National Survey of Children's Health

CATI Instrument

NIS Eligibility, Selection of Sample Child [S.C.], and Informed Consent

INTRO_1   Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study.

S1   Am I speaking to someone who lives in this household who is over 17 years old?

     (1) I AM THAT PERSON   **[SKIP TO S_NUMB]**
     (0) THIS IS A BUSINESS   **[TERMINATE]**
     (3) NEW PERSON COMES TO PHONE   **[SKIP BACK TO INTRO_1]**
     (8) DOES NOT LIVE IN HOUSEHOLD   **[SCHEDULE APPT]**
     (9) NO PERSON AT HOME WHO IS OVER 17   **[SCHEDULE APPT]**
     (7) REFUSED   **[TERMINATE]**

     HELP SCREEN (S1): IF NO, ASK "Is there someone who lives in this household who is over 17 that I may speak with?"

     GROUP QUARTERS SUCH AS BARRACKS, DORMITORIES, HOSPITALS, OR SCHOOLS SHOULD BE CODED AS "DOES NOT LIVE IN HOUSEHOLD."

S_NUMB   How many children between the ages of 12 months and 3 years old are living or staying in your household?

     ENTER NUMBER OF NIS-ELIGIBLE CHILDREN ____ ____

[**Augmentation Sample----------------------**

INTRO_AUG   IF SAMPLE_USE_CODE = 3, READ INTRO_AUG, ELSE SKIP TO S_UNDR18.

     USED ONLY FOR AUGMENTATION SAMPLE (SUC=3)

     Hello, my name is _____. I am calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the health of children and teenagers. Your telephone number has been selected at random to be included in the study."

     GO TO S_UNDR18

LL_TYPE   WHAT LANGUAGE WAS NEEDED TO COMPLETE THIS INTERVIEW?

     (1) KOREAN   **[Go to LL_END]**
     (2) MANDARIN   **[Go to LL_END]**
     (3) CANTONESE   **[Go to LL_END]**
     (4) VIETNEMESE   **[Go to LL_END]**

(5) ARABIC	**[Go to LL_END]**
(6) FRENCH/CREOLE/HAITIAN	**[Go to LL_END]**
(7) ITALIAN	**[Go to LL_END]**
(8) JAPANESE	**[Go to LL_END]**
(9) POLISH	**[Go to LL_END]**
(10) PORTUGESE	**[Go to LL_END]**
(11) TAGALOG/FILIPINO	**[Go to LL_END]**
(12) ENGLISH	**[CONTINUE WITH INTERVIEW AS USUAL]**
(13) SPANISH	**[CONTINUE WITH INTERVIEW AS USUAL]**
(14) ANOTHER LANGUAGE	**[Go to LL_END]**

LL_END   IF LL_TYPE = 1,2,3, or 4 DISPLAY:
Those are all the questions I have at this time. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at [TEXTFILL: If Sample Use Code = 1 or 2: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6]. If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.

ELSE, DISPLAY:

Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at [TEXTFILL: If Sample Use Code = 1 or 2: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6] If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.

[TIMESTAMP_SCREENER]

S_UNDR18   **CATI INSTRUCTION (S_UNDR18):** IF S_NUMB > 0, SKIP TO NIS INTERVIEW.
AFTER NIS INTERVIEW IS COMPLETE, GO TO AGE_GRID.
IF NIS DONE AND S_NUMB > 0, FILL S_UNDR18 FROM NIS DATA: S_UNDR18 = C1 - C1A. NOTE: C1-C1A CANNOT BE LE 0. IF THAT IS THE CASE, ASK S_UNDR18.

IF SAMPLE_USE_CODE = 4: FILL TIS_UNDER18 TO S_UNDR18

SET ELIGIBILITY DATE AT THIS POINT (ONCE IT IS ASKED OR FILLED)
TODAY_M_NSCH
TODAY_D_NSCH
TODAY_Y_NSCH

How many people less than 18 years old live in this household?

ENTER NUMBER OF CHILDREN ____ ____
IF = 0   **[GO TO NOCHILD]**
IF > 0   **[GO TO AGE_X]**

(6) DON'T KNOW   **[GO TO ASK_ANOTHER]**
(7) REFUSED   **[TERMINATE AND SET AS REFUSAL**
((IF INCENTIVE > 0 THEN GO TO ADDRESS COLLECTION), THEN GO TO
R1, SET ITS = 23)]

HELP SCREEN (S_UNDER18): A CHILD IS COUNTED AS "LIVING IN THE
HOUSEHOLD" IF THE CHILD:

- **HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS**

- **THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS**

- **USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)**

- **USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)**

- **ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL**

ASK_ANOTHER   Is there anyone in your household who knows how many people in this household are less than 18 years old?

(1) NEW PERSON COMES TO PHONE **[GO TO S_UNDR18]**
(0) NO   **[GO TO NSCH_TERM]**

NSCH_TERM   Thank you, we'll try back another time.
TERMINATE > SET ITS = 61

NOCHILD   (IF INCENTIVE > 0 THEN GO TO ADDRESS COLLECTION), THEN READ
NOCHILD

Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

TERMINATE > SET ITS = 61

AGE_X   **CATI INSTRUCTION (AGE_GRID):** IF S_UNDR18 = 1, FILL "age" AND "child". ELSE, FILL "ages" AND "children".

IF S_NUMB = 0, DISPLAY THIS TEXT WHEN ASKING ABOUT FIRST CHILD: "Many of my questions are only for children of certain ages. So, I'll know which questions to ask, please tell me the [age/ages] of the [child/children] less than 18 years old living in this household." FOR ALL SUBSEQUENT CHILDREN (LOOP UNTIL # OF CHILDREN=S_UNDR18) DISPLAY: READ IF NECESSARY: (Please tell me the age of the next child who lives in this household.)

ELSE IF (S_NUMB=S_UNDR18 then FILL AGE_1 (and AGE_1Y_X as needed) with age of child and skip to AGE_CONF

ELSE IF S_NUMB > 0 AND S_UNDR18 – S_NUMB > 0, FILL: "You have already given me (FILL NAME OF NIS-ELIGIBLE CHILD OR CHILDREN)'s birth date(s). Now, would you please tell me the [age/ages] of the other [IF S_UNDER18 - S_NUMB = 1, INSERT "child"; IF S_UNDR18 - S_NUMB > 1, INSERT "children"] living in this household."   FOR ALL SUBSEQUENT CHILDREN (LOOP UNTIL # OF CHILDREN=S_UNDR18 - S_NUMB) DISPLAY: READ IF NECESSARY: (Please tell me the age of the next child who lives in this household.)

IF SAMPLE_USE_CODE = 4: FILL AGE ROSTER FROM TEEN ROSTER
FILL AGE_1 (and AGE_1_X) with age of NSCH SELECTED child taken from
TIS_S3AGE_X
[IF 6 GO TO WHEN_CALL,
IF 7 GO TO AGE_REF]

_____ ENTER VALUE   AGES STORED IN AGE_1 – AGE_9

ENTER 6 FOR DON'T KNOW AND 7 FOR REFUSED

[IF 6 GO TO WHEN_CALL]
[IF 7 GO TO AGE_REF]

HELP SCREEN (AGE_X): IF AGE IS LESS THAN 1 MONTH OLD, ROUND TO 0 MONTH. A CHILD IS COUNTED AS "LIVING IN THE HOUSEHOLD" IF THE CHILD:

- **HAS BEEN STAYING THERE (OR IS EXPECTED TO STAY THERE) FOR AT LEAST TWO MONTHS**

- **THE LENGTH OF THE CURRENT STAY IS UNKNOWN, BUT THERE IS NO OTHER PLACE WHERE THE CHILD USUALLY STAYS**

- **USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR LESS THAN TWO MONTHS (WHETHER TRAVELING, IN THE HOSPITAL, OR AWAY FOR ANY OTHER REASON)**

- **USUALLY STAYS IN THE HOUSEHOLD, BUT IS CURRENTLY AWAY FOR TWO MONTHS OR MORE BECAUSE THEY ARE AT SCHOOL (COLLEGE, BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.)**

- **ONLY LIVES PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES, BUT IS STAYING THERE AT THE TIME OF THE CALL**

AGE1_X   _____(1) MONTHS
                  _____(0) YEARS

WHEN_CALL   What would be a good time to reach a person who knows the child's age?

                  (1) SET APPOINTMENT FOR CALLBACK   **[GO TO CB1]**
                  (0) PERSON AVAILABLE   **[GO TO INTRO_AGE]**

AGE_REF   The reason we need your child's age is to know which health and health care questions to ask. The information you provide is completely confidential.

                  (1) YES   **[GO TO AGE_X]**
                  (0) NO   **[GO TO AGE_TERM]**

AGE_TERM   IF INCENTIVE>0 THEN GO TO ADDRESS COLLECTION THEN READ AGE_TERM

                  Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

INTRO_AGE   Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the health of children and teenagers, and I was told that you were the person to talk with about the health of the (IF S_UNDR18 =1, INSERT "child"; IF S_UNDR18 > 1 INSERT "children") in your household

                  (1) CONTINUE   **[RETURN TO AGE_X]**

AGE_1Y_1   IF EXACTLY 1 AGE_X=1 YEAR OLD, THEN ASK "Because some of our questions are only for children of certain ages, can you please tell me the age of the 1-year-old child in months? "
ELSE IF > 1 AGE_X = 1 YEAR OLD THEN ASK "Because some of our questions are only for children of certain ages, can you please tell me the age of the first 1-year-old child in months? "
ELSE IF 0 AGE_X = 1 YEAR OLD THEN SKIP TO AGE_CONF

                  ___ ___ MONTHS   **[RANGE: 0-24]**

                  IF EXACTLY 1 AGE_X = 1 YEAR OLD, GO TO AGE_CONF, ELSE IF > 1 AGE_X = 1 YEAR OLD GO TO AGE_1Y_2-9

AGE_1Y_2-
AGE_1Y_9   And how about the next 1 year old?

___ ___ MONTHS   **[RANGE: 0-24]**

CONTINUE TO LOOP FOR ALL REMAINING 1 YEAR OLDS. THEN GO TO AGE_CONF

AGE_CONF   So, you have a **[FILL WITH AGE IN YEARS FOR ALL CHILDREN 2 YEARS OLD OR OLDER, AND AGE IN MONTHS FOR ALL CHILDREN UNDER 24 MONTHS OLD. INCLUDE AGES FOR ANY NIS-ELIGIBLE CHILDREN]** living at this address all or most of the time. Is that correct?

(1) YES   **[SKIP TO MULTIAGE]**
(0) NO, WRONG AGES   **[RETURN TO AGE_X]**
(3) NO, WRONG NUMBER OF CHILDREN   **[RETURN TO S_UNDR18]**
(4) NO, NOT ALL CHILDREN LIVING AT THIS ADDRESS ALL OR MOST OF THE TIME
                            [RETURN TO S_UNDR18]

MULTIAGE   **CATI INSTRUCTION (MULTIAGE):** IF NO CHILDREN ARE THE SAME AGE, SKIP TO NSCH RANDOM SELECTION PROCESS.
ELSE ASK

Since you have more than one child who is **[FILL DUPLICATE AGES FROM AGE_CONF]**, I need a way to refer to each of them during the interview. Could you please tell me their first names or initials?

(1) YES   **[RECORD NAMES IN NAME_1 –**
NAME_9]

(0) NO   **[(IF INCENTIVE > 0 THEN GO TO**
ADDRESS COLLECTION), THEN
TERMINATE, SET ITS=23]
(6) DON'T KNOW   **[GO TO REFNAME1]**
(7) REFUSED   **[GO TO REFNAME1]**

CATI INSTRUCTION: loop for all NAME_X. Then skip to NSCH RANDOM SELECTION PROCESS

NAME_1 -NAME_9

What is the [first, second, third, etc.] child's name or initials?

NAME:

REFNAME1   I would like to assure you that ALL information will be kept in strict confidence and will be summarized for research purposes only. Since you have two or more children of the same age, we must have some way to tell them apart. You could give me a first name, nickname, or their initials.

(1) RESPONDENT WILL GIVE NAMES   **[RETURN TO NAME_1 THROUGH**

(0) REFUSED **[GO TO REFNAME2]**

REFNAME2 (IF INCENTIVE > 0 THEN GO TO ADDRESS COLLECTION), THEN READ REFNAME2

Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

TERMINATE > SET ITS = 23; POINT OF RETURN SHOULD BE MULTIAGE

NIS_ELIG **IF age_x = 19-35 months and S3_3 = NULL, go to NEW_NIS (S3_Intro); else skip to NSCH random selection process. ELSE IF SAMPLE_USE_CODE = 3 OR 4: IGNORE LOGIC ABOVE AND GO TO NSCH RANDOM SELECTION PROCESS.**

STORE SAMPLED CHILD IN VARIABLE: SC_NSCH (e.g., if 2nd child chosen, SC_NSCH = AGE_2)

AGE_NSCH (in months for SC) AGE_NSCH_Y (in years for SC)

S.C. = "your N month/year old" or name from NAME_1 - NAME_9

SCQ02   **CATI INSTRUCTION (SCQ02):** If NSCH_INCENT=\<null\>, then use $10, ELSE use NSCH_INCENT

IF S_NUMB=0 or SUC=3 or no ELIG_1-9 =1, SKIP TO SCQ05. IF SAMPLE_USE_CODE=4 AND NOT NIS OR TEEN ELIGIBLE, SKIP TO SCQ05.

ELSE IF NIS INTERVIEW WAS CONDUCTED BUT [S.C.] WAS NOT NIS-ELIGIBLE, SKIP TO SCQ03. IF SAMPLE_USE_CODE=4 AND NIS OR TEEN DONE, BUT [S.C.] WAS NOT NIS OR TEEN-ELIGIBLE, SKIP TO SCQO3.

