OMB #: 0970-0202
Expiration Date: XX/XX/XXXX

Instrument 2: Caregiver Baseline Survey

Please note for the purposes of this document “reporter type,” “child type,” and “routing” are defined as follows:

Reporter Types

Label (Abbreviation)	Definition
In-Home	Parent or caregiver who was already caring for the child before CPS report date and after close of investigation date
Out-of-Home (OOH)	Caregiver providing care to a child in placement
Parent with child in Placement (PWCIP)	Parent who has a child in an out-of-home placement
All Caregivers	Includes all In-home, OOH, and PWCIPs.

Child Types (often includes child age range and sometimes placement setting)

Label (Abbreviation)	Definition
In-Home	Children residing with same primary caregiver after CPS report date
Out-of-Home (OOH)	Children residing with a new caregiver after CPS report date
All Settings	Includes children in both in-home and OOH settings
Children aged XX-XX	Specifies age range for children receiving that item or module

Routing: will refer to questions already answered earlier in the survey

Informed Consent

Caregiver informed consent for study participation, combining survey data with other sources of data, and audio recording (for in-person surveys) will be obtained prior to beginning the survey.

Caregiver Baseline Survey Specification
VERIFICATION MODULES

Household- Verification and Setting

Verification and Setting

[I'd like to begin/First we will start] by asking some questions about you, [CHILD], and your household and family. This is background information that is used to verify your identity and [CHILD]’s identity. As explained in the consent form you signed, we keep your answers private to the extent allowed by law, as Federal law requires. You may refuse to answer any question you wish.

If you have any questions, please [let me know/call XXX-XXX-XXXX].

Does [CHILD] live with you?

o Yes

o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

When did [CHILD] stop living with you? Please [tell me/enter] the month and year.

Month: _____

Year: _____

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who said "No" to does child live with you

---

When did [CHILD] begin living with you?

Day: _____

Month: _____

Year: _____

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17 in OOH care

Routing: Said yes to "does child live with you"

The study rules require that if [CHILD] lives in an out-of-home setting, [CHILD] must have lived with their caregiver for at least one month. [Based on this, can we follow up with you to complete this survey on [date]?/ END OF INTERVIEW]

o Yes [INTERVIEWER: SCHEDULE REINTERVIEW]

o No [INTERVIEWER: END INTERVIEW: "Thank you for your time."]

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: If child has been with caregiver less than 1 month

Based on this, we will follow up with you to complete this survey around [date]. Thank you for your time.

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: If child has been with caregiver less than 1 month and said yes to rescheduling

---

Please confirm your name:

First name_____

Middle Initial _____

Last name _____

Is this correct?

- o Yes
- o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

What is your correct name?

First name_____

Middle Initial _____

Last name _____

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers whose name was not correct in the last question

What is your relationship to [CHILD]?

(Select all that apply.)

- ☐ Parent (biological mother or biological father)
- ☐ Stepparent (stepmother or stepfather)
- ☐ Adoptive parent (adoptive mother or adoptive father)
- ☐ Foster caregiver
- ☐ Sibling (brother or sister)
- ☐ Step sibling (stepbrother or stepsister)
- ☐ Foster sibling (foster brother or foster sister)
- ☐ Adoptive sibling (adoptive brother or adoptive sister)
- ☐ Aunt or uncle
- ☐ Cousin
- ☐ Grandparent (grandmother or grandfather) or great-grandparent
- ☐ Other relative
- ☐ Other non-relative

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

What is your relationship to [CHILD]?

Relationship: _____

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers whose relationship to [CHILD] is an "other relative".

What is your relationship to [CHILD] or how do you know them?

Relationship: _____

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers whose relationship to [CHILD] is an "other non-relative".

What is your date of birth?

Month: _____

Day: _____

Year: _____

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Based on your date of birth [entered], that would make you XX years old. Is this correct?

- o Yes
- o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

We must have your date of birth wrong. [Please correct it below/What is your correct date of birth?]

Month: _____

Day: _____

Year: _____

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: caregivers who said calculated age was incorrect

Please confirm [CHILD]'s full legal name.

First name_____

Middle Initial _____

Last name _____

Is this correct?

- o Yes
- o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

What is [CHILD]'s full name?

First name:

Middle initial:

Last name:

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Child's name was not verified as correct.

[Let me/Please] check [CHILD]'s date of birth.

[[*CHILD]'s DOB*]

Is this correct?

o Yes

o No

What is [CHILD]'s correct date of birth?

Month:

- Select month -

Day:

- Select Day -

Year:

- Select Year -

☐ I don't know or am unsure of [CHILD]'s date of birth

Routing: DOB was not verified as correct

That would make [CHILD] XX years old. Is that correct?

o Yes

o No

We must still have [CHILD]'s birthday wrong. What is [CHILD]'s correct date of birth?

Month:

- Select month -

Day:

- Select Day -

Year:

- Select Year -

☐ I don't know or am unsure of [CHILD]'s date of birth

Routing: Age was not verified as correct

How old is [CHILD]?

____years or ____months (if less than 1 year)

Routing: If second DOB mismatch or caregiver doesn't know or is unsure of child's DOB

PREVENTING THE NEED FOR FOSTER CARE (CHILD FACTORS)

Child Academic Domain

Education

What grade is [CHILD] currently in?

(If [CHILD] is on summer break, choose the grade they will be in when school resumes. If [CHILD] has graduated, choose child not in school).

- o Preschool or Head Start (daycare or school setting for 3- to 5-year-olds who are not old enough for kindergarten)
- o Kindergarten
- o First grade
- o Second grade
- o Third grade
- o Fourth grade
- o Fifth grade
- o Sixth grade
- o Seventh grade
- o Eighth grade
- o Ninth grade
- o Tenth grade
- o Eleventh grade
- o Twelfth grade
- o Vocational/technical school
- o Any year of college
- o Ungraded placement
- o Child not in school
- o Too young for school

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

What is the highest grade in school [CHILD] has completed? Do not count college/vocational credits completed while in high school.

- o Preschool or Head Start (daycare or school setting for 3- to 5-year-olds who are not old enough for kindergarten)
- o Kindergarten
- o First grade
- o Second grade
- o Third grade
- o Fourth grade
- o Fifth grade
- o Sixth grade
- o Seventh grade
- o Eighth grade
- o Ninth grade
- o Tenth grade
- o Eleventh grade
- o Twelfth grade
- o Vocational/technical school
- o Any year of college

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who DK or refuse to provide their child's current grade, or indicate their child is not in school

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School-Based Special Services

Children may qualify for special education services for many reasons, such as learning problems, autism, or the need for speech or physical therapy.

Does [CHILD] currently have an [Individualized Family and Service Plan (IFSP)/Individualized Education Plan (IEP)] or are they receiving special education or other services for a special need or disability?

- o Yes
- *o* No
- *o* Don't know

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children ≤36 months [IFSP]; children >36 months [IEP]; special need or disability [children aged 6-17], that attend school.

Source: NSCAW III

Does [CHILD] now have a 504 plan for classroom accommodations because of their special needs? (By a 504 plan, we mean a documented accommodation plan for class time or assignments (such as extra time on tests, special seating, access to audiobooks, etc) to assist students with special needs who are in a regular education setting, as required by Section 504 of the Vocational Rehabilitation Act).

- o Yes
- *o* No
- *o* Don't know

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 3-17 who are attending school

Source: NSCAW III School Experiences

School Experiences

The next questions are about [CHILD]'s experiences at school. (OOH caregivers: add "To the best of your knowledge…")

(Select one for each row.)

School Experiences	Yes	No	Don't know
Has [CHILD] ever been held back to repeat a grade?			
In the past **12 months**, was [CHILD] suspended from school for any reason?			

School Experiences	Excellent	Very good	Good	Poor	Very poor
In the past **12 months**, how would you rate [CHILD]'s attendance record?					
In the past **12 months**, how would you rate [CHILD]'s academic performance overall?					

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 5-17 who are attending school

Source: NHIS, SOS module (CDC, 2023)

Activities

On most weekdays, how much time does [child] spend outdoors? Include time spent playing in your yard or neighborhood, outside at school or childcare, in a park, playground or other outdoor recreation area. Your best estimate is fine.

- o Less than 1 hour per day

- o 2 hours per day
- o 3 hours per day
- o 4 or more hours per day

Applies to "reporter types": All Settings

Applies to "caregiver types": Caregivers of children ages 0 to 10

Source: NSCH 2021 (only used for children ages 3 to 5)

Child Relational Domain

Relationships

This next question is about your current relationship with [CHILD].

How close do you currently feel to [CHILD]?

- o Extremely close
- o Very close
- o Moderately close
- o Slightly close
- o Not at all close

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: PAGI

Caring Adult Outside the Home	Yes	No	Don't know
Other than parents or adults living in [CHILD]'s home, is there at least one adult in [CHILD]'s [school,] neighborhood, or community who makes a positive and meaningful difference in their life?			

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-17

Source: NHIS, SOS module (CDC, 2023)

Screen Media

This section asks about [CHILD]'s use of screen media and social media.

[For parents/caregivers of children ages 4+] Next, we want to know about how [CHILD] uses screen media and your experiences with [CHILD]'s media use.

When we say screen media, we mean any type of media that [CHILD] uses that has a screen, such as:

--television

--video games

--tablets

--smartphones

--handheld video games

--laptops

--computers

We will use the shortened term “SCREEN MEDIA” to refer to ANY screen media device or format that your child uses. When you see the term “SCREEN MEDIA” in the following questions, think of ANY type of screen media or devices that your child uses.

For each statement, please select the option that is true for [CHILD] in the past month.

(Select one for each row.)

