

# Maternal and Child Health (MCH) Jurisdictional Survey Instrument for the Title V MCH Block Grant Program

## Attachment B: Summary of Added/Revised and Deleted Survey Questions

1. [Added/Revised Items](#)
2. [Deleted Items](#)

Added/Revised Questions		
Jurisdiction	Question Text	Summary
Federated States of Micronesia and CNMI	<p><b>What is the primary language spoken in the household?</b></p> <p><input type="checkbox"/> ENGLISH</p> <p><input type="checkbox"/> SPANISH</p> <p><i>[DISPLAY OPTIONS 3-6 FOR FSM ONLY]</i></p> <p><input type="checkbox"/> CHUUKESE</p> <p><input type="checkbox"/> KOSRAEN</p> <p><input type="checkbox"/> POHNPEIAN</p> <p><input type="checkbox"/> YAPESE</p> <p><i>[DISPLAY OPTIONS 7-9 FOR CNMI ONLY]</i></p> <p><input type="checkbox"/> CHAMORRO</p> <p><input type="checkbox"/> REFALUWASCH</p> <p><input type="checkbox"/> TAGALOG</p> <p><input type="checkbox"/> ANOTHER LANGUAGE, PLEASE SPECIFY:</p> <div style="border: 1px solid black; height: 20px; width: 280px; margin-left: 20px;"></div>	<p>Revised: Response options 3-6 were added in Section A of the Screener for Federated States of Micronesia only and response option 7-9 were added in Section A of the Screener for CNMI only. These options provide additional detail requested by the MCH Block Grant jurisdiction leadership.</p>
All	<p>What is this child’s race and/or ethnicity? SELECT ALL THAT APPLY</p> <p>Is this child...</p> <p>Hispanic or Latino?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>[IF YES] Please describe this child’s Hispanic or Latino background. Is this child...?</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Salvadoran</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Dominican</p> <p><input type="checkbox"/> Guatemalan</p> <p><input type="checkbox"/> Other Hispanic or Latino. Please specify this child’s other Hispanic or Latino background. For example, Colombian, Honduran, Spaniard, etc. _____</p> <p>Native Hawaiian or Pacific Islander?</p> <p><input type="checkbox"/> Yes</p>	<p>Revised: This question was updated in Section A of the Screener for every jurisdiction. The question was updated to reflect the most up to date standards in race and ethnicity questions. This information is collected for the first four children identified in the screener.</p> <p>See: Office of Management and Budget, “Revisions to OMB’s Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity,” Federal Register 89, no. 61 (March 29, 2024): 22182-22190, <a href="https://www.federalregister.gov/do">https://www.federalregister.gov/do</a></p>

	<p><input type="checkbox"/> No</p> <p>[IF YES] Please describe this child's Native Hawaiian or Pacific Islander background. Is this child...?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native Hawaiian</li> <li><input type="checkbox"/> Tongan</li> <li><input type="checkbox"/> Samoan</li> <li><input type="checkbox"/> Fijian</li> </ul> <p><input type="checkbox"/> Guamanian</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chamorro</li> <li><input type="checkbox"/> Marshallese</li> <li><input type="checkbox"/> [DO NOT DISPLAY IN NP] Saipanese</li> <li><input type="checkbox"/> Mortlockese</li> <li><input type="checkbox"/> Kosraen</li> <li><input type="checkbox"/> Carolinian</li> <li><input type="checkbox"/> Palauan</li> <li><input type="checkbox"/> Pohnpeian</li> <li><input type="checkbox"/> Yapese</li> <li><input type="checkbox"/> Chuukese</li> <li><input type="checkbox"/> Other Native Hawaiian or Pacific Islander background. Please describe this child's other Native Hawaiian or Pacific Islander background. For example, Tahitian, etc.</li> </ul> <p>_____</p> <p>American Indian or Alaska Native?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p>[IF YES] Please describe this child's American Indian or Alaska Native background. For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc. _____</p> <p>Asian?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<p><a href="https://www.fda.gov/oc/foia/cuments/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and/">cuments/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and/.</a></p>
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[IF YES] Please describe this child's Asian background. Is this child...?

- Chinese
  - Asian Indian
  - Filipino
  - Vietnamese
  - Korean
  - Japanese
  - Other Asian. Please specify this child's other Asian background. For example, Pakistani, Hmong, Aghan, etc.
- 

Black or African American?

- Yes
- No

[IF YES] Please describe this child's Black or African American background. Is this child...?

- African American
  - Jamaican
  - Haitian
  - Nigerian
  - Ethiopian
  - Somali
  - Other Black or African American. Please specify this child's other Black or African American background. For example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.
- 

Middle Eastern or North African?

- Yes
- No

[IF YES] Please describe this child's Middle Eastern or North African background. Is this child...?

- Lebanese
- Iranian
- Egyptian

	<p> <input type="checkbox"/> Syrian  <input type="checkbox"/> Iraqi  <input type="checkbox"/> Israeli  <input type="checkbox"/> Other Middle Eastern or North African. Please specify this child's Middle Eastern or North African background. For example, Moroccan, Yemeni, Kurdish, etc. _____ </p> <p> White?  <input type="checkbox"/> Yes  <input type="checkbox"/> No </p> <p> [IF YES] Please describe this child's White background. Is this child...?  <input type="checkbox"/> English  <input type="checkbox"/> German  <input type="checkbox"/> Irish  <input type="checkbox"/> Italian  <input type="checkbox"/> Polish  <input type="checkbox"/> Scottish  <input type="checkbox"/> Other White. Please describe this child's other White background. For example, French, Swedish, Norwegian, etc. </p>	
All	<p>[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD. ELSE GO TO SECTION D]</p> <p>How old was this child when they were FIRST fed formula?</p> <p> ___ DAYS (OR)  ___ WEEKS (OR)  ___ MONTHS (OR)  <input type="checkbox"/> AT BIRTH  <input type="checkbox"/> CHILD HAS NEVER BEEN FED FORMULA  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER </p>	<p>Added: This question was added to 'Section C. This Child as an Infant' of the Core Questionnaire for every jurisdiction in order to provide data around when a child was first fed formula.</p>
All	<p><u>During the past 12 months</u>, did you, another caregiver, or a health care provider need to make any decisions regarding this child's health care, such as whether to get prescriptions, referrals, or procedures?</p> <p><input type="checkbox"/> Yes</p>	<p>Added: This question was added to 'Section E. Experience with This Child's Health Care Providers' of the Core Questionnaire for every jurisdiction to better understand</p>

	<input type="checkbox"/> No <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	PREFER NOT TO ANSWER	shared decision making.
All	<i>[IF YES] During the past 12 months, how often did this child's doctors or other health care providers...</i> Always    Usually    Sometimes    Never		
H5a. is this child affectionate with you?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PREFER NOT TO ANSWER	
H5b. does this child bounce back quickly when things do not go their own way?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PREFER NOT TO ANSWER	
H5c. does this child show interest and curiosity in learning new things?	E3a. discuss with you the range of options to consider for their health care or treatment? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
H5d. does this child smile and laugh?	E3b. make it easy for you to raise concerns or disagree with recommendations for this child's health care? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	E3c. work with you to decide which health care and treatment choices would be best for this child? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Added: This question was added to 'Section E. Experience with This Child's Health Care Providers' of the Core Questionnaire for every jurisdiction to better understand shared decision making.
All	<i>[ONLY ASK THIS QUESTION IF CHILD IS 6 MONTHS-5 YEARS OLD]</i> How often...		Added: This question was added to 'Section H. This Child's Learning' of the Core Questionnaire for every jurisdiction to provide data around well-being.

