

U.S. Virgin Islands

I am going to start by asking you some questions about your child's health.

VI1. [ONLY ASK THIS QUESTION IF CHILD IS CSHCN]

DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

- 1 Yes
- 2 No, but this child needed to see a specialist
- 3 No, this child did not need to see a specialist
- 77 Don't Know
- 99 Prefer not to answer

VI2. [ONLY ASK THIS QUESTION IF CHILD IS CSHCN]

Do you currently use any family support services offered by the state in connection with your child's special healthcare need?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Prefer not to answer

VI3. [ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]

DURING THE PAST 12 MONTHS, did a doctor or other health care provider counsel you, another caregiver, or the child on physical activity?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Prefer not to answer

VI4. DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 77 Don't know
- 99 Prefer not to answer

VI5. Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

- 1 Yes
- 2 No [Go to VI10]
- 77 Don't know
- 99 Prefer not to answer

VI6. [ONLY ASK THIS QUESTION IF CHILD IS CSHCN]

**Does this child receive services from a program called Early Intervention Services?
Children receiving these services often have an Individualized Family Service Plan.**

Early Intervention Services are defined as: family training, counseling, and home visits; health services; medicine; nursing; nutrition; occupational therapy; physical therapy; psychological services; service coordination services; social work services; special instruction; speech-language therapy; transportation, communication or mobility devices; and vision and hearing services.

- 1 Yes
- 2 No
- 77 Don't know
- 99 Prefer not to answer

VI7. [ONLY ASK THIS QUESTION IF CHILD IS CSHCN]

**Does this child receive services from a program called Special Educational Services?
Children receiving these services often have an Individualized Education Plan.**

Special Education is any kind of special school, classes or tutoring.

- 1 Yes
- 2 No
- 77 Don't know
- 99 Prefer not to answer

[If reported in core that child has Autism, ASD, Asperger's Disorder, or PDD, continue to VI8. Else go to VI9.]

VI8. How old was this child when a doctor or other health care provider FIRST told you that he or she had Autism, ASD, Asperger's Disorder or PDD?

Age in Years

- 1 Do not have a health specialist
- 77 Don't know
- 99 Prefer not to answer

[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]

The next few questions ask about health care you received BEFORE your most recent pregnancy.

VI9. Before you got pregnant, did a doctor, nurse, or other health care worker talk with the things listed below about preparing for a pregnancy? Please count only discussions, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.

	YES	NO	Don't Know	Prefer Not to Answer
VI9a. Getting my vaccines updated before pregnancy	¹ <input type="checkbox"/>	² <input type="checkbox"/>	⁷⁷ <input type="checkbox"/>	⁹⁹ <input type="checkbox"/>
VI9b. Visiting a dentist or dental hygienist before pregnancy	¹ <input type="checkbox"/>	² <input type="checkbox"/>	⁷⁷ <input type="checkbox"/>	⁹⁹ <input type="checkbox"/>
VI9c. Getting counseling for any genetic diseases that run in my family	¹ <input type="checkbox"/>	² <input type="checkbox"/>	⁷⁷ <input type="checkbox"/>	⁹⁹ <input type="checkbox"/>
VI9d. Getting counseling or treatment for depression or anxiety	¹ <input type="checkbox"/>	² <input type="checkbox"/>	⁷⁷ <input type="checkbox"/>	⁹⁹ <input type="checkbox"/>
VI9e. The safety of using prescription or over-the-counter medicines during pregnancy	¹ <input type="checkbox"/>	² <input type="checkbox"/>	⁷⁷ <input type="checkbox"/>	⁹⁹ <input type="checkbox"/>
VI9f. How smoking during pregnancy can affect a baby	¹ <input type="checkbox"/>	² <input type="checkbox"/>	⁷⁷ <input type="checkbox"/>	⁹⁹ <input type="checkbox"/>
VI9g. How drinking alcohol during pregnancy can affect a baby	¹ <input type="checkbox"/>	² <input type="checkbox"/>	⁷⁷ <input type="checkbox"/>	⁹⁹ <input type="checkbox"/>
VI9h. How using illegal drugs during pregnancy can affect a baby	¹ <input type="checkbox"/>	² <input type="checkbox"/>	⁷⁷ <input type="checkbox"/>	⁹⁹ <input type="checkbox"/>

[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]

The next few questions are about health care you received DURING your most recent (or current) pregnancy.

VI10. Did you have any prenatal care during this most recent (or current) pregnancy? Prenatal care is given by a healthcare provider and includes a physical exam, weight checks, and providing a urine sample. Depending on the stage of the pregnancy, healthcare providers may also do blood tests and imaging tests, such as ultrasound exams. These visits also include discussions about the mother's health, the infant's health, and any questions about the pregnancy.

- ¹ Yes
- ² No [Go to VI12]
- ⁷⁷ Don't know [Go to VI12]
- ⁹⁹ Prefer not to answer [Go to VI12]

VI11. [ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND BIOLOGICAL MOTHER]

During your most recent pregnancy, how many weeks or months pregnant were you when you had your first visit for prenatal care?

Weeks **OR** Months

- ⁷⁷ Don't Know
- ⁹⁹ Prefer not to answer

VI12. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD AND IF BIOLOGICAL MOTHER]

During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- 1 Yes
- 2 No [Go to VI13]
- 77 Don't know [Go to VI13]
- 99 Prefer not to answer [Go to VI13]

[If yes] During your most recent pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Prefer not to answer

[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]

And now the next few questions are about health care AFTER you gave birth to your youngest child.

VI13. After your new baby was born, did you receive the kinds of help with breastfeeding that are listed below? For each one, check No if you did not receive this kind of breastfeeding help or Yes if you did.

	YES	NO	Don't Know	Prefer Not to Answer
VI13a. Someone to answer my questions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI13b. Help getting my baby positioned correctly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI13c. Help knowing if my baby was getting enough milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI13d. Help with managing pain or bleeding nipples	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI13e. Information about where to get a breast pump	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI13f. Help using a breast pump	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI13g. Information about breastfeeding support groups	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>

VI14. [ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]

Before or after your youngest child was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.

	YES	NO	Don't Know	Prefer Not to Answer
VI14a. My doctor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI14b. A nurse, midwife, or doula	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI14c. A breastfeeding or lactation specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI14d. My baby's doctor or health care provider	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI14e. A breastfeeding support group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI14f. A breastfeeding hotline or toll-free number	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI14g. Family or friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI14h. Another type, <i>please specify</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
<div style="border: 1px solid black; width: 400px; height: 20px; margin: 0 auto;"></div>				

These last few questions ask about your health insurance coverage.

VI15. DURING THE PAST 12 MONTHS, were you EVER covered by ANY kind of health insurance or health coverage plan?

- 1 Yes, I was covered all 12 months
- 2 Yes, but I had a gap in coverage
- 3 No
- 77 Don't know
- 99 Prefer not to answer

VI16. Are you CURRENTLY covered by ANY kind of health insurance or health coverage plan?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Prefer not to answer

[If yes] Are you covered by any of the following types of health insurance or health coverage plans?

	Yes	No	Don't Know	Prefer not to answer
VI16a. Insurance through a current or former employer or union	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI16b. Insurance purchased directly from an insurance company	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI16c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI16d. TRICARE or other military health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
VI16e. Another type, <i>please specify</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
<div style="border: 1px solid black; width: 400px; height: 20px; margin: 0 auto;"></div>				