CASE ID:		 	_	_	_	_	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX. Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

OMB Control Number: Expiration Date:

Section A. Screener

A.1. Are there any children 0-17 years old who usually live or stay at this household? ¹ □ NO [IF NO, STOP HERE. THIS IS THE END OF THE SURVEY]

- ² 🗌 YES
- A.2. How many children 0-17 years old usually live or stay at this household?

A.3. What is the primary language spoken in the household?

- ¹
 □ ENGLISH
- ² SPANISH
- ³ ANOTHER LANGUAGE, *PLEASE SPECIFY:*

Answer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.

Start with the <u>youngest child</u>, who we will call "Child 1" and continue with the next youngest until you have answered the questions for all children who usually live or stay at this address.

A.4. CHILD 1

What is this child's first name, initials, or nickname?

A.5. Is this child of Hispanic, Latino, or Spanish origin?

- 1 \Box No, not of Hispanic, Latino, or Spanish origin
- ² 🗆 Yes, Mexican, Mexican American, Chicano
- ³ 🗆 Yes, Puerto Rican
- ⁴ 🗆 Yes, Cuban
- ⁵ \Box Yes, another Hispanic, Latino, or Spanish origin, *please specify:*

A.6. What is this child's race? SELECT ONE OR MORE.

- ² BLACK OR AFRICAN AMERICAN
- ³ AMERICAN INDIAN OR ALASKA NATIVE, *PLEASE SPECIFY:*

- ¹⁰ OTHER ASIAN, *PLEASE* SPECIFY:
- ¹²

 GUAMANIAN OR CHAMORRO
- ¹⁴ OTHER PACIFIC ISLANDER, PLEASE SPECIFY:

- ⁵ CHINESE
- 6 🗆 FILIPINO
- 7 🗆 JAPANESE
- ⁸ 🗆 KOREAN
- ⁹ □ VIETNAMESE
- A.7. What is this child's sex?
 - 1 \Box MALE
 - ²
 □ FEMALE
- A.8. How old is this child? If the child is less than one month old, round age in months to 1.

 YEARS (OR)		MONTHS	

IF THIS CHILD IS YOUNGER THAN 4 YEARS OLD, GO TO A10.

A.9. PUERTO RICO: How well does this child speak Spanish?

ALL OTHER JURISDICTIONS: How well does this child speak English?

- $^{\scriptscriptstyle 1}$ \Box Very well
- ² 🗆 Well
- ³ D Not well
- 4 \Box Not at all
- A.10. Does this child <u>currently</u> need or use medicine prescribed by a doctor, other than vitamins?
 - [≠] E YES

² 🗆 NO [GO TO A11]

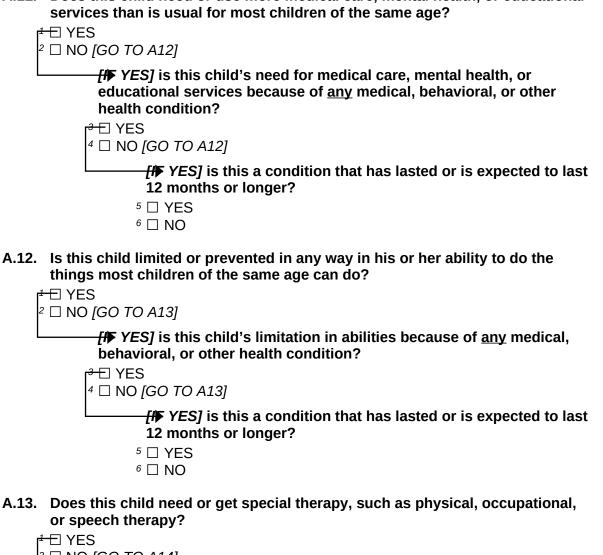
[IF YES] is this child's need for prescription medicine because of <u>any</u> medical, behavioral, or other health condition?

¹ ⁺ E YES 2 □ NO [GO TO A11]

[IF YES] is this a condition that has lasted or is expected to last 12 months or longer?

- ³ □ YES
- 4 □ NO

A.11. Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?



² 🗆 NO [GO TO A14]

HF YES] is this because of any medical, behavioral, or other health condition?

- 3 FI YES
- ⁴ 🗆 NO [GO TO A14]
 - **THE** YES] is this a condition that has lasted or is expected to last 12 months or longer?
 - ⁵ 🗆 YES
 - ⁶ 🗆 NO
- A.14. Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
 - + E YES ² 🗆 NO *[*GO TO A15] **TF** YES] has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer? 3 \square YES
 - ⁴ □ NO

IF RESPONDENT HAS ANOTHER CHILD, CONTINUE WITH A15. ELSE CONTINUE WITH SECTION B.

A.15. CHILD 2

What is this child's first name, initials, or nickname?

A.16. Is this child of Hispanic, Latino, or Spanish origin?

- 1 \square No, not of Hispanic, Latino, or Spanish origin
- ² 🗆 Yes, Mexican, Mexican American, Chicano
- ³ 🗌 Yes, Puerto Rican
- 4 🗆 Yes, Cuban

⁵ \Box Yes, another Hispanic, Latino, or Spanish origin, *please specify:*

A.17. What is this child's race? SELECT ONE OR MORE.

- 1 \Box WHITE
- ² BLACK OR AFRICAN AMERICAN
- ³ AMERICAN INDIAN OR ALASKA NATIVE, *PLEASE SPECIFY:*
- ⁴ ASIAN INDIAN
- ⁵ CHINESE
- ⁶ FILIPINO
- ⁷] JAPANESE
- ⁸ 🗆 KOREAN
- ⁹ □ VIETNAMESE
- A.18. What is this child's sex?
 - 1 \Box MALE
 - 2 \Box FEMALE
- A.19. How old is this child? If the child is less than one month old, round age in months to 1.

YEARS (OR) MONTHS

IF THIS CHILD IS YOUNGER THAN 4 YEARS OLD, GO TO A21.

A.20. PUERTO RICO: How well does this child speak Spanish?

ALL OTHER JURISDICTIONS: How well does this child speak English?

- ¹ \Box Very well
- 2 \Box Well
- ³ D Not well
- ⁴ 🗆 Not at all

- ¹⁰ OTHER ASIAN, *PLEASE* SPECIFY:
- 12 🗆 GUAMANIAN OR CHAMORRO
- ¹³ SAMOAN
- ¹⁴ OTHER PACIFIC ISLANDER, PLEASE SPECIFY:

A.21. Does this child <u>currently</u> need or use medicine prescribed by a doctor, other than vitamins?

r≠ E YES ² 🗆 NO [GO TO A22] **FF** YES] is this child's need for prescription medicine because of any medical, behavioral, or other health condition? 3 ⊟ YES ⁴ 🗆 NO [GO TO A22] [IF YES] is this a condition that has lasted or is expected to last 12 months or longer? ⁵ □ YES ⁶ □ NO A.22. Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age? rt ⊡ YES ² 🗆 NO [GO TO A23] *HF* YES] is this child's need for medical care, mental health, or educational services because of any medical, behavioral, or other health condition?

P² E YES 4 □ NO [GO TO A23]

[# YES] is this a condition that has lasted or is expected to last 12 months or longer?

- ⁵ 🗌 YES
- 6 🗆 NO
- A.23. Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

HFYES] is this child's limitation in abilities because of <u>any</u> medical, behavioral, or other health condition?



⁴ □ NO [GO TO A24]

[IF YES] is this a condition that has lasted or is expected to last 12 months or longer?

- ⁵ 🗆 YES
- ⁶ □ NO

- A.24. Does this child need or get special therapy, such as physical, occupational, or speech therapy?
- YES
 NO [GO TO A25]
 IF YES] is this because of any medical, behavioral, or other health condition?
 YES
 NO [GO TO A25]
 IF YES] is this a condition that has lasted or is expected to last 12 months or longer?
 S YES
 NO

 A.25. Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
 - ² 🗆 NO [GO TO A26]

HF YES] has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

- 3 🗆 YES
- 4 \square NO

IF RESPONDENT HAS ANOTHER CHILD, CONTINUE WITH A26. ELSE CONTINUE WITH SECTION B.

A.26. CHILD 3

What is this child's first name, initials, or nickname?

A.27. Is this child of Hispanic, Latino, or Spanish origin?

- 1 \Box No, not of Hispanic, Latino, or Spanish origin
- ² 🗆 Yes, Mexican, Mexican American, Chicano
- ³ 🗆 Yes, Puerto Rican
- 4 \Box Yes, Cuban

⁵ \Box Yes, another Hispanic, Latino, or Spanish origin, *please specify:*

A.28. What is this child's race? SELECT ONE OR MORE.

- ¹ U WHITE
- ² BLACK OR AFRICAN
- ALASKA NATIVE, PLEASE SPECIFY:
- ⁴ ASIAN INDIAN
- ⁵ CHINESE
- ⁶ FILIPINO
- ⁷] JAPANESE
- ⁸ 🗆 KOREAN
- ⁹ UVIETNAMESE
- - SPECIFY:

- 11 🗆 NATIVE HAWAIIAN
- ¹²

 GUAMANIAN OR CHAMORRO
- ¹³ SAMOAN
- ¹⁴ OTHER PACIFIC ISLANDER, PLEASE SPECIFY:

A.29. What is this child's sex?

- 1 \square MALE
- 2 \Box FEMALE
- A.30. How old is this child? If the child is less than one month old, round age in months to 1.



A.31. PUERTO RICO: How well does this child speak Spanish?