All	<p style="text-align: center;"> <input type="checkbox"/> Always    <input type="checkbox"/> Usually    <input type="checkbox"/> Sometime    <input type="checkbox"/> Never  DON'T KNOW    PREFER NOT TO ANSWER </p>	<p>[ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD] How often does this child...</p>	
H7a. show interest and curiosity in learning new things?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Added: This question was added to 'Section H. This Child's Learning' of the Core Questionnaire for every jurisdiction to provide data around well-being.
H7b. work to finish tasks they start?	<p>[ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD] Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who they can rely on for advice or guidance?</p> <input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER		Added: This question was added to 'Section I. About You and This Child' of the Core Questionnaire for every jurisdiction to collect data on whether the surveyed child has an adult mentor.
H7c. stay calm and in control when faced with a challenge?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER		
H7d. care about doing well in school?	<p>The next few questions are about housing.    <input type="checkbox"/></p> <p>During the past 12 months, was there a time when you were not able to pay the mortgage or rent on time?</p> <input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO		Added: This question was added to 'Section J. About Your Family and Household' of the Core Questionnaire for every jurisdiction to collect data around housing instability.
H7e. do all required homework?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO		
H7f. argue too much?	<input type="checkbox"/> DON'T KNOW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PREFER NOT TO ANSWER		
All	<p>During the past 12 months, how many times has this child moved to a new address?</p> <p style="text-align: center;"><input type="checkbox"/> _____ NUMBER OF TIMES</p> <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER		Added: This question was added to 'Section J. About Your Family and Household' of the Core Questionnaire for every jurisdiction to collect data around housing instability.
All	<p>Since this child was born, have they ever been homeless or lived in a shelter? This can include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no</p>		Added: This question was added to 'Section J. About Your Family and Household' of the Core

	steady place to sleep at night. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER					Questionnaire for every jurisdiction to collect data around housing instability.	
All		YES	NO	DON'T KNOW	PREFER NOT TO ANSWER	Many people experience stressful life events. These things can happen in any family, but some people may feel uncomfortable with these questions. The next questions are about events that may have happened during <u>this child's life</u> . As a reminder, your responses are confidential, and you may skip any questions you do not want to answer.  To the best of your knowledge, has this child EVER experienced any of the following?	Added: This question was added to 'Section J. About Your Family and Household' of the Core Questionnaire for every jurisdiction to collect data on adverse childhood experiences.
J11a. Parent or guardian divorced or separated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
J11b. Parent or guardian died?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
J11c. Parent or guardian served time in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
J11d. Saw or heard parents or adults slap, hit, kick, punch one another in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
J11e. Was a victim of violence or witnessed violence in their neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
J11f. Lived with anyone who was mentally ill, suicidal, or severely depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
J11g. Lived with anyone who had a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
J11h. Treated or judged unfairly because of their race or ethnic group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
J11i. Treated or judged unfairly because of their	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Sexual orientation or gender identity?	[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]						
Ever treated or judged unfairly because of a health condition or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Since your new baby was born, have you had a postpartum health checkup? A postpartum checkup is a regular health checkup you		



<p>Micronesia, Guam, RMI, Palau, Puerto Rico, and USVI</p>	<p><i>have up to 12 weeks after giving birth.</i></p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO <i>[GO TO AS8]</i></p> <p><input type="checkbox"/> DON'T KNOW <i>[GO TO AS8]</i></p> <p><input type="checkbox"/> PREFER NOT TO ANSWER <i>[GO TO AS8]</i></p>	<p>Specific Module', 'Section MI. Marshall Islands Jurisdiction Specific Module', 'Section PA. Palau Jurisdiction Specific Module', 'Section PR. Puerto Rico Jurisdiction Specific Module', and 'Section VI. USVI Jurisdiction Specific Module' to provide data the postpartum visit. This question was revised in 'Section GM. Guam Jurisdiction Specific Module'. This information is collected in the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire. To avoid duplicate data collection, this question is only asked in jurisdictions that do not currently have access to this data from PRAMS.</p>															
<p>American Samoa, Federated States of Micronesia, Guam, RMI, Palau, and USVI</p>	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]</i></p> <p><i>[IF YES]</i> During your postpartum checkup, did a healthcare provider talk to you about...?</p> <table border="1" data-bbox="331 1062 1146 1393"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>KNOW</th> <th>PREFER DON'T NOT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td>AS5a. healthy eating, exercise, and losing weight gained during pregnancy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>AS5b. how long to wait before getting pregnant again?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	KNOW	PREFER DON'T NOT TO ANSWER	AS5a. healthy eating, exercise, and losing weight gained during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AS5b. how long to wait before getting pregnant again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Added: This question was added to 'Section AS. American Samoa Jurisdiction Specific Module', 'Section FM. FSM Jurisdiction Specific Module', 'Section GM. Guam Jurisdiction Specific Module', 'Section MI. Marshall Islands Jurisdiction Specific Module', 'Section PA. Palau Jurisdiction Specific Module', and 'Section VI. USVI Jurisdiction Specific Module' to provide data the postpartum visit. This information is collected in the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire. To avoid duplicate data collection, this question is only asked in jurisdiction that do</p>
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	<p>AS5c. birth control methods? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>AS5d. warning signs of medical problems you might be at risk for due to your pregnancy? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>AS5e. regularly checking your blood pressure? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>AS5f. what to do if you feel depressed or anxious? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	not currently have access to this data from PRAMS.
American Samoa, Federated States of Micronesia, Guam, RMI, Palau, and USVI	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]</i></p> <p><i>[IF YES]</i> During your postpartum checkup, did a healthcare provider ask you...?</p> <p style="text-align: center;">YES      NO      DON'T KNOW      PREFER NOT TO ANSWER</p> <hr/> <p>AS6a. if you were smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>AS6b. if someone was hurting you emotionally or physically <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	Added: This question was added to 'Section AS. American Samoa Jurisdiction Specific Module', 'Section FM. FSM Jurisdiction Specific Module', 'Section GM. Guam Jurisdiction Specific Module', 'Section MI. Marshall Islands Jurisdiction Specific Module', 'Section PA. Palau Jurisdiction Specific Module', and 'Section VI. USVI Jurisdiction Specific Module' to provide data the postpartum visit. This information is collected in the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire. To avoid duplicate data collection, this question is only asked in jurisdiction that do not currently have access to this data from PRAMS.
American Samoa,	<i>[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]</i>	Added: This question was added to 'Section AS. American Samoa