	Never	Rarely	Sometimes	Very Often	Always
Screen media is all that [CHILD] seems to think about.					
It is hard for [CHILD] to stop using screen media.					
[CHILD]’s screen media use causes problems for the family.					
[CHILD] uses screen media while in bed or just before bed.					

Applies to “reporter types”: In-Home, OOH

Applies to “child/youth types”: Children aged 4-17

Source: The Problematic Media Use Measure Short Form (PMUM-SF); “screen media before bed” was project developed from information provided by screen/media and sleep experts

---

This section asks about [CHILD]’s use of screen media and social media.

[For parents/caregivers of children ages 1-3] When we say screen media, we mean any type of media that [CHILD] uses that has a screen, such as:

--television

--video games

--tablets

--smartphones

--handheld video games

--laptops

--computers

We will use the shortened term “SCREEN MEDIA” to refer to ANY screen media device or format that your child uses. When you see the term “SCREEN MEDIA” in the following questions, think of ANY type of screen media or devices that your child uses.

For each statement, please select the option that is true for your child in the past month.

(Select one for each row.)

	Never	Rarely	Sometimes	Very Often	Always
[CHILD] uses screen media while in bed or just before bed.					
When [CHILD] is watching screen media, I sit with them.					
I use screen media to help [CHILD] when they are feeling sad, mad, or upset.					
[CHILD]'s screen media use interferes with family activities.					

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 1-3 years

Source: Items 1, 2 and 3 are project developed and informed by social media/screen experts. Item 4 come from the PMUM-SF

On most weekdays, about how much time does [CHILD] spend in front of a TV, computer, cellphone, or other electronic device watching programs, playing games, messaging others, accessing the internet, or using social media?

- o Less than 1 hour per day
- o 2 hours per day
- o 3 hours per day
- o 4 or more hours per day

Applies to "reporter types": All Settings

Applies to "child/youth types": Caregivers of children ages 3 to 10

Source: Adapted from NSCH 2025

MAKE AMERICA HEALTHY AGAIN (CHILD FACTORS)

Child Health and Special Needs Domain

The next questions are about [CHILD]'s health and the services they [are receiving/have received in the past 12 months].

Special Needs & Services

In general, how would you describe [CHILD]'s health?

- o Excellent?
- o Very good?
- o Good?

o Fair?

o Poor?

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Source: NSCH (2022)

During the past **12 months**, did [CHILD] see a doctor, nurse, or other health care professional for sick-child care, well-child checkups, physical exams, hospitalizations or any kind of medical care? Include health care visits done by video or phone.

o Yes

o No

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Source: NSCH (2022)

During the past **12 months**, did [CHILD] see a dentist or other oral health care provider for any kind of dental or oral health care?

(Select all that apply.)

☐ Saw a dentist

☐ Saw other oral health care provider

☐ No

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Source: NSCH (2022)

Does [CHILD] take medicine prescribed by a doctor, other than vitamins, for a medical condition that has lasted or is expected to last **12 months** or longer? (Do not include over-the-counter medications such as cold or headache medications, or any vitamins, minerals, or supplements that can be purchased without a prescription).

o Yes

o No

o Don’t know

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Source: adapted from QUICCC-R

In the last **12 months**, how many times has [CHILD] gone to an emergency room or urgent care center for an illness or injury?

_____ times

Applies to “reporter types”: All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NSCAW III

Health Conditions or Disabilities

Does [CHILD] have any of the following

[child age 6+ only] Serious difficulty concentrating, remembering or making decisions because of a physical, mental, or emotional condition?	Yes	No
[child age 6+ years only] Serious difficulty walking or climbing stairs?	Yes	No
Difficulty bathing or dressing?	Yes	No
Deafness or problems with hearing?	Yes	No
Blindness or problems with seeing, even when wearing glasses?	Yes	No

Has a doctor or other health care provider ever told you [CHILD] has…

Allergies (such as food, drug, insect, seasonal or other)?	Yes	No
Asthma?	Yes	No
Type 1 Diabetes?	Yes	No
Other Autoimmune disease (for example: celiac, juvenile idiopathic arthritis, Chron's Disease and Colitis)?	Yes	No
Cerebral Palsy?	Yes	No
Type 2 Diabetes?	Yes	No
Epilepsy or Seizure Disorder?	Yes	No
Heart Condition?	Yes	No
Frequent or severe headaches, including migraine?	Yes	No
Tourette Syndrome?	Yes	No
Anxiety Problems?	Yes	No
Depression?	Yes	No
Down Syndrome?	Yes	No
Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?	Yes	No
Cystic Fibrosis?	Yes	No
Fetal Alcohol Spectrum Disorder (FASD)?	Yes	No
Autism or Autism Spectrum Disorder (ASD; include Asperger's disorder or Pervasive Developmental Disorder)?	Yes	No
Attention Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)	Yes	No
Obesity or overweight?	Yes	No

Has a doctor, other health care provider, or educator (such as a teacher, administrator or school nurse) ever told you that [CHILD] has…

Behavior or conduct problems?	Yes	No
Developmental delay?	Yes	No
Intellectual Disability?	Yes	No
Speech or language disorder?	Yes	No
Learning disability?	Yes	No

Source: National Survey of Child Health (NSCH) 2024

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

During the past **12 months**, how often have [CHILD]'s health conditions or problems affected their ability to do things other children their age do?

- o Never
- o Sometimes
- o Usually
- o Always

To what extent do [CHILD]'s health conditions or problems affect their ability to do things?

- o Very little
- o Somewhat
- o A great deal

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Parents/caregivers who report health conditions

Source: National Survey of Child Health (NSCH) 2024

What is [CHILD]'s weight?

____lbs

What is [CHILD]'s height?

_____feet and ____inches

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Expert recommended to calculate BMI for healthy weight proxy

During the past **12 months**, was [CHILD] eligible for or enrolled in free or reduced-cost lunch program at school?

- o Yes
- *o* No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 3-17

Routing: Children that attend school, excludes homeschoolers

Source: National Study of Children's Health (NSCH); question emphasized by experts as proxy for healthier eating habits.

Effect of Special Needs on Family

[During the past **12 months**/Since [CHILD] started living with you], did your family have problems paying for any of [CHILD]'s medical or health care bills?

- o Yes
- *o* No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NSCH

[During the past **12 months**/Since [CHILD] started living with you], have [you/your or other family members]…

(Select one for each row.)

	Yes	No
left a job or taken a leave of absence because of [CHILD]'s health or health conditions?		
cut down on the hours you work because of [CHILD]'s health or health conditions?		
avoided changing jobs because of concerns about maintaining health insurance for [CHILD]?		

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NSCH

Before [your/your family's] involvement with the child welfare system, to what extent were you having trouble finding help for any special health care needs for [CHILD]?

- o Not at all
- *o* Somewhat
- o Very much

Applies to "reporter types": PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

Sleep

For these next questions, think about what you would expect of other children the same age, and tell me how much each statement applies to [CHILD].

Is it hard to put [CHILD] to sleep?

- o Not at all
- *o* Somewhat
- o Very much

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-2

Source: NHIS-Baby Pediatric Symptom Checklist (CDC, 2023)

Does [CHILD] have trouble staying asleep?

- o Not at all
- *o* Somewhat
- o Very much

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-2

Source: NHIS-Baby Pediatric Symptom Checklist (CDC, 2023)

Is it hard for you to get enough sleep because of [CHILD]?

- o Not at all
- *o* Somewhat
- o Very much

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-2

Source: NHIS-Baby Pediatric Symptom Checklist (CDC, 2023)

In a typical **week**, how often does [CHILD] wake up well-rested?

- o Never
- o Some days
- o Most days
- o Every day

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 2-5

Source: 2020 NHIS (CDC, 2020)

In a typical **week** during the school year, how often does [CHILD] wake up well-rested?

- o Never
- o Some days
- o Most days
- o Every day

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 6-17

Source: 2020 NHIS (CDC, 2020)

Child Development

The Survey of Well-being of Young Children (SWYC) Developmental Milestones scale is not specified due to copyright by Tufts Medical Center Inc., 2010. The SWYC Developmental Milestones scale contains 10 items that vary depending on the age of the child, asks the parent/caregiver to report on how much the child is doing specific developmental tasks, and is administered to parents/caregivers of children aged 1 month to 5 years.

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 1 month to 60 months/5 years

Source: Survey of Well-being of Young SWYC: Developmental Milestones scale

School Readiness

How often can [CHILD]…

(Select one for each row.)

	Never	**Sometimes**	**About half the time**	**Most of the time**	**Always**
recognize the beginning sound of a word (for example they can tell you "ball" starts with a "buh" sound)?					
come up with words that start with the same sound (for example they can come up with "sock" and "sun")?					
Write their first name even if some letters aren't quite right or are backwards?					
Read one digit numbers (for example they can read the numbers 2 or 8)?					
Tell which group of objects has more (for example they can tell you a					

group of 7 blocks is more than a group of 4 blocks)?					
Correctly do simple addition (for example they can tell you 2 blocks and 3 blocks add to a total of 5 blocks)?					

About how many letters of the alphabet does [CHILD] recognize?

- o All of them
- o Most of them
- o About half of them
- o Some of them
- o None of them

How well can [CHILD]…

(Select one for each row.)

	They cannot	**Not well**	**Somewhat well**	**Very well**
Come up with words that rhyme (for example, they can come up with “cat” and “mat”)				
Draw a circle				
Draw a face with eyes and mouth				
Draw a person with head, body, arms, and legs				
Bounce a ball for several seconds				

If asked to count objects, how high can [CHILD] count correctly?