ALL OTHER JURISDICTIONS: How well does this child speak English?

- ¹ \Box Very well
- 2 \Box Well
- ³ \Box Not well
- 4 \Box Not at all
- A.32. Does this child <u>currently</u> need or use medicine prescribed by a doctor, other than vitamins?



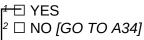
2 🗆 NO [GO TO A33]

HF YES] is this child's need for prescription medicine because of any medical, behavioral, or other health condition?



- [IF YES] is this a condition that has lasted or is expected to last 12 months or longer?

- ⁵ 🗆 YES
- 6 🗆 NO
- A.33. Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?



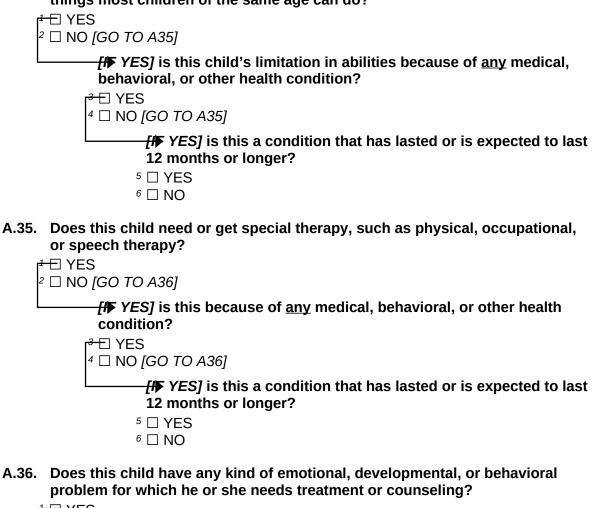
FF YES] is this child's need for medical care, mental health, or educational services because of any medical, behavioral, or other health condition?

rð 🗄 YES 4 🗆 NO [GO TO A34]

> -FIF YES] is this a condition that has lasted or is expected to last 12 months or longer?

- ⁵ 🗆 YES
- 6 🗆 NO

A.34. Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?



² 🗆 NO [GO TO A37]

H YES] has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

- ³ □ YES
- 4 \Box NO

IF RESPONDENT HAS ANOTHER CHILD, CONTINUE WITH A37. ELSE CONTINUE WITH SECTION B.

A.37. CHILD 4

What is this child's first name, initials, or nickname?

A.38. Is this child of Hispanic, Latino, or Spanish origin?

- 1 \Box No, not of Hispanic, Latino, or Spanish origin
- ² 🗆 Yes, Mexican, Mexican American, Chicano
- $^{\scriptscriptstyle 3}$ \Box Yes, Puerto Rican
- ⁴ 🗌 Yes, Cuban
- ⁵ \Box Yes, another Hispanic, Latino, or Spanish origin, *please specify:*

A.39. What is this child's race? SELECT ONE OR MORE.

- 1 \Box WHITE
- ² □ BLACK OR AFRICAN AMERICAN
- ³ AMERICAN INDIAN OR ALASKA NATIVE, *PLEASE* <u>SPECIFY:</u>
- ⁴ ASIAN INDIAN
- 5 \Box CHINESE
- ⁶

 FILIPINO
- ⁷ □ JAPANESE
- ⁸ 🗆 KOREAN
- ⁹ □ VIETNAMESE

A.40. What is this child's sex?

- ²
 □ FEMALE

- ¹⁰ OTHER ASIAN, *PLEASE* SPECIFY:
- ¹²

 GUAMANIAN OR CHAMORRO
- 13 \Box SAMOAN
- ¹⁴ OTHER PACIFIC ISLANDER, PLEASE SPECIFY:

A.41. How old is this child? If the child is less than one month old, round age in months to 1.

	YEARS (OR)		MONTH	IS		
	- (-)		_	-		
IF THIS	CHILD IS YOU	JNGER	THAN 4	YEARS	OLD, GO	TO A43

A.42. PUERTO RICO: How well does this child speak Spanish?

ALL OTHER JURISDICTIONS: How well does this child speak English?

- $^{\scriptscriptstyle 1}$ \Box Very well
- ² 🗆 Well
- ³ 🗆 Not well
- 4 \Box Not at all
- A.43. Does this child <u>currently</u> need or use medicine prescribed by a doctor, other than vitamins?
 - ⁺ ⊡ YES
 - ² 🗆 NO [GO TO A44]

[IF YES] is this child's need for prescription medicine because of <u>any</u> medical, behavioral, or other health condition?

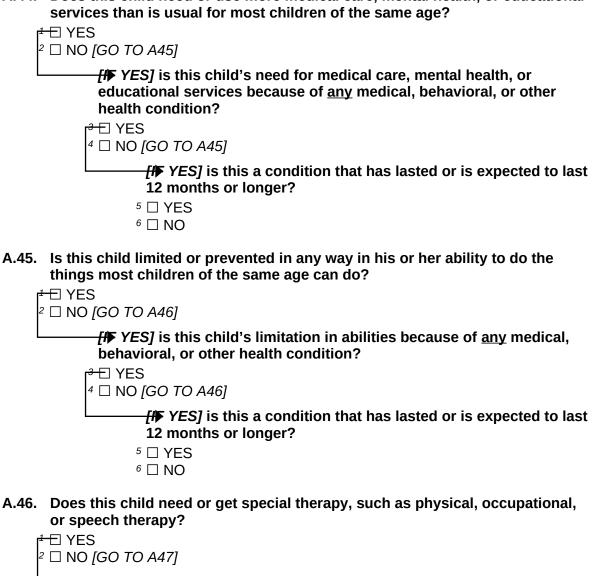
^₄ □ NO [GO TO A44]

[IF YES] is this a condition that has lasted or is expected to last 12 months or longer?

5 🗆 YES

⁶ □ NO

A.44. Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?



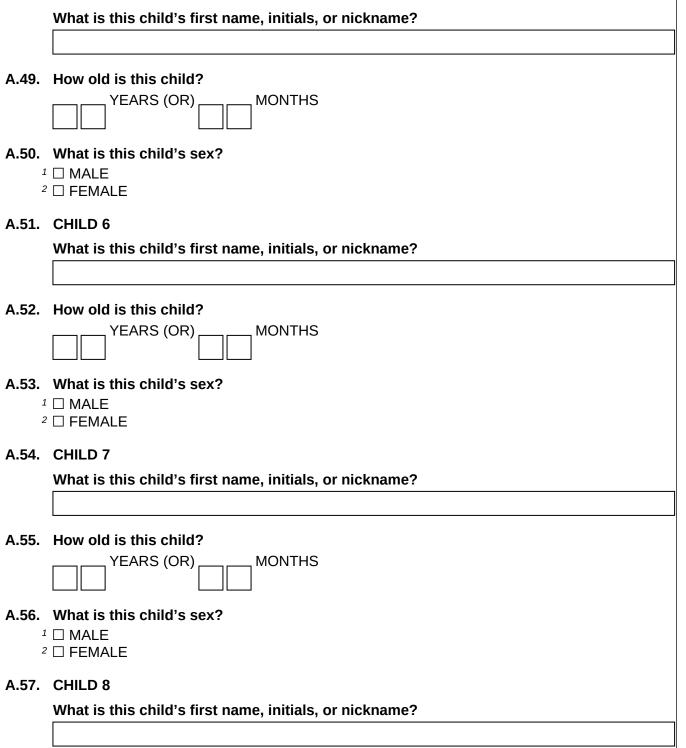
HF YES] is this because of any medical, behavioral, or other health condition?

- 3 FI YES
- ⁴ 🗆 NO [GO TO A47]
 - **THE** YES] is this a condition that has lasted or is expected to last 12 months or longer?
 - ⁵ 🗆 YES
 - ⁶ 🗆 NO
- A.47. Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
 - r⁺ ⊡ YES ² 🗆 NO *[*GO TO A48] **FIF** YES] has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer? 3 \square YES
 - ⁴ □ NO

IF THERE ARE NO OTHER CHILDREN, CONTINUE TO SECTION B.

IF THERE ARE MORE THAN FOUR CHILDREN 0-17 YEARS OLD WHO USUALLY LIVE OR STAY AT THIS ADDRESS, LIST THE AGE AND SEX FOR EACH. DO NOT REPEAT INFORMATION FOR CHILDREN ALREADY INCLUDED FOR CHILD 1 THROUGH CHILD 4.

A.48. CHILD 5



A.58. How old is this child?
A.59. What is this child's sex? ¹
A.60. CHILD 9 What is this child's first name, initials, or nickname?
A.61. How old is this child?
A.62. What is this child's sex? ¹
A.63. CHILD 10 What is this child's first name, initials, or nickname?
A.64. How old is this child?
A.65. What is this child's sex? ¹
Section B. This Child's Health
We now have some follow up questions to ask about [SPECIFY CHILD]. These questions

will collect more detailed information on various aspects of this child's health including his or her health status, visits to health care providers, health care costs, and health insurance coverage. We have selected only one child per household in an effort to minimize the amount of time necessary to complete the follow-up questions.

A.66. In general, how would you describe this child's health?

- ¹
 □ Excellent
- ² U Very Good
- ³ 🗌 Good
- 4 🗆 Fair
- 5 \Box Poor
- 77 🗆 DON'T KNOW
- 99 🗆 PREFER NOT TO ANSWER

A.67. How would you describe the condition of this child's teeth?

