MODE = WEB, CATI (NORC ONLY)

<u>**REFUSALS/DON'T KNOW:**</u>

CAWI REFUSALS/DK:
DO NOT INCLUDE DON'T KNOW/REFUSED OPTIONS ON SCREEN FOR CAWI UNLESS SPECIFIED IN ITEM RESPONSE OPTIONS. CODE REFUSALS/SKIPS AS FOLLOWS:
      IMPLICIT REFUSAL/WEB SKIP = -6
      DON'T KNOW (WHEN SPECIFIED ON SCREEN) = -9

CATI REFUSALS/DK:
INCLUDE THE FOLLOWING DON'T KNOW/REFUSED OPTIONS FOR INTERVIEWERS ON SCREEN FOR ALL QUESTIONS IN CATI. INTERVIEWERS SHOULD NOT READ REF/DK OPTIONS UNLESS OTHERWISE SPECIFIED IN RESPONSE OPTIONS. CODE AS FOLLOWS:
      REFUSAL = -7
      DON'T KNOW = -9

LEGITIMATE SKIPS
CODE ALL LEGITIMATE SKIPS FOR CATI AND CAWI AS FOLLOWS:
      LEGITIMATE SKIP = -8

<u>**ANSWER REQUIREMENT/ PROMPTS AND VALIDATION**</u>
RESPONDENTS SHOULD BE ABLE TO SKIP ALL ITEMS, AND NO ITEMS SHOULD BE REQUIRED. DO NOT USE SOFT PROMPTS FOR ITEMS THAT ARE SKIPPED. ERROR/VALIDATION MESSAGES (E.G., OUT OF BOUNDS RESPONSES) SHOULD BE PROGRAMMED AS SPECIFIED.

<u>**QUESTION INFORMATION FORMATTING:**</u>
ALL QUESTIONS WILL BE FORMATTED AS FOLLOWS:
[UNIVERSE/SKIP LOGIC]
[QUESTION TYPE]
    DISP = TEXT DISPLAY
    S = SINGLE RESPONSE
    M = MULTI-CHECK
    NUMBOX = NUMERIC INPUT
    TEXTBOX = TEXT INPUT
    GRID = MATRIX GRID
VARIABLE NAME
QUESTION STEM
    IF CAWI/CATI QUESTION TEXT IS DIFFERENT, "[CAWI]" AND "[CATI]" WILL PRECEDE MODE SPECIFIC TEXT
CAWI RESPONSE OPTIONS
CATI RESPONSE OPTIONS IF DIFFERENT FROM CAWI; ELSE ONLY ONE COMMON SET OF RESPONSE OPTIONS WILL BE SPECIFIED.

CATI INSTRUCTIONS AND RESPONSE OPTIONS THAT SHOULD **NOT** BE READ WILL BE IN ALL CAPS. CATI RESPONSE OPTIONS WILL ALSO INCLUDE "DO NOT READ" INSTRUCTIONS; ELSE CATI TEXT/RESPONSE OPTIONS SHOULD BE READ BY INTERVIEWER. NORC/IPSOS MAY FORMAT RESPONSE OPTIONS THAT

SHOULD NOT BE READ AS ALL CAPS AND/OR IN LOWER CASE WITH EXPLICIT "DO NOT READ" INSTRUCTIONS.

ON WEB DISPLAY ONE ITEM PER PAGE UNLESS OTHERWISE SPECIFIED. SCREEN BREAKS ARE DENOTED BY LINES BETWEEN ITEMS.

CREATE VARIABLES:
QUEX_LANG
BASED ON LANGUAGE SELECTED IN INSTRUMENT:
    ENGLISH = 1
    SPANISH = 2

GROUP
    RANDOMLY ASSIGN 50% OF PARTICIPANTS TO EACH OF TWO GROUPS
    GROUP = 1-2

PRELOAD PROFILE DEMOGRAPHICS AND RENAME/CREATE VARIABLES AS FOLLOWS:
HHSIZE
    NUMERIC HH SIZE, CAPPED AT 6+
SEX
    NORC = S_GENDER
    IPSOS = QGENDER
        1   MALE
        2   FEMALE

INTRODUCTION

[DISPLAY IF CAWI]
The National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC), is conducting a study and we need your help. We are interested in you and your family's health and wellness and will be asking you a series of questions about health history, behaviors, and opinions. This should take about 20 minutes or less to complete. Participation in this survey is completely voluntary, and you may skip any question(s) you do not want to answer and may quit the survey at any time. The information being collected will assist NCHS and CDC in their ongoing efforts to track the health of the American public. Your data will be kept confidential, will be used for statistical purposes only, and will not be disclosed or released to other persons without your consent in accordance with Section 308(d) of the Public Health Service Act [42 U.S.C. 242m(d)] and Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583).

If you have any questions about your rights as a participant in this research study, call NCHS' Ethics Review Board toll-free at 1-800-223-8118 and mention you are calling about Protocol #2023-04. Your call will be returned as soon as possible.

[PROGRAMMER: REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BOARDED BY THIN BLACK BOX/OUTLINE]

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS H21-8, Atlanta, GA 30333; ATTN: PRA (0920-1408).

We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), and the Confidential Information Protection and Statistical Efficiency Act or CIPSEA (44 U.S.C. 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. § 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

- We are asking for your help on behalf of the National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC).
- This survey will take on average 20 minutes to complete.
- Participation in this survey is completely voluntary, and you may skip any question(s) you do not want to answer and may quit the survey at any time.
- The information being collected will assist NCHS and CDC in their ongoing efforts to track the health of the American public.
- Your data will be kept confidential and will be used for statistical purposes only by NCHS staff and agents and will not be disclosed or released to other persons without your consent.
- If you have any questions about your rights as a participant in this research study, call NCHS' Ethics Review Board toll-free at 1-800-223-8118 and mention you are calling about Protocol #2023-04. Your call will be returned as soon as possible.

[PROGRAMMER: REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BOARDED BY THIN BLACK BOX/OUTLINE]

[CATI] READ THE FOLLOWING IF THE RESPONDENT HAS ADDITIONAL QUESTIONS ABOUT BURDEN, PRIVACY, OR CONFIDENTIALITY

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS H21-8, Atlanta, GA 30333; ATTN: PRA (0920-1408).

We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), and Confidential Information Protection and Statistical Efficiency Act or CIPSEA (44 U.S.C. 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. § 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

[PROGRAMMER: SECTION HEADERS ARE FOR INTERNAL USE ONLY. DO NOT PROGRAM TO APPEAR ON SCREEN.]

[CREATE "START_TIME" AND "START_DATE"; RECORD START_TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

HOUSEHOLD ROSTER

[CREATE "START_TIME_HHR" AND "START_DATE_HHR"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[SHOW ALL]
[NUMBOX]
HHR_HHNUM
Including yourself, how many people usually live or stay in your home who are the following ages?
Please include:
- Infants and babies under the age of 1
- Children who spend **at least half of their time in your home**
- Anyone who usually lives here but is away now at school or college

[CAWI: If none, please enter 0.]

HHR_HHNUMa Number of children under 5 years old (including infants and babies under the age of 1):
[NUMBOX, RANGE: 0 TO 20]
HHR_HHNUMb Number of children 5 to 12 years old: [NUMBOX, RANGE: 0 TO 20]
HHR_HHNUMc Number of children 13 to 17 years old: [NUMBOX, RANGE: 0 TO 20]
HHR_HHNUMd Number of adults 18 years or older: [NUMBOX, RANGE: 1 TO 20]
[PROGRAMMER NOTE: CREATE NUM_ELIGIBLE=SUM (HHR_HHNUMa-HHR_HHNUMc). IF HHR_HHNUMd=0, DISPLAY ERROR MESSAGE: "Please include yourself in your response and enter a number greater than 0."]

[SHOW ALL]
[S]
HHR_CONFIRM
You indicated that you have the following number of children and adults who usually live or stay in your home:

- [FILL HHR_HHNUMa] child(ren) under 5 years old
- [FILL HHR_HHNUMb] child(ren) 5 to 12 years old
- [FILL HHR_HHNUMc] child(ren) 13 to 17 years old
- [FILL HHR_HHNUMd] adult(s) 18 years or older (including yourself)

Is this correct?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER NOTE: IF HHR_CONFIRM=0, REPEAT HHR_HHNUM. ELSE, CONTINUE TO HHR_NAME.]

[SHOW IF NUM_ELIGIBLE >= 1]
[TEXTBOX]
HHR_NAME

Next are some questions about the children under the age of 18 living in your home.

[IF NUM_ELIGIBLE=1: What is the first name, initials, or nickname of the child living in this household?]
[IF NUM_ELIGIBLE>1: Let's start with the oldest and work down to the youngest. What is the first name, initials, or nickname of the [oldest/next oldest] child in this household?]

[IF REPEATING HHR_NAME BECAUSE HHR_RECAP=1, DISPLAY THE FOLLOWING]
[What is the first name, initials, or nickname of the other child living in this household?]

[TEXT ENTRY]

[PROGRAMMER NOTE: CREATE NAMEFILL[FILL ROSTER NUMBER]=HHR_NAME[FILL ROSTER NUMBER]. IF HHR_NAME=BLANK/DK/REF, NAMEFILL[FILL ROSTER NUMBER] = child # [FILL ROSTER NUMBER]. FOR EXAMPLE, FOR CHILD 1, CREATE VARIABLE NAMEFILL1=[HHR_NAME1]. ONLY DISPLAY SENTENCE, "Next are some questions about the children under the age of 18 living in your home" ON THE FIRST LOOP. IF NUM_ELIGIBLE > 1, ONLY DISPLAY "Let's start with the oldest and work down to the youngest." ON THE FIRST LOOP. IF RESPONDENT TRIES TO ADVANCE WITHOUT ENTERING A RESPONSE, OR INITIALLY ANSWERS DK/REF (CATI) DISPLAY SOFT PROMPT, "As a reminder, all information you provide will be kept confidential. If you are not comfortable providing your child's first name, you can provide their initials or a nickname."]

[SHOW IF NUM_ELIGIBLE >= 1]
[NUMBOX]
HHR_AGEQ
What is [NAMEFILL]'s age?

[CATI] INTERVIEWER – THE AGE QUESTIONS ARE REQUIRED. IF R SAYS DON'T KNOW OR REFUSED FOR EITHER QUESTION ON THIS PAGE, SAY "This information is important to ensure you get questions that are relevant to this child. As a reminder, all information you provide will be kept confidential." IF R STILL SAYS DK/REF, SELECT DK/REF FOR THE QUESTIONS AND R WILL BE TERMINATED.

[NUMERIC ENTRY, IF HHR_AGEU=1, RANGE: 1 TO 17; IF HHR_AGEU=2, RANGE: 0 TO 24]

[SHOW IF NUM_ELIGIBLE >= 1]
[S]
HHR_AGEU
[CAPI] Select months or years. [CATI] INTERVIEWER – SELECT IF THE GIVEN AGE IS IN YEARS OR MONTHS.