- o They cannot count
- o Up to five
- o Up to ten
- o Up to 20
- o Up to 30 or more

Applies to “reporter types”: In-Home, OOH

Applies to “child/youth types”: Children aged 3 to 5 years

Source: NSCH Healthy and Ready to Learn module; Early Learning and Motor Development domains

Child Mental and Behavioral Health Domain

Child Behavior (age 3-5)

The Behavior Assessment System for Children, third edition, Behavioral and Emotional Screening System (BASC-3 BESS; Reynolds & Kamphaus, 2015) preschool parent-report form is not specified due to copyright by Pearson Inc., 2015. The BASC-3 BESS preschool parent-report form contains 29 items, is asked of parents/caregivers of children ages 3 to 5 years, and asks about the child's internalizing, externalizing, adaptive skill strengths and areas of need.

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 3-5

Source: BASC-3 BESS Preschool Parent Report Form (Reynolds & Kamphaus, 2015)

Child Behavior (age 6-17)

The Behavior Assessment System for Children, third edition, Behavioral and Emotional Screening System (BASC-3 BESS; Reynolds & Kamphaus, 2015) child and adolescent parent-report form is not specified due to copyright by Pearson Inc., 2015. The BASC-3 BESS parent-report form contains 29 items, is asked of parents/caregivers of children ages 6 to 17 years, and asks about the child's internalizing, externalizing, adaptive skill strengths and areas of need.

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 6-17

Source: BASC-3 BESS Child and Adolescent Parent Report Form (Reynolds & Kamphaus, 2015)

Depression and Anxiety

How often does [CHILD] seem very sad or depressed? Would you say…

- o Daily
- o Weekly
- o Monthly
- o A few times a year
- o Never

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 5-17

Source: NHIS

How often does [CHILD] seem very anxious, nervous, or worried? Would you say…

- o Daily
- o Weekly
- o Monthly
- o A few times a year
- o Never

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 5-17

Source: NHIS

Mental Health Treatment

Is [CHILD] currently taking any medication for emotional, behavioral, or concentration problems?

- o Yes
- *o* No
- *o* Don't know

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-17

Routing: Parents/caregivers who indicated the child is currently using medication prescribed by a doctor for a medical, behavioral, or other health condition

Source: NSCAW III

How many prescription medications is [CHILD] currently taking for emotional, behavioral, or concentration problems?

_____ medication(s)

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-17

Routing: Parents/caregivers who indicated the child is currently taking prescription medication for an emotional, behavioral, or concentration problem

Source: NSCAW III

Juvenile Justice System Involvement

The next questions are about [CHILD]'s involvement with the law. (OOH caregivers: "To the best of your knowledge…")

Has [CHILD] ever been arrested and/or booked? Being 'booked' means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

- o Yes
- o No
- o I'm not sure

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 11-17

Source: Adapted from FRAPCES study

Has [CHILD] ever been found guilty or convicted of a crime or status offense (a status offense can include things like skipping school, underage alcohol/tobacco use, or running away)

- o Yes
- o No
- o I'm not sure

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 11-17

Source: Project-developed

Has [CHILD] ever spent one night or more in a jail, prison, juvenile hall, or another correctional facility?

- o Yes
- o No
- o I'm not sure

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 11-17

Source: Life Set Follow-up Survey

Child Service Needs and Receipt Domain

Potential Needs of [CHILD]

Below is a list of needs that [CHILD] may have. Are you currently receiving help, services, or benefits related to any of these needs for [CHILD]?

(Select all that apply.)

[SHOW ITEMS FOR PARENTS/CAREGIVERS OF CHILDREN 0-17]

☐ Special therapy, such as physical, occupational, or speech therapy

☐ Mental health services (e.g. counseling, therapy, or more intensive inpatient or outpatient treatment)

☐ Services for complex medical needs that [CHILD] has

☐ Services for a physical or developmental health issue or condition

☐ Health insurance coverage for a need that [CHILD] has

☐ Medications that [CHILD] needs for a chronic condition

☐ Getting a benefit for [CHILD] such as WIC, SNAP or food stamps, child support, TANF, disability payments (e.g., SSI), or childcare financial assistance

☐ Assistance to ensure [CHILD] has enough clothing that is seasonally appropriate to wear

☐ None of the above

[SHOW ITEMS FOR PARENTS/CAREGIVERS OF CHILDREN 6-17]

☐ Academic tutoring

☐ Regular access to the internet

☐ Regular access to a computer or device for completing schoolwork

☐ Help with being bullied, teased, or victimized by peers

☐ Help with fees, transportation, or supplies for activities like sports, hobbies, and clubs

☐ Help with [CHILD] being exploited, manipulated, or influenced by older peers or adults (e.g., for sex, for money, or in ways that could put them at risk for harm or get them in trouble)

[SHOW ITEMS FOR PARENTS/CAREGIVERS OF CHILDREN 11-17]

☐ Substance use treatment for [CHILD]

☐ Help dealing with youth or adult corrections system for [CHILD]

[SHOW ITEMS FOR PARENTS/CAREGIVERS OF CHILDREN 16-17]

☐ Help with building independent living skills

☐ Help getting driver's education for [CHILD]

☐ Help with completing and graduating from high school or getting a GED

☐ Help with pursuing additional school or training after high school

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

Are any of the following areas a need for [CHILD] right now?

(Select all that apply.)

[SHOW ITEMS FOR PARENTS/CAREGIVERS OF CHILDREN 0-17]

☐ Special therapy, such as physical, occupational, or speech therapy

☐ Mental health services (e.g. counseling, therapy, or more intensive inpatient or outpatient treatment)

☐ Services for complex medical needs that [CHILD] has

☐ Services for a physical or developmental health issue or condition

☐ Health insurance coverage for a need that [CHILD] has

☐ Medications that [CHILD] needs for a chronic condition

☐ Getting a benefit for [CHILD] such as WIC, SNAP or food stamps, child support, TANF, disability payments (e.g., SSI) or child care financial assistance

☐ Assistance to ensure [CHILD] has enough clothing that is seasonally appropriate to wear

☐ None of the above

[SHOW ITEMS FOR PARENTS/CAREGIVERS OF CHILDREN 6-17]

☐ Academic tutoring

☐ Regular access to the internet

☐ Regular access to a computer or device for completing schoolwork

☐ Help with being bullied, teased, or victimized by peers

☐ Help with fees, transportation, or supplies for activities like sports, hobbies, and clubs

☐ Help with [CHILD] being exploited, manipulated, or influenced by older peers or adults (e.g., for sex, for money, or in ways that could put them at risk for harm or get them in trouble)

[SHOW ITEMS FOR PARENTS/CAREGIVERS OF CHILDREN 11-17]

☐ Substance use treatment

☐ Help dealing with youth or adult corrections system for [CHILD]

[SHOW ITEMS FOR PARENTS/CAREGIVERS OF CHILDREN 15-17]

☐ Help with building independent living skills

☐ Help getting driver's education for [CHILD]

☐ Help with completing and graduating from high school or getting a GED

☐ Help with pursuing additional school or training after high school

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

You indicated the following areas of need.

[Housing, basic expenses, a physical health need, family planning, disability services or needs]

In the past 12 months, did you have any of the following concerns about getting help with any of these needs?

(Select all that apply.)

☐ You did not know where to go for help.

☐ You were told you were not eligible.

☐ There were no options nearby.

☐ The forms or application steps were too complicated.

☐ It cost too much to apply or to receive the help (e.g. application fees, monthly cost).

☐ You had transportation problems.

☐ Help was not available at a convenient time for you

☐ You were not comfortable with the quality or safety of the options available

☐ You were not treated well by staff.

☐ The wait to receive services or benefits was too long

☐ Other - Please describe: _____

☐ None of the above

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-17

Routing: Parents/Caregivers who have selected items as a need

Source: Project-developed

FOSTER CAREGIVER RECRUITMENT, RETENTION, AND EXPERIENCES

Child Welfare System Experiences Domain

In this section, we are seeking to learn more about your recent experience with the child welfare system. Your answers could help shape child welfare policies and practices in the future.

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

All Parent and Caregiver Experiences with the CWS

Does [CHILD] currently have an assigned caseworker from the child welfare agency?

- o Yes
- *o* No
- *o* Don't know

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Adapted from Child Trends survey

How easy or difficult is it to get in touch with [CHILD]'s caseworker from the child welfare agency?

- o Very easy
- *o* Somewhat easy
- *o* Somewhat difficult
- *o* Very difficult

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers with an assigned caseworker

Source: Based on research of Senior Advisor Darcey Merritt (in progress)

Has anyone from the child welfare agency asked you what kind of help or support you need to care for [CHILD]?

- o Yes
- *o* No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Based on research of Senior Advisor Darcey Merritt (in progress)

Parent Experiences with the CWS

How supported by the child welfare agency [did/do] you feel?

- o Very supported
- *o* Somewhat supported
- *o* Not supported

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Based on research of Senior Advisor Darcey Merritt (in progress)

Was the caseworker from the child welfare agency who initially met or spoke with you….

(Select one for each row.)

	Mostly yes	Somewhat yes	Somewhat no	Mostly no
Respectful?				
Willing to listen to you?				
Concerned about your well-being?				
Clear about what would happen next?				

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Based on research of Senior Advisor Darcey Merritt (in progress)

Was it explained or shared with you why your family was referred to the child welfare agency?

- o Yes
- *o* No

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Based on research of Senior Advisor Darcey Merritt (in progress)

Did you receive or are you now receiving needed services or resources (For example: mental health treatment, support paying for child care, support finding and keeping a place a live, etc)?

- o Yes
- *o* No

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Based on research of Senior Advisor Darcey Merritt (in progress)

Did anyone from the child welfare agency point out positive things about you or your [child/children] or ask about your family's strengths?

- o Yes
- *o* No

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Based on research of Senior Advisor Darcey Merritt (in progress)

Did anyone from the child welfare agency inform you of your rights as a parent?