- ¹
 □ Excellent
- ² U Very Good
- ³ Good
- 4 🗆 Fair
- ⁵ 🗆 Poor
- $^{\rm 6}$ \Box CHILD DOES NOT HAVE TEETH
- 77 🗆 DON'T KNOW
- 99 🗆 PREFER NOT TO ANSWER

A.68. <u>During the past 12 months</u>, has this child had <u>frequent</u> or <u>chronic</u> difficulty with any of the following?

				DON'T	PREFER NOT TO
		YES	NO	KNOW	ANSWER
B3a.	Breathing or other respiratory problems (such as wheezing or shortness of breath)	1	2	77	⁹⁹ 🗌
B3b.	Eating or swallowing because of a health condition	1	2	77	99 🗌
B3c.	Digesting food, including stomach/intestinal problems, constipation, or diarrhea	1	2	77	⁹⁹
B3d.	Repeated or chronic physical pain, including headaches or other back or body pain	1	2	77	⁹⁹
B3e.	Using his or her hands	1	2	77	⁹⁹ 🗌
B3f.	Coordination or moving around		2	77	⁹⁹ 🗌
B3g.	Toothaches		2	77	99 🗌
B3h.	Bleeding gums	1	2	77	99 🗌
B3i.	Decayed teeth or cavities	$^{1}\square$	2	77	99 🗌
B3j.	Ear infections	1	2	77	99 🗌

A.69. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

Does this child have any of the following?

				DON'T	PREFER NOT TO
		YES	NO	KNOW	ANSWER
B4a.	Deafness or problems with hearing	1	2	77 🗌	99 🗌
B4b.	Blindness or problems with seeing, even when wearing glasses		2	77	99

		Ever?	Currently?	DON'T KNOW	PREFER NOT TO ANSWER
B5a.	Asthma	¹ □ YES ² □ NO		77	99 🗌
B5b.	Diabetes	1	1	77	99
		YES ² □ NO			
B5c.	Down Syndrome	¹ □ YES ² □ NO	¹ □ YES ² □ NO	77	99 🗌
B5d.	Frequent or Severe Headaches, including Migraine	¹ □ YES ² □ NO	¹ □ YES	77	99
B5e.	Brain Injury, Concussion or Head Injury	¹ YES ² NO	¹ □ YES	77	99 🗌
B5f.	Anxiety	¹ YES ² NO	¹ □ YES	77	99
B5g.	Depression	¹ □ YES ² □ NO	¹ □ YES ² □ NO	77	99 🗌
B5h.	Autism, ASD, Autism Spectrum Disorder (ASD), Asperger's Disorder, or Pervasive Developmental Disorder (PDD)	¹ □ YES ² □ NO	¹ □ YES ² □ NO	77	99
B5i.	Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder(ADHD)	¹ □ YES ² □ NO	¹ □ YES ² □ NO	77	99 🗌
B5j.	Developmental Delay	¹ □ YES ² □ NO	-	77	99
B5k.	Behavior or Conduct Problems	¹ □ YES ² □ NO	¹ □ YES ² □ NO	77	99
B5I.	Intellectual Disability (also known as mental retardation)	¹ □ YES ² □ NO	¹ □ YES ² □ NO	77	99
B5m.	Speech or Other Language Disorder	¹ □ YES ² □ NO	¹ □ YES ² □ NO	77	99
B5n.	Learning Disability	¹ □ YES ² □ NO	¹ □ YES ² □ NO	77	99 🗌
B5o.	Another Mental Health Condition	¹ □ YES ² □ NO	¹ □ YES ² □ NO	77	99

A.70. Has a doctor or other health care provider <u>ever</u> told you that this child has any of the following? If yes, does this child <u>currently</u> have the condition?

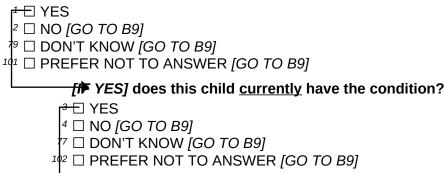
A.71. <u>During the past 12 months</u>, how often has this child's health conditions or problems affected his or her ability to do things other children his or her age do?

- ¹ THIS CHILD DOES NOT HAVE ANY HEALTH CONDITIONS [GO TO B8]
- ² □ Never [GO TO B8]
- ³ Sometimes
- ⁴ 🗆 Usually
- ⁵ 🗆 Always
- 77 DON'T KNOW
- ⁹⁹

 PREFER NOT TO ANSWER
- A.72. To what extent do this child's health conditions or problems affect his or her ability to do things?
 - ¹ U Very little
 - ² Somewhat
 - ³ \Box A great deal
 - 78 DON'T KNOW
 - 100
 PREFER NOT TO ANSWER

A.73. [ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD]

Has a doctor or other health care provider <u>ever</u> told you that this child has Substance Abuse Disorder? Substance Abuse Disorder occurs when the frequent or continued use of alcohol and/or drugs have caused health problems, disability, and failure to meet major responsibilities at work, school, or home.



*[f*IF YES] is it:

- ⁵ 🗌 Mild
- ⁶ 🗆 Moderate
- ⁷ Severe
- 78 DON'T KNOW
- ¹⁰³
 □ PREFER NOT TO ANSWER

A.74. [ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD]

Does this child have any of the following?

		YES	NO	DON'T KNOW	PREFER NOT TO ANSWEF
B9a.	Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition		2	77	99
B9b.	Serious difficulty walking or climbing stairs	1	2	77	⁹⁹ 🗌
B9c.	Difficulty dressing or bathing	1	2	77	⁹⁹ 🗌
B9d.	Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition		2	77	99
B9e.	Deafness or problems with hearing	1	2	77	⁹⁹ 🗌
B9f.	Blindness or problems with seeing, even when wearing glasses		2	77	⁹⁹ 🗌

A.75. Has a doctor or other health care provider ever told you that this child had...

	YES	NO	DON'T KNOW	NOT TO ANSWER
B10a. Rheumatic heart disease		2	77	99 🗌
B10b. Rheumatic fever	1	2	77	99 🗌
B10c. Impetigo (or other skin infections)		2	77	99
[IF YES TO RHEUMATIC HEART DISEASE OR FEVER] medication for this condition? The YES The NO The DON'T KNOW	Do they	/ take a	Iny	
⁹ 🗆 PREFER NOT TO ANSWER				
[IF YES] Do they take Oral medication (pills) or g 3	get a sh	not?		
 [IF #O] Why not? CHECK ALL THAT APPLY. Cannot afford the cost. No transportation. No transportation. No-one to take my child to hospital. Not important OTHER REASON, PLEASE SPECIFY 				

A.76. Has a doctor or other health care provider ever told you that this child had blood problems such as leukemia, anemia or sickle cell disease? Please do not include Sickle Cell Trait.

[READ IF NECESSARY]: Children with anemia have problems with their blood that can cause them to be very tired.

- 1 \Box YES
- ² 🗆 NO
- 79 🗆 DON'T KNOW

¹⁰¹
□ PREFER NOT TO ANSWER

Now I'm going to ask you a few questions about injury prevention for your child.

- **A.77.** Have you or any other adult in your child's life discussed avoidance of violence or <u>prevention of injury with your child</u>? For example, the dangers of playing on the road, climbing trees, and swimming in the ocean.
 - 1 \Box Yes, avoidance of violence
 - ² \Box Yes, prevention of injury
 - ³ 🗆 Both
 - 4 🗆 Neither
 - 77 DON'T KNOW
 - ⁹⁹

 PREFER NOT TO ANSWER

A.78. Do you accompany your child during outdoor activities like swimming or playing?

- 1 \Box YES
- ² 🗆 NO
- 78 🗆 DON'T KNOW
- ⁹⁹
 PREFER NOT TO ANSWER

A.79. [ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD]

When your child rides a bicycle, how often does he or she wear a helmet?

- 1 \Box My child does not ride a bicycle
- ² \Box Never wears a helmet
- ³ \Box Rarely wears a helmet
- ⁴ \Box Sometimes wears a helmet
- ⁵ \Box Most of the time wears a helmet
- ⁶ \Box Always wears a helmet
- ⁷⁹ DON'T KNOW
- 100
 PREFER NOT TO ANSWER

A.80. [ONLY ASK THIS QUESTION IF CHILD IS 0-11 YEARS OLD]

How often does your child ride in a child safety seat or booster seat?

¹ 🗆 Always

- ² 🗆 Nearly always
- ³ Sometimes
- ⁴ 🗆 Seldom
- ⁵ □ Never [IF CHILD 0-5 YEARS OLD, GO TO B17; IF CHILD 6-11 YEARS OLD, GO TO C1]
- ⁶ □ MY CHILD DOES NOT RIDE IN CARS [IF CHILD 0-5 YEARS OLD, GO TO B17; IF CHILD 6-11 YEARS OLD, GO TO C1]
- ⁸⁰ DON'T KNOW
- ¹⁰¹
 □ PREFER NOT TO ANSWER

A.81. [ONLY ASK THIS QUESTION IF CHILD IS 0-11 YEARS OLD]

Where is your child's safety seat located in your car?

- 1 \square Front passenger
- ² \square Behind passenger
- 3 \Box Behind driver
- 4 \square Middle of the back seat
- ⁸¹ DON'T KNOW
- ¹⁰² DREFER NOT TO ANSWER

A.82. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

Are your child's immunizations up to date?

- 1 \Box YES
- ² 🗆 NO
- 82 DON'T KNOW
- ¹⁰³

 PREFER NOT TO ANSWER

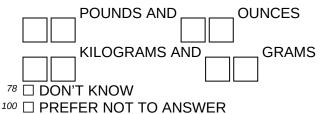
Section C. This Child as an Infant

A.83. Was this child born more than 3 weeks before his or her due date?