1	Years
2	Months

[PROGRAMMER NOTE: PRE-SELECT "YEARS" FOR HHR_AGEU BUT ALLOW FOR RESPONSE TO BE CHANGED. DISPLAY HHR_AGEQ AND HHR_AGEU ON SAME PAGE. IF RESPONDENT TRIES TO ADVANCE WITHOUT ENTERING A RESPONSE, DISPLAY SOFT PROMPT, "This information is important to ensure you get questions that are relevant to this child. As a reminder, all information you provide will be kept confidential." IF RESPONDENT TRIES TO ADVANCE AGAIN WITHOUT ENTERING A RESPONSE, DISPLAY HARD PROMPT, "An answer to this question is required." IF AGE DATA IS MISSING (OR DK/REF) FOR ANY CHILD, TERMINATE THE CASE. IF RESPONDENT PROVIDES AGE RESPONSE THAT DOES NOT ALIGN WITH RESPONSE TO HHR_HHNUM (E.G., REPORTED 0 CHILDREN <5, THEN ANSWER IN HHR_AGEQ/U THAT THEY HAVE A 4-YEAR-OLD CHILD), DISPLAY SOFT PROMPT: "Your answer does not match the ages you reported in a previous question. Please review your response and update as needed."]

[SHOW IF NUM_ELIGIBLE >= 1]
[S]
HHR_RELAT
What is your relationship to [NAMEFILL]?

[CAWI RESPONSE OPTIONS:]
    1   Parent, stepparent, foster parent
    2   Sibling
    3   Grandparent
    4   Aunt or uncle
    5   Other family member
    6   Other non-family member

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   PARENT, STEPPARENT, FOSTER PARENT
    2   SIBLING
    3   GRANDPARENT
    4   AUNT OR UNCLE
    5   OTHER FAMILY MEMBER
    6   OTHER NON-FAMILY MEMBER

[SHOW IF HHR_RELAT =2,3,4,5,6,-6,-7,-9]
[S]
HHR_LEGALG
Are you [NAMEFILL]'s legal guardian?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER NOTE: IF HHR_RECAP IS BLANK, REPEAT HHR_NAME – HHR_LEGALG [NUM_ELIGIBLE-1] TIMES; ELSE, CONTINUE TO HHR_RECAP]

[SHOW IF NUM_ELIGIBLE >= 1]
[S]
HHR_RECAP
We have the following child(ren) listed as living in your home:

Child's Name	Child's Age
[CHILD 1]	[CHILD 1'S AGE]
[CHILD 2]	[CHILD 2'S AGE]
...	

Are there any other children under the age of 18, including infants and babies under the age of 1, who live in your home?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER NOTE: IF HHR_RECAP=1, RETURN TO HHR_NAME AND REPEAT HHR_NAME-HHR_RECAP UNTIL HHR_RECAP=0. IF HHR_RECAP=0, -6, -7, OR,-9, ROSTER IS COMPLETE. DISPLAY LABEL ON CHILD'S AGE AS "year(s)" or "month(s)."]

SELECTION:
IF NUM_ELIGIBLE=1 AND (HHR_RELAT=1 OR HHR_LEGALG=1), SELECT THAT CHILD
IF NUM_ELIGIBLE=1 AND HHR_RELAT 2,3,4,5,6,-6,-7,-9 AND HHR_LEGALG =0,-6,-7,-91 → INELIGIBLE
IF NUM_ELIGIBLE>1 AND (HHR_RELAT=1 OR HHR_LEGALG=1 FOR ALL CHILDREN), RANDOMLY SELECT ONE CHILD FROM LIST
IF NUM_ELIGIBLE>1 AND (HHR_RELAT=1 OR HHR_LEGALG=1 FOR ONLY SOME CHILDREN), RANDOMLY SELECT ONE CHILD FROM LIST OF CHILDREN FOR WHOM HHR_RELAT=1 OR HHR_LEGALG=1.
IF NUM_ELIGIBLE > 1 AND (HHR_RELAT 2,3,4,5,6,-6,-7,-9 AND HHR_LEGALG=2 FOR ALL CHILDREN), NO CHILD SELECTED -> INELIGIBLE
IF NUM_ELIGIBLE=0, NO CHILD SELECTED -> INELIGIBLE

[PROGRAMMER NOTE: CREATE SCNAME = [NAMEFILL] OF SELECTED CHILD. CREATE SCAGEY = HHR_AGEQ OF SELECTED CHILD IF HHR_AGEU = YEARS; IF SCAGEM>=0 AND SCAGEM<12, THEN SCAGEY=0; IF SCAGEM>=12 AND SCAGEM<24, THEN SCAGEY=1; IF SCAGEM=24, THEN SCAGEY=2; ELSE SCAGEY = MISSING. CREATE SCAGEM OF SELECTED CHILD AS HHR_AGEQ IF HHR_AGEU = MONTHS, ELSE SCAGEM = MISSING.]

[CREATE "END_TIME_HHR" AND "END_DATE_HHR"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

SAMPLED CHILD CHARACTERISTICS

[CREATE "START_TIME_SCC" AND "START_DATE_SCC"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[SHOW ALL]
[DISP]
SCC_DISP
We're going to ask you some questions about [FILL: SCNAME], age [IF HHR_AGEU=1, FILL: SCAGEY year(s); IF HHR_AGEU=2, FILL: SCAGEM month(s)]. To make sure we ask questions that are appropriate for [FILL: SCNAME], we need a little more information.

[SHOW IF SCAGEY = 1]
[NUMBOX]
SCC_AGEM
How old is [FILL: SCNAME] in months?

[NUMBOX, RANGE: 0 TO 24] months

[SHOW ALL]
[M]
SCC_GENDER
For this next question, you may select more than one answer. Is [FILL: SCNAME] [IF CATI, FILL: male, female, transgender, nonbinary, or another gender?; IF CAWI, FILL: …]

      SCC_GENDERa [CAWI: Male?] [CATI: MALE]
      SCC_GENDERb [CAWI: Female?] [CATI: FEMALE]
      SCC_GENDERc [CAWI: Transgender, nonbinary, or another gender?] [CATI: TRANSGENDER, NONBINARY, OR ANOTHER GENDER]

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET. CAPTURE TIME SPENT ANSWERING SCC_GENDER.]
[PROGRAMMER: DISPLAY SCC_DISP-SCC_GENDERc ON THE SAME PAGE.]

[SHOW IF SCAGEY > 3]
[S]
SCC_ENROLL
Which of the following best describe [FILL: SCNAME]'s schooling during the 2023-24 school year?

    1   [FILL: SCNAME] had not yet started school.
    2   [FILL: SCNAME] attended a public, private, or charter school in-person for grades Pre-K to 12.
    3   [FILL: SCNAME] was homeschooled full-time.

4   [FILL: SCNAME] attended a virtual school full-time.
5   [FILL: SCNAME] attended a college or university.

[SHOW IF SCAGEY <= 3 OR SCAGEM <= 24 OR SCC_ENROLL = 1,-6,-7,-9]
[S]
SCC_DAYCARE
Does [FILL: SCNAME] attend daycare at least once a week?

Include daycare centers and daycare provided in another person's home. Do not include care provided in your own home, such as a nanny or babysitter.

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW ALL]
[M]
SCC_RACE
What is [FILL: SCNAME]'s race and/or ethnicity? Select all that apply.

SCC_RACEa	American Indian or Alaska Native
SCC_RACEb	Asian
SCC_RACEc	Black or African American
SCC_RACEd	Hispanic or Latino
SCC_RACEe	Middle Eastern or North African
SCC_RACEf	Native Hawaiian or Pacific Islander
SCC_RACEg	White

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET.]

[SHOW IF SCC_RACEa=1]
[TEXTBOX]
SCC_AIAN
You said that you are American Indian or Alaska Native. Please [CAWI: select; CATI: tell me] all that apply. Are you Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, or some other group?
[TEXTBOX; CHARACTER LIMIT = 150]

You said that you are Asian. Please [CAWI: select; CATI: tell me] all that apply. Are you:

1   Chinese
2   Vietnamese
3   Asian Indian
4   Korean
5   Filipino
6   Japanese
7   Another Asian group, for example Pakistani, Hmong, Afghan, etc. [TEXTBOX; CHARACTER LIMIT = 50]

You said that you are Black or African American. Please [CAWI: select; CATI: tell me] all that apply. Are you:

1   African American
2   Nigerian
3   Jamaican
4   Ethiopian
5   Haitian
6   Somali
7   Another Black or African American group, for example Trinidadian and Tobagonian, Ghanaian, Congolese, etc. [TEXTBOX; CHARACTER LIMIT = 50]

You said that you are Hispanic or Latino. Please [CAWI: select; CATI: tell me] all that apply. Are you:

1   Mexican
2   Cuban
3   Puerto Rican
4   Dominican
5   Salvadoran
6   Guatemalan

7   Another Hispanic or Latino group, for example Colombian, Honduran, Spaniard, etc. [TEXTBOX; CHARACTER LIMIT = 50]

[SHOW IF SCC_RACEe=1]
[M]
SCC_MENA

You said that you are Middle Eastern or North African. Please [CAWI: select; CATI: tell me] all that apply. Are you:

1   Lebanese
2   Syrian
3   Iranian
4   Iraqi
5   Egyptian
6   Israeli
7   Another Middle Eastern or North African group, for example Moroccan, Yemeni, Kurdish, etc. [TEXTBOX; CHARACTER LIMIT = 50]

[SHOW IF SCC_RACEf=1]
[M]
SCC_NHPI

You said that you are Native Hawaiian or Pacific Islander. Please [CAWI: select; CATI: tell me] all that apply. Are you:

1   Native Hawaiian
2   Tongan
3   Samoan
4   Fijian
5   Chamorro
6   Marshallese
7   Another Native Hawaiian or Pacific Islander group, for example Chuukese, Palauan, Tahitian, etc. [TEXTBOX; CHARACTER LIMIT = 50]

[SHOW IF SCC_RACEg=1]
[M]
SCC_WHITE

You said that you are White. Please [CAWI: select; CATI: tell me] all that apply. Are you:

1   English
2   Italian
3   German
4   Polish
5   Irish
6   Scottish

7   Another White group, for example French, Swedish, Norwegian, etc. [TEXTBOX; CHARACTER LIMIT = 50]

[CREATE "END_TIME_SCC" AND "END_DATE_SCC"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD SELF-REPORTED HEALTH STATUS

[CREATE "START_TIME_CHS" AND "START_DATE_CHS"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[SHOW ALL]
[S]
CHS_HEALTH
[CAWI] Would you say [FILL: SCNAME]'s health in general is...

[CATI] Would you say [FILL: SCNAME]'s health in general is excellent, very good, good, fair, or poor?

[CAWI RESPONSE OPTIONS:]
    1   Excellent
    2   Very good
    3   Good
    4   Fair
    5   Poor

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   EXCELLENT
    2   VERY GOOD
    3   GOOD
    4   FAIR
    5   POOR

[CREATE "END_TIME_CHS" AND "END_DATE_CHS"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD CHRONIC CONDITIONS

[CREATE "START_TIME_CCC" AND "START_DATE_CCC"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[SHOW ALL]
[S]
CCC_ASTHMA
Has a doctor or other health professional <u>ever</u> told you that [FILL: SCNAME] had asthma?