- o Yes
- *o* No

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Based on research of Senior Advisor Darcey Merritt (in progress)

Were you assigned a lawyer or other legal professional to represent you in court?

- o Yes
- *o* No

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

How helpful or unhelpful was this lawyer or legal professional?

- o Very helpful
- o Somewhat helpful
- o Somewhat unhelpful
- o Very unhelpful

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

Routing: Parents and PWCIP who said "yes" to having legal representation

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Not counting changes in custody due to separation or divorce, has [CHILD] ever been removed from your care?

- o Yes
- o No

Applies to "reporter types": In-Home

Applies to "child/youth types": Children aged 0-17

Parent with Child in Placement Experiences with the CWS

How easy or difficult is it to get a hold of the person or people who are taking care of [CHILD] when you have questions or want to hear how [CHILD] is doing?

- o Very easy
- *o* Somewhat easy
- *o* Somewhat difficult
- *o* Very difficult

Applies to "reporter types": PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

How much trust do you have that the person or people [CHILD] is living with right now will take good care of them?

- o A lot of trust
- *o* Some trust
- *o* A little trust
- *o* No trust at all

Applies to "reporter types": PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

How easy or difficult is it to directly communicate or interact with [CHILD]? (Include by phone, video call, or text)

- o Very easy
- *o* Somewhat easy
- *o* Somewhat difficult
- *o* Very difficult

Applies to "reporter types": PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

Are you currently paying child support to the child welfare agency for [CHILD]?

- o Yes
- *o* No

Applies to "reporter types": PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

In your opinion, what do you think the best outcome is for [CHILD] in terms of a permanent home?

- o Return home to you.
- *o* Remain in current placement
- *o* Live with someone else (Please specify):
- *o* Unsure at this point in time

Applies to "reporter types": PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

OOH Caregiver Recruitment, Retention, and CWS Experiences

How easy or difficult is it to support [CHILD]'s communication with their parent(s) or family members they have contact with?

- o Very easy
- *o* Somewhat easy
- *o* Somewhat difficult
- *o* Very difficult
- *o* Not applicable (no available family members or not allowed to have contact at this time)

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: All OOH Caregivers

Source: Project-developed

In your opinion, what do you think the best outcome is for [CHILD] in terms of a permanent home?

- o Return home to a parent
- *o* Remain with you
- *o* Live with someone else (Please specify):
- *o* Unsure at this point in time

Applies to "reporter types":OOH caregivers

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

If [CHILD] continues to need a caregiver other than a parent, how likely is it that you will want [CHILD] to continue to live with you for the next 1-2 years?

- o Very likely
- *o* Somewhat likely

o Somewhat unlikely

o Very unlikely

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Source: Child Trends Survey

What are your primary reasons for not (or possibly not) wanting to have [CHILD] continue to live with you? (Select all that apply.)

☐ I would like more time for my family and myself

☐ I am only interested in providing care for other children in the home

☐ Caring for [CHILD] conflicts with my or my family's needs

☐ Payments from the county or child welfare agency do not adequately cover the costs of care

☐ I do not receive enough help from child welfare agency for [CHILD's] needs, such as clothing, transportation, school supplies, childcare, medical care, or therapy

☐ I plan to change jobs or work more hours

☐ It is too difficult to deal with [CHILD's] parents or other family members

☐ It is too difficult to work with [CHILD]

☐ I plan to move

☐ The child welfare system is too difficult to navigate

☐ I have been unhappy with the child welfare agency or court processes and decisions

☐ My age or health is making it difficult to continue caring for [CHILD]

☐ Other (please specify):_____

☐ None of the above

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who are somewhat likely, somewhat unlikely, or very unlikely to continue to live with the child for the next 1-2 years

Source: Adapted from the Child Trends Survey

Are you currently licensed or approved by a child welfare agency as a foster or kin caregiver for [CHILD]?

o Yes

o No

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

How many years of experience do you have as a foster or kin caregiver overall?

- o Less than one year
- *o* 1-2 years
- o 3-5 years
- o 6-10 years
- *o* 11 years or more

Applies to “reporter types”: OOH

Applies to “child/youth types”: Children aged 0-17

Routing: Caregivers who are currently licensed or approved as a foster or kin caregiver

Source: Adapted from Child Trends survey

Did you apply to become licensed or approved as a foster or kin caregiver for [CHILD]?

- o Yes
- *o* No

Applies to “reporter types”: OOH

Applies to “child/youth types”: Children aged 0-17

Routing: Caregivers who are not currently licensed or approved

Source: NSCAWIII

Why haven’t you applied to become licensed or approved as a foster or kin caregiver?
(Select all that apply)

- ☐ I wasn’t informed that I could become licensed or approved as a foster caregiver
- ☐ I or another adult in my household could not complete or meet the health exam requirements
- ☐ I or another adult in my household could not complete or meet the fingerprinting requirements
- ☐ I or another adult in my household could not complete or meet criminal background check requirements
- ☐ I don’t have the time to complete all of the training and other requirements
- ☐ I don’t see any benefits to becoming a licensed or approved foster or kin caregiver
- ☐ Other (please specify: _____)

Applies to “reporter types”: OOH

Applies to “child/youth types”: Children aged 0-17

Routing: Caregivers who are not currently licensed and approved and who have not applied to become licensed or approved as a foster or kin caregiver

Source: Adapted from Child Trends Survey

Did you spend any time in foster care as child (under age 18)

- o Yes
- o No

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Source: Project-developed, informed by Geiger, J. M., Hayes, M. J., & Lietz, C. A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. Children and Youth Services Review, 35(9), 1356-1365.

Were there foster children in your home when you were growing up?

- o Yes
- o No

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Source: Project-developed, informed by Geiger, J. M., Hayes, M. J., & Lietz, C. A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. Children and Youth Services Review, 35(9), 1356-1365

How important were the following factors in your decision to become a foster or kin caregiver?

(Select one for each row.)

	Very important	Somewhat important	Neutral	Somewhat unimportant	Very unimportant
[if yes in ACES: My experience being in foster care when I was growing up]					
[if yes in ACES] My experience having foster children in my home when I was growing up					
The experiences of other people I know who are foster or kin caregivers					
I was interested in adopting a child					
I am interested in adopting [CHILD], specifically					

	Very important	Somewhat important	Neutral	Somewhat unimportant	Very unimportant
My religious or spiritual beliefs					
I felt a sense of duty or obligation					
The financial assistance available to licensed or approved foster or kin caregivers					
I thought being licensed or approved was a requirement in order to continue to care for [CHILD].					
The services available to licensed or approved caregivers to help meet [CHILD]'s needs, such as Medicaid, therapy, or help with school.					
I wanted to learn more about becoming a better caregiver to [CHILD] by becoming licensed or approved.					

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who are licensed/approved or have applied to become licensed or approved. Last 4 items are for caregivers who have applied to become licensed or approved as a foster or kin caregiver only

Source: Project-developed, informed by Geiger, J. M., Hayes, M. J., & Lietz, C. A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care.

Was your application approved, denied, or is it currently pending or under review to become a licensed or approved foster or kin caregiver?

- o Approved
- *o* Denied
- *o* Pending or Under Review

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who are not currently licensed/approved and have applied to become licensed or approved as a foster or kin caregiver

Source: Adapted from Child Trends Survey

What were the reasons for your application being denied?

(Select all that apply)

☐ I didn't complete all of the training

☐ My house/home did not meet the space/requirements necessary

☐ I did not have all the necessary medical documentation for me or other adults in the home

☐ Some members of my home did not meet requirements for the safety background checks because of past child abuse, neglect, or maltreatment investigations

☐ Some members of my home did not meet criminal background checks

☐ I was missing other necessary documentation

☐ Other (please specify):_____

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers whose application to become a licensed or approved foster or kin caregiver was denied.

Source: Adapted from Child Trends survey

Please report your level of satisfaction with each of the following items [over the past year/since [CHILD] came to live with you]. If an item does not apply to your situation, select "Not applicable."

(Select one for each row.)

	Mostly Satisfied	Neutral	Mostly Dissatisfied	Not Applicable
Training to become an approved or licensed foster caregiver				
If license or approved = yes: License or approval renewal process				
Court decisions and court practices				
Involvement in service plan (sometimes referred to as a permanency plan, child and family service plan, or reunification plan) for [CHILD]				
Involvement in permanency hearings in family court				

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who are licensed or approved or have applied to be licensed or approved

Source: Project-developed

Please report your level of satisfaction with each of the following items [over the past year/since [CHILD] came to live with you]. If an item does not apply to your situation, select "Not applicable."

(Select one for each row.)

	Mostly Satisfied	Neutral	Mostly Dissatisfied	Not Applicable
Quality of communication with child welfare agency staff (e.g., clear, consistent, and accurate communication)				
Child welfare agency staff's willingness to listen to you				
Timeliness of communication with child welfare agency staff (e.g., prompt answers to questions, regular ongoing communication)				
Information provided to you about [CHILD] when [CHILD] was placed or came to live with you? This could include things like information about special needs [CHILD] has, medications, allergies, and food preferences.				
Working with [CHILD]'s parents or other family members				
Supporting [CHILD]'s communication with their parent(s) or family members				
Availability of a foster parent or kin caregiver support group or mentor				
Referrals to community resources				
Services and support provided to you by the county or child welfare agency to help care for [CHILD]				
Services and support provided by the county or child welfare agency to [CHILD] to meet their needs				

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Source: Based on research of Senior Advisor Darcey Merritt (in progress) and Child Trends survey

Have you received or are you currently receiving any training on the skills or knowledge you need to care for [CHILD]?

- o Yes
- *o* No

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Source: Adapted from Child Trends survey

Was any of this training required by the child welfare agency?