IF S_UNDR18 = 01, SAY: "Next, I have some other questions about the health and health care of [S.C.]. As before, you may choose not to answer any questions you don't wish to answer, or end the interview at any time. [IF (NSCH_INCENT_GRP=1 AND (NEITHER INTRO_1A NOR INTRO_1B HAS BEEN DISPLAYED)) DISPLAY: In appreciation for your time, we will send you [$10/$NSCH_INCENT].] This part of the survey will take about 25 minutes. I'd like to continue now unless you have any questions."

IF S_UNDR18 > 01, SAY: "I appreciate your answers about the immunizations of [NIS-ELIGIBLE CHILDREN, IF SAMPLE_USE_CODE=4 AND TEEN INTERVIEW COMPLETE FILL WITH TEEN SC, ELSE FILL WITH NIS-ELIGIBLE CHILDREN]. The next questions are about the health and health care of [S.C.]. As before, you may choose not to answer any questions you don't wish to answer, or end the interview at any time. [IF (NSCH_INCENT_GRP=1 AND (NEITHER INTRO_1A NOR INTRO_1B HAS BEEN DISPLAYED)) DISPLAY: In appreciation for your time, we will send you [$10/$NSCH_INCENT].] This part of the survey will take about 25 minutes. I'd like to continue now unless you have any questions."

	(1) CONTINUE	**[SKIP TO K1Q01]**

SCQ03 I appreciate your answers about the immunizations of [IF SAMPLE_USE_CODE = 2 then fill with NIS-ELIGIBLE CHILDREN, IF SAMPLE_USE_CODE=4 AND NIS DONE BUT NO TEEN THEN FILL WITH NIS-ELIGIBLE CHILDREN, IF SAMPLE_USE_CODE=4 AND TEEN INTERVIEW DONE THEN FILL WITH ST]. The next questions are about the health and health care of [S.C.]. We need to talk to a parent or guardian who lives in this household who knows about the health and health care of [S.C.]. Who would that be?

    (1) MYSELF   **[SKIP TO SCQ04]**
    (0) SOMEONE ELSE **[SKIP TO SCQ06]**

SCQ04 If NSCH_INCENT=<null>, then use $10, ELSE use NSCH_INCENT

   As before, you may choose not to answer any questions you don't wish to answer, or end the interview at any time. [IF (NSCH_INCENT_GRP=1 AND (NEITHER INTRO_1A NOR INTRO_1B HAS BEEN DISPLAYED)) DISPLAY: In appreciation for your time, we will send you [$10/$NSCH_INCENT].] This part of the survey will take about 25 minutes. I'd like to continue now unless you have any questions.

    (1) CONTINUE **[SKIP TO K1Q01]**

SCQ05 Most of this survey will be about the health and health care of [S.C.]. We need to talk to a parent or guardian who lives in this household who knows about the health and health care of [S.C.]. Who would that be?

    (1) MYSELF   **[SKIP TO S3_NSCH_LTR]**
    (0) SOMEONE ELSE **[SKIP TO SCQ06]**

SCQ06 May I speak with that person now?

    (1) YES   **[SKIP TO NEW_RESP]**
    (0) NO   **[SCHEDULE APPOINTMENT: POR is SCQ05]**

NEW_RESP Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the health of children and teenagers, and I was told that you were the person to talk with about the health and health care of [S.C.].

    (1) CONTINUE

S3_NSCH_LTR **CATI INSTRUCTION (S3_LTR):** IF NO ADVANCE LETTER SENT, THEN SKIP TO SL_INTRO.

   A letter describing this survey may have been sent to your home recently. Do you remember seeing the letter?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

SL_INTRO   If NSCH_INCENT=<null>, then use $10, ELSE use NSCH_INCENT

Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We are required by Federal law to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. [IF (NSCH_INCENT_GRP=1 AND (NEITHER INTRO_1A NOR INTRO_1B HAS BEEN DISPLAYED)) DISPLAY: In appreciation for your time, we will send you [$10/$NSCH_INCENT].] The survey will take about 25 minutes. In order to review my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

READ IF NECESSARY: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ: The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics, the National Center for Immunization and Respiratory Diseases, and its agent, the National Opinion Research Center who works on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to $250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

(1) CONTINUE, RECORDING ACCEPTABLE   **[SKIP TO K1Q01]**
(0) CONTINUE, DO NOT RECORD   **[SKIP TO K1Q01]**

Section 1: Initial Demographics

[TIMESTAMP_SECTION_1]

K1Q01_INTRO **[SKIP TO K1Q01 IF NAME OF S.C. ALREADY GATHERED NAME_1-NAME_9 OR NIS**

INTERVIEW]

I can continue to refer to your child as (your N month/year old) for the rest of the interview, or if you prefer, you could give me a first name or initials.

(1) CONTINUE TO USE AGE REFERENCE > GO TO K1Q01
(0) USE NAME > GO TO SELECTION1_NAME_A

SELECTION1_NAME_A   ENTER NAME/INITIALS: _____ > GO TO

K1Q01

[FILL [S.C.] WITH THIS NAME FROM THIS POINT ON IN THE INTERVIEW]

(7) REFUSED > GO TO K1Q01 AND CONTINUE TO USE AGE REFERENCE

K1Q01   Is [S.C.] male or female?

(1) MALE
(2) FEMALE
(6) DON'T KNOW
(7) REFUSED

IF K1Q01 = 1, THEN ALL SUBSEQUENT GENDER FILLS = "HIS".
ELSE IF K1Q01 = 2, THEN ALL SUBSEQUENT GENDER FILLS = "HER".
ELSE, ALL SUBSEQUENT GENDER FILLS = "HIS OR HER".
FILL FROM NIS VARIABLE S3.4 IF S.C. = NIS-ELIGIBLE CHILD (AND NIS WAS COMPLETED). IF SUC=4 AND ST=SC, THEN FILL FROM TIS_S4

K1Q02   What is your relationship to [S.C.]?
             IF S.C. = NIS-ELIGIBLE CHILD, FILL DATA FROM NIS VARIABLE C5 AND SKIP TO K1Q03.

(1) MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)
(2) FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)
(3) SISTER (STEP/FOSTER/HALF/ADOPTIVE)
(4) BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
(5) IN-LAW OF ANY TYPE
(6) AUNT
(7) UNCLE
(8) GRANDPARENT
(9) OTHER FAMILY MEMBER
(10) OTHER NON-RELATIVE
(11) FEMALE GUARDIAN
(12) MALE GUARDIAN
(96) DON'T KNOW

(97) REFUSED

K1Q03   What is the primary language spoken in your home?
[READ AS NECESSARY]

(1) ENGLISH
(2) SPANISH
(3) ARABIC
(4) CHINESE
(5) FRENCH
(6) ITALIAN
(7) JAPANESE
(8) KOREAN
(9) POLISH
(10) RUSSIAN
(11) TAGALOG
(12) VIETNAMESE
(13) ANY OTHER LANGUAGE
(96) DON'T KNOW
(97) REFUSED

Section 2: Health and Functional Status

[TIMESTAMP_SECTION_21]

Subdomain 1:   General health status

K2Q01   In general, how would you describe [S.C.]'s health? Would you say [his/her] health is excellent, very good, good, fair, or poor?

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD
(4) FAIR
(5) POOR
(6) DON'T KNOW
(7) REFUSED

K2Q01_D   **CATI INSTRUCTION (K2Q01_D):** IF AGE_NSCH < 12 MONTHS, SKIP TO
K2Q02.

How would you describe the condition of [S.C.]'s teeth: excellent, very good, good, fair, or poor?

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD
(4) FAIR
(5) POOR
(6) HAS NO NATURAL TEETH
(96) DON'T KNOW
(97) REFUSED

K2Q02   How tall is [S.C.] now?

IF RESPONDENT SAYS 'DON'T KNOW', PROBE FOR BEST ESTIMATE.

K2Q02_FEET   ___ FEET **[RANGE: 0-8, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

ENTER 0 IF RESPONDENT ANSWERES IN INCHES OR CENTIMETERS

K2Q02_INCHES   ___ ___ INCHES
                              **[RANGE: If K2Q02_FEET <> <null>
                              then range 1-12, else, range = 1-84]**
(96) DON'T KNOW

(97) REFUSED

ENTER 0 IF RESPONDENT ANSWERS IN CENTIMENTERS

Only ask if K2Q02_FEET AND K2Q02_INCHES = <null>
K2Q02_CENTIMETERS ___ ___ ___CENTIMETERS
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (K2Q02): IF RESPONDENT SAYS "DON'T KNOW", PROBE FOR BEST ESTIMATE.

K2Q03 How much does [S.C.] weigh now? ___ ___ ___
(996) DON'T KNOW
(997) REFUSED

ENTER WEIGHT

IF RESPONDENT SAYS 'DON'T KNOW', PROBE FOR BEST ESTIMATE.

K2Q03_UNIT
   ___ POUNDS **[RANGE CHECK: 001-500, 96, 97]**
   ___ KILOGRAMS **[RANGE CHECK: 001-230, 996, 997]**

HELP SCREEN (K2Q03): IF RESPONDENT SAYS "DON'T KNOW", PROBE FOR BEST ESTIMATE.

K2Q04 **CATI INSTRUCTION (K2Q04):** IF AGE_NSCH ≥ 72 MONTHS (6 YEARS) OLD, SKIP TO K2Q10_INTRO.

What was [S.C.]'s birth weight?

IF RESPONDENT SAYS 'DON'T KNOW', PROBE FOR BEST ESTIMATE.

K2Q04_POUNDS ___ ___ POUNDS **[RANGE CHECK: 01-15, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

K2Q04_OUNCES ___ ___ OUNCES **[RANGE CHECK: 00-15, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

Only ask if K2Q02_POUNDS AND K2Q02_OUNCES = <null>
K2Q04_GRAMS ___ ___ ___ ____ GRAMS **[RANGE CHECK: 500-5485, 9996, 9997]**
(96) DON'T KNOW
(97) REFUSED

INTERVIEWER INSTRUCTION: FOR POUNDS AND OUNCES, ENTER 0 IF R ANSWERS IN GRAMS

[TIMESTAMP_SECTION_22]

Subdomain 2:   **Presence of a special health care need**

QUESTIONS K2Q10-K2Q23 ARE THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS SCREENER. SEE BETHELL ET AL. (2002, *AMBULATORY PEDIATRICS*, VOLUME 2) FOR FURTHER INFORMATION.

K2Q10_INTRO   The next questions are about any kind of health problems, concerns, or conditions that may affect [S.C.]'s behavior, learning, growth, or physical development.

K2Q10   Does [S.C.] currently need or use <u>medicine prescribed by a doctor</u>, other than vitamins?

      (1) YES   **[SKIP TO K2Q11]**
      (0) NO   **[SKIP TO K2Q13]**
      (6) DON'T KNOW   **[SKIP TO K2Q13]**
      (7) REFUSED   **[SKIP TO K2Q13]**

HELP SCREEN (K2Q10): This only applies to medications prescribed by a doctor. Over-the-counter medications such as cold or headache medication, or other vitamins, minerals, or supplements purchased without a prescription are not included.

K2Q11   Is [his/her] need for prescription medicine because of ANY medical, behavioral, or other health condition?

      (1) YES   **[SKIP TO K2Q12]**
      (0) NO   **[SKIP TO K2Q12A]**
      (6) DON'T KNOW   **[SKIP TO K2Q12A]**
      (7) REFUSED   **[SKIP TO K2Q12A]**

K2Q12   Is this a condition that has lasted or is expected to last 12 months or longer?

      (1) YES   **[SKIP TO K2Q13]**
      (0) NO   **[SKIP TO K2Q13]**
      (6) DON'T KNOW   **[SKIP TO K2Q13]**
      (7) REFUSED   **[SKIP TO K2Q13]**

K2Q12A.   Has [S.C.]'s need for prescription medication lasted or is it expected to last 12 months or
longer?

      (1) YES   **[SKIP TO K2Q13]**
      (0) NO   **[SKIP TO K2Q13]**
      (6) DON'T KNOW   **[SKIP TO K2Q13]**
      (7) REFUSED   **[SKIP TO K2Q13]**

K2Q13   Does [S.C.] need or use more <u>medical care, mental health, or educational services</u> than is usual for most children of the same age?

     (1) YES   **[SKIP TO K2Q14]**
     (0) NO   **[SKIP TO K2Q16]**
     (6) DON'T KNOW   **[SKIP TO K2Q16]**
     (7) REFUSED   **[SKIP TO K2Q16]**

HELP SCREEN (K2Q13): The child requires more medical care, the use of more mental health services, or the use of more educational services than most children the same age.

K2Q14   Is [his/her] need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?

     (1) YES   **[SKIP TO K2Q15]**
     (0) NO   **[SKIP TO K2Q15A]**
     (6) DON'T KNOW   **[SKIP TO K2Q15A]**
     (7) REFUSED   **[SKIP TO K2Q15A]**

K2Q15   Is this a condition that has lasted or is expected to last 12 months or longer?

     (1) YES   **[SKIP TO K2Q16]**
     (0) NO   **[SKIP TO K2Q16]**
     (6) DON'T KNOW   **[SKIP TO K2Q16]**
     (7) REFUSED   **[SKIP TO K2Q16]**

K2Q15A.   Has [S.C.]'s need for medical care, mental health, or educational services lasted or is it
expected to

last 12 months or longer?

     (1) YES   **[SKIP TO K2Q16]**
     (0) NO   **[SKIP TO K2Q16]**
     (7) DON'T KNOW   **[SKIP TO K2Q16]**
     (9) REFUSED   **[SKIP TO K2Q16]**

K2Q16   Is [S.C.] <u>limited or prevented</u> in any way in [his/her] ability to do the things most children of the same age can do?