- 1 \Box YES
- ² 🗆 NO
- 77 DON'T KNOW

99 🗆 PREFER NOT TO ANSWER

A.84. How much did he or she weigh when born? Answer in pounds and ounces or kilograms and grams. Provide your best estimate. [IF NEEDED, READ: YOUR BEST GUESS IS FINE. IT DOES NOT HAVE TO BE EXACT].



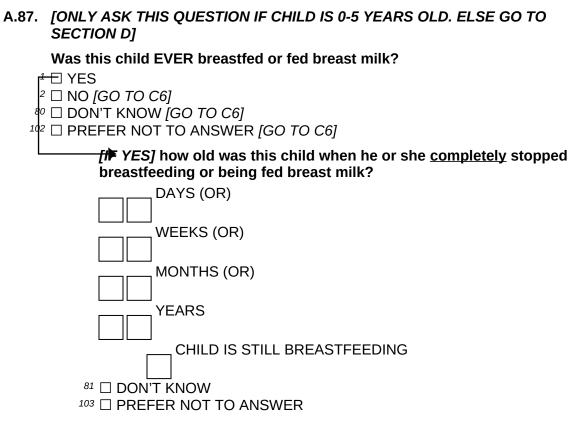
A.85. How old were you when this child was born?



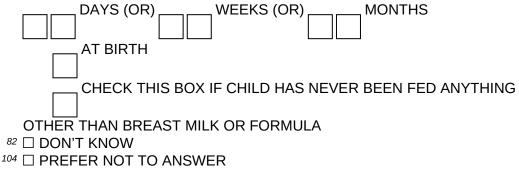
A.86. [ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD]

In which position do you most often lay this baby down to sleep now?

- $^{\scriptscriptstyle 1}$ \square On his or her side
- 2 \Box On his or her back
- ${}^{\scriptscriptstyle 3}$ \Box On his or her stomach
- 79 🗆 DON'T KNOW
- 101
 □ PREFER NOT TO ANSWER



A.88. How old was this child when he or she was <u>first</u> fed anything other than breast milk or formula? Include juice, cow's milk, sugar water, baby food or cereal, or anything else that your child might have been given, even water.



Section D. Health Care Services

A.89. <u>During the past 12 months</u>, did this 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?

r⁺ ⊡ YES

² 🗆 NO [GO TO D2]

⁷ 🗆 DON'T KNOW [GO TO D2]

 $P \square PREFER NOT TO ANSWER [GO TO D2]$

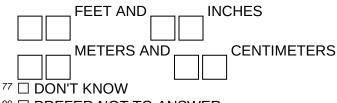
[IF YES] During the past 12 months, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.

- ³ 🗆 0 VISITS
- ⁴ 🗆 1 VISIT
- ⁵ 2 OR MORE VISITS
- 78 🗆 DON'T KNOW
- 100
 □ PREFER NOT TO ANSWER

A.90. Are you concerned about this child's weight?

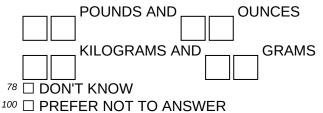
- ¹ \Box Yes, it's too high
- 2 \Box Yes, it's too low
- 3 \Box No, I am not concerned
- 79 🗆 DON'T KNOW
- 101
 □ PREFER NOT TO ANSWER

A.91. What is this child's <u>current</u> height (or length)? Please provide your best estimate. [IF NEEDED, READ]: YOUR BEST GUESS IS FINE. IT DOES NOT HAVE TO BE EXACT].



99 🗆 PREFER NOT TO ANSWER

A.92. How much does this child <u>currently</u> weigh? Please provide your best estimate. [IF NEEDED, READ: YOUR BEST GUESS IS FINE. IT DOES NOT HAVE TO BE EXACT].



A.93. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

<u>During the past 12 months</u>, did this child's doctors or other health care providers ask if you have concerns about this child's learning, development, or behavior?

- 1 \Box YES
- ² 🗌 NO
- 79 🛛 DON'T KNOW
- ¹⁰¹
 □ PREFER NOT TO ANSWER

A.94. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

[IF THIS CHILD IS YOUNGER THAN 9 MONTHS, GO TO D7]

<u>During the past 12 months</u>, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have about this child's development, communication, or social behaviors? Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.

TE YES

² □ NO [GO TO D7]
 ⁷ □ DON'T KNOW [GO TO D7]
 ¹^Q □ PREFER NOT TO ANSWER [GO TO D7]

[I] THIS CHILD IS 9-23 MONTHS]

Did the questionnaire ask about your concerns or observations about: CHECK ALL THAT APPLY

³ \Box How this child talks or makes speech sounds?

⁴ \Box How this child interacts with you and others?

78 🗆 DON'T KNOW

¹⁰³ DREFER NOT TO ANSWER

[IF THIS CHILD IS 2-5 YEARS]

Did the questionnaire ask about your concerns or observations about: CHECK ALL THAT APPLY.

 5 \Box Words and phrases this child uses and understands?

 $^{\circ}$ \Box How this child behaves and gets along with you and others?

⁷⁹ DON'T KNOW

¹⁰⁴
□ PREFER NOT TO ANSWER

A.95.	Is there a place that this child <u>usually</u> goes when he or she is sick or you or
	another caregiver needs advice about his or her health?

- ± ⊡ YES
- ² 🗆 NO [GO TO D8]
- 7 □ DON'T KNOW
- 1^{45} \Box PREFER NOT TO ANSWER

[IF YES] where does this child <u>usually</u> go?

- ³ \Box Private doctor's office
- ⁴
 Hospital Emergency Room
- ⁵ 🗆 Hospital Outpatient Department
- ⁶ Community health clinic, community clinic, or public health clinic
- ⁷ School (Nurse's Office, Athletic Trainer's Office)
- ⁸ UVillage Dispensary
- ⁹ Some other place, *PLEASE SPECIFY*



106 PREFER NOT TO ANSWER

- A.96. Is there a place that this child <u>usually</u> goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?
 - HE YES

¹⁴⁷ □ PREFER NOT TO ANSWER

IF YES] is this the same place this child goes when he or she is sick? ³ □ YES

4 □ NO

A.97. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

During the past 12 months, did this child use any of the following types of health care or services? Check all that apply. Alternative health care can include acupuncture, chiropractic care, relaxation therapies, traditional herbal medicine, and others. Some therapies involve seeing a health care provider, while others can be done on your own.

1 🗆 Medical Care

- ² Vision Care
- ³ 🗆 Hearing Care
- 4 Dental or Oral Care
- ⁵ D Mental Health Services
- ⁶ Alternative Health Care or Treatment

77 DON'T KNOW [GO TO D10]				
¹⁰⁸	ve his o	r her		
 vision tested? Check all that apply. ¹ Eye doctor or eye specialist (ophthalmologist, optometr ⁵ Pediatrician or other private doctor's office ⁸ Community health clinic, community clinic, or public health clinic, community clinic, or public health clinic ⁹ School ² Another place, <i>PLEASE SPECIFY</i> 				
 A.98. During the past 12 months, was there any time when this chicare but it was not received or not available? By health care, medical care as well as other kinds of care like dental care, we mental health services. ⁺ YES ² ONO [GO TO D15] ⁷ ODN'T KNOW [GO TO D15] 	we mea	n		
¹⁰⁹ \square PREFER NOT TO ANSWER [GO TO D15]				
[IF YES] which types of care were not received or not available? Character ³ Medical Care ⁶ Dental or Oral Care ¹⁰ Vision Care ¹¹ Hearing Care ¹² Mental Health Services ⁴ Another type, <i>PLEASE SPECIFY</i>			-	
A.99. Which of the following contributed to this child not receiving services:	needed	health	Ì	
			DON'T	PREFER NOT TO ANSWER
	YES	NO	KNOW	ANSWEIN
D11a. This child was not eligible for the services?	YES 1 □	2	77	⁹⁹
D11a. This child was not eligible for the services? D11b. The services this child needed were not available in your area?				
D11b. The services this child needed were not available in		2	77	99
D11b. The services this child needed were not available in your area?D11c. There were problems getting an appointment when		² □ ² □	⁷⁷ □	99 🗌 99 🔲
 D11b. The services this child needed were not available in your area? D11c. There were problems getting an appointment when this child needed one? D11d. There were problems with getting transportation or 		2 2 2 2 2 2	77 77 77 77 77 77 77 77 77	99 99 99 99 99 99
 D11b. The services this child needed were not available in your area? D11c. There were problems getting an appointment when this child needed one? D11d. There were problems with getting transportation or child care? D11e. The (clinic/doctor's) office wasn't open when this 		2 2 2 2 2	77 77 77 77	99 99 99 99 99

- ² 🗌 1 VISIT
- $^{\scriptscriptstyle 3}$ \Box 2 OR MORE VISITS
- 77 🗆 DON'T KNOW
- $^{\texttt{110}}$ \Box PREFER NOT TO ANSWER

Section E. Experience with This Child's Health Care Providers

- A.101. Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.
 - 1 \square YES, ONE PERSON
 - ² \Box YES, MORE THAN ONE PERSON
 - 3 🗆 NO

A.102. <u>During the past 12 months</u>, did this child need a referral to see any doctors or receive any services?

- rt TES
- ² 🗆 NO [GO TO E3]
- 7 🗆 DON'T KNOW

IPREFER NOT TO ANSWER

[I] YES] how much of a problem was it to get referrals?