- o Yes
- *o* No
- *o* Don't know

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who have or are currently receiving training

Source: Project-developed

Are there any topics that you would like to receive training on?

- o Yes
- *o* No
- *o* Don't know

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

What topics would you like to receive training on?

_____ (open-ended response)

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Source: Project-developed

PREVENTING THE NEED FOR FOSTER CARE (CAREGIVER FACTORS)

Parenting Domain

In this section, we ask you about your views related to parenting and about yourself, more generally.

([If you have any questions, please let me know].

Beliefs about Self and Parenting

Have you had contact with [CHILD] over the last couple of months? Your answer will help us know what questions to ask you.

- o Yes
- o No

Applies to “reporter types”: PWCIP

Applies to “child/youth types”: Children aged 0-17

Source: Project-developed

The following is a list of statements. Read each statement, select the response that best describes you during **the last couple of months**. In responding to each statement, focus on your care and thoughts related to [CHILD]. There are no right or wrong answers—only your opinions.

(Select one for each row.)

	This is not at all like me or what I believe	This is not much like me or what I believe	This is a little like me or what I believe	This is like me or what I believe	This is very much like me or what I believe
I feel positive about being a [parent/caregiver].					
I take good care of [CHILD] even when I am sad.					
I find ways to handle problems related to [CHILD].					
I take good care of [CHILD] even when I have personal problems.					
I manage the daily responsibilities of being a [parent/caregiver].					
I have the strength within myself to solve problems that happen in my life.					
I am confident I can achieve my goals.					
I take care of my daily responsibilities even if problems					

	This is not at all like me or what I believe	This is not much like me or what I believe	This is a little like me or what I believe	This is like me or what I believe	This is very much like me or what I believe
make me sad.					
I believe that my life will get better even when bad things happen.					

Applies to "reporter types": All Caregivers (see routing)

Applies to "child/youth types": Children aged 0-17

Routing: In-home, OOH, and PWCIP that have had contact with [CHILD] the last couple of months

Source: PAPF: Parental Resilience Subscale, Kiplinger & Harper Browne, 2014

Social Connections Domain

The next set of questions asks about the types of support you have received or think you will receive.

Social Ties

The next statements are about all the people in your life. For each statement, select the response that best describes you.

(Select one for each row.)

Social Ties	This is not at all like me or what I believe	This is not much like me or what I believe	This is a little like me or what I believe	This is like me or what I believe	This is very much like me or what I believe
I have someone who will help me get through tough times					
I have someone who helps me calm down when I get upset					
I have someone who can help me calm down if I get frustrated with [CHILD]					

Social Ties	This is not at all like me or what I believe	This is not much like me or what I believe	This is a little like me or what I believe	This is like me or what I believe	This is very much like me or what I believe
I have someone who will encourage me when I need it					
I have someone I can ask for help when I need it					
I have someone who helps me feel good about myself					

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: PAPF: Social Connections Subscale, Kiplinger & Harper Browne, 2014

Childhood Experiences Domain

These next questions are about your childhood. This information will help researchers to better understand how certain childhood experiences may affect people later in life. All of the following questions are about the time period **before you were 18 years of age**.

(Click Next to continue.)

Positive Childhood Experiences (PCE)

When you were growing up, during your **first 18 years of life**. Did you…

(Select one for each row.)

	Yes	No
have at least one caregiver with whom you felt safe?		
have at least one good friend?		
have beliefs that gave you comfort?		
like school?		
have at least one teacher who cared about you?		

	Yes	No
have good neighbors?		
have opportunities to have a good time?		
like yourself or feel comfortable with yourself?		
have a predictable home routine, like regular meals and a regular bedtime?		

Was there an adult, who was not a parent or person that cared for you most days, who could provide you with support or advice?

- o Yes
- o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Benevolent Childhood Experiences (BCEs) Measure (Narayan et al., 2018)

Adverse Childhood Experiences (ACEs)

I'd like to ask you a couple questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and how it may be connected to health and well-being later in life. Some of the questions cover sensitive topics and may feel uncomfortable to answer. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age

(Select one for each row.)

Adverse Childhood Experiences	Never	Rarely	Sometimes	Often	Very Often
Not including spanking, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?					
How often did a parent or adult in your home ever swear at you, insult you, humiliate you, or put you down?					
How often did your parents or other adults in your home ever slap, hit, beat, kick, or physically hurt each other?					

Adverse Childhood Experiences	Never	Rarely	Sometimes	Often	Very Often
How often was there an adult in your household who made you feel safe and protected?					
How often was there an adult in your household who tried hard to make sure your basic needs were met such as looking after your safety and making sure you had clean clothes and enough to eat?					

Adverse Childhood Experiences	Yes	No
Did you live with a parent or guardian who had severe depression, anxiety, or another mentally illness, or was suicidal?		
Did you live with anyone who was a problem alcohol drinker or drug user?		
Were you ever separated from a parent or caregiver because they went to jail, prison or a detention center?		
Did you experience the death of a parent or caregiver?		
Did you spend any time in foster care?		
Did anyone ever force you to do sexual things that you did not want to do? Count such things as kissing, touching, or being made to have sexual intercourse.		

Were your parents separated or divorced?

- o Yes
- o No
- o Parents were not married

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: ACEs Adapted Milwaukee GAIN Study; BRFSS & YRBS [which were modified slightly from Original ACES (Fellitti, 1998)]; project-developed foster care items

Household Economics Domain

This set of questions is asking about your current employment situation, income, and economic stressors you may have faced.

Employment

Which of the categories [on the card/below] best describes your current employment situation? Do not include volunteer work. Only include "paid" work.

- o Regularly work full-time, 35 or more hours/week
- *o* Regularly work part-time, less than 35 hours/week
- *o* Work sometimes, when work's available
- *o* Unemployed, looking for work
- *o* Don't work because of family responsibilities
- o Don't work because retired
- *o* Don't work because of illness or disability
- *o* Don't work because don't want to work
- *o* Don't work because currently a student
- o Other

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NSCAW III

Have you worked for pay at any time in the **last 12 months**?

- o Yes
- o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Parents/caregivers who indicated they are **not** currently working full-time or part-time

Source: NSCAW III

Do you **currently** have more than one job?

- o Yes
- o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Parents/caregivers who indicated they are currently working full-time or part-time

Source: NSCAW III

Benefits

The next questions are about income or income assistance available to [CHILD]'s household

during the past **12 months**. By household, [I/we] mean all of the people who live with you.

In the last **12 months**, Did anyone in the household receive…

(Select all that apply.)

☐ WIC (Women, Infants, and Children)

☐ Foster care payments

☐ [name of state SNAP program], [name of state EBT card] Electronic Bank Transfer card, or food stamps

☐ Welfare or TANF or other public assistance. (By welfare or TANF, we mean temporary assistance to needy families, AFDC, or cash welfare.)

☐ Housing support, such as public housing, a voucher, or assistance from Section 8

☐ A disability check (SSI, SSDI, Veteran's disability benefits)

☐ Child care financial assistance (such as a subsidy, voucher, scholarship or certificate)

☐ Child support. This includes child support received from the state from garnished wages.

☐ The Earned Income Tax Credit (EITC) (HELP TEXT: The federal government has a special rule that allows working people who make less than about $29,000 a year to get a tax refund. It's called the Earned Income Credit or EIC. Sometimes, if the IRS thinks that someone is eligible for the EIC they send out a letter asking that person to fill out a special form so that they can claim the EIC.)

☐ Unemployment benefits because someone lost a job

☐ Help from an energy assistance program to pay for part of the cost of heating or cooling your home? (Low-income Home Energy Assistance Program or LIHEAP)

☐ None of the above

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NSCAW III; project-developed

You indicated that in the last **12 months**, someone in your household received foster care payments. Were the foster care payments for [CHILD]?

o Yes

o No

Applies to "reporter types": OOH

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who indicated their household received foster care payments in the past 12 months.

Source: NSCAW III; project-developed

You indicated that in the last **12 months**, someone in your household received child support. Did you receive child support for [CHILD]?

o Yes

o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Parents/caregivers who indicated their household received child support in the past 12 months.

Source: NSCAW III; project-developed

Is [CHILD] covered by…

Please remember to include coverage [CHILD] may have through another person's plan.

(Select all that apply.)

☐ Military health insurance, such as CHAMP-VA, TRICARE Select, or VA care

☐ A health insurance plan through a current or past employer or union

☐ Medicaid or another state-funded program. (The Medicaid program in (STATE FILL) is also called (MEDIFILL). Medicaid is a program for health care for persons in need. It is different from Medicare, which is a health insurance program for persons 65 and older and some disabled persons under 65.)

☐ [P_HS_ChipFILL], the state health insurance plan for uninsured

☐ Indian Health Service

☐ Other health insurance such as Medicare or insurance purchased directly from an insurance company

☐ [CHILD] does not have insurance of any kind

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NSCAW III

Now we would like to know about your health insurance coverage. What is your current insurance status? Are <u>you</u> covered by...

(Select all that apply.)

☐ Military health insurance, such as CHAMPUS, CHAMP-VA, TRICARE, or VA care

☐ A health insurance plan through a current or past employer or union

☐ Medicaid or another state-funded program

☐ Indian Health Service

☐ Medicare

☐ Health insurance bought directly from an insurance company

☐ Do you not have insurance of any kind (completely self-pay)?

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NSCAW III

Income

The next questions are about income or income assistance available to [CHILD]s household during the past **12 months**. By household, I mean all of the people who live with you.

First, I need to know the **total combined income of your family from all sources** in the **past 12 months**. Please include your own income and the income of everyone living with you. This includes money from jobs, net income from business or rent, pensions, dividends, interest, social security, public assistance programs, welfare, food stamps, or child support. If you don't know exactly, your best guess is okay.

In the past **12 months**, what was the total income of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you.