     (1) YES   **[SKIP TO K2Q17]**
     (0) NO   **[SKIP TO K2Q19]**
     (6) DON'T KNOW   **[SKIP TO K2Q19]**
     (7) REFUSED   **[SKIP TO K2Q19]**

HELP SCREEN (K2Q16): A child is limited or prevented when there are things the child can't do as much or can't do at all that most children the same age can.

K2Q17   Is [his/her] limitation in abilities because of ANY medical, behavioral, or other health
         condition?

                    (1) YES   **[SKIP TO K2Q18]**
                    (0) NO   **[SKIP TO K2Q18A]**
                    (6) DON'T KNOW   **[SKIP TO K2Q18A]**
                    (7) REFUSED   **[SKIP TO K2Q18A]**

K2Q18   Is this a condition that has lasted or is expected to last 12 months or longer?

                    (1) YES   **[SKIP TO K2Q19]**
                    (0) NO   **[SKIP TO K2Q19]**
                    (6) DON'T KNOW   **[SKIP TO K2Q19]**
                    (7) REFUSED   **[SKIP TO K2Q19]**

K2Q18A   Has (S.C)'s limitation in abilities lasted or is it expected to last 12 months or longer?

                    (1) YES   **[SKIP TO K2Q19]**
                    (0) NO   **[SKIP TO K2Q19]**
                    (6) DON'T KNOW   **[SKIP TO K2Q19]**
                    (7) REFUSED   **[SKIP TO K2Q19]**

K2Q19   Does [S.C.] need or get special therapy, such as physical, occupational, or speech
therapy?

                    (1) YES   **[SKIP TO K2Q20]**
                    (0) NO   **[SKIP TO K2Q22]**
                    (6) DON'T KNOW   **[SKIP TO K2Q22]**
                    (7) REFUSED   **[SKIP TO K2Q22]**

                    **HELP SCREEN (K2Q19): Special therapy includes physical, occupational, or
                    speech therapy. Do not include psychological therapy.**

K2Q20   Is [his/her] need for special therapy because of ANY medical, behavioral, or other health
         condition?

                    (1) YES   **[SKIP TO K2Q21]**
                    (0) NO   **[SKIP TO K2Q21A]**
                    (6) DON'T KNOW   **[SKIP TO K2Q21A]**
                    (7) REFUSED   **[SKIP TO K2Q21A]**

K2Q21   Is this a condition that has lasted or is expected to last 12 months or longer?

                    (1) YES   **[SKIP TO K2Q22]**
                    (0) NO   **[SKIP TO K2Q22]**
                    (6) DON'T KNOW   **[SKIP TO K2Q22]**
                    (7) REFUSED   **[SKIP TO K2Q22]**

K2Q21A   Has [S.C.]'s need for special therapy lasted or is it expected to last 12 months or longer?

(1) YES	**[SKIP TO K2Q22]**
(0) NO	**[SKIP TO K2Q22]**
(6) DON'T KNOW	**[SKIP TO K2Q22]**
(7) REFUSED	**[SKIP TO K2Q22]**

K2Q22   Does [S.C.] have any kind of emotional, developmental, or behavioral problem for which [he/she] needs treatment or counseling?

(1) YES	**[SKIP TO K2Q23]**
(0) NO	**[SKIP TO CATI INSTRUCTION BELOW]**
(6) DON'T KNOW	**[SKIP TO CATI INSTRUCTION BELOW]**
(7) REFUSED	**[SKIP TO CATI INSTRUCTION BELOW]**

HELP SCREEN (K2Q22): These are remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem.

K2Q23   Has [his/her] emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

(1) YES	**[SKIP TO CATI INSTRUCTION BELOW]**
(0) NO	**[SKIP TO CATI INSTRUCTION BELOW]**
(6) DON'T KNOW	**[SKIP TO CATI INSTRUCTION BELOW]**
(7) REFUSED	**[SKIP TO CATI INSTRUCTION BELOW]**

CATI INSTRUCTION (SECTION 2, SUBDOMAIN 2): CREATE CATI SYSTEM FLAG (CSHCN) INDICATING WHETHER THE CHILD HAS A SPECIAL HEALTH CARE NEED. THIS FLAG SHOULD BE POSITIVE (CSHCN = 1) IF K2Q12 = 1, K2Q15 = 1, K2Q18 = 1, K2Q21 = 1, OR K2Q23 = 1.
[TIMESTAMP_SECTION_23]

Subdomain 3:   Common acute and chronic conditions

K2Q30A   **CATI INSTRUCTION (K2Q30A):** IF S.C. < 36 MONTHS, SKIP TO K2Q31_INTRO.

Has a doctor, health care provider, teacher, or school official ever told you [S.C.] had a learning disability?

(1) YES	**[SKIP TO K2Q30B]**
(0) NO	**[SKIP TO K2Q31_INTRO]**
(6) DON'T KNOW	**[SKIP TO K2Q31_INTRO]**
(7) REFUSED	**[SKIP TO K2Q31_INTRO]**

K2Q30B   Does [S.C.] currently have a learning disability?

(1) YES	**[SKIP TO K2Q30C]**
(0) NO	**[SKIP TO K2Q31_INTRO]**
(6) DON'T KNOW	**[SKIP TO K2Q31_INTRO]**
(7) REFUSED	**[SKIP TO K2Q31_INTRO]**

K2Q30C   Would you describe (his/her) learning disability as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REFUSED

K2Q30D   Because of (his/her) learning disability, does [S.C.] need or receive any special
arrangements,

             adaptations, or accommodations in school (or day care)?

             (1) YES   **[SKIP TO K2Q31_INTRO]**
             (0) NO   **[SKIP TO K2Q31_INTRO]**
             (6) DON'T KNOW   **[SKIP TO K2Q31_INTRO]**
             (7) REFUSED   **[SKIP TO K2Q31_INTRO]**

             **HELP SCREEN (K2Q30D): Include modifications of class schedule, curriculum,
             and gym classes; professional tutors, resource rooms, special lunches, and special
             transportation; special equipment and adaptations that make the classroom
             accessible for the child's use.**

K2Q31_INTRO Now I am going to read you a list of conditions. For each condition, please tell me if a
             doctor or other health care provider ever told you that [S.C.] had the condition, even if
             (he/she) does not have the condition now.

             **HELP SCREEN (K2Q31-K2Q44): IF THE RESPONDENT HAS NEVER HEARD
             OF THE MEDICAL CONDITION OR DOES NOT KNOW WHAT THE
             CONDITION IS, THEN A DOCTOR OR OTHER HEALTH CARE PROVIDER
             PROBABLY HAS NOT TOLD THE RESPONDENT THAT THE S.C. HAS THE
             CONDITION. IF A DOCTOR OR OTHER HEALTH CARE PROVIDER HAS
             NOT TOLD THE RESPONDENT THAT THE S.C. HAS THE CONDITION, BUT
             THE RESPONDENT INSISTS THAT THE S.C. HAS THE CONDITION, WE
             STILL NEED TO CODE THE ANSWER AS "NO."**

CATI INSTRUCTION (K2Q31A-K2Q46A): **If** AGE_NSCH < **24 MONTHS SKIP TO K2Q40A**

             SCREENS FOR THESE QUESTIONS SHOULD INCLUDE THE FOLLOWING
             LANGUAGE:

             (READ IF NECESSARY: Has a doctor or other health care provider ever told you that
             [S.C.] had…)

             ANSWER CHOICES ARE:
             (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K2Q31A   Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or
ADHD?

HELP SCREEN (K2Q31A): A child with Attention Deficit Disorder or Attention Deficit Hyperactive Disorder has problems paying attention or sitting still. It may cause the child to be easily distracted.

K2Q32A   Depression?

HELP SCREEN (K2Q32A): Depression is an illness that involves the body, mood, and thoughts. It is marked by persistent sadness or an anxious or empty mood. It affects how a person feels, and the way a person eats, sleeps, and functions.

K2Q33A   Anxiety problems?

HELP SCREEN (K2Q33A): Anxiety is a feeling of constant worrying. Children with severe anxiety problems may be diagnosed as having anxiety disorders. Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias.

K2Q34A   Behavioral or conduct problems, such as oppositional defiant disorder or conduct
disorder?

HELP SCREEN (K2Q34A): Oppositional defiant disorder is an ongoing pattern of defiant and hostile behavior that interferes with a child's life and daily activities.

K2Q35A   Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum
disorder?

HELP SCREEN (K2Q35A): Children with autism have delays in language, communication, and social skills. Children with Asperger's disorder have impaired social skills but do not have speech or language delays. They often have an intense interest in a single subject or topic. Children with pervasive developmental disorder have severe and persistent delays in language, communication, and social skills.

K2Q36A   Any developmental delay that affects (his/her) ability to learn?

HELP SCREEN (K2Q36A): A child with a developmental delay does not achieve certain skills as quickly other children of the same age. A developmental delay is a major delay in motor, language, social, or thinking skills.

K2Q37A   Stuttering, stammering, or other speech problems?

K2Q40A   Asthma?

HELP SCREEN (K2Q40A): Asthma is a disease that causes swelling in the tubes that carry air to the lungs. Sometimes asthma blocks or restricts the airways making it difficult to breathe.

K2Q41A   Diabetes?

HELP SCREEN (K2Q41A): Diabetes is a disease in which the body does not properly make or use insulin.

K2Q38A   Tourette Syndrome?

HELP SCREEN (K2Q38A): Tourette Syndrome is a disorder that causes frequent sudden movements or sounds.

K2Q42A   Epilepsy or seizure disorder?

HELP SCREEN (K2Q42A): Epilepsy is a brain disease that involves recurrent seizures.

K2Q43A   Hearing problems?

K2Q44A   Vision problems that cannot be corrected with glasses or contact lenses?

K2Q45A   Bone, joint, or muscle problems?

K2Q46A   A brain injury or concussion?

HELP SCREEN (K2Q46A): A concussion is an injury of the brain that causes a brief disruption in brain function. BRAIN TUMORS SHOULD NOT BE CONSIDERED BRAIN INJURIES.

K2Q31B   **CATI INSTRUCTION (K2Q31B)**: IF K2Q31A IS NOT "1," THEN SKIP TO
K2Q32B.

                Does [S.C.] currently have ADD or ADHD?

                (1) YES
                (0) NO   **[SKIP TO K2Q32B]**
                (6) DON'T KNOW   **[SKIP TO K2Q32B]**
                (7) REF   **[SKIP TO K2Q32B]**

K2Q31C   Would you describe (his/her) ADD or ADHD as mild, moderate, or severe?

                (1) MILD
                (2) MODERATE
                (3) SEVERE
                (6) DON'T KNOW
                (7) REF

K2Q31D   Is [S.C.] currently taking medication for ADD or ADHD?

                (1) YES
                (0) NO
                (6) DON'T KNOW
                (7) REF

K2Q32B   **CATI INSTRUCTION (K2Q32B)**: IF K2Q32A IS NOT "1," THEN SKIP TO
K2Q33B.

Does [S.C.] currently have depression?

(1) YES
(0) NO   **[SKIP TO K2Q33B]**
(6) DON'T KNOW   **[SKIP TO K2Q33B]**
(7) REF   **[SKIP TO K2Q33B]**

K2Q32C   Would you describe (his/her) depression as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q33B   **CATI INSTRUCTION (K2Q33B)**: IF K2Q33A IS NOT "1," THEN SKIP TO
K2Q34B.

Does [S.C.] currently have anxiety problems?

(1) YES
(0) NO   **[SKIP TO K2Q34B]**
(6) DON'T KNOW   **[SKIP TO K2Q34B]**
(7) REF   **[SKIP TO K2Q34B]**

K2Q33C   Would you describe (his/her) anxiety problems as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q34B   **CATI INSTRUCTION (K2Q34B)**: IF K2Q34A IS NOT "1," THEN SKIP TO
K2Q35B.

Does [S.C.] currently have behavioral or conduct problems?

(1) YES
(0) NO   **[SKIP TO K2Q35B]**
(6) DON'T KNOW   **[SKIP TO K2Q35B]**
(7) REF   **[SKIP TO K2Q35B]**

K2Q34C   Would you describe (his/her) behavioral or conduct problems as mild, moderate, or
severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q35B **CATI INSTRUCTION (K2Q35B)**: IF K2Q35A IS NOT "1," THEN SKIP TO
K2Q36B.

Does [S.C.] currently have Autism or ASD?

(1) YES
(0) NO   **[SKIP TO K2Q36B]**
(6) DON'T KNOW   **[SKIP TO K2Q36B]**
(7) REF   **[SKIP TO K2Q36B]**

K2Q35C Would you describe (his/her) Autism or ASD as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q36B **CATI INSTRUCTION (K2Q36B)**: IF K2Q36A IS NOT "1," THEN SKIP TO
K2Q37B.

Does [S.C.] currently have developmental delay problems?

(1) YES
(0) NO   **[SKIP TO K2Q37B]**
(6) DON'T KNOW   **[SKIP TO K2Q37B]**
(7) REF   **[SKIP TO K2Q37B]**

K2Q36C Would you describe (his/her) developmental delay problems as mild, moderate, or
severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q37B **CATI INSTRUCTION (K2Q37B)**: IF K2Q37A IS NOT "1," THEN SKIP TO
K2Q38B.

Does [S.C.] currently have speech problems?

(1) YES
(0) NO   **[SKIP TO K2Q38B]**
(6) DON'T KNOW   **[SKIP TO K2Q38B]**
(7) REF   **[SKIP TO K2Q38B]**

K2Q37C   Would you describe (his/her) speech problems as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q40B   **CATI INSTRUCTION (K2Q40B)**: IF K2Q40A IS NOT "1," THEN SKIP TO
K2Q41B.   K2Q41B.