<p>Federated States of Micronesia, Guam, RMI, Palau, and USVI</p>	<p><i>[IF YES]</i> During your postpartum checkup, did a healthcare provider...?</p> <table border="1" data-bbox="331 235 1333 462"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> <th>PREFER NOT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td>AS7a. test you for diabetes?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>AS7b. prescribe you medication for depression or anxiety?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	PREFER NOT TO ANSWER	AS7a. test you for diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AS7b. prescribe you medication for depression or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Jurisdiction Specific Module', 'Section FM. FSM Jurisdiction Specific Module', 'Section GM. Guam Jurisdiction Specific Module', 'Section MI. Marshall Islands Jurisdiction Specific Module', 'Section PA. Palau Jurisdiction Specific Module', and 'Section VI. USVI Jurisdiction Specific Module to provide data the postpartum visit. This information is collected in the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire. To avoid duplicate data collection, this question is only asked in jurisdiction that do not currently have access to this data from PRAMS.</p>
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<p>American Samoa</p>	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 3-14 YEARS OLD]</i></p> <p><u>During the past 12 months</u>, did this child have a vision screening?</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>	<p>Added: This question was added to 'Section AS. American Samoa Jurisdiction Specific Module' to collect data on vision screening.</p>															
<p>American Samoa, Federated States of Micronesia, Guam, RMI, Palau, and USVI</p>	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD]</i></p> <p>When your child was 0-12 months old, how did you most often lay them down to sleep?</p> <p><input type="checkbox"/> On his or her side  <input type="checkbox"/> On his or her back  <input type="checkbox"/> On his or her stomach  <input type="checkbox"/> DON'T KNOW  PREFER NOT TO ANSWER</p>	<p>Added: This question was added to 'Section AS. American Samoa Jurisdiction Specific Module', 'Section FM. FSM Jurisdiction Specific Module', Section GM. Guam Jurisdiction Specific Module', 'Section MI. Marshall Islands Jurisdiction Specific Module', 'Section PA. Palau Jurisdiction</p>															

		Specific Module’, and ‘Section VI. USVI Jurisdiction Specific Module’ to better understand sleep position. To avoid duplicate data collection, this question is only asked in jurisdiction that do not currently have access to PRAMS data.																														
Guam	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEARS OLD AND IF BIOLOGICAL MOTHER]</i></p> <p>For the next set of questions, please select the answer that comes closest to how you have felt since your most recent pregnancy. Since your new baby was born, how often have you...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Always</th> <th style="width: 10%; text-align: center;">Often</th> <th style="width: 10%; text-align: center;">Sometimes</th> <th style="width: 10%; text-align: center;">Rarely</th> <th style="width: 10%; text-align: center;">Never</th> </tr> </thead> <tbody> <tr> <td>GM5a. felt down, depressed, or hopeless?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>GM5b. had little interest or little pleasure in doing things?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>GM5c. felt nervous, anxious, or on edge?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>GM5d. not been able to stop or control worrying?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Always	Often	Sometimes	Rarely	Never	GM5a. felt down, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GM5b. had little interest or little pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GM5c. felt nervous, anxious, or on edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GM5d. not been able to stop or control worrying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revised: This question was revised in ‘Section GM. Guam Jurisdiction Specific Module’. There are less response options, and the wording was updated.
	Always	Often	Sometimes	Rarely	Never																											
GM5a. felt down, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
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GM5c. felt nervous, anxious, or on edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
GM5d. not been able to stop or control worrying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
Guam	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]</i></p> <p><i>[IF POSTPARTUM CHECKUP=NO, DK, PNA]</i> Did any of these things keep you from having a checkup after your most recent pregnancy?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">PREFER DON'T KNOW</th> <th style="width: 10%; text-align: center;">PREFER NOT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	PREFER DON'T KNOW	PREFER NOT TO ANSWER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revised: This question was revised in ‘Section GM. Guam Jurisdiction Specific Module’. The logic of the question was revised so only respondents who said NO, DK, or PNA to POSTPARTUM CHECKUP answered this question.																				
	YES	NO	PREFER DON'T KNOW	PREFER NOT TO ANSWER																												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												

	<p>GM6a. I didn't have health insurance to cover the cost of the visit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>GM6b. I felt fine and did not think I needed to have a visit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>GM6c. I couldn't get an appointment when I wanted one <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>GM6d. I didn't have any transportation to get to the clinic or doctor's office <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>GM6e. I had too many things going on <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>GM6f. I couldn't take time off from work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>GM6g. Something else, please specify <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <div style="border: 1px solid black; height: 20px; width: 300px; margin-top: 5px;"></div>																																				
CNMI	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</i></p> <p>Does your child engage in any of the following water activities:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">Don't Know/ Unsure</th> <th style="width: 10%;">Prefer Not to Answer</th> </tr> </thead> <tbody> <tr> <td>MP7a. Go to the beach</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MP7b. Go to a water park, water slide, or other water attraction</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MP7c. Swim in a home pool</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MP7d. Go fishing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MP7e. Go boating, sailing, water skiing/jet skiing, or surfing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MP7f. Go snorkeling or scuba diving</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	Don't Know/ Unsure	Prefer Not to Answer	MP7a. Go to the beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MP7b. Go to a water park, water slide, or other water attraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MP7c. Swim in a home pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MP7d. Go fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MP7e. Go boating, sailing, water skiing/jet skiing, or surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MP7f. Go snorkeling or scuba diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Revised: This question was revised in 'Section MP. CNMI Jurisdiction Specific Module'. The question still asks about swim safety but has updated response options.</p>
	YES	NO	Don't Know/ Unsure	Prefer Not to Answer																																	
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<p>CNMI</p>	<p><i>The next few questions are about your child's sleeping and eating habits.</i>  <b>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</b>  DURING THE PAST WEEK, how many times did this child drink sugary drinks such as soda, fruit drinks, sports drinks, or sweet tea? <i>Do not include 100% fruit juice.</i></p> <p>____ Number of times  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>	<p>Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>
<p>CNMI</p>	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</b>  DURING THE PAST WEEK, how many times did this child eat vegetables? <i>Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.</i></p> <p>____ Number of times  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>	<p>Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>
<p>CNMI</p>	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</b>  DURING THE PAST WEEK, how many times did this child eat fruit? <i>Include any that were fresh, frozen, canned, or dried. Do not include juice.</i></p> <p>____ Number of times  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>	<p>Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>
<p>CNMI</p>	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</b>  DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?</p> <p>____ Number of hours  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>	<p>Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>

<p>CNMI</p>	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</i>  ON MOST WEEKDAYS, how much time does this child spend playing outdoors? <i>Include time spent playing in your yard or neighborhood, outside at school or child care, in a park, playground or other outdoor recreation area. Your best estimate is fine.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 1 hour</li> <li><input type="checkbox"/> 1 hour</li> <li><input type="checkbox"/> 2 hours</li> <li><input type="checkbox"/> 3 hours</li> <li><input type="checkbox"/> 4 or more hours</li> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul>	<p>Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>
<p>CNMI</p>	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</i>  ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors? <i>Include time spent playing in your yard or neighborhood, in a park, playground or other outdoor recreation area. Your best estimate is fine.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 1 hour</li> <li><input type="checkbox"/> 1 hour</li> <li><input type="checkbox"/> 2 hours</li> <li><input type="checkbox"/> 3 hours</li> <li><input type="checkbox"/> 4 or more hours</li> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul>	<p>Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>
<p>CNMI</p>	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</i>  Does your child have any of the following education plans established?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IFSP – Individualized Family Services Plan</li> <li><input type="checkbox"/> IEP – Individual Education Plan</li> <li><input type="checkbox"/> 504 Plan</li> <li><input type="checkbox"/> None of the above <i>[GO TO MP17]</i></li> <li><input type="checkbox"/> DON'T KNOW <i>[GO TO MP17]</i></li> <li><input type="checkbox"/> PREFER NOT TO ANSWER <i>[GO TO MP17]</i></li> </ul>	<p>Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>