- ³ 🗌 Not a problem
- ⁴ Small problem
- ⁵ \square Big problem

A.103. [ANSWER THE FOLLOWING QUESTIONS ONLY IF THIS CHILD HAD A HEALTH CARE VISIT IN THE PAST 12 MONTHS. OTHERWISE, GO TO E4.]

<u>During the past 12 months</u>, how often did this child's doctors or other health care providers:

		Always	Usually	Sometimes	Never	DON'T KNOW	NOT TO ANSWER
E3a.	Spend enough time with this child?	1	2	3	4	77	99 🗌
E3b.	Listen carefully to you?	1	2	3	4	77	⁹⁹ 🗌
E3c.	Show sensitivity to your family's values and customs?	1	2	3	4	77	99 🗌
E3d.	Provide the specific information you needed concerning this child?		2	3	4	77	99
E3e.	Help you feel like a partner in this child's care?	1	2	3	4	77	99 🗌

DDEFED

A.104. Does anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses?

 1 \Box YES

² 🗆 NO

³ DID NOT SEE MORE THAN ONE HEALTH CARE PROVIDER IN PAST 12 MONTHS [GO TO E7] A.105. <u>During the past 12 months</u>, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?

r[±] ⊟ YES

² 🗆 NO [GO TO E6]

[IF YES] During the past 12 months, how often did you get as much help as you wanted with arranging or coordinating this child's health care?

- ³ Usually
- ⁴ 🗆 Sometimes
- ⁵ 🗆 Never

A.106. Overall, how satisfied are you with the communication among this child's doctors and other health care providers?

- ¹ U Very satisfied
- ² Somewhat satisfied
- 3 \Box Somewhat dissatisfied
- ⁴ \Box Very dissatisfied
- 78 🗆 DON'T KNOW
- 100
 PREFER NOT TO ANSWER

A.107. [ONLY ASK THIS QUESTION IF CHILD IS 12-17 YEARS OLD]

Do any of this child's doctors or other health care providers treat only children?

[≁] E YES

- ² 🗆 NO [GO TO E8]
- ₱ □ DON'T KNOW
- 1^{1} \square PREFER NOT TO ANSWER

TF YES] have they talked with you about having this child eventually see doctors or other health care providers who treat adults?

- ³ 🗆 YES
- ⁴ □ NO
- ⁸⁰ DON'T KNOW
- ¹⁰²
 □ PREFER NOT TO ANSWER

A.108. [ONLY ASK THIS QUESTION IF CHILD IS 12-17 YEARS OLD]

Has this child's doctor or other health care provider actively worked with this child to:

		YES	NO	DON'T KNOW	PREFER NOT TO ANSWER
E8a.	Think about and plan for his or her future. For example, by taking time to discuss future plans about education, work, relationships, and development of independent living skills?	1	2	77	99
E8b.	Make positive choices about his or her health. For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?	1	2	77	99
E8c.	Gain skills to manage his or her health and health care. For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need?	1	2	77	99
E8d.	Understand the changes in health care that happen at age 18. For example, by understanding changes in privacy, consent, access to information, or decision- making?	1	2	77	99

A.109. [ONLY ASK THIS QUESTION IF CHILD IS 12-17 YEARS OLD]

Have this child's doctors or other health care providers worked with you and this child to create a written plan to meet his or her health goals and needs?

- f E YES
- ² 🗆 NO [GO TO E10]
- I □ DON'T KNOW

¹⁴ □ PREFER NOT TO ANSWER

[IF YES] does this plan identify specific health goals for this child and any health needs or problems this child may have and how to get these needs met?

- ³ 🗆 YES
- ⁴ □ NO
- 82 🗆 DON'T KNOW
- ¹⁰⁴
 □ PREFER NOT TO ANSWER

Did you and this child receive a written copy of this plan of care?

- ⁵ 🗆 YES
- ⁶ □ NO
- 83 🗆 DON'T KNOW
- ¹⁰⁵
 PREFER NOT TO ANSWER

Is this plan currently up-to-date for this child?

- 7 🗆 YES
- 8 🗆 NO
- ⁸⁴ DON'T KNOW
- ¹⁰⁶
 PREFER NOT TO ANSWER

	know	ility for health insurance often changes in young adulthood. Do you how this child will be insured as he or she becomes an adult? S [GO TO F]		
-		[IP NO] has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult?		
		type of health insurance coverage as this child becomes an addit? $^3 \square$ YES		
		⁴ □ NO		
		Section F. This Child's Health Insurance Coverage		
A.111	insura	<u>g the past 12 months,</u> was this child <u>ever</u> covered by <u>any</u> kind of heal ance or health coverage plan? <i>This includes medical savings accoun</i> emental health, and government funded or subsidized insurance ams.		
1		s, this child was covered all 12 months or, if under 1 year old, since birth [G	Ю	
2		s, but this child had a gap in coverage		
3	🗆 No			
A.112		e indicate whether each of the following is a reason this child was no ed by health insurance <u>during the past 12 months</u> :	t	
			YES	NO
	F2a.	Change in employer or employment status		2
	F2b.	Cancellation from inability to pay insurance fee	1	2
	F2c.	Dropped coverage because it was unaffordable	1	2
	F2d.	Dropped coverage because benefits were inadequate	1	2
	F2e.	Dropped coverage because choice of health care providers was inadequate	1	2
	F2f.	Problems with application or renewal process	1	2
	F2g.	Another reason, please specify	1	2
1 2 77	cover C YES NO C DO	s child <u>currently</u> covered by <u>any</u> kind of health insurance or health age plan? G [GO TO SECTION G] N'T KNOW [GO TO SECTION G] EFER NOT TO ANSWER [GO TO SECTION G]		
A.114	health	s child covered by any of the following types of health insurance or n coverage plans? [Interviewer Note: Only read jurisdiction-specific ance types for your jurisdiction].	VES	NO
	F4a.	Private health insurance	YES 1 □	2 □
	F4a. F4b.	Insurance through your (or your spouse's) current or former		2
	140.	employer or union		

		YES	NO
F4c.	Medicaid, Medical Assistance, or any kind of government assistance plan	1	2
	(includes Guam Medical Indigent Program, Palau National Health Insurance Program, and Puerto Rico Government Health Plan)		
F4d.	Other government funded or subsidized insurance (includes Micronesia MiCare or Chuuk State, Marshall Islands Public Insurance, and Marshall Islands Supplemental Health Fund)		2
F4e.	Medical savings account	1	2
F4f.	CHIP (Children's Health Insurance Program)	1	2
F4g.	TRICARE or other military health care	1 🗆	2 🗆
F4h.	Indian Health Service	1 🗆	2 🗆
F4i.	Another type, please specify	1 🗆	2 🗆

A.115. How often does this child's health insurance offer benefits or cover services that meet this child's needs? *Examples include dental or vision services, prescription medications, emergency room visits, maternity services, mental health services, and yearly check-ups or screenings?*

- ¹ 🗆 Always
- 2 \Box Usually
- 3 \Box Sometimes
- ⁴ 🗆 Never
- 78 🗆 DON'T KNOW
- 100
 PREFER NOT TO ANSWER

A.116. How often does this child's health insurance allow him or her to see the health care providers he or she needs?

- ¹ 🗆 Always
- ² Usually
- ³ Sometimes
- ⁴ 🗆 Never
- 79 DON'T KNOW
- ¹⁰¹
 □ PREFER NOT TO ANSWER

Section G. Providing for This Child's Health

A.117. Including co-pays and amounts from medical savings accounts, how much money did you pay for this child's medical, health, dental, and vision care <u>during the past 12 months</u>? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

¹ S0 (NO MEDICAL OR HEALTH-RELATED EXPENSES) [GO TO G4]

- ² 🗆 \$1-\$249
- ₃ 🗆 \$250-\$499
- ₄ 🗆 \$500-\$999
- ⁵ 🗆 \$1,000-\$5,000
- ⁶ ORE THAN \$5,000
- 77 🗆 DON'T KNOW
- ⁹⁹
 PREFER NOT TO ANSWER

A.118. How often are these costs reasonable?

- ¹
 Always
- ² Usually
- ³ Sometimes
- ⁴ 🗆 Never
- 78 DON'T KNOW
- 100
 PREFER NOT TO ANSWER

A.119. <u>During the past 12 months</u>, did your family have problems paying for any of this child's medical or health care bills?

- [⊥] □ YES
- ² 🗆 NO
- 79 🗆 DON'T KNOW
- 101
 PREFER NOT TO ANSWER

A.120. <u>During the past 12 months</u>, have you or other family members:

		YES	NO	DON'T KNOW	NOT TO ANSWER
G4a.	Stopped working because of this child's health or health conditions?	1	2	77	⁹⁹ 🗌
G4b.	Cut down on the hours you work because of this child's health or health conditions?	1	2	77	⁹⁹ 🗌
G4c.	Avoided changing jobs because of concerns about maintaining health insurance for this child?		2	77	⁹⁹ 🗌
G4d.	Received help from extended family members?	1	2	77	99 🗌

DDECED

A.121. <u>In an average week</u>, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed.