Does [S.C.] currently have asthma?

(1) YES
(0) NO   **[SKIP TO K2Q41B]**
(6) DON'T KNOW   **[SKIP TO K2Q41B]**
(7) REF   **[SKIP TO K2Q41B]**

K2Q40C   Would you describe (his/her) asthma as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q41B   **CATI INSTRUCTION (K2Q41B)**: IF K2Q41A IS NOT "1," THEN SKIP TO
K2Q42B.   K2Q42B.

Does [S.C.] currently have diabetes?

(1) YES
(0) NO   **[SKIP TO K2Q42B]**
(6) DON'T KNOW   **[SKIP TO K2Q42B]**
(7) REF   **[SKIP TO K2Q42B]**

K2Q41C   Would you describe (his/her) diabetes as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q38B   **CATI INSTRUCTION (K2Q38B)**: IF K2Q38A IS NOT "1," THEN SKIP TO
K2Q40B.

         Does [S.C.] currently have Tourette Syndrome?

         (1) YES
         (0) NO   **[SKIP TO K2Q40B]**
         (6) DON'T KNOW   **[SKIP TO K2Q40B]**
         (7) REF   **[SKIP TO K2Q40B]**

K2Q38C   Would you describe (his/her) Tourette Syndrome as mild, moderate, or severe?

         (1) MILD
         (2) MODERATE
         (3) SEVERE
         (6) DON'T KNOW
         (7) REF

K2Q42B   **CATI INSTRUCTION (K2Q42B)**: IF K2Q42A IS NOT "1," THEN SKIP TO
K2Q43B.

         Does [S.C.] currently have epilepsy or seizure disorder?

         (1) YES
         (0) NO   **[SKIP TO K2Q43B]**
         (6) DON'T KNOW   **[SKIP TO K2Q43B]**
         (7) REF   **[SKIP TO K2Q43B]**

K2Q42C   Would you describe (his/her) epilepsy or seizure disorder as mild, moderate, or severe?

         (1) MILD
         (2) MODERATE
         (3) SEVERE
         (6) DON'T KNOW
         (7) REF

K2Q43B   **CATI INSTRUCTION (K2Q43B)**: IF K2Q43A IS NOT "1," THEN SKIP TO
K2Q44B.

         Does [S.C.] currently have hearing problems?

         (1) YES
         (0) NO   **[SKIP TO K2Q44B]**
         (6) DON'T KNOW   **[SKIP TO K2Q44B]**
         (7) REF   **[SKIP TO K2Q44B]**

K2Q43C   Would you describe (his/her) hearing problems as mild, moderate, or severe?
         (1) MILD
         (2) MODERATE
         (3) SEVERE

(6) DON'T KNOW
(7) REF

K2Q44B   **CATI INSTRUCTION (K2Q44B)**: IF K2Q44A IS NOT "1," THEN SKIP TO
K2Q45B.

Does [S.C.] currently have vision problems?

(1) YES
(0) NO   **[SKIP TO K2Q45B]**
(6) DON'T KNOW   **[SKIP TO K2Q45B]**
(7) REF   **[SKIP TO K2Q45B]**

K2Q44C   Would you describe (his/her) vision problems as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q45B   **CATI INSTRUCTION (K2Q45B)**: IF K2Q45A IS NOT "1," THEN SKIP TO
K2Q46B.

Does [S.C.] currently have bone, joint, or muscle problems?

(1) YES
(0) NO   **[SKIP TO K2Q46B]**
(6) DON'T KNOW   **[SKIP TO K2Q46B]**
(7) REF   **[SKIP TO K2Q46B]**

K2Q45C   Would you describe (his/her) bone, joint, or muscle problems as mild, moderate, or
severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q45D   Are (S.C)'s current problems related to (his/her) bones, (his/her) joints, or (his/her)
muscles?

[MARK ALL THAT APPLY]

(1) BONES
(2) JOINTS
(3) MUSCLES
(6) DON'T KNOW
(7) REF

K2Q46B   **CATI INSTRUCTION (K2Q46B)**: IF K2Q46A IS NOT "1," THEN SKIP TO K2Q47_INTRO.

Does [S.C.] currently have a brain injury?

(1) YES
(0) NO   **[SKIP TO K2Q47_INTRO]**
(6) DON'T KNOW   **[SKIP TO K2Q47_INTRO]**
(7) REF   **[SKIP TO K2Q47_INTRO]**

K2Q46C   Would you describe (his/her) brain injury as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2QTEST1   **CATI INSTRUCTION (K2QTEST1): IF SAMPLE CHILD DOES NOT HAVE SPECIAL HEALTH CARE NEEDS AND K2Q31B = 1 AND K2Q31D = 2;**

OR IF SAMPLE CHILD DOES NOT HAVE SPECIAL HEALTH CARE NEEDS AND ANY (K2Q32B, K2Q33B, K2Q34B, K2Q35B, K2Q36B, K2Q37B, K2Q38B, K2Q40B, K2Q41B, K2Q42B, K2Q43B, K2Q44B, K2Q45B, K2Q46B) = 1,

THEN ASK K2QTEST1.

ELSE, SKIP TO K2Q47_INTRO.

During the past 12 months, how many times did [S.C.] see a doctor or other health care provider because of (his/her) [FILL CONDITION NAMES]?

___ ___ ___ TIMES   **[IF ≥ 1, SKIP TO K2Q47_INTRO]**
(000) ZERO   **[SKIP TO K2QTEST2]**
(996) DON'T KNOW   **[SKIP TO K2Q47_INTRO]**
(997) REFUSED   **[SKIP TO K2Q47_INTRO]**

FOR CONDITION NAMES FILL,
IF K2Q31B = 1 AND K2Q31D = 2, FILL "ADD or ADHD, "
IF K2Q32B = 1, FILL "depression, "
IF K2Q33B = 1, FILL "anxiety problems, "
IF K2Q34B = 1, FILL "behavioral or conduct problems, "
IF K2Q35B = 1, FILL "autism or ASD, "
IF K2Q36B = 1, FILL "developmental delay, "
IF K2Q37B = 1, FILL "speech problems, "
IF K2Q38B = 1, FILL "Tourette Syndrome, "
IF K2Q40B = 1, FILL "asthma, "
IF K2Q41B = 1, FILL "diabetes, "
IF K2Q42B = 1, FILL "epilepsy or seizure disorder, "

IF K2Q43B = 1, FILL "hearing problems, "
IF K2Q44B = 1, FILL "vision problems, "
IF K2Q45D = 1, FILL "bone problems, "
IF K2Q45D = 2, FILL "joint problems, "
IF K2Q45D = 3, FILL "muscle problems, "
IF K2Q45D = 7 or 9, FILL "bone, joint, or muscle problems, "
IF K2Q46B = 1, FILL "brain injury, "

K2QTEST2   **CATI INSTRUCTION (K2QTEST2): IF THE ANSWER TO K2QTEST1 IS ZERO, THEN ASK K2QTEST2. ELSE, SKIP TO K2Q47_INTRO.**

Why didn't [S.C.] see a doctor or other health care provider regarding (his/her) [FILL CONDITION NAMES]? [MARK ALL THAT APPLY]

(1) NO DOCTOR VISIT NEEDED
(2) CONDITION IS UNDER CONTROL
(3) CONDITION IS NOT SEVERE
(4) CARE COSTS TOO MUCH
(5) NO INSURANCE
(6) HEALTH PLAN PROBLEM
(7) CAN'T FIND PROVIDER WHO ACCEPTS CHILD'S INSURANCE
(8) NO REFERRAL
(9) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS
(10) DID NOT KNOW WHERE TO GO FOR TREATMENT
(11) PROVIDER DID NOT KNOW HOW TO TREAT OR PROVIDE CARE
(12) DISSATISFACTION WITH PROVIDER
(13) NOT CONVENIENT TIMES/COULD NOT GET APPOINTMENT
(14) DID NOT GO TO APPT/NEGLECTED APPT/FORGOT APPT
(15) CHILD REFUSED TO GO
(16) OTHER
(96) DON'T KNOW
(97) REFUSED

AFTER K2QTEST2, ALL SKIP TO K2Q47_INTRO.

K2Q47_INTRO   **CATI INSTRUCTION (K2Q47_INTRO):**

IF AGE_NSCH IS LESS THAN 12 MONTHS OLD AND NO K2Q31A-K2Q46A = 1 THEN SKIP TO K2Q47A.

IF AGE_NSCH IS EQUAL TO 12 MONTHS OF AGE OR OLDER, READ:

The next set of questions asks about conditions [S.C.] may have had over the past 12 months. For each condition, please tell me if a doctor or other health care provider told you that [S.C.] had the condition at some time during the past 12 months, even if (he/she) does not have the condition now.

IF AGE_NSCH IS LESS THAN 12 MONTHS OLD AND ANY K2Q31A-K2Q46A = 1, READ:

Now I am going to read you another list of conditions. Again for each condition, please tell me if a doctor or other health care provider ever told you that [S.C.] had the condition, even if (he/she) does not have the condition now.

CATI INSTRUCTION (K2Q47A-K2Q51A):

SCREENS FOR THESE QUESTIONS SHOULD INCLUDE THE FOLLOWING LANGUAGE FOR CHILDREN 12 MONTHS OF AGE OR OLDER:

(READ IF NECESSARY: During the past 12 months, have you been told by a doctor or other health care provider that (he/she) had…)

SCREENS FOR THESE QUESTIONS SHOULD INCLUDE THE FOLLOWING LANGUAGE FOR CHILDREN LESS THAN 12 MONTHS OF AGE:

(READ IF NECESSARY: Has a doctor or other health care provider ever told you that [S.C.] had…)

ANSWER CHOICES ARE:
(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K2Q47A   Hay fever or any kind of respiratory allergy?

           HELP SCREEN (K2Q47A): Hay fever is an allergic reaction to pollen that causes sneezing, runny nose, and itching of the eyes.
K2Q48A   Any kind of food or digestive allergy?

K2Q49A   Eczema or any kind of skin allergy?

           HELP SCREEN (K2Q49A): Eczema is a skin condition characterized by redness, itching, and dry, flaky, scaly skin.

K2Q50A   **CATI INSTRUCTION (K2Q50A)**: IF AGE_NSCH < 72 MONTHS, SKIP TO
K2Q51A

           Migraine headaches?

           HELP SCREEN (K2Q50A): Migraine headaches are recurrent severe headaches, often along with nausea and vomiting.

K2Q51A   Three or more ear infections?

K2Q47C   **CATI INSTRUCTION (K2Q47C)**: IF K2Q47A IS NOT "1," THEN SKIP TO
K2Q48C.

           Would you describe (his/her) respiratory allergy as mild, moderate, or severe?

           (1) MILD

(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q48C   **CATI INSTRUCTION (K2Q47C)**: IF K2Q48A IS NOT "1," THEN SKIP TO
K2Q49C.

Would you describe (his/her) food or digestive allergy as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q49C   **CATI INSTRUCTION (K2Q47C)**: IF K2Q49A IS NOT "1," THEN SKIP TO
K2Q50C.

Would you describe (his/her) eczema or skin allergy as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q50C   **CATI INSTRUCTION (K2Q47C)**: IF K2Q50A IS NOT "1," THEN SKIP TO
K2Q51C.

Would you describe (his/her) headaches as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q51C   **CATI INSTRUCTION (K2Q47C)**: IF K2Q51A IS NOT "1," THEN SKIP TO
K2Q52_INTRO.

Would you describe (his/her) ear infections as mild, moderate, or severe?

(1) MILD
(2) MODERATE
(3) SEVERE
(6) DON'T KNOW
(7) REF

K2Q52_INTRO **CATI INSTRUCTION (K2Q52_INTRO):** IF AGE_NSCH < 12 MONTHS, SKIP TO K2Q56_INTRO.

I have just a few more questions about health conditions that [S.C.] may have, and then we'll move on to other topics. To the best of your knowledge, has (he/she) had any of the following conditions within the past 6 months?

CATI INSTRUCTION (K2Q52 – K2Q56G):

SCREENS FOR THESE QUESTIONS SHOULD INCLUDE THE FOLLOWING LANGUAGE:

(READ IF NECESSARY: To the best of your knowledge, did [S.C.] have … within the past 6 months?)

ANSWER CHOICES ARE:
(1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

K2Q52   A toothache?

K2Q53   Decayed teeth or cavities?

K2Q54   Broken teeth?

K2Q55   Bleeding gums?

[TIMESTAMP_SECTION_25]

Subdomain 4:   Limits on participation in activities

K2Q60_INTRO **CATI INSTRUCTION (K2Q60_INTRO):** IF SAMPLE CHILD DOES NOT HAVE SPECIAL HEALTH CARE NEEDS (CSHCN=0), SKIP TO K2Q81. (i.e., IF CSHCN = 0, SKIP TO K2Q81)

Do (S.C)'s medical, behavioral or other health conditions interfere with (his/her) ability to do any of the following things?

CATI INSTRUCTION (K2Q60A – K2Q61D): EACH SCREEN SHOULD INCLUDE THE FOLLOWING:

(READ IF NECESSARY: Do [S.C.]'s medical, behavioral, or other health conditions interfere with (his/her) ability to…)

K2Q60A   **CATI INSTRUCTION (K2Q60A):** IF AGE_NSCH <12 months, SKIP TO K2Q60B. IF AGE_NSCH_Y IS 6 YEARS OF AGE OR OLDER, SKIP TO K2Q61A. ELSE READ

Participate in play with other children?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K2Q60B   Go on outings, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K2Q60C   **CATI INSTRUCTION (K2Q60C):** IF AGE_NSCH <36 months, SKIP TO K2Q81

Make friends?