CNMI	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</i>  <i>[IF IFSP, IEP, 504]</i> What was your level of involvement in the development of the IFSP, IEP or 504 Plan?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Very involved</li> <li><input type="checkbox"/> Somewhat involved</li> <li><input type="checkbox"/> Not involved at all</li> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul>	Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.
CNMI	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]</i>  <i>[IF IFSP, IEP, 504]</i> How satisfied are you with the IEP, IFSP or 504 Plan?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Very satisfied</li> <li><input type="checkbox"/> Satisfied</li> <li><input type="checkbox"/> Unsatisfied</li> <li><input type="checkbox"/> Very dissatisfied</li> <li><input type="checkbox"/> Not sure</li> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul>	Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.
CNMI	<p><i>[ONLY ASK THIS QUESTION IF CHILD IS 12-17 YEARS OLD]</i>  Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who they can rely on for advice or guidance?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES</li> <li><input type="checkbox"/> NO</li> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul>	Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.
CNMI	<p><i>[ASK ALL RESPONDENTS]</i>  The next few questions ask about the neighborhood where you currently live.  MP21. In your neighborhood, is/are there...</p>	Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.



		YES	NO	DON'T KNOW	PREFER NOT TO ANSWER
	MP21a. sidewalks or walking paths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MP21b. a park or playground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MP21c. a recreation center, community center, or boys' and girls' club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MP21d. a library or bookmobile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MP21e. litter or garbage on the street or sidewalk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MP21f. poorly kept or rundown housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MP21g. vandalism such as broken windows or graffiti?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNMI	<p>To what extent do you agree with these statements about your neighborhood or community?</p> <p style="text-align: center;">           Definitel y Agree         </p> <p style="text-align: center;">           Some what t         </p> <p style="text-align: center;">           Somewha Disagree         </p> <p style="text-align: center;">           Definitel y Disagre e         </p> <p style="text-align: center;">           PREF ER NOT TO ANS WER         </p>				
	MP22a. People in this neighborhood help each other out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Added: This question was added to 'Section MP. CNMI Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.

	<p>MP22b. We watch out for each other's children in this neighborhood <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>MP22c. This child is safe in our neighborhood <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>MP22d. When we encounter difficulties, we know where to go for help in our community <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>MP22e. This child is safe at school <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/>																															
Puerto Rico	<p><i>[ONLY ASK ITEMS A-D IF CHILD IS 0-17 YEARS OLD; ASK ITEM E IF CHILD IS 0-1 YEARS OLD]</i></p> <p>During your child's last well-child visit, did the doctor, nurse, or other health care professional talk to you about the following topics:</p> <table border="1" data-bbox="319 971 1377 1377"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> <th>PREFER NOT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td>PR1.</td> <td>PR2a. Your child's healthy eating habits</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PR2.</td> <td>PR2b. Your child's physical activity</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PR3.</td> <td>PR2c. Your child's oral health care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PR4.</td> <td>PR2d. Whether your child's vaccinations are up to date</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			YES	NO	DON'T KNOW	PREFER NOT TO ANSWER	PR1.	PR2a. Your child's healthy eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PR2.	PR2b. Your child's physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PR3.	PR2c. Your child's oral health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PR4.	PR2d. Whether your child's vaccinations are up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Added: This question was added to 'Section PR. Puerto Rico Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>
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PR4.	PR2d. Whether your child's vaccinations are up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											



	<p>PR4b. The place where your child is usually cared for when he or she is sick, or when you or another caregiver needs to consult about his or her health</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>PR4c. The doctor or other health provider spending enough time with your child</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>PR4d. The doctor or other health care provider paying attention to what you have to say</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>PR4e. The doctor or other health care provider being sensitive to your family's values and customs</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
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	<p>PR4f. The doctor or other health provider answering questions you have about your child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>PR4g. The doctor or other health provider making you feel involved in the care of your child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>PR4h. It was not difficult to get the necessary referrals <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>PR4i. You received all the help necessary to coordinate the care of your child. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
Puerto Rico	<p>Where does your child perform physical activity most frequently?</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Park</p> <p><input type="checkbox"/> Sports Complex</p> <p><input type="checkbox"/> Gym</p> <p><input type="checkbox"/> Other, please specify: ____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> PREFER NOT TO ANSWER</p>	<p>Added: This question was added to 'Section PR. Puerto Rico Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>
Puerto Rico	<p>What type of physical activity has your child done in the past 7 days?</p>	<p>Added: This question was added to 'Section PR. Puerto Rico</p>

	<p><i>Check all that apply.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Practice any sport</li> <li><input type="checkbox"/> Bicycle</li> <li><input type="checkbox"/> Skateboard</li> <li><input type="checkbox"/> Roller skates</li> <li><input type="checkbox"/> Walking</li> <li><input type="checkbox"/> Jogging</li> <li><input type="checkbox"/> Jump Rope</li> <li><input type="checkbox"/> Other, please specify: _____</li> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul>	Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.															
Puerto Rico	<p><i>[ONLY ASK IF RESPONDENT NOT CURRENTLY PREGNANT]</i></p> <p>Have you given birth in the last 12 months?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES</li> <li><input type="checkbox"/> NO <i>[GO TO PR23]</i></li> <li><input type="checkbox"/> DON'T KNOW <i>[GO TO PR23]</i></li> <li><input type="checkbox"/> PREFER NOT TO ANSWER <i>[GO TO PR23]</i></li> </ul>	Added: This question was added to 'Section PR. Puerto Rico Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.															
Puerto Rico	<p><i>[IF YES to PR19]</i> Has a healthcare provider asked you a series of questions, either in person or on a form, to find out if you felt down, depressed, anxious, or irritable during the following periods?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DON'T KNOW</th> <th style="text-align: center;">PREFER NOT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td>PR20a. During your most recent pregnancy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PR20b. Since your new baby was born</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	PREFER NOT TO ANSWER	PR20a. During your most recent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PR20b. Since your new baby was born	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Added: This question was added to 'Section PR. Puerto Rico Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.
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PR20b. Since your new baby was born	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Puerto Rico	<p><i>[IF YES to PR20a or PR20b]</i></p> <p>As a result of these questions, did your health care provider refer you to a mental health provider?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES</li> <li><input type="checkbox"/> NO <i>[GO TO PR23]</i></li> <li><input type="checkbox"/> DON'T KNOW <i>[GO TO PR23]</i></li> </ul>	Added: This question was added to 'Section PR. Puerto Rico Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.															