[CAWI RESPONSE OPTIONS:]
    1   Yes

0   No

 1 YES
 0 NO

[CREATE "END_TIME_CCC" AND "END_DATE_CCC"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD COVID

[CREATE "START_TIME_COV" AND "START_DATE_COV"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[SHOW ALL]
[S]
COV_EVCOVID
Has [FILL: SCNAME] ever had COVID-19?

[CAWI RESPONSE OPTIONS:]
 1 Yes
 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]
 1 YES
 0 NO

[CREATE "END_TIME_COV" AND "END_DATE_COV"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD DEVELOPMENTAL DELAYS

[CREATE "START_TIME_CDD" AND "START_DATE_CDD"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[SHOW ALL]
[S]
CDD_INTDIS
Has a doctor or other health professional <u>ever</u> told you that [FILL: SCNAME] had an intellectual disability, previously known as mental retardation?

Health professionals can include school psychologists and school nurses.

[CAWI RESPONSE OPTIONS:]
 1 Yes
 0 No

    1   YES
    0   NO

[SHOW IF CDD_INTDIS=1]
[S]
CDD_INTDISNW
Does [FILL: SCNAME] currently have an intellectual disability, previously known as mental retardation?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CDD_DEVDELAY
Has a doctor or other health professional <u>ever</u> told you that [FILL: SCNAME] had any other developmental delay?

Health professionals can include school psychologists and school nurses.

Developmental delays are significant delays in a child's development. Examples include cognitive, motor, speech, social, emotional and behavioral delays.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF CDD_DEVDELAY=1]
[S]
CDD_DEVDELNW
Does [FILL: SCNAME] still have this other developmental delay?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[CREATE "END_TIME_CDD" AND "END_DATE_CDD"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD DISABILITY (WG)

[CREATE "START_TIME_CDS" AND "START_DATE_CDS"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[PROGRAMMER NOTE: RANDOMIZE THIS CHILD DISABILITY SECTION AND THE CHILD DISABILITY (ACS) SECTION (WHICH BEGINS ON PAGE 63). IF GROUP=1, DISPLAY CHILD DISABILITY (WG) FIRST AND CHILDHOOD DISABILITY (ACS) SECOND. IF GROUP=2, DISPLAY CHILDHOOD DISABILITY (ACS) FIRST AND CHILD DISABILITY (WG) SECOND.]

[SHOW IF SCAGEY >= 2]
[S]
CDS_GLASSES
Does [FILL: SCNAME] wear glasses [IF SCAGEY>=5, FILL: or contact lenses]?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGEY >= 2]
[S]
CDS_DIFSEE
[IF CDS_GLASSES=1, FILL: When wearing glasses [IF SCAGEY>=5, FILL: or contact lenses], does; ELSE, FILL: Does] [FILL: SCNAME] have difficulty seeing? [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY

2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 2]
[S]
CDS_HEARAID
Does [FILL: SCNAME] use a hearing aid?

[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   YES
   0   NO

[SHOW IF SCAGE >= 2]
[S]
CDS_DIFHEAR
[IF CDS_HEARAID=1, FILL: When using [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] hearing aid, does; ELSE, FILL: Does] [FILL: SCNAME] have difficulty hearing sounds like people's voices or music? [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
   1   No difficulty
   2   Some difficulty
   3   A lot of difficulty
   4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   NO DIFFICULTY
   2   SOME DIFFICULTY
   3   A LOT OF DIFFICULTY
   4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 2]
[S]
CDS_EQUIP
Does [FILL: SCNAME] use any equipment or receive assistance for walking?

[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGEY = 2-4 AND CDS_EQUIP = 1]
[S]
CDS_DIFWALKA
Without using [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their]
equipment or assistance, does [FILL: SCNAME] have difficulty walking? [CATI] Would you say [FILL:
SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF
ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY = 2-4 AND CDS_EQUIP = 1]
[S]
CDS_DIFWALKB
When using [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their]
equipment or assistance, does [FILL: SCNAME] have difficulty walking? [CATI] Would you say [FILL:
SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF
ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY = 2-4 AND CDS_EQUIP = 0,-6,-7,-9]
[S]

CDS_DIFWALKC
Compared with children of the same age, does [FILL: SCNAME] have difficulty walking? [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 5 AND CDS_EQUIP = 1]
[S]
CDS_DIFYRDSA
Without using [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] equipment or assistance, does [FILL: SCNAME] have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 5 AND CDS_DIFYARDSA = 1,2,3,-6,-7,-9]
[S]
CDS_DIFMILEA
Without using [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] equipment or assistance, does [FILL: SCNAME] have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks. [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 5 AND CDS_EQUIP = 1]
[S]
CDS_DIFYRDSB
When using [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] equipment or assistance, does [FILL: SCNAME] have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]

    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 5 AND CDS_DIFYRDSB=1,2,3,-6,-7,-9]
[S]
CDS_DIFMILEB
When using [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] equipment or assistance, does [FILL: SCNAME] have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks. [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]

    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 5 AND CDS_EQUIP = 0,-6,-7,-9]
[S]
CDS_DIFYRDSC
Compared with children of the same age, does [FILL: SCNAME] have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 5 AND CDS_DIFYRDSC=1,2,3,-6,-7,-9]
[S]
CDS_DIFMILEC
Compared with children of the same age, does [FILL: SCNAME] have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks. [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY = 2-4]
[S]
CDS_DIFUNDER
Does [FILL: SCNAME] have difficulty understanding you? [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY = 2-4]
[S]
CDS_DIFSPEAK
When [FILL: SCNAME] speaks, do you have difficulty understanding [IF ONLY SCC_GENDERa=1, FILL: him; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: them]? [CATI] Would you say you have no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 5]
[S]
CDS_DIFSPKOT
When [FILL: SCNAME] speaks, [IF ONLY SCC_GENDERa=1, FILL: does he; IF ONLY SCC_GENDERb=1, FILL: does she; ELSE, FILL: do they] have difficulty being understood by people inside of this household? [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[SHOW IF SCAGEY >= 5]
[S]
CDS_DIFUNDOT
When [FILL: SCNAME] speaks, [IF ONLY SCC_GENDERa=1, FILL: does he; IF ONLY SCC_GENDERb=1, FILL: does she; ELSE, FILL: do they] have difficulty being understood by people outside of this household? [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
   1   No difficulty
   2   Some difficulty
   3   A lot of difficulty
   4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   NO DIFFICULTY
   2   SOME DIFFICULTY
   3   A LOT OF DIFFICULTY
   4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 2]
[S]
CDS_DIFLEARN
Compared with children of the same age, does [FILL: SCNAME] have difficulty learning things? [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
   1   No difficulty
   2   Some difficulty
   3   A lot of difficulty
   4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]

1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 2]
[S]
CDS_DIFREM
Compared with children of the same age, does [FILL: SCNAME] have difficulty remembering things?
[CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY = 2-4]
[S]
CDS_DIFPIKUP
Compared with children of the same age, does [FILL: SCNAME] have difficulty picking up small objects with [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] hands?
[CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

[SHOW IF SCAGEY >= 5]
[S]
CDS_DIFSELF
Does [FILL: SCNAME] have difficulty with self-care, such as eating or dressing? [CATI] Would you say [FILL: SCNAME] has no difficulty, some difficulty, a lot of difficulty, or [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[CREATE "END_TIME_CDS" AND "END_DATE_CDS"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD ANXIETY AND DEPRESSION

[CREATE "START_TIME_CAD" AND "START_DATE_CAD"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[SHOW IF SCAGEY>=5]
[S]
CAD_ANXIOUS
How often does [FILL: SCNAME] seem very anxious, nervous, or worried? [CATI] Would you say daily, weekly, monthly, a few times a year, or never?

[CAWI RESPONSE OPTIONS:]
    1   Daily
    2   Weekly
    3   Monthly
    4   A few times a year
    0   Never

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   DAILY
    2   WEEKLY
    3   MONTHLY
    4   A FEW TIMES A YEAR
    0   NEVER

[SHOW IF SCAGEY>=5]
[S]
CAD_DEPRESS
How often does [FILL: SCNAME] seem very sad or depressed? [CATI] Would you say daily, weekly, monthly, a few times a year, or never?

[CAWI RESPONSE OPTIONS:]
    1   Daily
    2   Weekly
    3   Monthly
    4   A few times a year
    0   Never

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   DAILY
    2   WEEKLY
    3   MONTHLY
    4   A FEW TIMES A YEAR
    0   NEVER

[CREATE "END_TIME_CAD" AND "END_DATE_CAD"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD INJURY

[CREATE "START_TIME_INJ" AND "START_DATE_INJ"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[SHOW ALL]
[DISP]
INJ_INTRO
The next question asks about all types of injuries. People can be injured accidentally or on purpose. They may hurt themselves or others may cause them to be hurt.

[SHOW ALL]
[S]
INJ_INJURY3M
During the past 3 months, did [FILL: SCNAME] have an accident or an injury where any part of [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] body was hurt?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES

0   NO

[PROGRAMMER NOTE: DISPLAY INJ_INTRO AND INJ_INJURY3M ON THE SAME PAGE.]

[CREATE "END_TIME_INJ" AND "END_DATE_INJ"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD ACCESS/UTILIZATION

[CREATE "START_TIME_CAU" AND "START_DATE_CAU"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[DISP]
CAU_INTRO
These next questions are about [FILL: SCNAME]'s health care and insurance coverage.

[SHOW ALL]
[S]
CAU_HTHLASTA
About how long has it been since [FILL: SCNAME] last saw a doctor or other health professional about [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] health?
Include doctors seen while a patient in a hospital. Do not include appointments by video or phone. Do not include dental care.

[CAWI RESPONSE OPTIONS:]
1   Less than 12 months ago
2   More than 1 year but less than 2 years ago
3   More than 2 years but less than 3 years ago
4   More than 3 years but less than 5 years ago
5   More than 5 years but less than 10 years ago
6   10 years ago or more
0   Never

[CATI RESPONSE OPTIONS – READ IF NECESSARY:]
1   Within the past year (ANY TIME LESS THAN 12 MONTHS AGO)
2   Within the last 2 years (MORE THAN 1 YEAR BUT LESS THAN 2 YEARS AGO)
3   Within the last 3 years (MORE THAN 2 YEARS BUT LESS THAN 3 YEARS AGO)
4   Within the last 5 years (MORE THAN 3 YEARS BUT LESS THAN 5 YEARS AGO)
5   Within the last 10 years (MORE THAN 5 YEARS BUT LESS THAN 10 YEARS AGO)
6   10 years ago or more
0   Never

[PROGRAMMER NOTE: ALWAYS DISPLAY OPTIONS 1 AND 0. ONLY DISPLAY OPTION 2 IF SCAGEY >= 1. ONLY DISPLAY OPTION 3 IF SCAGEY >= 2. ONLY DISPLAY OPTION 4 IF SCAGEY >= 3. ONLY DISPLAY OPTION 5 IF SCAGEY >= 5. ONLY DISPLAY OPTION 6 IF SCAGEY >= 10]

[SHOW IF CAU_HTHLASTA =1,2,3,4,5,6,-7]

[S]

CAU_VISITTYP

Was this a well [IF SCAGEY<=2, FILL: baby; IF SCAGEY >= 3 OR MISSING, FILL: child] visit, physical, or general purpose check-up?

