mild	

#	Question	Response Options	Skip Instructions
		Moderate	
		Severe	
2h1	<b>Any Other Mental Health Condition? If yes, please specify.</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2h2	<b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
2h3	<b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
3	3a <b>Has a <u>doctor or 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))?</b>		If Yes, skip to next sub question. Else, skip to next condition.
		Yes	
		No	
	3b <b>If yes, does the child currently have the condition?</b>		If Yes, skip to next sub question. Else, skip to subpart c.
		Yes	
		No	
	3b1 <b>If yes, would you describe it as mild, moderate, or severe?</b>		
		Mild	
		Moderate	
		Severe	
	3c How old was your child when a		

#	Question	Response Options	Skip Instructions
	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 <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	
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 <b>Has a <u>doctor or other health care provider</u> ever told you that your child had Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or ADHD?</b>		If Yes, skip to next sub question. Else, skip to next section.
		Yes	
		No	

#	Question	Response Options	Skip Instructions
4b	<b>If yes</b> , does the child currently have the condition?		If Yes, skip to next sub question. Else, skip to subpart c.
		Yes	
		No	
4b1	<b>If yes</b> , 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		

#	Question	Response Options	Skip Instructions
	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.