	<input type="checkbox"/> PREFER NOT TO ANSWER [GO TO PR23]	
Puerto Rico	<p><i>[ONLY ASK IF REFERRED TO MENTAL HEALTH PROVIDER]</i></p> <p>After being referred to a mental health provider, did you visit this provider?</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>	Added: This question was added to 'Section PR. Puerto Rico Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.
Palau	<p>When traveling in a vehicle, do you and your child/children always use a seatbelt?</p> <p><input type="checkbox"/> Yes, both my child and I always use a seatbelt.  <input type="checkbox"/> Yes, I always use a seatbelt, but my child does not.  <input type="checkbox"/> Yes, my child always uses a seatbelt, but I do not.  <input type="checkbox"/> No, neither my child nor I always use a seatbelt  <input type="checkbox"/> Other, <i>please specify:</i> _____  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>	Added: This question was added to 'Section PA. Palau Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.
Palau	<p>When you make an appointment to see a primary care provider, how many days, on average, do you have to wait until the appointment takes place?</p> <p>_____ days  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>	Added: This question was added to 'Section PA. Palau Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.
Palau	<p>When you make an appointment to see a dentist, how many days, on average, do you have to wait until the appointment takes place?</p> <p>_____ days  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>	Added: This question was added to 'Section PA. Palau Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.
Palau	<p>In the past 12 months, have you had an annual check-up that included sexual and reproductive health services?</p> <p><input type="checkbox"/> Yes, I have had an annual check-up that included sexual and reproductive health services.</p>	Added: This question was added to 'Section PA. Palau Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH

	<input type="checkbox"/> Yes, I have had an annual check-up, but it did not include sexual and reproductive health services. <input type="checkbox"/> No, I have not had an annual check-up in the past year. <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	Block Grant priorities.
Palau	<p><i>Now, we have some final questions about you.</i>  <b>What is your race and/or ethnicity? Select all that apply.</b></p> <p><b>Are you...</b></p> <p><b>Hispanic or Latino?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p><b>[IF YES]</b> Please describe your Hispanic or Latino background. Are you...?</p> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Salvadoran <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Guatemalan <input type="checkbox"/> Other Hispanic or Latino. <i>Please describe your other Hispanic or Latino background. For example, Colombian, Honduran, Spaniard, etc.</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Native Hawaiian or Pacific Islander?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p><b>[IF YES]</b> Please describe your Native Hawaiian or Pacific Islander background. Are you...?</p> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Tongan	Added: This question was added to 'Section PA. Palau Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.



- Samoan
- Fijian
- Guamanian
- Chamorro
- Marshallese
- Saipanese
- Mortlockese
- Kosraen
- Carolinian
- Palauan
- Pohnpeian
- Yapese
- Chuukese

Other Native Hawaiian or Pacific Islander background. *Please describe your other Native Hawaiian or Pacific Islander background. For example, Tahitian, etc.*

**American Indian or Alaska Native?**

- Yes
- No

**[IF YES]** Please describe your American Indian or Alaska Native background. *For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

**Asian?**

Yes

No

**[IF YES]** Please describe your Asian background. Are you...?

Chinese

Asian Indian

Filipino

Vietnamese

Korean

Japanese

Other Asian. *Please describe your other Asian background. For example, Pakistani, Hmong, Aghan, etc.*

**Black or African American?**

Yes

No

**[IF YES]** Please describe your Black or African American background. Are you...?

African American

Jamaican

Haitian

Nigerian

Ethiopian

Somali

Other Black or African American. *Please describe your other Black or African American background. For example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.*

**Middle Eastern or North African?**

Yes

No

**[IF YES]** Please describe your Middle Eastern or North African

	<p>background. Are you...?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lebanese</li> <li><input type="checkbox"/> Iranian</li> <li><input type="checkbox"/> Egyptian</li> <li><input type="checkbox"/> Syrian</li> <li><input type="checkbox"/> Iraqi</li> <li><input type="checkbox"/> Israeli</li> </ul> <p><input type="checkbox"/> Other Middle Eastern or North African. <i>Please describe your Middle Eastern or North African background. For example, Moroccan, Yemeni, Kurdish, etc.</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>White?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p><b>[IF YES]</b> Please describe your White background. Are you...?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> English</li> <li><input type="checkbox"/> German</li> <li><input type="checkbox"/> Irish</li> <li><input type="checkbox"/> Italian</li> <li><input type="checkbox"/> Polish</li> <li><input type="checkbox"/> Scottish</li> </ul> <p><input type="checkbox"/> Other White. <i>Please describe your other White background. For example, French, Swedish, Norwegian, etc.</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Palau	<p>In what language do you feel MOST comfortable... PA11a. speaking with your healthcare provider?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> English</li> <li><input type="checkbox"/> Palauan</li> <li><input type="checkbox"/> Filipino</li> <li><input type="checkbox"/> Other, <i>please specify:</i> _____</li> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul> <p>PA11b. reading healthcare forms or instructions?</p>	<p>Added: This question was added to 'Section PA. Palau Jurisdiction Specific Module' to better capture data on the jurisdiction's MCH Block Grant priorities.</p>

	<ul style="list-style-type: none"><li><input type="checkbox"/> English</li><li><input type="checkbox"/> Palauan</li><li><input type="checkbox"/> Filipino</li><li><input type="checkbox"/> Other, <i>please specify:</i> _____</li><li><input type="checkbox"/> DON'T KNOW</li><li><input type="checkbox"/> PREFER NOT TO ANSWER</li></ul>	
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Deleted Questions		
Jurisdiction	Question Text	Summary
All	<p>Is this child of Hispanic, Latino, or Spanish origin?</p> <p> <input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin  <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano  <input type="checkbox"/> Yes, Puerto Rican  <input type="checkbox"/> Yes, Cuban  <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin, please specify:  <input type="text"/> </p>	This question was deleted from 'Section A. Screener' for every jurisdiction.
All	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]</b></p> <p><b>Are your child's immunizations up to date?</b></p> <p> <input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER </p>	This question was deleted from 'Section B. This Child's Health' from the Core Questionnaire for every jurisdiction.
All	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD]</b></p> <p><b>In which position do you most often lay this baby down to sleep now?</b></p> <p> <input type="checkbox"/> On his or her side  <input type="checkbox"/> On his or her back  <input type="checkbox"/> On his or her stomach  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER </p>	This question was deleted from 'Section C. This Child as an Infant' from the Core Questionnaire for every jurisdiction.
All	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 12-17 YEARS OLD]</b></p> <p><b>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?</b></p> <p> <input type="checkbox"/> YES  <input type="checkbox"/> NO [GO TO E10]  <input type="checkbox"/> DON'T KNOW [GO TO E10]  <input type="checkbox"/> PREFER NOT TO ANSWER [GO TO E10] </p>	This question was deleted from 'Section E. Experience with This Child's Health Care Providers' from the Core Questionnaire for every jurisdiction.