This kind of visit typically includes: height and weight measurements, vaccinations, and vision or hearing checks. The doctor or other health professional may also discuss topics related to [FILL: SCNAME]'s health such as [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] growth and development, diet and exercise, safety, and sleep patterns. These visits are usually scheduled in advance and occur when [IF ONLY SCC_GENDERa=1, FILL: he is; IF ONLY SCC_GENDERb=1, FILL: she is; ELSE, FILL: they are] not sick.

If a wellness exam was combined with a sick care visit, include this visit.

[IF (SCC_GENDERb=1 OR SCCGENDERc=1) AND SCAGEY >= 11, FILL: *An obstetrician/gynecologist (OB/GYN) may perform this visit.*]

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF CAU_HTHLASTA=1,2,3,4,5,6,-7 AND CAU_VISITTYP=0, -6, -7, -9]

[S]

CAU_HTHLASTB

About how long has it been since [FILL: SCNAME] last saw a doctor or other health professional for a well [IF SCAGEY<=2, FILL: baby; IF SCAGEY >= 3 OR MISSING, FILL: child] visit, physical, or general purpose check-up?

This kind of visit typically includes: height and weight measurements, vaccinations, and vision or hearing checks. The doctor or other health professional may also discuss topics related to [FILL: SCNAME]'s health such as [FILL: his/her/their] growth and development, diet and exercise, safety, and sleep patterns. These visits are usually scheduled in advance and occur when [IF ONLY SCC_GENDERa=1, FILL: he is; IF ONLY SCC_GENDERb=1, FILL: she is; ELSE, FILL: they are] not sick.

If a wellness exam was combined with a sick care visit, include this visit.

[IF (SCC_GENDERb=1 OR SCCGENDERc=1) AND SCAGEY >= 11, FILL: *An obstetrician/gynecologist (OB/GYN) may perform this visit.*]

[CAWI RESPONSE OPTIONS:]
    1   Less than 12 months ago

2   More than 1 year but less than 2 years ago
3   More than 2 years but less than 3 years ago
4   More than 3 years but less than 5 years ago
5   More than 5 years but less than 10 years ago
6   10 years ago or more
0   Never

1   Within the past year (ANY TIME LESS THAN 12 MONTHS AGO)
2   Within the last 2 years (MORE THAN 1 YEAR BUT LESS THAN 2 YEARS AGO)
3   Within the last 3 years (MORE THAN 2 YEARS BUT LESS THAN 3 YEARS AGO)
4   Within the last 5 years (MORE THAN 3 YEARS BUT LESS THAN 5 YEARS AGO)
5   Within the last 10 years (MORE THAN 5 YEARS BUT LESS THAN 10 YEARS AGO)
6   10 years ago or more
0   Never

[PROGRAMMER NOTE: ALWAYS DISPLAY OPTIONS 1 AND 0. ONLY DISPLAY OPTION 2 IF SCAGEY >= 1. ONLY DISPLAY OPTION 3 IF SCAGEY >= 2. ONLY DISPLAY OPTION 4 IF SCAGEY >= 3. ONLY DISPLAY OPTION 5 IF SCAGEY >= 5. ONLY DISPLAY OPTION 6 IF SCAGEY >= 10]

[SHOW ALL]
[S]
CAU_HTHUSUAL
Is there a place that [FILL: SCNAME] <u>usually</u> goes to if [IF ONLY SCC_GENDERa=1, FILL: he is sick and needs; IF ONLY SCC_GENDERb=1, FILL: she is sick and needs; ELSE, FILL: they are sick and need] health care?

[CAWI RESPONSE OPTIONS:]
1   Yes, there is a single place
3   Yes, there is more than one place
2   No, there is no place

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   YES
2   THERE IS NO PLACE
3   THERE IS MORE THAN ONE PLACE

[SHOW IF CAU_HTHUSUAL = 1, 3]
[S]
CAU_HTHTYPE
What kind of place [IF CAU_HTHUSUAL=1, FILL: is it; ELSE, FILL: [IF ONLY SCC_GENDERa=1, FILL: does he; IF ONLY SCC_GENDERb=1, FILL: does she; ELSE, FILL: do they] go to most often]? [CATI] Is it a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; or some other place?

A doctor's office or health center is a place where [IF ONLY SCC_GENDERa=1, FILL: he sees; IF ONLY SCC_GENDERb=1, FILL: she sees; ELSE, FILL: they see] the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] medical records are on file.

Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and usually do not see the same health care provider at each visit.

[CAWI RESPONSE OPTIONS:]
1   A doctor's office or health center
2   Urgent care center or clinic in a drug store or grocery store
3   Hospital emergency room
4   Some other place
0   [FILL: SCNAME] does not go to one place most often

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   A DOCTOR'S OFFICE OR HEALTH CENTER
2   URGENT CARE CENTER OR CLINIC IN A DRUG STORE OR GROCERY STORE
3   HOSPITAL EMERGENCY ROOM
4   SOME OTHER PLACE
0   DOES NOT GO TO ONE PLACE MOST OFTEN

[SHOW ALL]
[NUMBOX]
CAU_NUMURGNT
During the past 12 months, how many times has [FILL: SCNAME] gone to an urgent care center or clinic in a drug store or grocery store about [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] health?
Urgent care centers and clinics in drug stores or grocery stores are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit. This is different from a hospital emergency room.

[CATI] ENTER '96' IF NUMBER IS 96 OR GREATER.

[PROGRAMMER: DISPLAY ERROR MESSAGE IF >96: Please enter a number between 0 and 96. If the number of times is greater than 96, please enter '96'.]

[NUMBOX] times [RANGE=0-96]

[SHOW ALL]
[NUMBOX]
CAU_NUMHOSER
During the past 12 months, how many times has [FILL: SCNAME] gone to a hospital emergency room about [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] health?
This includes emergency room visits that resulted in a hospital admission.

[CATI] ENTER '96' IF NUMBER IS 96 OR GREATER.

[PROGRAMMER: DISPLAY ERROR MESSAGE IF >96: Please enter a number between 0 and 96. If the number of times is greater than 96, please enter '96'.]

[NUMBOX] times [RANGE=0-96]

[SHOW ALL]
[S]
CAU_DELAYED
During the past 12 months, has medical care been delayed for [FILL: SCNAME] because of the cost?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CAU_NOCARE
During the past 12 months, was there any time when [FILL: SCNAME] needed medical care, but did not get it because of the cost?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CAU_PRESCRIP
At any time in the past 12 months, did [FILL: SCNAME] take prescription medication?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES

    0   NO

[SHOW IF CAU_PRESCRIP = 1]

[S]

CAU_DELAYRX

During the past 12 months, did you <u>delay</u> filling a prescription for [FILL: SCNAME] to save money?

[CAWI RESPONSE OPTIONS:]

    1   Yes

    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES

    0   NO

[SHOW IF CAU_PRESCRIP = 1]

[S]

CAU_NORX

During the past 12 months, was there any time when [FILL: SCNAME] needed prescription medication, but <u>did not get it</u> because of the cost?

[CAWI RESPONSE OPTIONS:]

    1   Yes

    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES

    0   NO

[SHOW ALL]

[S]

CAU_EYEEXAM

During the past 12 months, has [FILL: SCNAME] had an eye exam from an eye specialist such as an optometrist, ophthalmologist, or eye doctor?

[CAWI RESPONSE OPTIONS:]

    1   Yes

    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES

    0   NO

[SHOW ALL]
[S]
CAU_THERAPY
During the past 12 months, did [FILL: SCNAME] receive physical therapy, speech therapy, rehabilitative therapy, or occupational therapy?

[CAWI RESPONSE OPTIONS:]
 1 Yes
 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]
 1 YES
 0 NO

[CREATE "END_TIME_CAU" AND "END_DATE_CAU"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD HEALTH INSURANCE
[CREATE "START_TIME_CHI" AND "START _DATE_CHI"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]
[SHOW ALL]
[GRID]
CHI_INSUR
Is [FILL: SCNAME] covered by any of the following types of health insurance or health coverage plans?

[PROGRAMMER: DISPLAY EMP_INSURA-EMP_INSURH IN GRID FORMAT WITH Y/N RESPONSE COLUMNS, WHERE YES = 1 AND NO = 0]

CHI_INSURa Insurance through a current or former employer or union of your own or another family member
CHI_INSURb Insurance purchased directly from an insurance company by you or another family member
CHI_INSURc Medicare, for people 65 and older or people with certain disabilities
CHI_INSURd Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
CHI_INSURe TRICARE or other military health care
CHI_INSURf VA [CAWI: (enrolled for VA health care); CATI: That is, enrolled for VA health care]
CHI_INSURg Indian Health Service
CHI_INSURh Any other type of health insurance or health coverage plan (*please specify*) [TEXTBOX]

[PROGRAMMER: IF CHI_INSURh =1 AND TEXTBOX LEFT BLANK, PROMPT: You mentioned you had another type of health insurance or health coverage plan. Please enter the name in the text box.]

[CREATE "END_TIME_CHI" AND "END_DATE_CHI"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD STRESSFUL LIFE EVENTS

[CREATE "START_TIME_SLE" AND "START_DATE_SLE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[DISP]
SLE_INTRO
The next set of questions are about events that may have happened during [FILL: SCNAME]'s life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

[PROGRAMMER: DISPLAY IN FOOTER/BOTTOM OF EACH SCREEN IN CHILD STRESSFUL LIFE EVENT SECTION]
Need help? Click <a> here for resources.

[IF CATI: INTERVIEWER - USE THIS LINK TO ACCESS RESOURCES IF RESPONDENT NEEDS HELP/SUPPORT DURING INTERVIEW]

[PROGRAMMER: HYPERLINKS ABOVE SHOULD OPEN IN NEW WINDOW AND DISPLAY THE FOLLOWING:
Thank you for participating in this survey. We realize that some of the topics covered are quite personal and can be difficult to think and talk about. We appreciate your willingness to answer these questions and want you to know that we recognize the important contribution you have made. Sometimes when people have answered questions like these, they realize that they are interested in following up on some of the issues that they have been asked about with someone who is professionally trained to deal with these kinds of issues.

Below are some toll-free numbers of resources that you can use now or in the future if you want to speak further with someone.
- You can reach the National Domestic Violence Hotline at 1-800-799-SAFE (7233).
- You can reach the National Child Abuse Hotline at 1-800-4-A-Child (422-4453).
- You can reach the National Suicide Prevention Lifeline at 988.