- ² INO AT HOME CARE WAS PROVIDED BY ME OR OTHER FAMILY MEMBERS
- ³ 🗆 LESS THAN 1 HOUR PER WEEK
- 4 \Box 1-4 HOURS PER WEEK
- ⁵ 🗆 5-10 HOURS PER WEEK
- $^{\rm 6}$ \Box 11 OR MORE HOURS PER WEEK
- 80 🗆 DON'T KNOW
- ¹⁰²
 □ PREFER NOT TO ANSWER
- A.122. In an average week, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?
 - $^{\scriptscriptstyle 1}$ \Box THIS CHILD DOES NOT NEED HEALTH CARE PROVIDED ON A WEEKLY BASIS
 - ² INO AT HOME CARE WAS PROVIDED BY ME OR OTHER FAMILY MEMBERS
 - ³

 LESS THAN 1 HOUR PER WEEK
 - 4 \Box 1-4 HOURS PER WEEK
 - ⁵ 🗆 5-10 HOURS PER WEEK
 - 6 \Box 11 OR MORE HOURS PER WEEK
 - ⁸¹ DON'T KNOW
 - ¹⁰³
 PREFER NOT TO ANSWER

Section H. This Child's Learning

- A.123. <u>On an average weekday</u>, about how much time does this child usually spend in front of a TV watching TV programs, videos, or playing video games?
 - 1 \Box NONE
 - ² 🗆 LESS THAN 1 HOUR
 - ³ 🗆 1 HOUR
 - ⁴ 🗆 2 HOURS
 - ⁵ 🗆 3 HOURS
 - ⁶ 4 OR MORE HOURS
 - 77 DON'T KNOW
 - ¹⁰⁴
 □ PREFER NOT TO ANSWER
- A.124. <u>On an average weekday</u>, about how much time does this child usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork?
 - 1 \Box NONE
 - ² 🗆 LESS THAN 1 HOUR
 - ³ 🗌 1 HOUR
 - ⁴ 🗆 2 HOURS
 - ⁵ 🗆 3 HOURS
 - ⁶ 4 OR MORE HOURS
 - 78 🗆 DON'T KNOW
 - ⁹⁹ □ PREFER NOT TO ANSWER

A.125. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

How well is this child learning to do things for him or herself?

- ¹
 Very well
- ² Somewhat
- ³ 🗌 Poorly
- ⁴ 🗆 Not at all
- 79 DON'T KNOW
- 100
 PREFER NOT TO ANSWER

A.126. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

How confident are you that this child will be successful in elementary or primary school?

- ¹ \Box Very confident
- ² 🗆 Mostly confident
- ³ Somewhat confident
- 4 \Box Not confident at all
- 80 🗆 DON'T KNOW
- ¹⁰¹
 □ PREFER NOT TO ANSWER

A.127. [ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD]

<u>During the past 12 months</u>, about how many days did this child miss school because of illness or injury?

 1 \square NO MISSED SCHOOL DAYS

- ² 🗆 1-3 DAYS
- ³ 🗆 4-6 DAYS
- ^₄ □ 7-10 DAYS
- ⁵ 🗆 11 OR MORE DAYS
- ⁸¹ DON'T KNOW
- ¹⁰²
 □ PREFER NOT TO ANSWER

A.128. [ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD]

<u>During the past 12 months</u>, how many times has this child's school contacted you or another adult in your household about any problems he or she is having with school?

- ¹ I NO TIMES
- ² 🗆 1 TIME
- ³ 2 OR MORE TIMES
- 82 🗆 DON'T KNOW
- ¹⁰³
 PREFER NOT TO ANSWER

A.129. [ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD]

Since starting kindergarten, has this child repeated any grades?

- 1 \Box YES
- ² 🗆 NO
- 83 🗆 DON'T KNOW
- ¹⁰⁴

 PREFER NOT TO ANSWER

A.130. [ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD]

<u>During the past week</u>, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes?

- 1 🗆 0 DAYS
- ² 🗆 1-3 DAYS
- ³ 🗌 4-6 DAYS
- ⁴ 🗆 EVERY DAY
- ⁸⁴ DON'T KNOW
- ¹⁰⁵
 PREFER NOT TO ANSWER

Section I. About You and This Child

A.131. How many times has this child moved to a new address or location since he or she was born?

____ NUMBER OF TIMES

⁹⁹

PREFER NOT TO ANSWER

A.132. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

<u>During the past week</u>, how many days did you or other family members read to this child?

- ¹ 🗆 0 DAYS
- ² 🗆 1-3 DAYS
- ³ 🗌 4-6 DAYS
- ⁴

 EVERY DAY
- 78 🗆 DON'T KNOW
- ¹⁰⁰
 □ PREFER NOT TO ANSWER

A.133. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

<u>During the past week</u>, how many days did you or other family members tell stories or sing songs to this child?

- 1 \Box 0 DAYS
- ² 🗆 1-3 DAYS
- ³ 🗌 4-6 DAYS
- ⁴ 🗆 EVERY DAY
- 79 🗆 DON'T KNOW
- ¹⁰¹
 □ PREFER NOT TO ANSWER

A.134. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]

Does this child receive care for at least 10 hours per week from someone other than his or her parent or guardian? This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.

- 1 \Box YES
- ² 🗆 NO
- 80 DON'T KNOW
- 102
 PREFER NOT TO ANSWER

Section J. About Your Family and Household

A.135. Does anyone living in your household use cigarettes, e-cigarettes or vapors, cigars, pipe tobacco, chewing tobacco, or chew betel nut? [READ IF NECESSARY:] Please answer to the best of your ability. Betel nut is the seed of the fruit of the areca palm. It is also known as areca nut. Betel nut chewing is an important cultural practice in some regions in south and south-east Asia and the Asia Pacific. It is often chewed wrapped inside betel leaves (paan) or with tobacco (betel quid).

- 1 \Box YES
- ² 🗆 NO [GO TO J3]
- 77 🗆 DON'T KNOW [GO TO J3]
- ⁹⁹
 PREFER NOT TO ANSWER [GO TO J3]

A.136. Does anyone smoke inside your home?

- 1 \Box YES
- ² 🗆 NO
- 78 DON'T KNOW
- 100
 PREFER NOT TO ANSWER

- **A.137. Has your child ever chewed betel nut?** [READ IF NECESSARY: Betel nut is the seed of the fruit of the areca palm. It is also known as areca nut. Betel nut chewing is an important cultural practice in some regions in south and south-east Asia and the Asia Pacific. It is often chewed wrapped inside betel leaves (paan) or with tobacco (betel quid)].
 - $^{\scriptscriptstyle 1}$ \Box YES
 - ² 🗌 NO
 - 79 🗆 DON'T KNOW

101 🗆 PREFER NOT TO ANSWER

A.138. Are you aware of the effects of chewing betel nut?

- 1 \Box YES
- ² 🗆 NO
- 80 🗆 DON'T KNOW
- 102
 □ PREFER NOT TO ANSWER

The next three questions are about money.

- A.139. <u>Since this child was born</u>, how often has it been very hard to get by on your family's income hard to cover the basics like food or housing?
 - ¹ 🗆 Never
 - ²

 Rarely
 - ³ Somewhat often
 - ⁴ 🗆 Very often

 - ¹⁰³

 PREFER NOT TO ANSWER

A.140. 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 PAST 12 MONTHS?

- 1 \Box We could always afford to eat good nutritious meals.
- 2 \Box We could always afford enough to eat but not always the kinds of food we should eat.
- ³ \Box Sometimes we could not afford enough to eat.
- ⁴ \Box Often we could not afford enough to eat.
- 82 🗆 DON'T KNOW
- ¹⁰⁴

 PREFER NOT TO ANSWER

A.141. At any time <u>during the past 12 months</u>, even for one month, did anyone in your family receive:

		YES	NO	DON'T KNOW	PREFER NOT TO ANSWEF
J7a.	Cash assistance from a government welfare program?	$^{1}\square$	2	77	99 🗌
J7b.	[Programming note: For Puerto Rico show "Nutrition Assistance Program (NAP) (known as PAN)"] Food Stamps or Supplemental Nutrition Assistance Program benefits (SNAP)?		2	77	99
J7c.	Free or reduced-cost breakfasts or lunches at school?	1	2	77	99 🗌
J7d.	[Programming note: Do not show for RMI, Palau, FSM, Puerto Rico] Benefits from the Woman, Infants, and Children (WIC) Program?	1	2	77	99

Section K. About You

COMPLETE THE QUESTIONS FOR EACH OF THE TWO ADULTS IN THE HOUSEHOLD WHO ARE THIS CHILD'S PRIMARY CAREGIVERS. IF THERE IS JUST ONE ADULT, PROVIDE ANSWERS FOR THAT ADULT.

A.142. ADULT 1

How are you related to this child?

- 1 \Box BIOLOGICAL
- ² ADOPTIVE PARENT
- ³ STEP-PARENT
- ⁴ GRANDPARENT
- ⁵ □ FOSTER PARENT
- ⁶

 AUNT OR UNCLE
- ⁷ OTHER: RELATIVE
- ⁸ OTHER: NON-RELATIVE

A.143. What is your sex?

- 1 \Box MALE
- 2 \Box FEMALE

A.144. What is your age?



AGE IN YEARS

A.145. What is the highest grade or year of school you have completed? MARK ONE ONLY.

- ¹ 🗆 8TH GRADE OR LESS
- ² I 9TH-12TH GRADE; NO DIPLOMA
- ³ HIGH SCHOOL GRADUATE OR GED COMPLETED
- ⁴ COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
- ⁵ SOME COLLEGE CREDIT, BUT NO DEGREE
- ⁶ ASSOCIATE DEGREE (AA, AS)
- ⁷ BACHELOR'S DEGREE (BA, BS, AB)
- ⁸ MASTER'S DEGREE (MA, MS, MSW, MBA)
- ⁹ DOCTORATE (PHD, EDD) OR PROFESSIONAL DEGREE (MD, DDS, DVM, JD)

A.146. What is your marital status?