(1) YES   **[SKIP TO K2Q81]**
(0) NO   **[SKIP TO K2Q81]**
(6) DON'T KNOW   **[SKIP TO K2Q81]**
(7) REFUSED   **[SKIP TO K2Q81]**

K2Q61A   Attend school on a regular basis?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K2Q61B   Participate in sports, clubs, or other organized activities?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K2Q61C   Make friends?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

Subdomain 6:   Immunizations

K2Q81   **CATI INSTRUCTION (K2Q81)**: IF AGE_NSCH_Y < 12 YEARS, SKIP TO K2Q90.

IF SUC=4 AND ST=SC:
IF TIS_ATET = 0, 6, 7 AND TIS_ATET_RECALL = 1 AND TIS_ATET_AGE >=11,
THEN FILL K2Q81 = 1 (YES)
IF TIS_ATET = 0, 6, 7 AND TIS_ATET_RECALL = 0, THEN FILL K2Q81 = 0 (NO)
IF TIS_ATET = 0, 6 AND TIS_ATET_RECALL = 6, THEN FILL K2Q81 = 6
IF TIS_ATET = 0, 7 AND TIS_ATET_RECALL = 7, THEN FILL K2Q81 = 7
IF ANY TIS_ATET_DATEX > = (TIS_S3_MDY + 11 YEARS), THEN FILL K2Q81 =
1 (YES)

IF TIS_BTET = 1 (YES) AND TIS_BTET_AGE >=11, THEN FILL K2Q81 = 1 (YES)
IF TIS_BTET = 0 (NO), THEN FILL K2Q81 = 0 (NO)
IF TIS_BTET = 6, THEN FILL K2Q81 = 6
IF TIS_BTET = 7, THEN FILL K2Q81 = 7
ELSE ASK K2Q81

Has [S.C.] received a tetanus booster shot or Td or Tdap shot since (he/she) turned 11
years of age? Booster shots are given after a child completes the primary infant shots.

**HELP SCREEN (K2Q81): Primary infant shots are given between birth and 6 years
of age.**

(1) YES
(2) NO
(3) CHILD IS UP TO DATE ON ALL SHOTS
(6) DON'T KNOW
(7) REFUSED

K2Q82   IF SUC=4 AND ST=SC:
IF TIS_AMEN > 0 OR TIS_AMEN_RECALL = 1 (YES), THEN FILL K2Q82 = 1
(YES)
IF TIS_AMEN = 0, 6, 7 AND TIS_AMEN_RECALL = 0 (NO), THEN FILL K2Q82 = 0
(NO)
IF TIS_AMEN = 0, 6 AND TIS_AMEN_RECALL = 6, THEN FILL K2Q82 = 6
IF TIS_AMEN = 0, 7 AND TIS_AMEN_RECALL = 7, THEN FILL K2Q82 = 7
IF TIS_BMEN = 1 (YES), THEN FILL K2Q82 = 1 (YES)
IF TIS_BMEN = 0 (NO), THEN FILL K2Q82 = 0 (NO)
IF TIS_BMEN = 6, THEN FILL K2Q82 = 6
IF TIS_BMEN = 7, THEN FILL K2Q82 = 7

Has [S.C.] ever received a meningitis shot, sometimes called MENACTRA or
MENOMUNE?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K2Q83   **CATI INSTRUCTION (K2Q83)**: IF CHILD IS MALE (K1Q01 = 1), THEN SKIP TO
K2Q90.

IF SUC=4 AND ST=SC:
IF TIS_AHPV2 > 0 OR TIS_AHPV_RECALL = 01 (YES), THEN FILL K2Q83 = 01
(YES) ==> GO TO K2Q84
IF TIS_AHPV2 = 0, 77, 99 AND TIS_AHPV_RECALL = 02 (NO), THEN FILL K2Q83
= 02 (NO)
IF TIS_AHPV2 = 0, 77 AND TIS_AHPV_RECALL = 77, THEN FILL K2Q83 = 77
IF TIS_AHPV2 = 0, 99 AND TIS_AHPV_RECALL = 99, THEN FILL K2Q83 = 99
IF TIS_BHPV2 = 01 (YES), THEN FILL K2Q83 = 01 (YES) ===> GO TO K2Q84
IF TIS_BHPV2 = 02 (NO), THEN FILL K2Q83 = 02 (NO)
IF TIS_BHPV2 = 77, THEN FILL K2Q83 = 77
IF TIS_BHPV2 = 99, THEN FILL K2Q83 = 99

The human papillomavirus is a common virus known to cause genital warts and some
cancers, such as cervical cancer in women. A vaccine to prevent HPV infection is
available and is called the cervical cancer vaccine, HPV shot, GARDASIL or
CERVARIX.

Has [S.C.] ever received any HPV shots?

    (1) YES   **[SKIP TO K2Q84]**
    (0) NO   **[SKIP TO K2Q85]**
    (3) CHILD IS UP TO DATE ON ALL SHOTS   **[SKIP TO K2Q85]**
    (6) DON'T KNOW   **[SKIP TO K2Q85]**
    (7) REFUSED   **[SKIP TO K2Q85]**

K2Q84   IF SUC=4 AND ST=SC:
IF (TIS_AHPV2 + TIS_AHPV_DOSE) = 1, THEN FILL K2Q84 = 1 (ONE)
IF (TIS_AHPV2 + TIS_AHPV_DOSE) = 2, THEN FILL K2Q84 = 2 (TWO)
IF (TIS_AHPV2 + TIS_AHPV_DOSE) >= 3, THEN FILL K2Q84 = 3 (THREE OR
MORE)
IF TIS_AHPV_DOSE = 50, THEN FILL K2Q84 = 4 (ALL SHOTS THAT ARE
RECOMMENDED)
IF TIS_RECALL = 1 (YES) AND TIS_AHPV_DOSE = 6, THEN FILL K2Q84 = 6
IF TIS_RECALL = 1 (YES) AND TIS_AHPV_DOSE = 7, THEN FILL K2Q84 = 7

IF TIS_BHPV_DOSE = 1, THEN FILL K2Q84 = 1 (ONE)
IF TIS_BHPV_DOSE = 2, THEN FILL K2Q84 = 2 (TWO)
IF TIS_BHPV_DOSE >= 3, THEN FILL K2Q84 = 3 (THREE OR MORE)
IF TIS_BHPV_DOSE = 50, THEN FILL K2Q84 = 4 (ALL SHOTS THAT ARE
RECOMMENDED)
IF TIS_BHPV_DOSE = 6, THEN FILL K2Q84 = 6
IF TIS_BHPV_DOSE = 7, THEN FILL K2Q84 = 7

Please tell me how many HPV shots [S.C] has received.

(1) ONE
(2) TWO
(3) THREE OR MORE

(4) ALL SHOTS THAT ARE RECOMMENDED
(6) DON'T KNOW
(7) REFUSED

K2Q85   IF SUC=4 AND ST=SC:
IF TIS_AHPV_RECOM = 1 (YES), THEN FILL K2Q85 = 1 (YES)
IF TIS_AHPV_RECOM = 0 (NO), THEN FILL K2Q85 = 0 (NO)
IF TIS_AHPV_RECOM = 6, THEN FILL K2Q85 = 6
IF TIS_AHPV_RECOM = 7, THEN FILL K2Q85 = 7
IF TIS_BHPV_RECOM = 1 (YES), THEN FILL K2Q85 = 1 (YES)
IF TIS_BHPV_RECOM = 0 (NO), THEN FILL K2Q85 = 0 (NO)
IF TIS_BHPV_RECOM = 6, THEN FILL K2Q85 = 6
IF TIS_BHPV_RECOM = 7, THEN FILL K2Q85 = 7

Did a doctor or health care provider recommend that [S.C.] receive HPV shots?

(1) YES
(2) NO
(3) CHILD HAS NOT BEEN TO THE DOCTOR SINCE THE VACCINE HAS BEEN
APPROVED
(6) DON'T KNOW
(7) REFUSED

Section 3: Health Insurance Coverage

[TIMESTAMP_SECTION_31]

Subdomain 1:   Current coverage and past year coverage

K3Q01_INTRO The next questions are about health insurance.

K3Q01   **CATI INSTRUCTION (K3Q01):**

Step 1: If INS_1A_X = 1, or INS_2_X = 1, or INS_3_X = 1, or INS_3A_X = 1, or INS_5_X = 1, or INS_6A_X = 1, or INS_7A_X in (1,3,5), or INS_7B_X = 1, then fill K3Q01 = 1 and go to K3Q02.

Step 2: If INS_4_X = 1 or INS_7A_X = 6, then fill K3Q01 = 1, set IHS_FLAG = 1, and go to K3Q02. In post-production, cases with IHS_FLAG = 1 will have K3Q01 reset to 0,

K3Q02 reset to blank, K3Q03 reset to blank, K3Q04 reset to missing in error, and K3Q20, K3Q22, K3Q21A, and K3Q21B reset to blank.

Step 3: If INS_7_X = 1 or INS_7B_X = 2, then fill K3Q01 = 0 and go to K3Q02.

Step 4: If INS_7_X = 77 or INS_7A_X = 77 or INS_7B_X = 6, then fill K3Q01 = 6 and go to K3Q02.

Step 5: If INS_7_X = 99 or INS_7A_X = 99 or INS_7B_X = 7, then fill K3Q01 = 7 and go to K3Q02.

Step 6: If INS_7A_X = "8 only", then fill K3Q01 = 0 and go to K3Q02.

IF SUC=4, THEN FILL:
IF TIS_INS_1 = 1 (YES), THEN FILL K3Q01 = 1 (YES)
IF TIS_INS_2 OR TIS_INS_3 OR TIS_INS_3A = 1 (YES), THEN FILL K3Q01 = 1 (YES)

Does [S.C.] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

(1) YES   **[SKIP TO K3Q02]**
(0) NO   **[SKIP TO K3Q04]**
(6) DON'T KNOW   **[SKIP TO K3Q02]**
(7) REFUSED   **[SKIP TO K3Q02]**

READ IF NECESSARY (K3Q01): Medicaid refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program that is administered by the states. HMO is Health Maintenance Organization.

K3Q02   **CATI INSTRUCTION (K3Q02):**

USE TABLE OF NAMES, SAVED IN MEDICAID TAB (NOTE, THIS IS THE SAME TABLE THAT IS CURRENTLY USED FOR CSHCN)

Step 1: If INS_2_X = 1, or INS_3X = 1, or INS_3A_X = 1, or INS_7A_X = 1, or INS_7A_X = 3, then fill K3Q02 = 1 and go to next question.

Step 2: If INS_2_X and INS_3X both = 0, then fill K3Q02 = 0 and go to next question.

Step 3: If INS_3A_X = 0, then fill K3Q02 = 0 and go to next question.

Step 4: If INS_2_X = 6, or INS_3X = 6, or INS_3A_X = 6, then fill K3Q02 = 6 and go to next question.

Step 5: If INS_2_X = 7, or INS_3X = 7, or INS_3A_X = 7, then fill K3Q02 = 7 and go to next question.

IF SUC=4 AND ST=SC, THEN FILL:
IF TIS_INS_2 OR TIS_INS_3 OR TIS_INS_3A = 1 (YES), THEN FILL K3Q02 = 1 (YES)
IF TIS_INS_3A = 0 (NO), THEN FILL K3Q02 = 0 (NO)
IF TIS_INS_2 AND TIS_INS_3 = 0 (N0), THEN FILL K3Q02 = 0 (NO)

IF K3Q01 = 1 THEN FILL "Is that coverage". ELSE, fill "Is [he/she] insured by…]

[Is that coverage/Is [he/she] insured by] Medicaid or the State Children's Health Insurance Program, S-CHIP? In this state, the program is sometimes called [FILL MEDICAID NAME, SCHIP NAME].

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K3Q02): S-CHIP is a type of state-sponsored health insurance coverage that a child may have. The name of the plan varies from state-to-state. CATI WILL AUTOMATICALLY FILL IN THE NAMES FOR YOU.

IF K3Q01 IN (6, 7) AND K3Q02 IN (0, 6, 7),   **[SKIP TO K3Q04]**
ELSE,   **[SKIP TO K3Q03]**

K3Q03   **CATI INSTRUCTION (K3Q03):**

Step 1: If INS_11_X = 0, then fill K3Q03 = 0 and go to K3Q20.

Step 2: If INS_11_X = 6, then fill K3Q03 = 6 and go to K3Q20.

Step 3: If INS_11_X = 7, then fill K3Q03 = 7 and go to K3Q20.

Step 4: If INS_11_X = 1 and the age entered at INS-12_X is greater than "current age in months – 12 months", then fill K3Q03 = 1 and go to K3Q20.

Step 5: If none of the above are true, then ask K3Q03.

(IF SC > 12 MONTHS OLD "During the past 12 months", ELSE "Since [his/her] birth"), was there any time when [he/she] was not covered by ANY health insurance?

(1) YES   **[SKIP TO K3Q20]**
(0) NO   **[SKIP TO K3Q20]**
(6) DON'T KNOW   **[SKIP TO K3Q20]**
(7) REFUSED   **[SKIP TO K3Q20]**

K3Q04   **CATI INSTRUCITON (K3Q04):**

Step 1: If INS_8_X = 1, then fill K3Q04 = 0 and go to K4Q01.

Step 2: If INS_8_X = 6, then fill K3Q04 = 6 and go to K4Q01.

Step 3: If INS_8_X = 7, then fill K3Q04 = 7 and go to K4Q01.

Step 4: If INS_8_X = 0 and the age entered at INS-9_X is greater than "current age in months – 12 months", then fill K3Q04 = 1 and go to K4Q01.

Step 5: If none of the above are true, then ask K3Q04.