	<p><b>[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?</b></p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p> <p><b>Did you and this child receive a written copy of this plan of care?</b></p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p> <p><b>Is this plan <u>currently</u> up-to-date for this child?</b></p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> PREFER NOT TO ANSWER</p>																			
<p>American Samoa, RMI, and FSM</p>	<p><b><u>During the past 12 months, was this child ever covered by any kind of health insurance or health coverage plan? This includes medical savings accounts, supplemental health, and government funded or subsidized insurance programs.</u></b></p> <p><input type="checkbox"/> Yes, this child was covered all 12 months or, if under 1 year old, since birth [GO TO F4]  <input type="checkbox"/> Yes, but this child had a gap in coverage  <input type="checkbox"/> No</p>	<p>This question was deleted from 'Section F. This Child's Health Insurance Coverage' from the Core Questionnaire for select jurisdictions.</p>																		
<p>All</p>	<p><b>Please indicate whether each of the following is a reason this child was not covered by health insurance during the past 12 months:</b></p> <table border="1" data-bbox="275 1203 1358 1451"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>F2a. Change in employer or employment status</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F2b. Cancellation from inability to pay insurance fee</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F2c. Dropped coverage because it was unaffordable</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F2d. Dropped coverage because benefits were inadequate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F2e. Dropped coverage because choice of health care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	F2a. Change in employer or employment status	<input type="checkbox"/>	<input type="checkbox"/>	F2b. Cancellation from inability to pay insurance fee	<input type="checkbox"/>	<input type="checkbox"/>	F2c. Dropped coverage because it was unaffordable	<input type="checkbox"/>	<input type="checkbox"/>	F2d. Dropped coverage because benefits were inadequate	<input type="checkbox"/>	<input type="checkbox"/>	F2e. Dropped coverage because choice of health care	<input type="checkbox"/>	<input type="checkbox"/>	<p>This question was deleted from 'Section F. This Child's Health Insurance Coverage' from the Core Questionnaire for every jurisdiction.</p>
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American Samoa, RMI, and FSM	<p><b>Is this child currently covered by any kind of health insurance or health coverage plan?</b></p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO <i>[GO TO SECTION G]</i></p> <p><input type="checkbox"/> DON'T KNOW <i>[GO TO SECTION G]</i></p> <p><input type="checkbox"/> PREFER NOT TO ANSWER <i>[GO TO SECTION G]</i></p>	This question was deleted from 'Section F. This Child's Health Insurance Coverage' from the Core Questionnaire for select jurisdictions.																														
American Samoa, RMI, and FSM	<p><b>Is this child covered by any of the following types of health insurance or health coverage plans? <i>[Interviewer Note: Only read jurisdiction-specific insurance types for your jurisdiction].</i></b></p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>F3a. Private health insurance</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F3b. Insurance through your (or your spouse's) current or former employer or union</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F3c. <b>Medicaid, Medical Assistance, or any kind of government assistance plan</b> <i>(includes Guam Medical Indigent Program, Palau National Health Insurance Program, and Puerto Rico Government Health Plan)</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F3d. <b>Other government funded or subsidized insurance</b> <i>(includes Micronesia MiCare or Chuuk State, Marshall Islands Public Insurance, and Marshall Islands Supplemental Health Fund)</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F3e. Medical savings account</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F3f. CHIP (Children's Health Insurance Program)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F3g. TRICARE or other military health care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F3h. Indian Health Service</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F3i. Another type, <i>please specify</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	F3a. Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	F3b. Insurance through your (or your spouse's) current or former employer or union	<input type="checkbox"/>	<input type="checkbox"/>	F3c. <b>Medicaid, Medical Assistance, or any kind of government assistance plan</b> <i>(includes Guam Medical Indigent Program, Palau National Health Insurance Program, and Puerto Rico Government Health Plan)</i>	<input type="checkbox"/>	<input type="checkbox"/>	F3d. <b>Other government funded or subsidized insurance</b> <i>(includes Micronesia MiCare or Chuuk State, Marshall Islands Public Insurance, and Marshall Islands Supplemental Health Fund)</i>	<input type="checkbox"/>	<input type="checkbox"/>	F3e. Medical savings account	<input type="checkbox"/>	<input type="checkbox"/>	F3f. CHIP (Children's Health Insurance Program)	<input type="checkbox"/>	<input type="checkbox"/>	F3g. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>	F3h. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>	F3i. Another type, <i>please specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	This question was deleted from 'Section F. This Child's Health Insurance Coverage' from the Core Questionnaire for select jurisdictions.
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American Samoa, RMI, and FSM	<p><b>How often does this child's health insurance offer benefits or cover services that meet this child's needs? <i>Examples include dental or vision services, prescription medications, emergency room visits, maternity services, mental health services, and</i></b></p>	This question was deleted from 'Section F. This Child's Health Insurance Coverage' from the Core Questionnaire for select																														

	<p><b>yearly check-ups or screenings.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Always</li> <li><input type="checkbox"/> Usually</li> <li><input type="checkbox"/> Sometimes</li> <li><input type="checkbox"/> Never <ul style="list-style-type: none"> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul> </li> </ul>	jurisdictions.
American Samoa, RMI, and FSM	<p><b>How often does this child's health insurance allow him or her to see the health care providers he or she needs?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Always</li> <li><input type="checkbox"/> Usually</li> <li><input type="checkbox"/> Sometimes</li> <li><input type="checkbox"/> Never <ul style="list-style-type: none"> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul> </li> </ul>	This question was deleted from 'Section F. This Child's Health Insurance Coverage' from the Core Questionnaire for select jurisdictions.
All	<p><b><u>In an average week, 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.</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This child does not need health care provided on a weekly basis</li> <li><input type="checkbox"/> No at home care was provided by me or other family members</li> <li><input type="checkbox"/> Less than 1 hour per week</li> <li><input type="checkbox"/> 1-4 hours per week</li> <li><input type="checkbox"/> 5-10 hours per week</li> <li><input type="checkbox"/> 11 or more hours per week <ul style="list-style-type: none"> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul> </li> </ul>	This question was deleted from 'Section G. Providing for This Child's Health' from the Core Questionnaire for every jurisdiction.
All	<p><b><u>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?</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This child does not need health care provided on a weekly</li> </ul>	This question was deleted from 'Section G. Providing for This Child's Health' from the Core Questionnaire for every jurisdiction.



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All	<p><b><i>[ONLY ASK THIS QUESTION IF CHILD IS 6-17 YEARS OLD]</i></b></p> <p><b>During the past 12 months, 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?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NO TIMES</li> <li><input type="checkbox"/> 1 TIME</li> <li><input type="checkbox"/> 2 OR MORE TIMES <ul style="list-style-type: none"> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul> </li> </ul>	This question was deleted from 'Section H. This Child's Learning' from the Core Questionnaire for every jurisdiction.
All	<p><b>How many times has this child moved to a new address or location since he or she was born?</b></p> <p><input type="checkbox"/> <input type="checkbox"/> NUMBER OF TIMES</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DON'T KNOW</li> <li><input type="checkbox"/> PREFER NOT TO ANSWER</li> </ul>	This question was deleted from 'Section I. About You and This Child' from the Core Questionnaire for every jurisdiction.
All	<p><b>[If yes] Were any of this child's health care visits by video or phone because of the coronavirus pandemic?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES</li> <li><input type="checkbox"/> NO</li> </ul>	This question was deleted from 'Section I. About You and This Child' from the Core Questionnaire for every jurisdiction.
All	<p><b>DURING THE PAST 12 MONTHS, did this child miss, delay or skip any PREVENTIVE check-ups because of the coronavirus pandemic?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES</li> <li><input type="checkbox"/> NO</li> </ul>	This question was deleted from 'Section I. About You and This Child' from the Core Questionnaire for every jurisdiction.