$ _____

[We understand that you may not be able to provide an exact number for your family's income. However, it would be extremely helpful if you would indicate which of the following ranges best estimates your total household income from all sources prior to taxes and deductions in the past **12 months.** Please include your own income and the income of everyone living with you./ I just need to have a range. You can tell me the number from the card that best fits your response.]

- o No income
- o $1,000 or less
- o $1,001-$2,500
- o $2,501-$4,500
- o $5,001-$10,000
- o $10,001-$15,000
- o $15,001-$20,000
- o $20,001-$25,000
- o $25,001-$30,000
- o $30,001-$35,000
- o $35,001-$45,000
- o $45,001-$55,000
- o $55,001-$75,000
- o $75,001-$100,000
- o $100,001-$149,999
- o $150,000 or more

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Parents/caregivers who did not report their income in the previous question

Source: Adapted from NSCAW III

Material Hardship

In the past **12 months**…

(Select one for each row.)

	Yes	No
was your phone service disconnected because there was not enough money to pay the bill?		
did you lack a personal phone because you did not have money for one?		
was your electricity, heating or gas ever disconnected because there wasn't enough money to pay the bill?		
was there anyone in your household who needed to see a doctor or go to the hospital but did not go because of the cost?		
was there anyone in your household who had to miss work, a health care appointment, or other important appointment because they lacked transportation?		

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Project GAIN; project-developed

Housing Stability

How long have you lived in your current home?

- o less than 1 year
- o 1-2 years
- o 3-5 years
- o 6-10 years
- o 10 or more years

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Project GAIN

How many times have you moved in the **last year**?

--Select--

1-20 times

Don’t know

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Routing: Parents/caregivers who reported living in current home < 1 year

Source: Project GAIN

Did any of these moves happen because you could not afford your housing?

- o Yes
- **o** No

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Routing: Parents/caregivers who reported living in current home < 1 year

Source: Future of Families and Child Wellbeing study

In the last **12 months**, did you move in with friends or relatives because of money problems?

- o Yes
- **o** No

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Routing: Parents/caregivers who reported living in current home < 1 year

Source: Future of Families and Child Wellbeing study

In the last **12 months**, did you stay at a shelter, in an abandoned building, an automobile, or any other place not meant for regular housing, even for one night?

- o Yes
- **o** No

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Routing: Parents/caregivers who reported living in current home < 1 year

Source: Project GAIN

During the past **12 months**, was there a time when you were worried about having a stable place to live?

- o Yes
- **o** No

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Source: NHIS

Child Care

In addition to a child's primary caregiver, a child may be cared for by other adults in the household, by relatives or friends outside of the household, or by a child care professional in a center or someone's home.

In the past **12 months**, have you used or needed child care for one or more of your children?

- o Yes
- o No

Applies to "reporter types": In-Home; OOH

Applies to "child/youth types": Children aged 0-17

Source: Items from Project GAIN

How much do you disagree or agree with the following statements about child care?

(Select one for each row.)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
You have concerns about the quality of child care available to your family.					
You are unable to afford the cost of child care.					
You have at least one reliable adult in your life to help with emergency or last-minute child care.					
You are able to find child care providers who offer care on the days and times that you need.					

Applies to "reporter types": In-Home, OOH

Applies to "child/youth types": Children aged 0-17

Routing: Parents/Caregivers who have used or needed child care in the past 12 months

Source: Items adapted from Project GAIN

MAKE AMERICA HEALTHY AGAIN (CAREGIVER FACTORS)

Caregiver Health Domain

The next questions are about your health and the activities you might do. If you are unsure about how to answer a question, please give the best answer you can.

Physical Health and Functioning

In general, would you say your health is…

- o Excellent?
- o Very good?
- o Good?
- o Fair?
- o Poor?

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NSCAW III

Now, thinking about your physical health, which includes physical illness and injury, how many days during the past **30 days** was your **physical health not** good?

- o _____(insert)number of days
- o None

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: BRFSS Healthy Days Core Module

Now, thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past **30 days** was your **mental health not** good?

- o _____(insert)number of days
- o None

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: BRFSS Healthy Days Core Module

During the past **30 days**, for how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation?

- o _____(insert)number of days
- o None

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: BRFSS Healthy Days Core Module

During the past **30 days**, for about how many days did pain make it hard for you to do your usual activities such as self-care, work, or recreation?

- o _____(insert)number of days
- o None

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: caregivers who reported some number of days that poor physical or mental health kept them from doing usual activities

Source: BRFSS Healthy Days Symptoms Module

During the past **30 days**, for about how many days have you felt worried, tense, or anxious?

- o _____(insert)number of days
- o None

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: caregivers who reported some number of days that poor physical or mental health kept them from doing usual activities

Source: BRFSS Healthy Days Symptoms Module

During the past **30 days**, how often…

(Select one for each row.)

	Never	Some days	Most days	Every day
did you wake up feeling well-rested?				
did you have trouble falling asleep?				
did you have trouble staying asleep? (Include waking up too early.)				

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NHIS-Adult 2024

Have you ever been told by a doctor or other health professional that you had….

Hypertension, also called high blood pressure?	Yes	No
High Cholesterol?	Yes	No
Coronary heart disease, Angina, heart attack or stroke?	Yes	No
Asthma?	Yes	No
Cancer or malignancy of any kind (other than non-melanoma skin cancer)?	Yes	No

Pre-diabetes or borderline diabetes?	Yes	No
Diabetes?	Yes	No
Chronic obstructive pulmonary disease (C.O.P.D.), emphysema, or chronic bronchitis?	Yes	No
Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	Yes	No
Dementia, including Alzheimer's disease?	Yes	No
Seizure disorder or epilepsy?	Yes	No
Any type of anxiety disorder (some common types of anxiety disorders include: generalized anxiety disorder, social anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive compulsive disorder, and phobias)?	Yes	No
Any type of depression (some common types of depression include: major depressive disorder, bipolar depression, dysthymia, post-partum depression, and seasonal affective disorder)?	Yes	No
Weak or failing kidneys (do not include kidney stones, bladder infections, or incontinence)?	Yes	No
Hepatitis?	Yes	No
Cirrhosis or any other long-term liver condition?	Yes	No
Crohn's Disease?	Yes	No
Ulcerative Colitis?	Yes	No
Psoriasis?	Yes	No
Chronic Fatigue Syndrome or Myalgic Encephalomyelitis?	Yes	No
Attention Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?	Yes	No
Intellectual Disability (previously known as Mental Retardation)?	Yes	No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: National Health Interview Survey (NHIS) 2024; Project-developed via expert input

Nutrition and Food Security

This next set of questions asks you about your household's access to food.

For each statement [tell me/select] how true it is for you and your household..

(Select one for each row.)

	Never True	Sometimes True	Often True
Within the past **12 months** we worried whether our food			

would run out before we got money to buy more.			
Within the past **12 months** the food we bought just didn't last and we didn't have money to get more.			

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Hunger Vital Sign Screening Tool

The next questions are about healthy foods - foods that support your health and well-being. These foods include, for example, fruits, vegetables, whole grains, beans, nuts, yogurt, and fish. These foods can be fresh, frozen, or canned; and don't have to be organic. Less healthy foods can include foods that are highly processed, packaged, and high in salt, starch, sugar, and unhealthy fats.

Thinking about the last **12 months**, how hard was it for you or your household to regularly get and eat healthy foods?

- o Very hard
- o Hard
- o Somewhat hard
- o Not very hard
- o Not hard at all

[only if very hard, hard, somewhat hard, or missingness to question above] People have different reasons for eating or not eating healthy foods. Please tell me which, if any, of the following reasons were true for you or your household in the last **12 months**.

(Select one for each row.)

	Never True	Sometimes True	Often True
Healthy foods are too expensive			
There aren't a lot of healthy food choices at the stores where I usually shop			
Stores or food pantries with healthy foods are too far away or hard to reach			
I don't have a car or other transportation to reach stores or food pantries that have healthy foods			
I don't have enough time to shop for healthy foods			
I don't have enough time to cook healthy foods			
My cooking equipment or storage space is not enough to prepare healthy foods			
I don't know how to cook healthy foods			
I don't know which foods are considered healthy foods			
I or my family don't like the taste of healthy foods			

Some of the foods from my culture are hard to make healthy			
I'm not sure I qualify for food assistance programs like food stamps (also known as SNAP, CalFresh, or EBT) or WIC that help me buy healthy foods			
I have mobility challenges or physical limitations that make it difficult for me to prepare and eat healthy foods.			
Other - please specify:_____			

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Nutrition Security Screener

Caregiver Mental and Behavioral Health Domain

The following questions ask about your mental health and well-being.

Depression

Over the last **2 weeks**, how often have you been bothered by any of the following problems?

(Select one for each row.)

	Not at all	Several days	More than half the days	Nearly Everyday
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Patient Health Questionnaire-2 item (PHQ-2)

Mental Health Care Treatment

During the past **12 months**, did you take prescription medication to help you with any emotions or with your concentration, behavior or mental health?

- o Yes
- *o* No
- o Don't know

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NHIS Adult Mental Health Care Module

During the past **12 months**, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

- o Yes
- *o* No
- o Don't know

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NHIS Adult Mental Health Care Module

Suicidal Thoughts and Suicidal Behaviors

The next few questions are about thoughts of suicide.

At any time in the past **12 months**, that is, from [date] up to and including today, did you **seriously think about trying to kill yourself?**

- o Yes
- *o* No
- *o* I'm not sure
- *o* I don't want to answer

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: NSDUH 2025

During the past **12 months**, did you **try** to kill yourself?

- o Yes
- *o* No
- *o* I'm not sure
- *o* I don't want to answer

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who seriously thought about killing themselves

Source: NSDUH 2025

How much do you disagree or agree with the following statement: You had the support you needed after you attempted to kill yourself.