- ² NEVER MARRIED
- ³ DIVORCED
- ⁴ □ SEPARATED
- ⁵ UWDOWED
- ⁹⁹ D PREFER NOT TO ANSWER [GO TO K7]

A.147. Do you currently live with a romantic partner?

- 1 \Box YES
- ² 🗌 NO
- ¹⁰⁰
 PREFER NOT TO ANSWER

A.148. In general, how is your physical health?

- ¹
 Excellent
- ² U Very Good
- ³ Good
- 4 🗆 Fair
- ⁵ 🗆 Poor
- 77 DON'T KNOW
- 101
 PREFER NOT TO ANSWER

A.149. In general, how is your mental or emotional health?

- ¹

 Excellent
- ² U Very Good
- ³ Good
- 4 🗆 Fair
- ⁵ 🗆 Poor
- 78 🗆 DON'T KNOW
- 102
 □ PREFER NOT TO ANSWER

A.150. Were you employed at least 50 out of the past 52 weeks?

- ² 🗆 NO
- 79 DON'T KNOW
- 103
 PREFER NOT TO ANSWER

A.151. Is there another adult in this household who is this child's caregiver or guardian?

- 1 \Box YES
- ² \Box NO [GO TO SECTION L]
- ¹⁰⁴
 PREFER NOT TO ANSWER [GO TO SECTION L]

This other caregiver or guardian will now be referred to as Adult 2.

A.152. How is Adult 2 related to this child?

- ¹ BIOLOGICAL OR
- ² ADOPTIVE PARENT
- ³ STEP-PARENT
- ⁴ GRANDPARENT
- 5 \Box FOSTER PARENT
- ⁶

 AUNT OR UNCLE
- ⁷ OTHER: RELATIVE
- ⁸ OTHER: NON-RELATIVE

A.153. What is Adult 2's sex?

- 2 \Box FEMALE

A.154. What is Adult 2's age?

____AGE IN YEARS

A.155. What is the highest grade or year of school Adult 2 has completed? *MARK ONE ONLY.*

- ¹ 🗆 8TH GRADE OR LESS
- ² 🗆 9TH-12TH GRADE; NO DIPLOMA
- ³
 HIGH SCHOOL GRADUATE OR GED COMPLETED
- ⁴ COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
- ⁵ SOME COLLEGE CREDIT, BUT NO DEGREE
- ⁶ ASSOCIATE DEGREE (AA, AS)
- ⁷ BACHELOR'S DEGREE (BA, BS, AB)
- ⁸
 MASTER'S DEGREE (MA, MS, MSW, MBA)
- ⁹ DOCTORATE (PHD, EDD) OR PROFESSIONAL DEGREE (MD, DDS, DVM, JD)

A.156. What is Adult 2's marital status?

- ¹
 MARRIED [GO TO K17]
- ³ DIVORCED
- ⁴ □ SEPARATED
- ⁵ U WIDOWED
- ¹⁰⁵
 □ PREFER NOT TO ANSWER

A.157. Does Adult 2 currently live with a romantic partner?

- 1 \Box YES
- ² 🗆 NO
- 80 DON'T KNOW
- 106
 PREFER NOT TO ANSWER

A.158. In general, how is Adult 2's physical health?

- ¹
 □ Excellent
- ² U Very Good
- ³ 🗌 Good
- ⁴ 🗆 Fair
- 5 \Box Poor
- 81 🗆 DON'T KNOW
- 107
 PREFER NOT TO ANSWER

A.159. In general, how is Adult 2's mental or emotional health?

- ¹
 □ Excellent
- ² U Very Good
- ³ 🗆 Good
- ⁴ 🗆 Fair
- ⁵ 🗌 Poor
- 82 🛛 DON'T KNOW
- ¹⁰⁸

 PREFER NOT TO ANSWER

A.160. Was Adult 2 employed at least 50 out of the past 52 weeks?

- 1 \Box YES
- ² 🗆 NO
- ⁸³ DON'T KNOW
- ¹⁰⁹

 PREFER NOT TO ANSWER

Section L. Your Health

A.161. A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?

- ¹ U Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
- ² Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
- ³ U Within the past 5 years (2 YEARS BUT LESS THAN 5 YEARS AGO)
- 4 \Box 5 or more years ago
- 5 \Box Never
- 84 🗆 DON'T KNOW
- ⁶ □ PREFER NOT TO ANSWER

A.162. <u>During the past 12 months</u>, have you received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

- $^{\scriptscriptstyle 1}$ \Box Yes
- 2 \Box No, but I needed to see a mental health professional
- ³ O No, I did not need to see a mental health professional [GO TO L4]
- ⁸⁵ DON'T KNOW [GO TO L4]
- ⁴ □ PREFER NOT TO ANSWER [GO TO L4]

A.163. How much of a problem was it to get the mental health treatment or counseling that you needed?

- ¹ \Box Not a problem
- ² \Box Small problem
- ³ Big problem

A.164. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

- 1 \Box YES
- ² 🗆 NO
- 86 🗆 DON'T KNOW
- ³
 □ PREFER NOT TO ANSWER

A.165. Who makes the healthcare decisions for your health?

- ¹ □ You
- ² □ Your spouse
- ³ □ You and your spouse/partner together
- ⁴ \Box Your parents
- ⁵
 Someone else, PLEASE SPECIFY

87

⁶ PREFER NOT TO ANSWER

A.166. Who makes the healthcare decisions for your child(ren)?

- ¹ □ You
- ² 🗌 Your spouse
- 3 \Box You and your spouse/partner together
- 4 \Box Your parents
- ⁵ ANOTHER PERSON, *PLEASE SPECIFY*

88 ⁶ PREFER NOT TO ANSWER

The next questions ask about smoking, drinking, and drug use. Please remember that all information you share is confidential. Only members of the research team will have access to this information. Please answer to the best of your ability.

A.167. During the past 30 days, on how many days did you smoke cigarettes?

- ¹ D DAYS
- ² 🗆 1 OR 2 DAYS
- ³ 🗆 3 TO 5 DAYS
- ^₄ □ 6 TO 9 DAYS
- ⁵ 🗆 10 TO 19 DAYS
- 6 🗆 20 TO 29 DAYS
- 7 🗆 ALL 30 DAYS
- ⁸⁹ DON'T KNOW
- ⁸
 □ PREFER NOT TO ANSWER

A.168. Do you drink alcohol, including drinks you brew or make at home?

- $^{\scriptscriptstyle 1}$ \Box YES
- ² □ NO
- 90 DON'T KNOW
- ³
 □ PREFER NOT TO ANSWER

A.169. During your life, have you ever used any of the following: [READ IF

NECESSARY]: Betel nut is the seed of the fruit of the areca palm. It is also known as areca nut. Betel nut chewing is an important cultural practice in some regions in south and south-east Asia and the Asia Pacific. It is often chewed wrapped inside betel leaves (paan) or with tobacco (betel quid). Funta, or fronto, is a dark tobacco leaf that can be used for smoking]

				DON'T	NOT TO
		YES	NO	KNOW	ANSWER
L9a.	Betel nut	1	2	77	99 🗌
L9b.	Vape or e-cigarette	1	2	77	99 🗌
L9c.	Funta	¹ 🗌	2	77	99 🗌
L9d.	Marijuana (also called grass, pot, weed, or reefer)	1	2	77	99 🗌
L9e.	Cocaine, including powder, crack, or freebase	¹ 🗌	2	77	99 🗌
L9f.	Heroin (also called smack, junk, or China White)	¹ 🗌	2	77	99 🗌
L9g.	Methamphetamines (also called speed, crystal, crank, or ice)	1	2	77	99 🗌
L9h.	Ecstasy (also called MDMA)	¹ 🗌	2	77	99 🗌
L9i.	Synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)	¹	2	77	⁹⁹ 🗌
L9j.	Steroid pills or shots without a doctor's prescription	1	2	77	99 🗌
L9k.	Prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet)	1	2	77	99

PREFER

[IF RESPONDENT CHEWED BETEL NUT, CONTINUE TO L10. ELSE IF RESPONDENT USED ANY OTHER SUBSTANCE IN L9 GO TO L11. ELSE IF NO SUBSTANCES USED, GO TO L12.]

A.170. During the past 30 days, on how many days did you chew betel nut?

¹ 0 DAYS
² 1 OR 2 DAYS
³ 3 TO 5 DAYS
⁴ 6 TO 9 DAYS
⁵ 10 TO 19 DAYS
⁶ 20 TO 29 DAYS
⁷ ALL 30 DAYS
⁹¹ DON'T KNOW
⁸ PREFER NOT TO ANSWER

A.171. Have you been referred to, or did you receive, any form of intervention/counseling/treatment for substance use issues?

- 1 \Box YES
- ² 🗆 NO
- 92 🗆 DON'T KNOW
- ³
 PREFER NOT TO ANSWER

A.172. Has your doctor or health care professional told you that you had type 1 or type 2 diabetes?

- 1 \Box TYPE 1 DIABETES
- ²
 □ TYPE 2 DIABETES
- ³ INEITHER [GO TO L14]
- ⁹³ DON'T KNOW [GO TO L14]
- ⁴ □ PREFER NOT TO ANSWER [GO TO L14]

A.173. Are you taking medication for this?