(IF SC > 12 months OLD: "During the past 12 months" ELSE "Since (his/her) birth"), was there anytime when (he/she) had health care coverage?
(1) YES   **[SKIP TO K4Q01]**
(0) NO   **[SKIP TO K4Q01]**
(6) DON'T KNOW   **[SKIP TO K4Q01]**
(7) REFUSED   **[SKIP TO K4Q01]**

[TIMESTAMP_SECTION_32]

Subdomain 2:   Adequacy of health insurance

K3Q20   The next questions are about **[S.C.]**'s health insurance or health care plans. Does **[S.C.]**'s health insurance offer benefits or cover services that meet **(his/her)** needs? Would you say:

(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6)   DON'T KNOW
(7)   REFUSED

K3Q22   Does **[S.C.]**'s health insurance allow **(him/her)** to see the health care providers **(he/she)**
needs?

Would you say:
(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6) DON'T KNOW
(7) REFUSED

K3Q21A   Not including health insurance premiums or costs that are covered by insurance, do you pay any money for [S.C.]'s health care?

HELP SCREEN (K3Q21A): Include out-of-pocket payments for all types of health-related needs such as co-payments, dental or vision care, medications, and any kind

of therapy.

(1) YES   **[SKIP TO K3Q21B]**
(0) NO   **[SKIP TO K4Q01]**
(6) DON'T KNOW   **[SKIP TO K4Q01]**
(7) REFUSED   **[SKIP TO K4Q01]**

K3Q21B   How often are these costs reasonable? Would you say sometimes, always, usually or
always?

        (1) NEVER
        (2) SOMETIMES
        (3) USUALLY
        (4) ALWAYS
        (5) NO OUT OF POCKET COSTS
        (6)   DON'T KNOW
        (7)   REFUSED

**HELP SCREEN (K3Q21B): IF THE PARENT SEEMS CONFUSED BY HOW TO
ANSWER, ASK: Do you have any out-of-pocket costs for your child's health care?
IF YES, THEN ASK: How often are those costs reasonable?**

Section 4: Health Care Access and Utilization

[TIMESTAMP_SECTION_41]

Subdomain 1:   **Usual place for care**

K4Q01   Is there a place that **[S.C.]** USUALLY goes when **(he/she)** is sick or you need advice
about

(**his/her)** health?

(1) YES
(2) NO   **[SKIP TO K4Q04]**
(3) THERE IS MORE THAN ONE PLACE
(6) DON'T KNOW   **[SKIP TO K4Q04]**
(7) REFUSED   **[SKIP TO K4Q04]**

K4Q02   **IF K4Q01 = 1, SAY "**What kind of place is it?**"**
             IF K4Q01 = 3, SAY "What kind of place does **[S.C.]** go to most often?**"**
             Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some
             other place?

(1) DOCTOR'S OFFICE   **[SKIP TO K4Q04]**
(2) HOSPITAL EMERGENCY ROOM   **[SKIP TO K4Q04]**
(3) HOSPITAL OUTPATIENT DEPARTMENT   **[SKIP TO K4Q04]**
(4) CLINIC OR HEALTH CENTER   **[SKIP TO K4Q04]**
(5) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
(6) FRIEND/RELATIVE   **[SKIP TO K4Q04]**
(7) MEXICO/OTHER LOCATIONS OUT OF US   **[SKIP TO K4Q04]**
(8) SOME OTHER PLACE   **[SKIP TO K4Q03]**
(9) DOES NOT GO TO ONE PLACE MOST OFTEN   **[SKIP TO K4Q04]**
(96) DON'T KNOW   **[FILL 6 IN K4Q01 AND SKIP TO K4Q04]**
(97) REFUSED   **[FILL 7 IN K4Q01 AND SKIP TO K4Q04]**

K4Q03   READ IF NECESSARY: (IF K4Q01 = 1, READ "WHAT KIND OF PLACE IS IT?"; IF
             K4Q01 = 3, READ: "WHAT KIND OF PLACE DOES [S.C.] GO TO MOST OFTEN?")

             RECORD VERBATIM RESPONSE_____

K4Q04   A personal doctor or nurse is a health professional who knows your child well and is
             familiar with your child's health history. This can be a general doctor, a pediatrician, a
             specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or
             more persons you think of as **[S.C.]**'s personal doctor or nurse?

(1) YES, ONE PERSON
(2) YES, MORE THAN ONE PERSON
(3) NO

(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_42]

Subdomain 2:   Utilization of services

K4Q20   [During the past 12 months/Since [his/her] birth], how many times did [S.C.] see a
doctor, nurse, or other health care provider for preventive medical care such as a physical
exam or well-child checkup?

___ ___ ___ TIMES   **[RANGE CHECK: 0-999]**
(996) DON'T KNOW
(997) REFUSED

K4Q21   [During the past 12 months/Since [his/her] birth], how many times did [S.C.] see a dentist
for preventive dental care, such as check-ups and dental cleanings?

___ ___ ___ TIMES
(996) DON'T KNOW
(997) REFUSED

K4Q22   **CATI INSTRUCTION (K4Q22):** IF AGE_NSCH < 24 MONTHS, SKIP TO K4Q24.

Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and
clinical social workers. During the past 12 months, has [S.C.] received any treatment or
counseling from a mental health professional?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K4Q23   **CATI INSTRUCTION (K4Q23):** IF K2Q31D = 1, SKIP TO K4Q24.

During the past 12 months, has [S.C.] taken any medication because of difficulties with
(his/her) emotions, concentration, or behavior?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K4Q24   Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and
others who specialize in one area of health care. [During the past 12 months/Since
[his/her] birth], did [S.C.] see a specialist [IF K4Q22 = 1, THEN INSERT: other than a
mental health professional]?

(1) YES   **[SKIP TO K4Q26]**
(0) NO
(6) DON'T KNOW
(7) REFUSED

K4Q25 [During the past 12 months/Since [his/her] birth], did you or a doctor think that [he/she] needed to see a specialist?

    (1) YES
    (0) NO   **[SKIP TO K4Q27]**
    (6) DON'T KNOW   **[SKIP TO K4Q27]**
    (7) REFUSED   **[SKIP TO K4Q27]**

K4Q26 [During the past 12 months/Since [his/her] birth], how much of a problem, if any, was it to get the care from the specialists that [S.C.] needed? Would you say it was a big problem, a small problem, or not a problem?

    (1) BIG PROBLEM
    (2) SMALL PROBLEM
    (3) NOT A PROBLEM
    (6) DON'T KNOW
    (7) REFUSED

K4Q27 Sometimes people have difficulty getting health care when they need it. By health care, I mean medical care as well as other kinds of care like dental care and mental health services. [During the past 12 months/Since [his/her] birth], was there any time when [S.C.] needed health care but it was delayed or not received?

    (1) YES
    (0) NO   **[SKIP TO K5Q10]**
    (6) DON'T KNOW   **[SKIP TO K5Q10]**
    (7) REFUSED   **[SKIP TO K5Q10]**

K4Q28 What type of care was delayed or not received? Was it medical care, dental care, mental health services, or something else? **[MARK ALL THAT APPLY]**

    (1) MEDICAL CARE
    (2) DENTAL CARE
    (3) MENTAL HEALTH SERVICES
    (4) SOMETHING ELSE
    (6) DON'T KNOW
    (7) REFUSED

Section 5: Medical Home

[TIMESTAMP_SECTION_51]

Subdomain 1:   Referrals

K5Q10   **[IF AGE_NSCH >= 12 MONTHS OLD, "During the past 12 months", ELSE "Since (his/her) birth"],** did **[S.C.]** need a referral to see any doctors or receive any services?

        (1) YES
        (0) NO   **[SKIP TO K5Q20]**
        (6) DON'T KNOW   **[SKIP TO K5Q20]**
        (7) REFUSED   **[SKIP TO K5Q20]**

K5Q11   Was getting referrals a big problem, a small problem, or not a problem?

        (1) BIG PROBLEM
        (2) SMALL PROBLEM
        (3) NOT A PROBLEM
        (6) DON'T KNOW
        (7) REFUSED

[TIMESTAMP_SECTION_52]

Subdomain 2:   Care coordination

        CATI INSTRUCTION: Sum up the number of services from Section 4, Subdomain 2

        DEFINE VARIABLE NUMB_SERVICES = 0.
        IF K4Q20 $\geq$ 1, NUMB_SERVICES = NUMB_SERVICES + 1
        IF K4Q21 $\geq$ 1, NUMB_SERVICES = NUMB_SERVICES + 1
        IF K4Q22 = 1, NUMB_SERVICES = NUMB_SERVICES + 1
        IF K4Q24 = 1,   NUMB_SERVICES = NUMB_SERVICES + 1
        IF K4Q25 = 1, NUMB_SERVICES = NUMB_SERVICES + 1

        E.G. If K4Q20=1, K4Q21=2, and K4Q24=1, then NUMB_SERVICES=3

K5Q20   **CATI INSTRUCTION (K5Q20):** IF NUMB_SERVICES IS < 2, THEN SKIP TO K5Q31.

        Does anyone help you arrange or coordinate **[S.C.]**'s care among the different doctors or services that **(he/she)** uses?

        (1) YES
        (0) NO
        (6) DON'T KNOW

(7) REFUSED

READ IF NECESSARY: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that [S.C.] gets all the health care and services (he/she) needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

READ IF NECESSARY: Anyone means anyone.

K5Q21   [IF AGE_NSCH >= 12 MONTHS OLD, "During the past 12 months", ELSE "since (his/her) birth"], have you felt that you could have used extra help arranging or coordinating **[S.C.]**'s care among the different health care providers or services?

(1) YES
(0) NO   **[SKIP TO K5Q30]**
(6) DON'T KNOW   **[SKIP TO K5Q30]**
(7) REFUSED   **[SKIP TO K5Q30]**

K5Q22   [IF AGE_NSCH >= 12 MONTHS OLD, "During the past 12 months", ELSE "since (his/her) birth"], how often did you get as much help as you wanted with arranging or coordinating **[S.C.]**'s care? Would you say never, sometimes, or usually?

(1)   NEVER
(2)   SOMETIMES
(3)   USUALLY
(6)   DON'T KNOW
(7)   REFUSED

[TIMESTAMP_SECTION_53]

Subdomain 3:   Provider communication

K5Q30   Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among **[S.C.]**'s doctors and other health care providers?

(1) VERY SATISFIED
(2) SOMEWHAT SATISFIED
(3) SOMEWHAT DISSATISFIED
(4) VERY DISSATISFIED
(5) NO COMMUNICATION NEEDED OR WANTED
(6) DON'T KNOW
(7) REFUSED

K5Q31   **CATI INSTRUCTION (K5Q31)**: IF NUMB_SERVICES = 0 THEN SKIP TO K5Q45.

Do **[S.C.]**'s doctors or other health care providers need to communicate with **(his/her)**

[IF AGE_NSCH < 36 MONTHS, INSERT: child care providers or early intervention program?]

[IF AGE_NSCH ≥ 36 MONTHS AND < 72 MONTHS, INSERT: child care providers, school, or special education program?]

[IF AGE_NSCH ≥72 MONTHS AND CHILD DOES NOT HAVE SPECIAL HEALTH CARE NEEDS, INSERT: school or special education program?]

[IF AGE_NSCH ≥ 72 MONTHS AND < 144 MONTHS AND CHILD DOES HAVE SPECIAL HEALTH CARE NEEDS, INSERT: school or special education program?]

[IF AGE_NSCH ≥ 144 MONTHS AND CHILD DOES HAVE SPECIAL HEALTH CARE NEEDS, INSERT: school, special education program, or vocational education program?]

(1) YES
(0) NO   **[SKIP TO K5Q40]**
(6) DON'T KNOW   **[SKIP TO K5Q40]**
(7) REFUSED   **[SKIP TO K5Q40]**

K5Q32   Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that communication?

(1) VERY SATISFIED
(2) SOMEWHAT SATISFIED
(3) SOMEWHAT DISSATISFIED
(4) VERY DISSATISFIED
(5) NO COMMUNICATION NEEDED OR WANTED
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_54]

Subdomain 4:   Compassionate, culturally effective, family centered care

K5Q40   [IF AGE_NSCH >= 12 MONTHS OLD, "During the past 12 months", ELSE "Since (his/her) birth"], how often did **[S.C.]**'s doctors and other health care providers spend enough time with **(him/her)**? Would you say never, sometimes, usually, or always?

(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6) DON'T KNOW
(7) REFUSED

K5Q41   [IF AGE_NSCH >= 12 MONTHS OLD, "During the past 12 months", ELSE "Since (his/her) birth"], how often did **[S.C.]**'s doctors and other health care providers listen carefully to you? Would you say never, sometimes, usually, or always?

        (1) NEVER
        (2) SOMETIMES
        (3) USUALLY
        (4) ALWAYS
        (6) DON'T KNOW
        (7) REFUSED

K5Q42   When **[S.C.]** is seen by doctors or other health care providers, how often are they sensitive to your family's values and customs? Would you say never, sometimes, usually, or always?

        (1) NEVER
        (0) SOMETIMES
        (3) USUALLY
        (4) ALWAYS
        (6) DON'T KNOW
        (7) REFUSED

K5Q43   Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child now, and what changes to expect in the future. [IF AGE_NSCH >= 12 MONTHS OLD, "During the past 12 months", ELSE "Since (his/her) birth"], how often did you get the specific information you needed from **[S.C.]**'s doctors and other health care providers? Would you say never, sometimes, usually, or always?

        (1) NEVER
        (2) SOMETIMES
        (3) USUALLY
        (4) ALWAYS
        (6) DON'T KNOW
        (7) REFUSED

K5Q44   [IF AGE_NSCH >= 12 MONTHS OLD, "During the past 12 months", ELSE "Since (his/her) birth"], how often did **[S.C.]**'s doctors or other health care providers help you feel like a partner in **(his/her)** care? Would you say never, sometimes, usually, or always?