- *o* Strongly disagree
- *o* Disagree
- *o* Neither agree nor disagree
- o Agree

o Strongly agree

Applies to "reporter types": All Settings

Applies to "child/youth types": Children aged 0-17

Routing: Caregivers who reported attempting suicide during the past 12 months

Source: Project-developed

Substance Use

The next questions are about your use of alcohol and other drugs.

In the past **12 months**, how often have you…

(Select one for each row.)

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Had [5 for males/4 for females] or more drinks containing alcohol in one day? One standard drink is 1 small glass of wine (5oz), 1 beer (12oz), or 1 single shot of liquor.					
Used Marijuana or any cannabis product?					
Used prescription drugs for non-medical reasons (such as pain relievers, stimulants, tranquilizers, or sedatives)?					
Used illegal drugs such as cocaine, methamphetamine, hallucinogens, or inhalants?					

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: Adapted from Kalmakis & Chandler, 2015 and the FRAPCES study

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Do you think you ever had a problem with your own drug or alcohol abuse?

o Yes

o No

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Source: NSDUH

At this time, do you consider yourself to be in recovery or recovered from your own problem with drugs or alcohol use?

- o Yes
- o No

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Routing: caregivers who said yes to ever had a problem with drugs or alcohol

Source: NSDUH

Substance Use Treatment

The next question asks about treatment such as professional counseling, medication, or other treatment you may have received for **use of alcohol or drugs, not including cigarettes**. These treatment types can be received during an overnight stay, outpatient visit, or over the phone or internet.

During the past **12 months**, have you received any treatment for the use of alcohol or drugs, not including cigarettes?

- o Yes
- o No

Applies to "reporter types": In-Home, PWCIP

Applies to "child/youth types": Children aged 0-17

Routing: Parents/caregivers who reported ever having a drug or alcohol problem

Source: adapted from Mental and Substance Use Disorders Prevalence Study (MDPS)

This question is about **prescription medication** you may have used to cut back or stop your alcohol or drug use. These medications are different from medications given to stop an overdose.

During the past 12 months, did you use any medication prescribed by a doctor or health care professional to help cut back or stop your alcohol or drug use?

- o Yes
- *o* No
- o Don't know

Applies to "reporter types": In-Home; PWCIP

Applies to "child/youth types": Children aged 0-17

Routing: Parents/caregivers who reported ever having a drug or alcohol problem

Source: Mental and Substance Use Disorders Prevalence Study (MDPS)

Trauma

The next set of questions asks about negative experiences you may have had.

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

o Yes

o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

In the past month, have you…

(Select one for each row.)

	Yes	No
Had nightmares about the event(s) or thought about the event(s) when you did not want to?		
Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?		
Been constantly on guard, watchful, or easily startled?		
Felt numb or detached from people, activities, or your surroundings?		
Felt guilty or unable to stop blaming yourself of others for the event(s) or any problems the events may have caused?		

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Caregiver who have experienced a traumatic event

Source: Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

Intimate Partner Violence

The next set of questions are about physical violence or threats of physical violence between you and current or past romantic partners. For these questions, a romantic partner could be a spouse or someone you have or had a romantic relationship with.

In the last **12 months**, has any romantic partner **made threats** to physically harm you?

○ Yes
○ No

Applies to "reporter types": In-Home, PWCIP
Applies to "child/youth types": Children aged 0-17
Source: Item adapted from National Intimate Partner and Sexual Violence Survey

In the last **12 months**, has a romantic partner physically harmed you?

○ Yes
○ No

Applies to "reporter types": In-Home, PWCIP
Applies to "child/youth types": Children aged 0-17
Source: Project-developed (informed by National Intimate Partner and Sexual Violence Survey and the Conflict Tactics Scale)

Caregiver Service Needs and Receipt Domain

Potential Needs of Parent/Caregiver

The next section asks about the types of services any family or [parent/caregiver] may benefit from at times.

Below is a list of needs that you may have had as a [parent/caregiver].

Are you currently receiving help, services, or benefits related to any of these needs?

(Select all that apply.)

☐ Finding or keeping housing

☐ Basic expenses (food, clothing, baby supplies)

☐ Finding or keeping a job

☐ Support for parenting

☐ A physical health need

☐ Family planning or reproductive health care

☐ Domestic violence or intimate partner violence services

☐ Mental health services (e.g. counseling, therapy, or more intensive inpatient or outpatient treatment)

☐ Substance use treatment

☐ Legal or court issues

☐ Respite care (e.g., temporary childcare to allow caregivers to take a break or manage personal tasks)

☐ Resources to understand and manage the demands of the child welfare system

☐ None of the above

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Source: Project-developed

Are any of the following areas a need for you right now?

(Select all that apply.)

☐ Finding or keeping housing

☐ Basic expenses (food, clothing, baby supplies)

☐ Finding or keeping a job

☐ Support for parenting

☐ A physical health need

☐ Family planning or reproductive health care

☐ Disability services or benefits (accessing resources for individuals with disabilities, social security income, social security disability insurance)

☐ Domestic violence or intimate partner violence services

☐ Mental health services (e.g. counseling, therapy, or more intensive inpatient or outpatient treatment)

☐ Substance use treatment

☐ Legal or court issues

☐ Respite Care (e.g., temporary childcare to allow caregivers to take a break or manage personal tasks)

☐ Resources to understand and manage the demands of the child welfare system

☐ None of the above

Applies to “reporter types”: All Caregivers

Applies to “child/youth types”: Children aged 0-17

Source: Project-developed

You indicated the following areas of need.

[Housing, basic expenses, a physical health need, family planning, disability services or needs]

In the past 12 months, did you have any of the following concerns about getting help with any of these needs?

(Select all that apply.)

☐ You did not know where to go for help.

☐ You were told you were not eligible.

☐ There were no options nearby.

☐ The forms or application steps were too complicated.

☐ It cost too much to apply or to receive the help (e.g. application fees, monthly cost).

☐ You had transportation problems.

☐ Help was not available at a convenient time for you

☐ You were not comfortable with the quality or safety of the options available

☐ You were not treated well by staff.

☐ The wait to receive services or benefits was too long

☐ Other - Please describe: _____

☐ None of the above

Applies to "reporter types": All caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Parents/Caregivers who have selected items as a need

Source: Project-developed

DEMOGRAPHICS AND RESOURCES

Household-Demographics

Now we have some questions about [CHILD] and the rest of your household that will help us describe you/your family without identifying you individually.

Socio-demographics & Composition

Is [CHILD] male or female?

o Male

o Female

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

What is [CHILD]'s race and/or ethnicity?

Select all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Middle Eastern or North African

☐ Native Hawaiian or Pacific Islander

☐ White

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Is [CHILD] a member or eligible for membership in a federally recognized Tribe or Tribal group?

o Yes

o No

o I'm not sure

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Children whose race/ethnicity is reported as American Indian or Alaska Native.

Next, I need to know about how many people are currently living in your household

[Including [CHILD], how/How] many children under the age of 18 are living in your household?

_____

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Including yourself, how many adults age 18 or older are living in your household? _____

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Do you have a spouse or partner who lives in the same household as you?

o Yes, a spouse

o Yes, a partner

o No

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

What is your current marital status?

o Married

o Divorced

o Separated

o Never married

o Widowed

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Routing: Skip if Parent/Caregiver indicates living with a spouse in the same household.

Now, we are going to ask you some questions so we can better understand **your** background.

What is your sex?

- o Male
- o Female

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

What is your race and/or ethnicity?

Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

What is the highest level of education you have completed?

- o Less than high school completion
- o Completed high school diploma or equivalent (for example, GED (General Education Development), HiSET (High School Equivalency Test), TASC (Test Assessing Secondary Completion).)
- o Completed a certificate or diploma from a school that provides occupational training, such as a trade school
- o Completed an associate's degree (for example, AA, AS, ASN)
- o Completed a bachelor's degree (for example, BA, BS, BSN)
- o Completed a master's degree (for example, MA, MS, M Eng, M. Ed, MSW, MBA)
- o Completed a Ph.D., M.D., law degree, or other high-level professional degree

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

What do you consider your greatest strengths as a [parent/caregiver]?

_____open-ended response

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

Source: Project Developed

Resources

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

If completing this survey caused you any distress, and you feel that you might benefit from talking to a professional, or you need other resources, the organizations below may be able to offer help:

Are you experiencing a mental health emergency?

Call 988 to speak to a skilled, trained crisis worker.

- The 988 Suicide & Crisis Lifeline is a free, nationwide digital dialing code providing compassionate, accessible care 24/7 if you are in crisis.

Are you experiencing an unhealthy or abusive relationship?

Call 1-800-799-SAFE (7233)

- The National Domestic Violence Hotline (https://www.thehotline.org/) is a free national resource that offers confidential, and compassionate support, crisis intervention information, education, and referral services in over 200 languages.

Have you experienced sexual abuse or sexual assault?

Call 1-800-656-HOPE (4673)

- The National Sexual Assault Hotline (http://www.rainn.org/) is a free resource for survivors, that connects individuals to a trained staff member from their local sexual assault service provider.

Are you looking for treatment for mental health or substance use problems?

FindTreatment.gov is a confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.

Are you concerned about your mental health?

Visit Mental Health America's Screening Tool, (https://screening.mhanational.org/screening-tools/) a free, confidential tool to self-screen for anxiety, depression, substance use disorder, and more.

Are you looking for resources in your community?

Visit findhelp.org, a free, easy-to-use search engine that connects you to services to assist with local food, housing, transportation, legal help and more.