[SHOW ALL]
[S]
SLE_VIOLENCE
Has [FILL: SCNAME] ever been the victim of violence or witnessed violence in [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] neighborhood?
[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   YES
   0   NO

[SHOW ALL]
[S]
SLE_SEVDEPRS

Did [FILL: SCNAME] ever live with anyone who was mentally ill or severely depressed?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[SHOW ALL]
[S]
SLE_INSULT
Has [FILL: SCNAME] ever lived with a parent or adult who frequently swore at [IF ONLY SCC_GENDERa=1, FILL: him; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: them], insulted [IF ONLY SCC_GENDERa=1, FILL: him; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: them] or put [IF ONLY SCC_GENDERa=1, FILL: him; IF SCC_GENDERb=1, FILL: her; ELSE, FILL: them] down?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[SHOW ALL]
[S]
SLE_BASNEEDS
Has there ever been a time when [FILL: SCNAME]'s basic needs were <u>not</u> met, such as having enough to eat, being able to go to a doctor when [IF ONLY SCC_GENDERa=1, FILL: he was; IF ONLY SCC_GENDERb=1, FILL: she was; ELSE, FILL: they were] sick, or having a safe place to stay?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[CREATE "END_TIME_SLE" AND "END_DATE_SLE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD SOCIAL DETERMINANTS: PAYING MEDICAL BILLS

[CREATE "START_TIME_PMB" AND "START_DATE_PMB"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[S]
PMB_NOPAY
In the past 12 months, did anyone in your family have problems paying or were unable to pay medical bills?

Include bills from doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF PMB_NOPAY = 1]
[S]
PMB_NOPAYNOW
Does anyone in your family currently have any medical bills that you are unable to pay at all?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
PMB_WORRYPAY
If [FILL: SCNAME] gets sick or has an accident, how worried are you that you will be able to pay [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] medical bills? [CATI: Are you very worried, somewhat worried, or not at all worried?]

[CAWI RESPONSE OPTIONS:]
    1   Very worried
    2   Somewhat worried
    3   Not at all worried

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   VERY WORRIED

2 SOMEWHAT WORRIED
3 NOT AT ALL WORRIED

[CREATE "END _TIME_PMB" AND "END_DATE_PMB"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHILD SOCIAL DETERMINANTS: SNAP PARTICIPATION

[CREATE "START_TIME_SNP" AND "START_DATE_SNP"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[S]
SNP_SNAPBEN
Did any family members living in your household receive food stamp benefits in the last 30 days?

This program puts money on a SNAP EBT card that you can only use to buy food.

[CAWI RESPONSE OPTIONS:]
1 Yes
0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1 YES
0 NO

[CREATE "END _TIME_SNP" AND "END_DATE_SNP"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

SOCIAL DETERMINANTS – FOOD INSECURITY

[CREATE "START_TIME_FSC" AND "START_DATE_FSC"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[DISP]
FSC_INTRO
These next questions are about whether your family was always able to afford the food you needed in the last 30 days.

[SHOW ALL]

[DISP]
FSC_DISP1
[CAWI] The following are statements that people have made about their food situation. How often were the following true for your family in the last 30 days?

[CATI] I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your family in the last 30 days.

[SHOW ALL]
[S]
FSC_WORRY
[IF CAWI, FILL: We were; IF CATI, FILL: Your family was] worried whether [IF CAWI, FILL: our; IF CATI, FILL: your] food would run out before [IF CAWI, FILL: we; IF CATI, FILL: you] got money to buy more. [CATI – REPEAT AS NECESSARY] Was this often true, sometimes true, or never true for you in the last 30 days?

[CAWI RESPONSE OPTIONS:]
1   Often true
2   Sometimes true
3   Never true

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   OFTEN TRUE
2   SOMETIMES TRUE
3   NEVER TRUE

[SHOW ALL]
[S]
FSC_NOTLAST
The food [IF CAWI, FILL: we; IF CATI, FILL: your family] bought just didn't last, and [IF CAWI, FILL: we; IF CATI, FILL: your family] didn't have money to get more. [CATI – REPEAT AS NECESSARY] Was this often true, sometimes true, or never true for you in the last 30 days?

[CAWI RESPONSE OPTIONS:]
1   Often true
2   Sometimes true
3   Never true

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   OFTEN TRUE
2   SOMETIMES TRUE
3   NEVER TRUE

[SHOW ALL]

[S]
FSC_AFFORD
[IF CAWI, FILL: We; IF CATI, FILL: Your family] couldn't afford to eat balanced meals. [CATI – REPEAT AS NECESSARY] Was this often true, sometimes true, or never true for you in the last 30 days?

[CAWI RESPONSE OPTIONS:]
   1   Often true
   2   Sometimes true
   3   Never true

[CATI RESPONSE OPTIONS – DO NOT READ:]
   1   OFTEN TRUE
   2   SOMETIMES TRUE
   3   NEVER TRUE

[PROGRAMMER: DISPLAY FSC_DISP1-FSC_AFFORD ON THE SAME PAGE]

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]
FSC_SKIP
In the last 30 days, did [IF HHR_HHNUMd = 1, FILL: you; IF HHR_HHNUMd >1, FILL: you or other adults in your family] ever cut the size of your meals or skip meals because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   YES
   0   NO

[SHOW IF FSC_SKIP = 1]
[NUMBOX]
FSC_SKIPNUM
In the last 30 days, how many days did [IF HHR_HHNUMd = 1, FILL: you; IF HHR_HHNUMd >1, FILL: you or other adults in your family] cut the size of your meals or skip meals because there wasn't enough money for food?

[PROGRAMMER: DISPLAY ERROR MESSAGE IF NUMBER OF DAYS IS >30: Please enter a number of days between 1 and 30.]

[NUMBOX] days [RANGE=1-30]

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]

FSC_EATLESS

In the last 30 days, did [IF HHR_HHNUMd = 1, FILL: you; IF HHR_HHNUMd >1, FILL: you or other adults in your family] ever eat less than you felt you should because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]
FSC_NOTEAT

In the last 30 days, were [IF HHR_HHNUMd = 1, FILL: you; IF HHR_HHNUMd >1, FILL: you or other adults in your family] ever hungry but didn't eat because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]
FSC_LOSEWT

In the last 30 days, did [IF HHR_HHNUMd = 1, FILL: you; IF HHR_HHNUMd >1, FILL: you or other adults in your family] lose weight because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]
FSC_NOEATDAY

In the last 30 days, did [IF HHR_HHNUMd = 1, FILL: you; IF HHR_HHNUMd >1, FILL: you or other adults in your family] ever not eat for a whole day because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]

> 1   Yes
> 0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
> 1   YES
> 0   NO

[SHOW IF FSC_NOEATDAY=1]
[NUMBOX]
FSC_NOEATNUM
In the last 30 days, how many days did [IF HHR_HHNUMd = 1, FILL: you; IF HHR_HHNUMd >1, FILL: you or other adults in your family] not eat for a whole day because there wasn't enough money for food?

[PROGRAMMER: DISPLAY ERROR MESSAGE IF NUMBER OF DAYS IS >30: Please enter a number of days between 1 and 30.]

[NUMBOX] days [RANGE=1-30]

[CREATE "END _TIME_FSC" AND "END_DATE_FSC"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

POSITIVE CHILDHOOD EXPERIENCES
[CREATE "START_TIME_PCE" AND "START _DATE_PCE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[DISP]
PCE_INTRO
These next questions are about your family's neighborhood and community.

[SHOW ALL]
[S]
PCE_EMSUPP
During the past 12 months, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

[CAWI RESPONSE OPTIONS:]
> 1   Yes
> 0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
> 1   YES

0   NO

How much do you agree or disagree with the following statement?

When someone in [IF CATI, FILL: your; IF CAWI, FILL: our] family has problems, they can count on help from [IF CATI, FILL: your; IF CAWI, FILL: our] relatives. [CATI: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

[CAWI RESPONSE OPTIONS:]
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

How much do you agree or disagree with the following statement?

When someone in [IF CATI, FILL: your; IF CAWI, FILL: our] family has problems, they can count on help from [IF CATI, FILL: your; IF CAWI, FILL: our] friends, neighbors, or other non-relative members of [IF CATI, FILL: your; IF CAWI, FILL: our] community. [CATI: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

[CAWI RESPONSE OPTIONS:]
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

PCE_PATHS
In your neighborhood, are there sidewalks or walking paths?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
PCE_PARK
In your neighborhood, is there a park or playground?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
PCE_RECCOMM
In your neighborhood, is there a recreation center, community center, or Boys and Girls Club?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
PCE_PLAYDAY
How safe is it for children to play outside during the day in your neighborhood? [CATI: Would you say very safe, somewhat safe, or not at all safe?]

[CAWI RESPONSE OPTIONS:]
    1   Very safe
    2   Somewhat safe
    3   Not at all safe

    1   VERY SAFE
    2   SOMEWHAT SAFE
    3   NOT AT ALL SAFE

[SHOW ALL]
[S]
PCE_OUTDOORS
On an average weekend day, how much time does [FILL: SCNAME] spend outdoors?

[CAWI RESPONSE OPTIONS:]
    1   Less than 1 hour per day
    2   1-2 hours per day
    3   2-3 hours per day
    4   3-4 hours per day
    5   4 or more hours per day

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   LESS THAN 1 HOUR PER DAY
    2   1-2 HOURS PER DAY
    3   2-3 HOURS PER DAY
    4   3-4 HOURS PER DAY
    5   4 OR MORE HOURS PER DAY

[SHOW IF SCAGEY >= 6]
[S]
PCE_FRIENDS
Does [FILL: SCNAME] have difficulty making friends? [CATI: Would you say no difficulty, some difficulty, a lot of difficulty, or can [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] not do this at all?]

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO AT ALL

[SHOW IF SCAGEY >= 6 AND PCE_FRIENDS = 1,2,3,-6,-7,-9]
[S]
PCE_PLAYFRND

On an average week, how many days does [FILL: SCNAME] spend playing or hanging out with friends in person?

Do not include time while at school, daycare, or aftercare.

[CAWI RESPONSE OPTIONS:]
1   4 or more days per week
2   1-3 days per week
3   Less than 1 day per week
4   Never

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   4 OR MORE DAYS PER WEEK
2   1-3 DAYS PER WEEK
3   LESS THAN 1 DAY PER WEEK
4   NEVER

[SHOW IF SCAGEY >= 6 AND PCE_FRIENDS = 1,2,3,-6,-7,-9]
[S]
PCE_VIDEOFRN
On an average week, how many hours does [FILL: SCNAME] spend talking with friends on the phone, over video, or using voice chat such as during gaming?

Do not include all screen time, only time when they use the phone, video, or voice chat

[CAWI RESPONSE OPTIONS:]
1   7 or more hours per week, or an hour or more per day
2   Between 5 and 7 hours per week
3   Between 1 and 4 hour(s) per week
4   Less than 1 hour per week
5   Never

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   7 OR MORE HOURS PER WEEK, OR 1 HOUR OR MORE PER DAY
2   BETWEEN 5 AND 7 HOURS PER WEEK
3   BETWEEN 1 AND 4 HOUR(S) PER WEEK
4   LESS THAN 1 HOUR PER WEEK
5   NEVER

[SHOW IF SCAGEY >= 12 AND PCE_FRIENDS = 1,2,3,-6,-7,-9]
[S]
PCE_RELYFRND
How much do you think [FILL: SCNAME] could rely on [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] friends for help if [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] had a serious problem? [CATI: Would you say a lot, some, a little, or not at all?]