        (1) NEVER
        (2) SOMETIMES
        (3) USUALLY
        (4) ALWAYS
        (6) DON'T KNOW
        (7) REFUSED

K5Q45   **CATI INSTRUCTION (K5Q45):** IF K1Q03 = (1, 6, or 7) [I.E. LANGUAGE

ENGLISH OR UNKNOWN] AND AGE_NSCH_Y $\leq$ 5 YEARS, THEN SKIP TO K6Q01. IF K1Q03 = (1, 6, or 7) [I.E. LANGUAGE ENGLISH OR UNKNOWN] AND AGE_NSCH_Y $\geq$ 6 YEARS, THEN SKIP TO K7Q01.

IF AGE_NSCH $\geq$ 36 MONTHS, FILL [or S.C.]. ELSE, NO FILL.

An interpreter is someone who repeats what one person says in a language used by another person. (IF AGE_NSCH >=12 MONTHS, "During the past 12 months" ELSE "Since [S.C.]'s birth"), did you **(or S.C.)** need an interpreter to help speak with **(his/her)** doctors or other health care providers?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K5Q46   **CATI INSTRUCTION (K5Q46):** IF (K5Q45 = 0, 6, OR 7) AND AGE_NSCH _Y $\leq$ 5 YEARS, THEN SKIP TO K6Q01. IF K5Q45 = (0, 6, OR 7) AND AGE_NSCH_Y $\geq$ 6 YEARS, THEN SKIP TO K7Q01. IF AGE_NSCH $\geq$ 36 MONTHS, FILL [or S.C.]. ELSE, DO NOT FILL.

When you **(or S.C.)** needed an interpreter, how often were you able to get someone other than a family member to help you speak with **(his/her)** doctors or other health care providers? Would you say never, sometimes, usually, or always?

(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6) DON'T KNOW
(7) REFUSED

[IF AGE_NSCH_Y $\leq$ **5 YEARS, SKIP TO K6Q01. IF** AGE_NSCH_Y $\geq$ **6 YEARS, SKIP TO K7Q01.]**

Section 6: Early Childhood (0-5 years)

[TIMESTAMP_SECTION_61]

Subdomain 1:   Developmental screening

QUESTIONS K6Q01-K6Q09 ARE FROM THE PARENT'S EVALUATION OF DEVELOPMENTAL STATUS (PEDS) CHILD DEVELOPMENT SCREENING TEST. THE PEDS IS PROTECTED BY U.S. AND INTERNATIONAL COPYRIGHT LAW. ALL RIGHTS ARE RESERVED BY FRANCES PAGE GLASCOE. PERMISSION TO USE THESE ITEMS IN THE NSCH HAS BEEN GRANTED BY DR. GLASCOE. PERMISSION MUST BE REQUESTED FROM THE PUBLISHER (FOREPATH.ORG, PO BOX 23186, WASHINGTON, DC, 20026, WWW.FOREPATH.ORG, SUPPORT@FOREPATH.ORG) BEFORE USING THESE ITEMS FOR OTHER PURPOSES.

K6Q01   Do you have any concerns about [S.C.]'s learning, development, or behavior?

          (1) YES
          (0) NO
          (6) DON'T KNOW
          (7) REFUSED

K6Q02_INTRO   **CATI INSTRUCTION (K6Q02_INTRO):** IF AGE_NSCH < 4 MONTHS, SKIP TO
K6Q10.

[IF K6Q01 = 0, READ: Although you told me you have no concerns, I need to ask a few specific questions about concerns that some parents may have. Please tell me if you are currently concerned a lot, a little, or not at all about the following.]

[ELSE, READ: The next section asks about specific concerns some parents may have. Please tell me if you are currently concerned a lot, a little, or not at all about the following.]

QUESTION STEM: [Are you concerned a lot, a little, or not at all about…]

          (1) A LOT
          (2) A LITTLE
          (3) NOT AT ALL
          (6) DON'T KNOW
          (7) REFUSED

[CATI: DISPLAY QUESTION STEM FOR EACH OF THE FOLLOWING SCREENS.]

K6Q02   How [S.C.] talks and makes speech sounds?

K6Q03   How [he/she] understands what you say?

K6Q04   How [he/she] uses [his/her] hands and fingers to do things?

K6Q05   How [he/she] uses [his/her] arms and legs?

K6Q06   How [he/she] behaves?

K6Q07   How [he/she] gets along with others?

K6Q08 **CATI INSTRUCTION (K6Q08):** IF AGE_NSCH < 10 MONTHS, SKIP TO K6Q10.

How [he/she] is learning to do things for (himself/herself)?

K6Q09 **CATI INSTRUCTION (K6Q09):** IF AGE_NSCH < 18 MONTHS, SKIP TO K6Q10.

How [he/she] is learning pre-school or school skills?

K6Q10   **CATI INSTRUCTION (K6Q10):** IF NUMB_SERVICES = 0, THEN SKIP TO K6Q15.

[IF AGE_NSCH >= 12 MONTHS OLD< "During the past 12 months", ELSE "Since [S.C.]'s birth"], did [S.C.]'s doctors or other health care providers ask if you have concerns about [his/her] learning, development, or behavior?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K6Q11   **CATI INSTRUCTION (K6Q11):** IF K6Q01=1 AND ANY OF QUESTIONS K6Q02 - K6Q09 HAVE A VALUE OF 1 OR 2, ASK K6Q11.

[IF AGE_NSCH >= 12 MONTHS OLD "During the past 12 months", ELSE "Since [S.C.]'s birth"], did [his/her] doctors or other health care providers give you specific information to address your concerns about [his/her] learning, development, or behavior?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K6Q12   **CATI INSTRUCTION (K6Q12):** IF AGE_NSCH < 10 MONTHS, SKIP TO K6Q15.

Sometimes a child's doctor or other health care provider will ask a parent to fill out a questionnaire at home or during their child's visit. During the past 12 months, did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about [S.C.]'s development, communication, or social behaviors?

(1) YES
(0) NO   **[SKIP TO K6Q15]**
(6) DON'T KNOW   **[SKIP TO K6Q15]**

(7) REFUSED   **[SKIP TO K6Q15]**

HELP SCREEN (K6Q12): IF ANOTHER PERSON READ THE QUESTIONNAIRE TO THE PARENT AND FILLED IN THE ANSWERS FOR THE PARENT, THEN THIS QUESTION SHOULD BE ANSWERED YES. BUT IF A DOCTOR OR NURSE JUST ASKED ABOUT CONCERNS AND DID NOT FILL OUT A QUESTIONNAIRE, THEN THIS QUESTION SHOULD BE ANSWERED NO.

K6Q13A   **CATI INSTRUCTION (K6Q13A):** IF AGE_NSCH = 24-71 MONTHS, SKIP TO
K6Q14A.

Did this questionnaire ask about your concerns or observations about how [S.C.] talks or makes speech sounds?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K6Q13B   Did this questionnaire ask about your concerns or observations about how [S.C.] interacts with you and others?

(1) YES   **[SKIP TO K6Q15]**
(0) NO   **[SKIP TO K6Q15]**
(6) DON'T KNOW   **[SKIP TO K6Q15]**
(7) REFUSED   **[SKIP TO K6Q15]**

K6Q14A   Did this questionnaire ask about your concerns or observations about words and phrases [S.C.] uses and understands?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K6Q14B   Did this questionnaire ask about your concerns or observations about how [S.C.] behaves and gets along with you and others?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K6Q15   Does [S.C.] have any developmental problems for which (he/she) has a written intervention plan called an [IF AGE_NSCH < 36 MONTHS, INSERT: Individualized Family Services Plan or an IFSP?; IF AGE_NSCH ≥ 36 MONTHS, INSERT: Individualized Education Program or IEP?]

HELP SCREEN (K6Q15): Some young children have developmental delays or other problems for which they receive services from a program called Early Intervention Services or Special Education. Children receiving these services have a written intervention plan called an IFSP if the child is 3 or under, or an IEP if older than about 3 years. Services on an IFSP or an IEP might include things such as special instruction; speech language therapy; vision and hearing services; psychological services; health services; social work services; family counseling and support; transportation; service coordination or other services needed to support the child's development.

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_62]

Subdomain 2:   Child care

K6Q20   The next questions are about child care. Does [S.C.] receive care for at least 10 hours per week from someone not related to (him/her)? This could be a day care center, preschool, Head Start program, nanny, au pair, or any other nonrelative..

              (1) YES   **[SKIP TO K6Q20B]**
              (0) NO   **[SKIP TO K6Q21]**
              (6) DON'T KNOW   **[SKIP TO K6Q21]**
              (7) REFUSED   **[SKIP TO K6Q21]**

              HELP SCREEN (K6Q20): Child care should be reported regardless of whether care is paid or unpaid, or provided by certified or uncertified providers. Occasional babysitting is not included.

              Head Start is a federally-funded program to help young children from low-income families get ready for kindergarten and grade school. Children who participate are usually between three and five years old, but there are Head Start programs for even younger children.

K6Q20B   Was this care provided in your home, in someone else's home, or in a center such as a school or day care facility? **[MARK ALL THAT APPLY]**

              (1) OWN HOME
              (2) SOMEONE ELSE'S HOME
              (3) CENTER
              (6) DON'T KNOW
              (7) REFUSED

K6Q21   **CATI INSTRUCTION (K6Q21):** IF K1Q02 does not = (01, 02, 11, 12), THEN FILL "you or".

Does [S.C.] receive care for at least 10 hours per week from a relative other than (you or) (his/her) parents or guardians?

(1) YES   **[SKIP TO K6Q22]**
(0) NO   **[SKIP TO K6Q25A]**
(6) DON'T KNOW   **[SKIP TO K6Q25A]**
(7) REFUSED   **[SKIP TO K6Q25A]**

HELP SCREEN (K6Q21): Child care should be reported regardless of whether care is paid or unpaid, or provided by certified or uncertified providers. Occasional babysitting is not included.

K6Q22   Was this care provided in your home or somewhere else?

(1) OWN HOME
(2) SOMEWHERE ELSE
(3) BOTH / VARIES
(6) DON'T KNOW
(7) REFUSED

K6Q25A   **CATI INSTRUCTION (K6Q25A):** IF K6Q20 = 1 OR K6Q21 = 1, THEN SKIP TO
K6Q25B.

HELP SCREEN: Do not include need for occasional babysitting.

During the past month, did you need child care for [S.C.]?

(1) YES   **[SKIP TO K6Q25B]**
(0) NO   **[SKIP TO K6Q27]**
(6) DON'T KNOW   **[SKIP TO K6Q27]**
(7) REFUSED   **[SKIP TO K6Q27]**

K6Q25B   **CATI INSTRUCTION (K6Q25B):** IF SAMPLE CHILD DOES NOT HAVE
SPECIAL HEALTH CARE NEEDS, SKIP TO K6Q26. (i.e., IF CSHCN = 0, SKIP TO
K6Q26)

Does [S.C.]'s behavior limit your ability to find child care for (him/her)?

(1) YES   **[SKIP TO K6Q25C]**
(0) NO   **[SKIP TO K6Q25C]**
(6) DON'T KNOW   **[SKIP TO K6Q25C]**
(7) REFUSED   **[SKIP TO K6Q25C]**

K6Q25C   Does [S.C.]'s health limit your ability to find child care for (him/her)?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K6Q26   During the past month, how many times have you had to make different arrangements for child care at the last minute due to circumstances beyond your control?

___ ___ ___ NUMBER OF TIMES

DON'T KNOW   (996)
REFUSED   (997)

HELP SCREEN: EXAMPLES OF CIRCUMSTANCES BEYOND ONE'S CONTROL INCLUDE A CHILD BECOMING ILL, OR A CHILD CARE **PROVIDER CHANGING HIS/HER PLANS OR SCHEDULE SUDDENLY.**

K6Q27   [IF AGE_NSCH >= 12 MONTHS OLD "During the past 12 months", ELSE "Since [S.C]'s birth"], did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for [S.C.]?

     (1) YES   **[SKIP TO K6Q30]**
     (0) NO   **[SKIP TO K6Q30]**
     (6) DON'T KNOW **[SKIP TO K6Q30]**
     (7) REFUSED   **[SKIP TO K6Q30]**

[TIMESTAMP_SECTION_63]

Subdomain 3: **Injuries**

K6Q30   [IF AGE_NSCH >= 12 MONTHS OLD "During the past 12 months", ELSE "Since [S.C.]'s birth"] has [S.C.] been injured and required medical attention?

     (1) YES   **[SKIP TO K6Q31]**
     (0) NO   **[SKIP TO K6Q40]**
     (6) DON'T KNOW **[SKIP TO K6Q40]**
     (7) REFUSED   **[SKIP TO K6Q40]**

HELP SCREEN (K6Q30): MEDICAL ATTENTION HERE IS NOT LIMITED TO EMERGENCY ROOM VISITS, OR ATTENTION THAT REQUIRES A DOCTOR. THIS INCLUDES SITUATIONS WHERE THE PARENT IS ABLE TO PROVIDE THE MEDICAL ATTENTION THEMSELVES, OR WHERE A CALL IS PLACED TO A DOCTOR, BUT THE CARE IS ADMINISTERED BY THE PARENT, ETC.

K6Q31 APPLY] Did the injury occur at home, at child-care, or some other place? **[MARK ALL THAT APPLY]**

     K6Q31X01 Home (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
     K6Q31X02 Child-care (1) YES (0) NO (6) DON'T KNOW (7) REFUSED
     K6Q31X03 Some other place
                 (1) YES (0) NO (6) DON'T KNOW (7) REFUSED

Subdomain 4:   Breastfeeding

K6Q40   **CATI INSTRUCTION:** IF S.C. = NIS-ELIGIBLE CHILD (AND NIS COMPLETED), FILL WITH CBF_01_X

Was [S.C.] ever breastfed or fed breast milk?