INTERVIEW CLOSEOUT

Locator Module

Applies to "reporter types": All Caregivers

Applies to "child/youth types": Children aged 0-17

To help us understand how the well-being of children changes over time, we may contact you and your child in the future to update our information. [I'd/We'd] like to ask a few questions to help us locate you in case you move.

Please remember that [everything you tell me/all information] will be kept private in the ways that were explained to you at the beginning of the interview.

[I'd like to/Please] verify your full legal name. [Is your full legal name (READ DISPLAYED NAME.

CORRECT AS NEEDED/If your full legal name is not right or is incomplete, please fix it.]

FIRST NAME:

MIDDLE NAME:

LAST NAME:

Have you ever changed your last name?

- o Yes
- o No

[If yes: Previous last name:]

[Let me/Please] confirm your street address. (VERIFY INFORMATION DISPLAYED ON SCREEN.

CORRECT AS NEEDED.) [If your contact information is not right or is incomplete, please fix it.]

STREET ADDRESS:

CITY:

STATE:

ZIP:

Do you expect to be living at this same address or at a different address 6 months from now?

Same address

Different Address

Is there a better address we can use to contact you in the future?

- o Yes
- *o* No

What is the best address for us to reach you in the future? [If you plan to move and only have partial information, that is fine to enter.]

(NOTE: IF R PLANS TO MOVE, COLLECT AS MUCH INFORMATION AS POSSIBLE ABOUT NEW LOCATION.)

STREET ADDRESS:

CITY:

STATE:

ZIP:

Is that your address or the address of another person or place?

Your address

Someone else's address

[Please enter the name of the person whose address it is and your relationship to this person./Whose address is it? And your relationship to this person?]

NAME:

RELATIONSHIP:

Please provide your cell and other phone numbers including area code, and main email address.

Cell phone number:

☐ You do not have a cell phone number.

Other telephone number:

☐ You do not have another telephone number.

- Select phone type -

- o Home number
- o Work number
- o Friend/Relative's number
- o Cell phone number
- o Other (Specify)

Is this your day or evening phone number?

(Select all that apply.)

☐ Day

☐ Evening

☐ Both

Email address:

☐ You do not have an email address.

Next, we would like to ask you for contact information for your [spouse/partner] who live with [CHILD]

What are the name, cell and other phone numbers, and email address of your [spouse/partner]?

Name:

First name:

Middle name:

Last name:

Cell phone number:

- o Your [spouse/partner] does not have a cell phone number.
- o You don t know.

Other telephone number:

- o Your [spouse/partner] does not have another telephone number.
- o You don t know.

- Select phone type -

- o Home number
- o Work number
- o Friend/Relative's number
- o Cell phone number
- o Other

Is this your [spouse/partner]'s day or evening phone number?

(Select all that apply.)

- ☐ Day
- ☐ Evening
- ☐ Both

Email address:

- o Your [spouse/partner] does not have an email address.
- o You don t know.

Routing: Caregivers with a spouse or partner

Next, we would like to ask you for contact information for [CHILD]'s primary caregiver.

What are the name, contact information, and email address of [PRIMARY CAREGIVER]?

Name:

First name:

Middle name:

Last name:

☐ [PRIMARY CAREGIVER] lives at my same address

☐ [PRIMARY CAREGIVER] lives at a different address

IF DIFFERENT ADDRESS - SPECIFY BELOW:

STREET ADDRESS:

CITY:

STATE:

ZIP:

Cell phone number:

- o [PRIMARY CAREGIVER] does not have a cell phone number.
- o You don t know.

Other telephone number:

- o [PRIMARY CAREGIVER] does not have another telephone number.
- o You don t know.

- Select phone type -

- o Home number
- o Work number
- o Friend/Relative's number
- o Cell phone number
- o Other

Is this [PRIMARY CAREGIVER]'s day or evening phone number?

(Select all that apply.)

☐ Day

☐ Evening

☐ Both

Email address:

- o [PRIMARY CAREGIVER] does not have an email address.
- o You don t know.

Routing: Respondent is not the primary caregiver

We'd also like the name of a relative or friend **who does not live with you** but would always know how to reach you if you moved.

Can you [give me/provide] the name, address, and telephone number of a relative or friend who would always know how to reach you if you moved?

- o Yes
- o No

What is the name, relationship to you, address, cell and other phone numbers, and email address of this person? [VERIFY SPELLING. ENCOURAGE R TO PROVIDE ALL REQUESTED INFORMATION.]

NAME:

RELATIONSHIP:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

Routing: Caregiver will provide a secondary contact

The next few questions are about your use of social media. We want to make sure we are able to contact you about future opportunities. With your permission, we may use your information to contact you in the future using the social media platform's private messaging features. Private messages are sent to you through these platforms will only contain information about how you can reach the research team. We will never post anything on your profile and your profile will be only viewed if it is necessary to confirm your identity. We will keep your information private, but social media websites may, per the terms of use and site policies, be able to access, read, and retain all messages sent through their private messaging platforms.

Do you use Instagram?

- o Yes
- o No
- o Prefer not to answer

What is your profile name? Please provide your exact profile name including any underscores, periods, or other characters. We would only contact you through private messaging if needed.

_____

Routing: Caregiver indicates they use Instagram

Do you use WhatsApp?

- o Yes
- o No
- o Prefer not to answer

What is your profile name? Please provide your exact profile name including any underscores, periods, or other characters. We would only contact you through private messaging if needed.

_____

Routing: Caregiver indicates they use WhatsApp

Do you use SnapChat?

o Yes

o No

o Prefer not to answer

What is your profile name? Please provide your exact profile name including any underscores, periods, or other characters. We would only contact you through private messaging if needed.

_____

Routing: Caregiver indicates they use SnapChat

[I'd/We'd] also like to get your Social Security Number (SSN). This information will only be used for two things: 1) to help us locate you if you move, 2) to help us combine survey information with other information if you give us permission to do so.

What is your social security number?

_____

☐ I don't know my social security number.

We understand that you do not wish to provide your Social Security Number. Would you be willing to provide the last four digits? Again, this information is only used to help us locate you if you move and to help us combine survey information with other information if you give us permission to do so.

Last 4 digits of your social security number (SSN):_____

Routing: Caregiver who skips or refuses to provide a SSN

Next, we would like to ask you to provide [CHILD]'s Social Security Number.

CHILD SSN: _____

☐ I don't know [CHILD]'s SSN.

We understand that you do not wish to provide [CHILD]'s Social Security Number. Would you be willing to provide the last four digits?

Last 4 digits of [CHILD]'s social security number (SSN):_____

Routing: Caregiver who skips or refuses to provide their child's SSN

Do you think [CHILD]'s name could change in the next 6 months?

o Yes

o No

What do you think [CHILD]'s name would be changed to? [Please tell me the first, middle, and last name./ Please enter the first, middle, and last name below.]

FIRST NAME:

☐ I don't know what [CHILD]'s first name would be changed to.

MIDDLE NAME:

☐ I don't know what [CHILD]'s middle name would be changed to.

LAST NAME:

☐ I don't know what [CHILD]'s last name would be changed to.

Routing: Caregiver indicates that child's name will change in the next 6 months

Linkage

Confirmation of Permission to Combine Survey Data with Other Sources of Data

Before you completed the survey, you were not sure about giving permission to combine your and your child's NSSCAW information with other sources of information, like information about your neighborhood and information from other agencies and programs. Now that you've completed the survey, we wanted to ask if your answer has changed.

Do we have permission to combine your and your child's survey responses with other sources of information?

o Yes

o No

Routing: Caregivers who said no or did not answer data linkage before the survey began

Permission to Combine Survey Data with Medicaid Data.

We would also like to better understand the types of health care your child may get from Medicaid. To do this, we want to combine your child's survey information to information about these services. After [I/you] read the form [by clicking the link below], you can decide if you would like us to access your child's Medicaid data.

- MEDICAID DATA LINKAGE FORM (HIPAA Authorization form; see Appendix D)

[WEB: (Verify the form has been electronically signed) Click here if you would like to download a copy of this form to save or print.]

[INTERVIEWER: PLEASE READ THE MEDICAID DATA LINKAGE FORM, OBTAIN AN ELECTRONIC SIGNATURE, AND PROVIDE A COPY FOR THE CAREGIVER'S RECORDS ONCE SIGNED.]

Do you agree to allow researchers with NSSCAW at RTI International to combine your child's Medicaid data to survey data as described?

o Yes, I give permission to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release my child's health information.

o No, I do not give permission to the Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release my child's health information.

Routing: Caregivers of children ages 0 to 10 years.

Token of Appreciation

IN-PERSON: We appreciate your participation in this survey. As a thank you, we are offering you cash in the amount of $[75].

Here is an envelope with the cash.

This form states that you have received the money. This copy is for your records.

- o ACCEPTED $[75]
- o DECLINED $[75]

WEB: We appreciate your participation in this survey. As a thank you, we are offering a $[75] gift card.

How would you like to receive your gift card:

- o Electronic [Visa/Amazon] Gift Card (Delivered by email within two business days, can only be used for online purchases, and can only be used for purchases of equal or lesser value)
- o Physical [Visa/Amazon] Gift Card (Delivered by mail within 4-6 weeks and can be used in stores and online)
- o No, thanks. I decline the $[75] gift card.

The email message will be from RTI-eIncentives@rti.org and the subject line will say “How to Redeem Your $[75] Gift Card.” If you’d like a physical gift card instead, click Back to change your selection.

Please enter your email address to receive the electronic gift card.

EMAILADD:

Please re-enter your email address.

[EMAILADD2]

Routing: Caregiver indicates they would like an electronic gift card

Please enter the address you want us to mail the gift card to.

STREET ADDRESS:

CITY:

STATE:

ZIP:

Routing: Caregiver indicates they would like a physical gift card

That is all the questions we have for you. Thank you for participation