All	DURING THE PAST 12 MONTHS, has this child's regular daycare or other childcare arrangement been closed or unavailable at any time as a result of the coronavirus pandemic? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	This question was deleted from 'Section I. About You and This Child' from the Core Questionnaire for every jurisdiction.
GM1a.	Breastfeeding my baby <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	
GM1b.	How long to wait before getting pregnant again <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	
GM1c.	Family planning services <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	
All	During your most recent pregnancy, did you have your teeth or using contraception cleaned by a dentist or dental hygienist?	This question was deleted from 'Section L. Health of Child's Mother' from the Core Questionnaire for every jurisdiction.
GM1d.	Postpartum depression <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	
GM1e.	Resources in my community to support new parents <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	
GM1f.	Gaining and staying at a healthy weight after delivery <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	
GM1g.	How to quit or keep from smoking <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	Since your new baby was born, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?
GM1h.	How to get the health care that my baby or I need <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	
Guam	<b>[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]</b>  Did you have a regular checkup about 4-6 weeks after giving birth? <input type="checkbox"/> YES <input type="checkbox"/> NO [GO TO GM3] <input type="checkbox"/> DON'T KNOW [GO TO GM3] <input type="checkbox"/> PREFER NOT TO ANSWER [GO TO GM3] [IF YES] where did you go for your checkup? <input type="checkbox"/> MY FAMILY DOCTOR'S OFFICE <input type="checkbox"/> MY OB/GYN'S OFFICE <input type="checkbox"/> HOSPITAL CLINIC <input type="checkbox"/> HEALTH DEPARTMENT CLINIC <input type="checkbox"/> OTHER, PLEASE SPECIFY <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	This question was deleted from 'Section GM. Guam Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.

Guam	<p><b>For the next set of questions, please select the answer that comes closest to how you have felt since your most recent pregnancy.</b></p> <p><b>GM3a. I have been able to laugh and see the funny side of things.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I always could</li> <li><input type="checkbox"/> Not quite so much now</li> <li><input type="checkbox"/> Definitely not so much now</li> <li><input type="checkbox"/> Not at all</li> </ul> <p><b>GM3b. I have looked forward with enjoyment to things.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I ever did</li> <li><input type="checkbox"/> Rather less than I used to</li> <li><input type="checkbox"/> Definitely less than I used to</li> <li><input type="checkbox"/> Hardly at all</li> </ul> <p><b>GM3c. I have blamed myself unnecessarily when things went wrong.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, some of the time</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, never</li> </ul> <p><b>GM3d. I have been anxious or worried for no good reason.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No not at all</li> <li><input type="checkbox"/> Hardly ever</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Yes, very often</li> </ul> <p><b>GM3e. I have felt scared or panicky for no very good reason.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, quite a lot</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> No, not much</li> <li><input type="checkbox"/> No, not at all</li> </ul> <p><b>GM3f. I have been so unhappy that I have had difficulty sleeping.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, not at all</li> </ul> <p><b>GM3g. I have felt sad or miserable.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, sometimes</li> </ul>	<p>This question was deleted from 'Section GM. Guam Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.</p>
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	<input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all  <b>GM3h. I have been so unhappy that I have been crying.</b> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Only occasionally <input type="checkbox"/> No, never  <b>GM3i. The thought of harming myself has occurred to me.</b> <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never	
CNMI	<b>Did you get prenatal care in the first trimester of your pregnancy? The first trimester is defined as weeks 1 through 12 of your pregnancy.</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>DON'T KNOW</b> <input type="checkbox"/> <b>PREFER NOT TO ANSWER</b>	This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.
CNMI	<b><i>[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD AND BIOLOGICAL MOTHER]</i></b>  <b>During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO [GO TO NM6]</b> <input type="checkbox"/> <b>DON'T KNOW [GO TO NM6]</b> <input type="checkbox"/> <b>PREFER NOT TO ANSWER [GO TO NM6]</b>	This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.
CNMI	<b><i>[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD AND BIOLOGICAL MOTHER]</i></b>  <b>Since your youngest child was born, have you used WIC services for yourself or your child?</b> <input type="checkbox"/> <b>Yes, only I am using WIC services</b> <input type="checkbox"/> <b>Yes, both my child and I use WIC services</b>	This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.

	<input type="checkbox"/> <b>Yes, only my child uses WIC services</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>DON'T KNOW</b> <input type="checkbox"/> <b>PREFER NOT TO ANSWER</b>																																														
CNMI	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]</b></p> <p>At any time during your most recent pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? For each one, answer No if they did not talk with you about it or Yes if they did.</p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>Don't Know</th> <th>Prefer Not to Answer</th> </tr> </thead> <tbody> <tr> <td>NM6a. Breastfeeding my baby</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NM6b. How long to wait before getting pregnant again</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NM6c. Family planning services or using contraception</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NM6d. Postpartum depression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NM6e. Resources in my community to support new parents</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NM6f. Getting to and staying at a healthy weight after delivery</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NM6g. How to quit or keep from smoking</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NM6h. How to get the health care that my baby or I need</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	Don't Know	Prefer Not to Answer	NM6a. Breastfeeding my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM6b. How long to wait before getting pregnant again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM6c. Family planning services or using contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM6d. Postpartum depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM6e. Resources in my community to support new parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM6f. Getting to and staying at a healthy weight after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM6g. How to quit or keep from smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM6h. How to get the health care that my baby or I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.</p>
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**For the next set of questions, please select the answer that comes closest to how you have felt after your most recent pregnancy?**

**NM7a. I have been able to laugh and see the funny side of things.**

- As much as I always**
- Not quite so much now**
- Definitely not so much now**
- Not at all**

**NM7b. I have looked forward with enjoyment to things.**

- As much as I ever did**
- Rather less than I used to**
- Definitely less than I used to**
- Hardly at all**

**NM7c. I have blamed myself unnecessarily when things went wrong.**

- Yes, most of the time**
- Yes, some of the time**
- Not very often**
- No, never**

**NM7d. I have been anxious or worried for no good reason.**

- No not at all**
- Hardly ever**
- Yes, sometimes**
- Yes, very often**

**NM7e. I have felt scared or panicky for no very good reason.**

- Yes, quite a lot**
- Yes, sometimes**
- No, not much**
- No, not at all**

**NM7f. I have been so unhappy that I have had difficulty sleeping.**

- Yes, most of the time**
- Yes, sometimes**
- Not very often**

updates to the jurisdiction's MCH Block Grant priorities.