[CAWI RESPONSE OPTIONS:]
1. A lot
2. Some
3. A little
4. Not at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL

[SHOW IF SCAGEY >= 6 AND PCE_FRIENDS = 1,2,3,-6,-7,-9]
[S]
PCE_OPENFRND
How much do you think [FILL: SCNAME] can open up to [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] friends if [IF ONLY SCC_GENDERa=1, FILL: he wants; IF ONLY SCC_GENDERb=1, FILL: she wants; ELSE, FILL: they want] to talk about [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] worries? [CATI: Would you say a lot, some, a little, or not at all?]

[CAWI RESPONSE OPTIONS:]
1. A lot
2. Some
3. A little
4. Not at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL

[SHOW IF SCAGEY >= 6]
[S]
PCE_SHARE
How well can you and [FILL: SCNAME] share ideas or talk about things that really matter? [CATI: Would you say very well, somewhat well, not very well, or not well at all?]

[CAWI RESPONSE OPTIONS:]
1. Very well
2. Somewhat well
3. Not very well
4. Not well at all

[CATI RESPONSE OPTIONS - DO NOT READ:]

1   VERY WELL
2   SOMEWHAT WELL
3   NOT VERY WELL
4   NOT WELL AT ALL

[SHOW IF SCAGEY >= 6]
[S]
PCE_RELYADLT
Other than [IF HHR_HHNUMd=1, FILL: you; IF HHR_HHNUMd>1, FILL: you or other adults in your home], is there at least one other adult in [FILL: SCNAME]'s school, neighborhood, or community who knows [FILL: SCNAME] well and who [IF ONLY SCC_GENDERa=1, FILL: he; IF ONLY SCC_GENDERb=1, FILL: she; ELSE, FILL: they] can rely on for advice or guidance?
[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW ALL]
[M]
PCE_ACTIVITY
For this next question, you may select more than one answer. Which, if any, of the following activities have you done with [FILL: SCNAME] within the last seven days?

PCE_ACTIVITYa Read books or told stories together
PCE_ACTIVITYb Cooked or enjoyed meals together
PCE_ACTIVITYc Educational activities
PCE_ACTIVITYd Spent time outdoors, including walks and sports
PCE_ACTIVITYe Watched TV or other media together
PCE_ACTIVITYf [IF SCAGEY >= 3 Played video games together]
PCE_ACTIVITYg [IF SCAGEY >= 3 Played board or card games together]
PCE_ACTIVITYh None of the above

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET. IF SCAGEY < 3, CODE PCE_ACTIVITYf AND PCE_ACTIVITYg AS VALID SKIPS. DO NOT ALLOW PCE_ACTIVITYh TO BE SELECTED IN COMBINATION WITH OTHER RESPONSE OPTIONS.]

[SHOW IF SCAGEY >= 6]
[DISP]
PCE_DISP1
Is [FILL: SCNAME] currently participating in any of the following at school or outside of school?

[SHOW IF SCAGEY >= 6]
[S]

PCE_SPORTS
Organized sports, sports lessons, or practice

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGEY >= 6]
[S]
PCE_CLUBS
Clubs, organizations, or organized lessons or practice, such as music, dance, language, or other arts

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGEY >= 6]
[S]
PCE_SERVICE
Community service or volunteer work at school, place of worship, or in the community

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY PCE_DISP1 – PCE_SERVICE ON THE SAME PAGE.]

[SHOW IF SCAGEY >= 3]
[DISP]
PCE_DISP2
In an average week, does [FILL: SCNAME] spend any of their free time, that is, time outside of school or organized activities, doing the following?

[SHOW IF SCAGEY >= 6]
[S]
PCE_ARTS

Music, writing, visual, or performing arts, such as playing an instrument at home, drawing, or writing poetry or stories

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGEY >= 3]
[S]
PCE_READING
Reading books or listening to audiobooks

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY PCE_DISP2-PCE_READING ON THE SAME PAGE.]

[SHOW IF SCAGEY >= 6]
[S]
PCE_EXERCISE
During the past week, on how many days did [FILL: SCNAME] exercise, play a sport, or participate in physical activity for at least 60 minutes?

[CAWI RESPONSE OPTIONS:]
    1   0 days
    2   1-3 days
    3   4-6 days
    4   Every day

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   0 DAYS
    2   1-3 DAYS
    3   4-6 DAYS
    4   EVERY DAY

[SHOW IF SCC_ENROLL=2,3,4,5,-6,-7,-9]

[DISP]
PCE_DISP3
How much do you agree or disagree with the following statements about [FILL: SCNAME]'s <u>current school</u>? [CATI: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

[SHOW IF SCC_ENROLL =2,3,4,5,-6,-7,-9]
[S]
PCE_CLOSESCH
[FILL: SCNAME] feels close to people at school.

[CAWI RESPONSE OPTIONS:]
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[SHOW IF SCC_ENROLL =2,3,4,5,-6,-7,-9]
[S]
PCE_TEACHERS
Teachers care about [FILL: SCNAME].

[CAWI RESPONSE OPTIONS:]
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[SHOW IF SCC_ENROLL =2,3,4,5,-6,-7,-9]
[S]
PCE_PARTSCH
[FILL: SCNAME] feels like a part of the school.

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[PROGRAMMER: DISPLAY PCE_DISP3 – PCE_PARTSCH ON THE SAME PAGE.]

[SHOW IF SCAGEY >= 6]
[DISP]
PCE_DISP4
How much do you agree or disagree with the following statements about your <u>current neighborhood</u>?
[CATI: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

[SHOW IF SCAGEY >= 6]
[S]
PCE_CLOSENEI
[FILL: SCNAME] feels close to people in [FILL: CAWI = our; CATI = your] neighborhood.

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[SHOW IF SCAGEY >= 6]
[S]
PCE_NEIGHBOR
[FILL: CAWI = Our; CATI = Your] neighbors care about [FILL: SCNAME].

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[SHOW IF SCAGEY >= 6]
[S]
PCE_PARTNEI
[FILL: SCNAME] feels like a part of the neighborhood.

[CAWI RESPONSE OPTIONS:]
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[PROGRAMMER: DISPLAY PCE_DISP4-PCE_PARTNEI ON THE SAME PAGE.]

[CREATE "END_TIME_PCE" AND "END_DATE_PCE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

ATTITUDES ON CHILDHOOD VACCINES
[CREATE "START_TIME_VAX" AND "START _DATE_VAX"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW IF SCAGEM >=6 OR SCAGEY >=1]
[DISP]
VAX_INTRO
These next questions are about vaccines your child may have had.

[SHOW IF SCAGEM >= 6 OR SCAGEY >= 1]
[S]
VAX_ALLREC
To the best of your knowledge, has [FILL: SCNAME] received all recommended childhood vaccines?

[CAWI RESPONSE OPTIONS:]
    1   Yes

0   No

[SHOW SCAGEM >= 6 OR SCAGEY >= 1]
[S]
VAX_FLU
There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. During the past 12 months, has [FILL: SCNAME] had a flu vaccination?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW SCAGEM >= 6 OR SCAGEY >= 1]
[S]
VAX_COVID
Has [FILL: SCNAME] had at least one dose of a COVID-19 vaccination?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGEY >= 13]
[S]
VAX_GARDASIL
Has [FILL: SCNAME] had at least one dose of the human papillomavirus (HPV) vaccine, sometimes called Gardasil?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES

0   NO

[S]
VAX_MMR
Has [FILL: SCNAME] had the measles vaccine, sometimes called MMR?

[CAWI RESPONSE OPTIONS:]
        1   Yes
        0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
        1   YES
        0   NO

[SHOW ALL]
[S]
VAX_HESCOVID
How hesitant about COVID-19 vaccines for children would you consider yourself to be? [CATI: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?]

[CAWI RESPONSE OPTIONS:]
        1   Not at all hesitant
        2   Not that hesitant
        3   Somewhat hesitant
        4   Very hesitant

[CATI RESPONSE OPTIONS - DO NOT READ:]
        1   NOT AT ALL HESITANT
        2   NOT THAT HESITANT
        3   SOMEWHAT HESITANT
        4   VERY HESITANT

[SHOW ALL]
[S]
VAX_HESOTH
Besides the COVID-19 vaccine, how hesitant about other childhood vaccines would you consider yourself to be? [CATI: Would you say not at all hesitant, not that hesitant, somewhat hesitant, or very hesitant?]

[CAWI RESPONSE OPTIONS:]
        1   Not at all hesitant
        2   Not that hesitant
        3   Somewhat hesitant
        4   Very hesitant

[CATI RESPONSE OPTIONS - DO NOT READ:]
        1   NOT AT ALL HESITANT

2   NOT THAT HESITANT
3   SOMEWHAT HESITANT
4   VERY HESITANT

[SHOW IF GROUP = 1]
[S]
VAX_CONCOVID
How confident are you that the COVID-19 vaccine benefits [FILL: SCNAME]? [CATI: Would you say very confident, somewhat confident, or not at all confident?]

[CAWI RESPONSE OPTIONS:]
1   Very confident
2   Somewhat confidant
3   Not at all confident

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   VERY CONFIDENT
2   SOMEWHAT CONFIDANT
3   NOT AT ALL CONFIDENT

[SHOW IF GROUP = 1]
[S]
VAX_CONOTH
Besides the COVID-19 vaccine, how confident are you that other childhood vaccines benefit [FILL: SCNAME]? [CATI: Would you say very confident, somewhat confident, or not at all confident?]

[CAWI RESPONSE OPTIONS:]
1   Very confident
2   Somewhat confidant
3   Not at all confident

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   VERY CONFIDENT
2   SOMEWHAT CONFIDANT
3   NOT AT ALL CONFIDENT

[SHOW IF GROUP = 2]
[S]
VAX_IMPCOVID
How important do you think the COVID-19 vaccine is for [FILL: SCNAME]'s health? [CATI: Would you say very important, somewhat important, or not at all important?]

[CAWI RESPONSE OPTIONS:]
1   Very important
2   Somewhat important
3   Not at all important

    1   VERY IMPORTANT
    2   SOMEWHAT IMPORTANT
    3   NOT AT ALL IMPORTANT

[SHOW IF GROUP = 2]
[S]
VAX_IMPOTH
Besides the COVID-19 vaccine, how important do you think other childhood vaccines are for [FILL: SCNAME]'s health? [CATI: Would you say very important, somewhat important, or not at all important?]

[CAWI RESPONSE OPTIONS:]
    1   Very important
    2   Somewhat important
    3   Not at all important

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   VERY IMPORTANT
    2   SOMEWHAT IMPORTANT
    3   NOT AT ALL IMPORTANT

[SHOW ALL]
[S]
VAX_SAFECOV
How confident are you that the COVID-19 vaccine is safe for [FILL: SCNAME]? [CATI: Would you say very confident, somewhat confident, or not at all confident?]