- 1 \Box Insulin
- ² 🗆 Pills
- 3 \Box Insulin and Pills
- 4 \square I do not take medication
- 94 🗆 DON'T KNOW
- ⁵
 □ PREFER NOT TO ANSWER

A.174. Has a doctor or other health care provider EVER told you that you have any of the following conditions...?

	YES	NO	DON'T KNOW	PREFER NOT TO ANSWER
L14a. Rheumatic heart disease	1	2	77	99 🗌
L14b. Rheumatic fever	1	2	77	⁹⁹ 🗌
L14c. Cervical cancer	1	2	77	⁹⁹ 🗌
L14d. Anemia	1	2	77	99 🗌

A.175. How do you describe your weight?

- ¹ Ury underweight
- ² Slightly underweight
- ³ \Box About the right weight
- ⁴
 Slightly overweight
- 5 \Box Very overweight

A.176. Which of the following are you trying to do about your weight?

- ¹
 Lose weight
- ² \Box Gain weight
- ³ \Box Stay the same weight
- ⁴ I AM NOT TRYING TO DO ANYTHING ABOUT MY WEIGHT
- A.177. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.
 - 1 🗆 0 DAYS
 - ² 🗌 1 DAY
 - ³ 🗆 2 DAYS
 - 4 🗆 3 DAYS
 - ⁵ 🗌 4 DAYS
 - 6 🗆 5 DAYS
 - 7 🗆 6 DAYS
 - 8 🗆 7 DAYS
 - 95 🗌 DON'T KNOW
 - ⁹
 □ PREFER NOT TO ANSWER

A.178. Are you currently pregnant?

- 13 🗌 Yes
- 14 🗆 No [GO TO M1]
- 77 DON'T KNOW
- 99
 PREFER NOT TO ANSWER]

IF RESPONDENT IS NOT PREGNANT AND/OR HAS INFANT 12-MONTHS OR YOUNGER, GO TO M1.

These next questions are about Zika virus. Zika virus infection is an illness that is most often spread by the bite of a mosquito but may also be spread by having sex with a man who has the Zika virus.

A.179. During your most recent pregnancy, how worried were you about getting infected with Zika virus? Check ONE answer.

- ¹ U Very worried
- ² Somewhat worried
- ³ D Not at all worried
- ⁴ I HAD NEVER HEARD OF ZIKA VIRUS DURING MY MOST RECENT PREGNANCY
- 96 🗆 DON'T KNOW
- ⁵
 □ PREFER NOT TO ANSWER

A.180. At any time during your most recent pregnancy, did you talk with a doctor, nurse, or other healthcare worker about Zika virus?

- [⊥] □ No
- 2 \Box Yes, a healthcare worker talked with me without my asking about it
- ³ \Box Yes, a healthcare worker talked with me, but only after I asked about it
- 97 🗆 DON'T KNOW
- ⁴
 □ PREFER NOT TO ANSWER

A.181. During your most recent pregnancy, did you get a blood test for Zika virus?

- 1 \Box YES
- ² 🗆 NO [GO TO L23]
- 98 🗆 DON'T KNOW
- ³
 □ PREFER NOT TO ANSWER

A.182. Were you diagnosed with Zika during your most recent pregnancy?

- -1 □ YES
- ² 🗆 NO [GO TO M1]

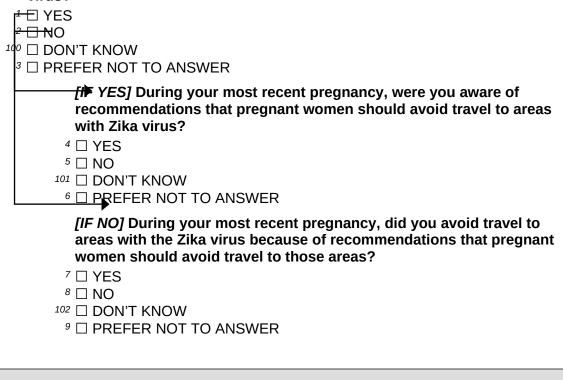
³ PREFER NOT TO ANSWER [GO TO M1]

[F YES] which child were you carrying?

IF PUERTO RICO, GO TO SECTION M

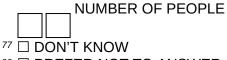
The next questions are about travel during your most recent pregnancy.

A.183. During your most recent pregnancy, did you travel to areas with the Zika virus?



Section M. Household Information

A.184. How many people are living or staying at this address? Include everyone who usually lives or stays at this address. Do <u>not</u> 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.



99 🗆 PREFER NOT TO ANSWER

A.185. How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.



100
PREFER NOT TO ANSWER

A.186. The following information is for data analysis purposes only so that MCH can better assess services received and potential health care needs among different income groups. Only members of the research team will have access to this information. Your best guess is fine. It does not have to be exact. Think about your total combined family income for the year for all members of the family. What is that amount before taxes? 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.



79 🗆 DON'T KNOW

⁸⁰

PREFER NOT TO ANSWER

A.187. How about if I give you some categories? Would you say your household's income was...

- ¹ 🗆 Less than \$10,000
- ² 🗆 \$10,000 to less than \$15,000
- ³ 🗆 \$15,000 to less than \$20,000
- ⁴ 🗆 \$20,000 to less than \$25,000
- ⁵ 🗆 \$25,000 to less than \$35,000
- ⁶ 🗆 \$35,000 to less than \$50,000
- ⁷ 🗆 \$50,000 to less than \$75,000
- ⁸ 🗆 \$75,000 or more
- 77 DON'T KNOW
- ⁷⁸ PREFER NOT TO ANSWER

Section N. American Samoa Jurisdiction Specific Module

I will start by asking a few questions about your health.

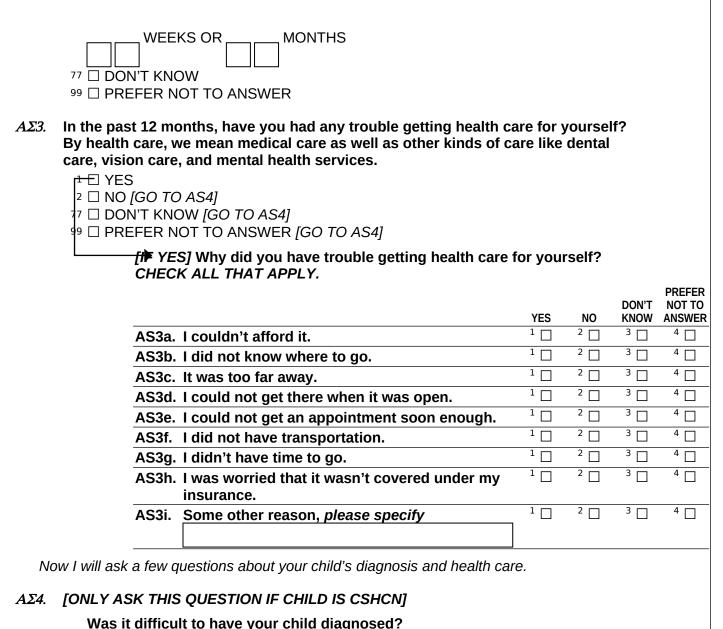
A Σ 1. [ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]

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.

- 15 🗌 YES
- ¹⁶ 🗆 NO [GO TO AS3]
- 78 DON'T KNOW [GO TO AS3]
- 99 D PREFER NOT TO ANSWER [GO TO AS3]

AS2. [ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]

How many weeks or months pregnant were you when you had your first visit for prenatal care?



⁺ \square YES ² \square NO ⁷ \square DON'T KNOW ⁹ \square PREFER NOT TO ANSWER [IF YES] please specify:

$A\Sigma 5.$ [ONLY ASK THIS QUESTION IF CHILD IS 12-17 YEARS OLD]

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

Has your child ever been bullied on school property?

- $1 \square YES$
- 2 🗆 NO
- 77 DON'T KNOW
- 99 🗆 PREFER NOT TO ANSWER

AΣ6. [ONLY ASK THIS QUESTION IF CHILD IS 12-17 YEARS OLD]

Has your child ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- 1 \square YES
- 2 🗆 NO
- 77 🗌 DON'T KNOW
- 99 🗆 PREFER NOT TO ANSWER

[IF CHILD HAD EAR INFECTION IN PAST 12 MONTHS:]

AST. Was your child recommended to have drainage tubes inserted in his or her ears?

<u>ד</u>∃ YES

<u>² ⊟ N</u>O

7 🗆 DON'T KNOW

🤋 🗆 PREFER NOT TO ANSWER

[IF YES] Were the tubes inserted?

- 3 🗆 YES
- 4 🗆 NO

77 DON'T KNOW

99 🗆 PREFER NOT TO ANSWER

[IF NO] why were the tubes not inserted? CHECK ALL THAT APPLY.

			DON'T	REFUSED TO
	YES	NO	KNOW	ANSWER
AS7a. I was scared something might go wrong	1	2	77	99 🗆
AS7b. I didn't have enough money	1	2	77	99
AS7c. I didn't have any transportation to get to the clinic or doctor's office	1	2	77	99
AS7d. I had too many other things going on		2	77	99 🗌
AS7e. I couldn't take time off from work or school		2	77	99
AS7f. I didn't have anyone to take care of my children		2	77	99
AS7g. Other reason, <i>please specify</i>	1	2	77	99

Thank you for your participation.

On behalf of the U.S. Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about this child, you, and your family.

Your answers are important to us and will help researchers, policymakers, and family advocates to better understand the health and health care needs of children in our diverse population.