	<p><input type="checkbox"/> <b>No, not at all</b></p> <p><b>NM7g. I have felt sad or miserable.</b></p> <p><input type="checkbox"/> <b>Yes, most of the time</b></p> <p><input type="checkbox"/> <b>Yes, sometimes</b></p> <p><input type="checkbox"/> <b>Not very often</b></p> <p><input type="checkbox"/> <b>No, not at all</b></p> <p><b>NM7h. I have been so unhappy that I have been crying.</b></p> <p><input type="checkbox"/> <b>Yes, most of the time</b></p> <p><input type="checkbox"/> <b>Yes, quite often</b></p> <p><input type="checkbox"/> <b>Only occasionally</b></p> <p><input type="checkbox"/> <b>No, never</b></p> <p><b>NM7i. The thought of harming myself has occurred to me.</b></p> <p><input type="checkbox"/> <b>Yes, quite often</b></p> <p><input type="checkbox"/> <b>Sometimes</b></p> <p><input type="checkbox"/> <b>Hardly ever</b></p> <p><input type="checkbox"/> <b>Never</b></p>	
CNMI	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]</b></p> <p><b>Did you have a regular checkup about 4-6 weeks after giving birth?</b></p> <p><input type="checkbox"/> <b>YES</b></p> <p><input type="checkbox"/> <b>NO</b></p> <p><input type="checkbox"/> <b>DON'T KNOW [GO TO NM9]</b></p> <p><input type="checkbox"/> <b>PREFER NOT TO ANSWER [GO TO NM9]</b></p> <p><b>[IF YES] where did you go for your checkup?</b></p> <p><input type="checkbox"/> <b>My family doctor's office</b></p> <p><input type="checkbox"/> <b>My OB/GYN's office</b></p> <p><input type="checkbox"/> <b>Hospital clinic</b></p> <p><input type="checkbox"/> <b>Health department clinic</b></p> <p><input type="checkbox"/> <b>Another type, please specify</b></p> <div style="border: 1px solid black; height: 20px; width: 300px; margin: 5px 0;"></div> <p><input type="checkbox"/> <b>DON'T KNOW</b></p> <p><input type="checkbox"/> <b>PREFER NOT TO ANSWER</b></p>	<p>This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.</p>

**[IF YES] How did you feel about the care you got during your postpartum checkup?**

	Satisfied	Not Satisfied	Don't Know	Prefer Not to Answer
NM8a. The amount of time you had to wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NM8b. The amount of time the doctor, nurse, or health care worker spent with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NM8c. The advice you got on how to take care of yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NM8d. The understanding and respect shown toward you as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[IF NO] Did any of these things keep you from having a checkup after your most recent pregnancy?**

	YES	NO	Don't Know	Prefer Not to Answer
NM8_no_a. I didn't have health insurance to cover the cost of the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



		YES	NO	Don't Know	Prefer Not to Answer
	<p><b>NM8_no_b. I felt fine and did not think I needed to have a visit</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> Don't Know    <input type="checkbox"/> Prefer Not to Answer</p> <hr/> <p><b>NM8_no_c. I couldn't get an appointment when I wanted one</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> Don't Know    <input type="checkbox"/> Prefer Not to Answer</p> <hr/> <p><b>NM8_no_d. I didn't have any transportation to get to the clinic or doctor's office</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> Don't Know    <input type="checkbox"/> Prefer Not to Answer</p> <hr/> <p><b>NM8_no_e. I had too many things going on</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> Don't Know    <input type="checkbox"/> Prefer Not to Answer</p> <hr/> <p><b>NM8_no_f. I couldn't take time off from work</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> Don't Know    <input type="checkbox"/> Prefer Not to Answer</p> <hr/> <p><b>NM8_no_g. Something else, please specify</b></p> <p><input type="text"/></p>				
CNMI	<p><b>Thinking about the last time you took your child for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care, was your child's doctor a man or a woman?</b></p> <p><input type="checkbox"/> <b>Man</b></p> <p><input type="checkbox"/> <b>Woman</b></p> <p><input type="checkbox"/> <b>Have not taken child for medical care</b></p> <p><input type="checkbox"/> <b>DON'T KNOW</b></p> <p><input type="checkbox"/> <b>PREFER NOT TO ANSWER</b></p>				
					<p>This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.</p>

CNMI	<p><b>When your child rides in an infant car seat, is he or she usually in the front or back seat of the car, truck, or van?</b></p> <p><input type="checkbox"/> <b>FRONT SEAT</b></p> <p><input type="checkbox"/> <b>BACK SEAT</b></p> <p><input type="checkbox"/> <b>NEVER RIDES IN A CAR [GO TO END]</b></p> <p><input type="checkbox"/> <b>DON'T KNOW</b></p> <p><input type="checkbox"/> <b>PREFER NOT TO ANSWER</b></p>	This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.
CNMI	<p><b>When your child rides in an infant car seat, is he or she usually facing forward or facing the rear of the car, truck, or van?</b></p> <p><input type="checkbox"/> <b>FACING FORWARD</b></p> <p><input type="checkbox"/> <b>FACING THE REAR</b></p> <p><input type="checkbox"/> <b>NEVER RIDES IN A CAR [GO TO END]</b></p> <p><input type="checkbox"/> <b>DON'T KNOW</b></p> <p><input type="checkbox"/> <b>PREFER NOT TO ANSWER</b></p>	This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.
CNMI	<p><b>Does the car, truck, or van that your child usually rides in have an airbag on the passenger side?</b></p> <p><input type="checkbox"/> <b>YES</b></p> <p><input type="checkbox"/> <b>NO</b></p> <p><input type="checkbox"/> <b>NEVER DRIVE OR RIDE IN A CAR [GO TO END]</b></p> <p><input type="checkbox"/> <b>DON'T KNOW</b></p> <p><input type="checkbox"/> <b>PREFER NOT TO ANSWER</b></p>	This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.
CNMI	<p><b>During the last 3 months of your most recent pregnancy, how often did you wear a seat belt when you drove or rode in a car?</b></p> <p><input type="checkbox"/> <b>Always</b></p> <p><input type="checkbox"/> <b>Often</b></p> <p><input type="checkbox"/> <b>Sometimes</b></p> <p><input type="checkbox"/> <b>Rarely</b></p> <p><input type="checkbox"/> <b>Never</b></p> <p><input type="checkbox"/> <b>DON'T KNOW</b></p> <p><input type="checkbox"/> <b>PREFER NOT TO ANSWER</b></p>	This question was deleted from 'Section NM. CNMI Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.
Palau	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]</b></p> <p><b>Has your child ever completed the Ages and Stages Questionnaire (ASQ) from their doctor or another professional?</b></p> <p><input type="checkbox"/> <b>YES</b></p>	This question was deleted from 'Section PA. Palau Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.

	<input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>DON'T KNOW</b> <input type="checkbox"/> <b>PREFER NOT TO ANSWER</b>																										
Palau	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]</b></p> <p><i>The next few questions are about your health during and post pregnancy.</i></p> <p><b>During your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each one, check No if no one talked with you about it or Yes if someone did.</b></p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> <th>PREFER NOT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td>Foods that are good to eat during pregnancy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Exercise during pregnancy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Programs or resources to help me gain the right amount of weight during pregnancy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Programs or resources to help me lose weight after pregnancy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><sup>2</sup> <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	PREFER NOT TO ANSWER	Foods that are good to eat during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Programs or resources to help me gain the right amount of weight during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Programs or resources to help me lose weight after pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<p>This question was deleted from 'Section PA. Palau Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.</p>
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Palau	<p><b>[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]</b></p> <p><b>How much weight did you gain during your most recent pregnancy?</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>LBS OR</b> <input type="checkbox"/> <input type="checkbox"/> <b>KILOS</b></p> <p><input type="checkbox"/> <b>I DIDN'T GAIN ANY WEIGHT DURING MY PREGNANCY</b></p> <p><input type="checkbox"/> <b>DON'T KNOW</b></p> <p><input type="checkbox"/> <b>PREFER NOT TO ANSWER</b></p>	<p>This question was deleted from 'Section PA. Palau Jurisdiction Specific Module' in alignment with updates to the jurisdiction's MCH Block Grant priorities.</p>																									