[CAWI RESPONSE OPTIONS:]
    1   Very confident
    2   Somewhat confidant
    3   Not at all confident

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   VERY CONFIDENT
    2   SOMEWHAT CONFIDANT
    3   NOT AT ALL CONFIDENT

[SHOW ALL]
[S]
VAX_SAFEOTH
Besides the COVID-19 vaccine, how confident are you that other childhood vaccines are safe for [FILL: SCNAME]? [CATI: Would you say very confident, somewhat confident, or not at all confident?]

[CAWI RESPONSE OPTIONS:]

1   Very confident
2   Somewhat confidant
3   Not at all confident

    1   VERY CONFIDENT
    2   SOMEWHAT CONFIDANT
    3   NOT AT ALL CONFIDENT

[SHOW ALL]
[S]
VAX_EXEMPT
Have you ever requested permission or for [FILL: SCNAME] to attend daycare or school without required vaccination?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
VAX_TOOMANY
Have you ever been concerned about [FILL: SCNAME] receiving too many vaccines at one time?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
VAX_SIDEEFF
Have you ever been concerned about [FILL: SCNAME] experiencing serious, long term side effects from getting vaccinated?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1   YES
        0   NO

[SHOW IF VAX_TOOMANY = 1 OR VAX_SIDEEFF = 1]
[M]
VAX_DECISION
For this next question, you may select more than one answer. Did you do any of the following because of your concerns about getting [FILL: SCNAME] vaccinated?

VAX_DECISIONa Delayed [IF ONLY SCC_GENDERa=1, FILL: his; IF ONLY SCC_GENDERb=1, FILL: her; ELSE, FILL: their] vaccinations
VAX_DECISIONb Reduced number of vaccinations given in a single visit
VAX_DECISIONc Declined some vaccinations
VAX_DECISIONd Declined all vaccinations
VAX_DECISIONe None of the above

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET. DO NOT ALLOW VAX_DECISIONe OR VAX_DECISIONd TO BE SELECTED IN COMBINATION WITH OTHER RESPONSES.]

[SHOW ALL]
[S]
VAX_KNOWEFF
Do you personally know anyone who has had a serious, long-term side effect from a vaccine?

[CAWI RESPONSE OPTIONS:]
        1   Yes
        0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
        1   YES
        0   NO

[SHOW ALL]
[M]
VAX_WHOCOMM
For this next question, you may select more than one answer. Which of the following have communicated with you about getting vaccines for [FILL: SCNAME]?

VAX_WHOCOMMa Doctor or other health care providers
VAX_WHOCOMMb School or daycare
VAX_WHOCOMMc Some other source

VAX_WHOCOMMd Nobody has communicated with [CAWI: me; CATI: you] about vaccines for [CAWI: my; CAIT: your] child

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET. DO NOT ALLOW VAX_WHOCOMMd TO BE SELECTED IN COMBINATION WITH OTHER RESPONSES.]

[SHOW IF VAX_WHOCOMMa = 1]
[M]
VAX_HOWCOMM
For this next question, you may select more than one answer. How have doctors or other health care providers communicated with you about getting vaccines for [FILL: SCNAME]?

VAX_HOWCOMMa Face-to-face conversations
VAX_HOWCOMMb Email or other electronic messages, such as a patient portal
VAX_HOWCOMMc Text messages
VAX_HOWCOMMd Phone calls
VAX_HOWCOMMe Information sheets
VAX_HOWCOMMf Other

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET.]

[SHOW IF VAX_WHOCOMMa = 1]
[M]
VAX_RECVACC
For this next question, you may select more than one answer. Have doctors or other health care providers recommended that [FILL: SCNAME] get any of the following vaccines?

VAX_RECVACCa Influenza or flu
VAX_RECVACCb COVID-19
VAX_RECVACCc [IF SCAGEY >= 9] HPV, sometimes called Gardasil
VAX_RECVACCd None of the above

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET. DO NOT ALLOW VAX_RECVACCd TO BE SELECTED IN COMBINATION WITH OTHER RESPONSE OPTIONS.]

[SHOW ALL]
[S]
VAX_TRUSTDOC
Is [FILL: SCNAME]'s doctor or health care provider your most trusted source of information about childhood vaccines?

[CAWI RESPONSE OPTIONS:]
    1   Yes

0   No

    1   YES
    0   NO

[SHOW IF VAX_WHOCOMMb = 0,-6,-7,-9 AND SCC_ENROLL=1,2,4,5,-6,-7,-9]
[S]
VAX_INFOSCHA
Which of the following best describes how you would feel about receiving information on vaccines from [FILL: SCNAME]'s [IF SCAGEY <5, FILL: daycare; ELSE, FILL: school], such as information about recommended vaccines and where you can get [FILL: SCNAME] vaccinated?

    1   [CAWI: I; CATI: You] would appreciate receiving this information.
    2   [CAWI: I; CATI: You] would not appreciate receiving this information.
    3   Not sure

[SHOW IF VAX_WHOCOMMb = 1]
[S]
VAX_INFOSCHB
Which of the following best describes how you felt about the information on vaccines you received from [FILL: SCNAME]'s [IF SCAGEY <5, FILL: daycare; ELSE, FILL: school]?

    1   [CAWI: I; CATI: You] appreciated receiving this information.
    2   [CAWI: I; CATI: You] did not appreciate receiving this information.
    3   Not sure

[SHOW ALL]
[S]
VAX_DIFFICULT
How difficult is it to get [FILL: SCNAME] vaccinated? [CATI: Would you say not at all difficult, somewhat difficult, or very difficult? If you have not tried to get [FILL: SCNAME] vaccinated, you can tell me that too.]

[CAWI RESPONSE OPTIONS:]
    1   Not at all difficult
    2   Somewhat difficult
    3   Very difficult

    0   I have not tried to get [FILL: SCNAME] vaccinated

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   NOT AT ALL DIFFICULT
    2   SOMEWHAT DIFFICULT
    3   VERY DIFFICULT

0   HAVE NOT TRIED TO GET [FILL: SCNAME] VACCINATED

[SHOW IF VAX_DIFFICULT = 2,3]
[DISP]
VAX_DISP
How much do you agree or disagree with the following statements? [CATI: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

[SHOW IF VAX_DIFFICULT = 2,3]
[S]
VAX_TRANSPO
Getting [FILL: SCNAME] vaccinated is difficult because of a lack of reliable transportation.

[CAWI RESPONSE OPTIONS:]
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[SHOW IF VAX_DIFFICULT = 2,3]
[S]
VAX_COST
Getting [FILL: SCNAME] vaccinated is difficult because of the cost.

[CAWI RESPONSE OPTIONS:]
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[SHOW IF VAX_DIFFICULT = 2,3]
[S]
VAX_TIME
It is hard to find the time to take [FILL: SCNAME] to get vaccinated.

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[PROGRAMMER: DISPLAY VAX_DISP – VAX_TIME ON THE SAME PAGE.]

[SHOW ALL]
[S]
VAX_SOCCOVID
Are discussions you have seen on social media about the COVID-19 vaccine for children [IF CATI, FILL: mostly positive; mostly negative; a mix, that is both negative and positive, or mostly neutral? If you haven't seen discussions on social media about the COVID-19 vaccine for children, you may say that too.; IF CAWI, FILL: …?]

[CAWI RESPONSE OPTIONS:]
1   Mostly positive
2   Mostly negative
3   A mix, that is, both positive and negative
4   Mostly neutral

0   I have not seen discussions on social media about the COVID-19 vaccine for children.

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   MOSTLY POSITIVE
2   MOSTLY NEGATIVE
3   A MIX, THAT IS, BOTH POSITIVE AND NEGATIVE
4   MOSTLY NEUTRAL

0   HAVE NOT SEEN DISCUSSIONS ON SOCIAL MEDIA ABOUT THE COVID-19 VACCINE FOR CHILDREN

[SHOW ALL]
[S]
VAX_SOCOTH
Besides the COVID-19 vaccine, are discussions you have seen on social media about other childhood vaccines [IF CATI, FILL: mostly positive; mostly negative; a mix, that is both negative and positive, or mostly neutral? If you haven't seen discussions on social media about other childhood vaccines, you may say that too.; IF CAWI, FILL: …?]

[CAWI RESPONSE OPTIONS:]

1   Mostly positive
2   Mostly negative
3   A mix, that is, both positive and negative
4   Mostly neutral

0   I have not seen discussions on social media about other childhood vaccines.

1   MOSTLY POSITIVE
2   MOSTLY NEGATIVE
3   A MIX, THAT IS, BOTH POSITIVE AND NEGATIVE
4   MOSTLY NEUTRAL

0   HAVE NOT SEEN DISCUSSIONS ON SOCIAL MEDIA ABOUT OTHER CHILDHOOD VACCINATIONS

[SHOW ALL]
[S]
VAX_NEWSCOV
Are discussions you have seen on television news about the COVID-19 vaccine for children [IF CATI, FILL: mostly positive; mostly negative; a mix, that is both negative and positive, or mostly neutral? If you have not seen discussions on television news about the COVID-19 vaccine for children, you may say that too.; IF CAWI, FILL: ...?]

[CAWI RESPONSE OPTIONS:]
1   Mostly positive
2   Mostly negative
3   A mix, that is, both positive and negative
4   Mostly neutral

0   I have not seen discussions on television news about the COVID-19 vaccine for children.

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   MOSTLY POSITIVE
2   MOSTLY NEGATIVE
3   A MIX, THAT IS, BOTH POSITIVE AND NEGATIVE
4   MOSTLY NEUTRAL

0   HAVE NOT SEEN DISCUSSIONS ON TELEVISION NEWS ABOUT THE COVID-19 VACCINE FOR CHILDREN

[SHOW ALL]
[S]
VAX_NEWSOTH
Besides the COVID-19 vaccine, are discussions you have seen on television news about other childhood vaccines [IF CATI, FILL: mostly positive; mostly negative; a mix, that is both negative and positive, or mostly neutral? If you have not seen discussions on television news about other childhood vaccines, you may say that too.; IF CAWI, FILL: ...?]

    1   Mostly positive
    2   Mostly negative
    3   A mix, that is, both positive and negative
    4   Mostly neutral

    0   I have not seen discussions on television news about other childhood vaccines.

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   MOSTLY POSITIVE
    2   MOSTLY NEGATIVE
    3   A MIX, THAT IS, BOTH POSITIVE AND NEGATIVE
    4   MOSTLY NEUTRAL

    0   HAVE NOT SEEN DISCUSSIONS ON TELEVISION NEWS ABOUT OTHER CHILDHOOD VACCINATIONS ON TELEVISION NEWS

[SHOW ALL]
[S]
VAX_CONVCOV
Are conversations you have with friends or family about the COVID-19 vaccine for children [IF CATI, FILL: mostly positive; mostly negative; a mix, that is both negative and positive, or mostly neutral? If you do not have conversations with friends or family about the COVID-19 vaccine for children, you may say that too.; IF CAWI, FILL: …?]

[CAWI RESPONSE OPTIONS:]
    1   Mostly positive
    2   Mostly negative
    3   A mix, that is, both positive and negative
    4   Mostly neutral

    0   I do not have conversations with friends or family about the COVID-19 vaccine for children.

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   MOSTLY POSITIVE
    2   MOSTLY NEGATIVE
    3   A MIX, THAT IS, BOTH POSITIVE AND NEGATIVE
    4   MOSTLY NEUTRAL

    0   DO NOT HAVE CONVERSATIONS WITH FRIENDS OR FAMILY ABOUT THE COVID-19 VACCINE FOR CHILDREN

[SHOW ALL]
[S]
VAX_CONVOTH

Besides the COVID-19 vaccine, are conversations you have with friends or family about other childhood vaccines [IF CATI, FILL: mostly positive; mostly negative; a mix, that is both negative and positive, or mostly neutral? If you do not have conversations with friends or family about other childhood vaccines, you may say that too.; IF CAWI, FILL: …?]

[CAWI RESPONSE OPTIONS:]
1   Mostly positive
2   Mostly negative
3   A mix, that is, both positive and negative
4   Mostly neutral

0   I do not have conversations with friends or family about other childhood vaccines.

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   MOSTLY POSITIVE
2   MOSTLY NEGATIVE
3   A MIX, THAT IS, BOTH POSITIVE AND NEGATIVE
4   MOSTLY NEUTRAL

0   DO NOT HAVE CONVERSATIONS WITH FRIENDS OR FAMILY ABOUT OTHER CHILDHOOD VACCINATIONS

[SHOW ALL]
[DISP]
VAX_MMRDISP
How much do you agree or disagree with the following statements? [CATI: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

[SHOW ALL]
[S]
VAX_MMRUS
Measles poses a health risk in the United States.

[CAWI RESPONSE OPTIONS:]
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[SHOW ALL]
[S]
VAX_MMRLOCAL
Measles poses a health risk in [CAWI: my; CATI: your] city or town.

[CAWI RESPONSE OPTIONS:]
1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE

[PROGRAMMER NOTE: DISPLAY VAX_MMRDISP – VAX_MMRLOCAL ON THE SAME PAGE.]

[SHOW ALL]
[S]
VAX_MMROUTB
In the past 6 months, have you heard or seen anything about recent measles outbreaks in the United States?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGE >= 5]
[S]
VAX_MMREDU
Unvaccinated children who are exposed to measles are usually required to stay home from school for 21 days. How concerned are you about this causing a disruption to your child's education? [CATI: Would you say you are very concerned, somewhat concerned, or not at all concerned?]

[CAWI RESPONSE OPTIONS:]
    1   Very concerned
    2   Somewhat concerned
    3   Not at all concerned

[CATI RESPONSE OPTIONS - DO NOT READ:]

1   VERY CONCERNED
2   SOMEWHAT CONCERNED
3   NOT AT ALL CONCERNED

[CREATE "END_TIME_VAX" AND RECORD TIME IN HH:MM:SS; CREATE "END_DATE_VAX" AND RECORD DATE IN MM:DD:YYY]

CHILD DISABILITY (ACS)

[CREATE "START_TIME_ACS" AND "START_DATE_ACS"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW IF SCAGEY >=2]
[DISP]
ACS_DISP
With this next set of questions, we want to learn about children who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones we asked earlier.

[SHOW IF SCAGEY >=2]
[S]
ACS_DEAF
Is [FILL: SCNAME] deaf or [IF ONLY SCC_GENDERa=1, FILL: does he; IF ONLY SCC_GENDERb=1, FILL: does she; ELSE, FILL: do they] have serious difficulty hearing?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW IF SCAGEY >=2]
[S]
ACS_BLIND
Is [FILL: SCNAME] blind or [IF ONLY SCC_GENDERa=1, FILL: does he; IF ONLY SCC_GENDERb=1, FILL: does she; ELSE, FILL: do they] have serious difficulty seeing even when wearing glasses?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW IF SCAGEY >= 5]
[S]
ACS_CONCEN
Because of a physical, mental, or emotional condition, does [FILL: SCNAME] have serious difficulty concentrating, remembering, or making decisions?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGEY >= 5]
[S]
ACS_WALKING
Does [FILL: SCNAME] have serious difficulty walking or climbing stairs?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGEY >= 5]
[S]
ACS_DRESS
Does [FILL: SCNAME] have difficulty dressing or bathing?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SCAGEY >= 15]
[S]
ACS_ERRANDS

Because of a physical, mental, or emotional condition, does [FILL: SCNAME] have difficulty doing errands alone such as visiting a doctor's office or shopping?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[CREATE "END_TIME_ACS" AND RECORD TIME IN HH:MM:SS; CREATE "END_DATE_ACS" AND RECORD DATE IN MM:DD:YYY]

KNOWLEDGE CHECK

[CREATE "START_TIME_KNW" AND "START_DATE_KNW"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[S]
KNW_CONFIDNT
Thinking about the questions you have answered about [FILL: SCNAME], how confident are you in your responses? Would you say you are [CAWI:...] [CATI: very confident, somewhat confident, not very confident, or not at all confident?]

[CAWI RESPONSE OPTIONS:]
    1   Very confident
    2   Somewhat confident
    3   Not very confident
    4   Not at all confident

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   VERY CONFIDENT
    2   SOMEWHAT CONFIDENT
    3   NOT VERY CONFIDENT
    4   NOT AT ALL CONFIDENT

[SHOW ALL]
[S]
KNW_HELP
Did another person help you answer questions about [FILL: SCNAME]?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[CREATE "END_TIME_KNW" AND RECORD TIME IN HH:MM:SS; CREATE "END_DATE_KNW" AND RECORD DATE IN MM:DD:YYY]

CHR – CHRONIC CONDITIONS

[CREATE "START_TIME_CHR" AND "START_DATE_CHR"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[DISP]
CHR_DISP
Next, we will ask you some questions about yourself.

[SHOW ALL]
[S]
CHR_CHLEV
Have you <u>ever</u> been told by a doctor or other health professional that you had high cholesterol?

[CAWI] *If you take medication to control your high cholesterol, please answer yes.*

[CATI] ENTER '1' (YES) IF RESPONDENT IS TAKING MEDICATION TO CONTROL HIS/HER HIGH CHOLESTEROL.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[CREATE "END_CHR_TIME" AND "END_CHR_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

SOC - SOCIAL/WORK LIMITATIONS
[CREATE "START_SOC_TIME" AND "START_SOC_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

SOC_ERRANDS
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping? [CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW ALL]
[S]
SOC_PARACTIV
Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities, such as visiting friends, attending clubs and meetings, or going to parties? [CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW ALL]
[S]
SOC_SCWRKLIM
Are you limited in the kind <u>or</u> amount of work you can do because of a physical, mental, or emotional problem?

Work includes paid work, volunteer work, school work, and homework.

[CAWI RESPONSE OPTIONS:]
    1   Yes

0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
 1 YES
 0 NO

[CREATE "END_SOC_TIME" AND "END_SOC_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CIV - CIVIC ENGAGEMENT
[CREATE "START_CIV_TIME" AND "START_CIV_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[DISP]
CIV_INTRO

The next questions are about activities you may have done in your community.

[SHOW ALL]
[S]
CIV_VOL12M
During the past 12 months, did you spend any time volunteering for any organization or association?

[CAWI RESPONSE OPTIONS:]
 1 Yes
 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]
 1 YES
 0 NO

SHOW IF CIV_VOL12M=0]
[S]
CIV_VOLOTH
Some people don't think of activities they do infrequently or for children's schools or youth organizations as volunteer activities. During the past 12 months, have you done any of these types of activities?

[CAWI RESPONSE OPTIONS:]
 1 Yes
 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]
 1 YES
 0 NO

[SHOW ALL]
[S]
CIV_MEET
During the past 12 months, did you attend a public meeting, such as a zoning or school board meeting, that discussed a local issue?

[CAWI RESPONSE OPTIONS:]
  1   Yes
  0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
  1   YES
  0   NO

[SHOW ALL]
[S]
CIV_VOTELOCL
Did you vote in the last local elections, such as for mayor, councilmembers, or school board?

[CAWI RESPONSE OPTIONS:]
  1   Yes
  0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
  1   YES
  0   NO

[CREATE "END_CIV_TIME" AND "END_CIV_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

LAN - LANGUAGE ITEMS
[CREATE "START_LAN_TIME" AND "START_LAN_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW IF QUEX_LANGUAGE=1; AUTO PUNCH 1 (YES) IF QUEX_LANGUAGE=2]
[S]
LAN_OTHERLAN
Do you speak a language other than English at home?

[CAWI RESPONSE OPTIONS:]
  1   Yes
  0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
  1   Yes
  0   No

[S]
LAN_MEDIA
When you watch television, read news online or in print, or listen to the radio, which language do you use most often?

[CAWI RESPONSE OPTIONS:]
   1   English
   2   Spanish
   3   Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]
   1   ENGLISH
   2   SPANISH
   3   ANOTHER LANGUAGE

[S]
LAN_DOCTOR
When you see a doctor or other health care professional, which language do you use most often?

[CAWI RESPONSE OPTIONS:]
   1   English
   2   Spanish
   3   Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]
   1   ENGLISH
   2   SPANISH
   3   ANOTHER LANGUAGE

[S]
LAN_SOCIAL
When you participate in social activities, such as visiting friends, attending clubs and meetings, or going to parties, which language do you use most often?

[CAWI RESPONSE OPTIONS:]
   1   English
   2   Spanish
   3   Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]
   1   ENGLISH
   2   SPANISH

3   ANOTHER LANGUAGE

[CREATE "END_LAN_TIME" AND "END_LAN_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

MAR – MARITAL STATUS
[CREATE "START_MAR_TIME" AND "START_MAR_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[DISP]
MAR_DISP
The next questions are about marriage and cohabitation.

[SHOW ALL]
[S]
MAR_MARITAL
[CAWI] Are you now: [CATI] Are you now married, living with a partner together as an unmarried couple, or neither?

[CATI] INTERVIEWER - IF RESPONDENT ANSWERS BOTH MARRIED AND LIVING WITH A DIFFERENT PARTNER TOGETHER AS AN UNMARRIED COUPLE, ENTER LIVING WITH A PARTNER

[CAWI RESPONSE OPTIONS:]
    1   Married
    2   Living with a partner together as an unmarried couple
    3   Neither

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   MARRIED
    2   LIVING WITH A PARTNER TOGETHER AS AN UNMARRIED COUPLE
    3   NEITHER

[SHOW IF MAR_MARITAL = 2, 3, -6,-7,-9]
[S]
MAR_EVMARRY
Have you ever been married?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1   YES
0   NO

[S]
MAR_LEGAL
What is your current legal marital status? [CATI: Are you married, widowed, divorced, or separated?]

[CAWI RESPONSE OPTIONS:]
1   Married
2   Widowed
3   Divorced
4   Separated

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   MARRIED
2   WIDOWED
3   DIVORCED
4   SEPARATED

[S]
MAR_WIDIVSEP
[CAWI] Are you... [CATI] Are you widowed, divorced, or separated?

[CAWI RESPONSE OPTIONS:]
1   Widowed
2   Divorced
3   Separated

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   WIDOWED
2   DIVORCED
3   SEPARATED

[CREATE "END_MAR_TIME" AND "END_MAR_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]