(1) YES   **[SKIP TO K6Q41]**
(0) NO   **[SKIP TO K6Q60]**
(6) DON'T KNOW   **[SKIP TO K6Q60]**
(7) REFUSED   **[SKIP TO K6Q60]**

K6Q41   **CATI INSTRUCTION:** IF S.C. = NIS-ELIGIBLE CHILD (AND NIS COMPLETED), FILL WITH CBF_02L_X

How old was [he/she] when [he/she] completely stopped breastfeeding or being fed breast milk?

ENTER
666 FOR STILL BREASTFEEDING
996 FOR DON'T KNOW
997 FOR REFUSED

___ ___ ___ [ENTER NUMBER]   **[RANGE CHECK: cannot be <** AGE_NSCH**]**

IF K6Q41 = (666, 996, or 997)   [SKIP TO K6Q42]
ELSE, GO TO K6Q41A

K6Q41A   **CATI INSTRUCTION**; IF S.C. = NIS-ELIGIBLE CHILD (AND NIS COMPLETED), FILL WITH CBF_02RU_X

[MARK PERIOD]

(1) DAYS
(2) WEEKS
(3) MONTHS
(4) YEARS
(6) DON'T KNOW
(7) REFUSED

IF K6Q41A = 1 AND K6Q41 > [(AGE_NSCH * 31) + 30], OR
IF K6Q41A = 2 AND K6Q41 > [(AGE_NSCH S * 4) +4)], OR
IF K6Q41A = 3 AND K6Q41 > AGE_NSCH, OR
IF K6Q41A = 4 AND K6Q41 > AGE_NSCH_Y,
        THEN   **[DISPLAY WARNING TEXT]**

ELSE,   **[SKIP TO K6Q42]**

WARNING: ANSWER IS OLDER THAN CURRENT AGE OF CHILD. PLEASE CORRECT.

K6Q42   **CATI INSTRUCTION:** IF S.C. = NIS-ELIGIBLE CHILD (AND NIS COMPLETED), FILL WITH CBF_03_X

How old was [S.C.] when [he/she] was first fed formula?

___ ___ ___ [ENTER NUMBER]

(555) AT BIRTH
(666) CHILD HAS NEVER BEEN FED FORMULA
(996) DON'T KNOW
(997) REFUSED

IF K6Q42 IN (555, 666, 996, 997) **[SKIP TO K6Q43]**
ELSE,   **[SKIP TO K6Q42A]**

K6Q42A   **CATI INSTRUCTION:** IF S.C. = NIS-ELIGIBLE CHILD (AND NIS COMPLETED), FILL WITH CBF_04_X

[MARK PERIOD]
(1) DAYS
(2) WEEKS
(3) MONTHS
(4) YEARS
(6) DON'T KNOW
(7) REFUSED

IF K6Q42A = 1 AND K6Q42 > [(AGE_NSCH * 31) + 30], OR
IF K6Q42A = 2 AND K6Q42 > [(AGE_NSCH * 4) +4)], OR
IF K6Q42A = 3 AND K6Q42 > AGE_NSCH, OR
IF K6Q42A = 4 AND K6Q42 > AGE_NSCH_Y,
        THEN   **[DISPLAY WARNING TEXT]**
        ELSE,   **[SKIP TO K6Q43]**

WARNING TEXT: ANSWER IS OLDER THAN CURRENT AGE OF CHILD. PLEASE CORRECT.

K6Q43   **CATI INSTRUCTION:** IF S.C. = NIS-ELIGIBLE CHILD (AND NIS COMPLETED), FILL WITH CBF_N

This next question is about the first thing that [S.C.] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [S.C.] might have been given, even water. How old was [S.C.] when (he/she) was first fed anything other than breast milk or formula?

___ ___ ___ [ENTER NUMBER]

(555) AT BIRTH
(666) CHILD HAS NEVER BEEN FED ANYTHING OTHER THAN BREAST MILK
OR FORMULA
(996) DON'T KNOW
(997) REFUSED

IF K6Q43 IN (555, 666, 996, 997) **[SKIP TO K6Q60]**
ELSE,   **[SKIP TO K6Q43A]**

K6Q43A   **CATI INSTRUCTION:** IF S.C. = NIS-ELIGIBLE CHILD (AND NIS COMPLETED),
FILL WITH CBF_U

[MARK PERIOD]

(1) DAYS
(2) WEEKS
(3) MONTHS
(4) YEARS
(6) DON'T KNOW
(7) REFUSED

IF K6Q43A = 1 AND K6Q43 > [(AGE_NSCH * 31) + 30], OR
IF K6Q43A = 2 AND K6Q43 > [(AGE_NSCH * 4) +4)], OR
IF K6Q43A = 3 AND K6Q43 > AGE_NSCH, OR
IF K6Q43A = 4 AND K6Q43 > AGE_NSCH_Y,
        THEN   **[DISPLAY WARNING TEXT]**
        ELSE,   **[SKIP TO [K6Q60]**

[TIMESTAMP_SECTION_66]

Subdomain 6:   **Reading, storytelling, singing, watching television, playing, and going out**

K6Q60   During the past week, how many days did you or other family members read to [S.C.]?

____ ____ NUMBER OF DAYS   **[RANGE CHECK: 0-7, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

**HELP SCREEN (K6Q60): READING STORIES INCLUDES BOOKS WITH
WORDS OR PICTURES BUT NOT BOOKS READ BY OR WITH THE
ASSISTANCE OF AN AUDIO TAPE, RECORD, CD, OR COMPUTER.**

K6Q61   During the past week, how many days did you or other family members tell stories or
sing songs to [S.C.]?

____ ____ NUMBER OF DAYS   **[RANGE CHECK: 0-7, 96, 97]**

(96) DON'T KNOW
(97) REFUSED

K6Q63   During the past week, how many days did [S.C.] play with other children (his/her) age?

    ____ ____ NUMBER OF DAYS   **[RANGE CHECK: 0-7, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

K6Q64   During the past week, how many days did you or any family member take [S.C.] on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?

   ___ ___ NUMBER OF DAYS   **[RANGE CHECK: 0-7, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

K6Q65   On an average weekday, about how much time does [S.C.] usually watch TV or watch videos?
   ___ ___ ___ ENTER NUMBER

(666) DON'T OWN TV OR VIDEO PLAYER
(996) DON'T KNOW
(997) REFUSED

HELP SCREEN (K6Q65): DO NOT INCLUDE TELEVISION OR VIDEO WATCHING AT SCHOOL.

IF K6Q65 IN (000, 666, 996, 997)   **[SKIP TO K8Q12]**
ELSE,   **[SKIP TO K6Q65A]**

K6Q65A   [MARK PERIOD]

(1) HOURS
(2) MINUTES
(6) DON'T KNOW
(7) REFUSED

IF HOURS > 12, OR MINUTES > 720,   **[DISPLAY WARNING TEXT]**
ELSE,   **[SKIP TO K8Q12]**

[WARNING TEXT: THE ANSWER CANNOT BE MORE THAN 12 HOURS OR
720   **MINUTES A DAY]**

Section 7: Middle Childhood and Adolescence (6-17 years)

[TIMESTAMP_SECTION_71]

Subdomain 1:   School enrollment and engagement

K7Q01   **<u>CATI INSTRUCTION (K7Q01):</u>** IF CURRENT DATE ≥ 6/01/YYYY AND ≤ 09/01/YYYY THEN FILL "During the last school year, what kind of school was [S.C.] enrolled in? Is it a public school, private school, or home-school?
ELSE FILL "What kind of school is [S.C.] currently enrolled in? Is it a public school, private school, or home-school?

(1) PUBLIC	**[SKIP TO K7Q02]**
(2) PRIVATE	**[SKIP TO K7Q02]**
(3) HOME-SCHOOLED	**[SKIP TO K7Q02]**
(4) [S.C.] IS NOT ENROLLED IN SCHOOL.	**[SKIP TO K7Q01F]**
(6) DON'T KNOW	**[SKIP TO K7Q02]**
(7) REFUSED	**[SKIP TO K7Q02]**

HELP SCREEN (K7Q01): IF THE CHILD WAS ENROLLED IN MORE THAN ONE TYPE OF SCHOOL DURING THE CURRENT OR LAST SCHOOL YEAR, ASK THE TYPE OF SCHOOL THAT THE CHILD HAS MOST RECENTLY ATTENDED.

K7Q01F   At any time during the past 12 months, was [S.C.] enrolled in a public school, a private school, or home school?

(1) YES	**[SKIP TO K7Q02]**
(0) NO	**[SKIP TO K7Q05]**
(6) DON'T KNOW	**[SKIP TO K7Q05]**
(7) REFUSED	**[SKIP TO K7Q05]**

K7Q02   During the past 12 months, that is since [**FILL: CURRENT MONTH, 1 YEAR AGO**], about how many days did [S.C.] miss school because of illness or injury?

___ ___ ___ DAYS   **[RANGE CHECK: 000-180, 555, 666, 996, 997]**
(000) NONE
(180) ENTIRE SCHOOL YEAR
(555) HOME SCHOOLED
(666) DID NOT GO TO SCHOOL
(996) DON'T KNOW
(997) REFUSED

IF K7Q02 > 20	**[SKIP TO K7Q03]**
ELSE IF K7Q02 IN (555, 666)	**[SKIP TO K7Q05]**
ELSE	**[SKIP TO K7Q04]**

K7Q03 I have **[FILL ANSWER FROM K7Q02]** days. Is that correct?

    (1) YES   **[SKIP TO K7Q04]**
    (0) NO   **[SKIP TO K7Q02]**

K7Q04 **CATI INSTRUCTION (K7Q04):** IF K7Q01F = 2, 6, or 7, OR K7Q02 = 555, 666, OR K7Q01 = 3 [I.E., NOT ENROLLED IN PAST 12 MONTHS/HOME-SCHOOLED], SKIP TO K7Q05.

    During the past 12 months, how many times has [S.C.]'s school contacted you or another adult in your household about any problems [he/she] is having with school?

    ENTER 96 FOR DON'T KNOW OR 97 FOR REFUSED

    ____ _____ TIMES   **[RANGE CHECK: 0-99]**

    INTERVIEWER INSTRUCTION: THIS INCLUDES SCHOOL RELATED PROBLEMS BUT NOT HEALTH RELATED PROBLEMS.

K7Q05 Since starting kindergarten, has [he/she] repeated any grades?

    (1) YES
    (0) NO
    (6) DON'T KNOW
    (7) REFUSED

K7Q11 Does [S.C.] have a health problem, condition, or disability for which (he/she) has a written intervention plan called an Individualized Education Program or IEP?

    HELP SCREEN (K7Q11): Some children have difficulty in school because of a health problem, condition, or a disability. These children may receive services from a program called Special Education and have a written intervention plan called an Individualized Education Program or IEP. Services on an IEP might include things such as special instruction; speech language therapy; vision and hearing services; psychological services; health services; social work services; family counseling and support; transportation; or other services needed to support the child's educational performance.

    (1) YES
    (0) NO
    (6) DON'T KNOW
    (7) REFUSED

K7Q12*^NSAP **CATI INSTRUCTION (K7Q12)**: THE NEXT TWO QUESTIONS ARE FOR THE BIOLOGICAL PARENT COMPARISON SAMPLE. IF THIS HOUSEHOLD IS NOT PART OF THAT SAMPLE, SKIP TO K7Q30. (IF NSAP_CTRL = 0, SKIP TO K7Q30.)

How would you describe [S.C.]'s school performance in reading and language arts? Would you say excellent, very good, good, fair, or poor?

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD
(4) FAIR
(5) POOR
(6) DON'T KNOW
(7) REFUSED

K7Q13*^{NSAP} How about [S.C.]'s school performance in math? (READ IF NECESSARY: Would you say excellent, very good, good, fair, or poor?)

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD
(4) FAIR
(5) POOR
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_73]

Subdomain 3:   After-school activities and parental involvement

K7Q30   During the past 12 months, was [S.C.] on a sports team or did [he/she] take sports lessons after school or on weekends?

HELP SCREEN (K7Q30): INCLUDE ANY TEAMS RUN BY YOUR CHILD'S SCHOOL OR COMMUNITY GROUPS.

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K7Q31   During the past 12 months, did [he/she] participate in any clubs or organizations after school or on weekends?

HELP SCREEN (K7Q31): EXAMPLES OF CLUBS OR ORGANIZATIONS ARE SCOUTS, ARTS, RELIGIOUS GROUPS, AND BOYS/GIRLS CLUBS.

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K7Q32   **CATI INSTRUCTION (K7Q32):** IF K7Q30 = 1 OR K7Q31 = 1, THEN SKIP TO
K7Q33.

       During the past 12 months, did [he/she] participate in any other organized events or
activities?

       **HELP SCREEN (K7Q32): THIS QUESTION CAN INCLUDE ORGANIZED
       LESSONS IN MUSIC, DANCE, FOREIGN LANGUAGES, PERFORMING ARTS,
       COMPUTERS, ETC.**

       (1) YES
       (0) NO   **[SKIP TO K7Q34]**
       (6) DON'T KNOW   **[SKIP TO K7Q34]**
       (7) REFUSED   **[SKIP TO K7Q34]**

K7Q33   During the past 12 months, how often did you attend events or activities that [S.C.]
       participated in? Would you say never, sometimes, usually or always?

       (1) NEVER
       (2) SOMETIMES
       (3) USUALLY
       (4) ALWAYS
       (6) DON'T KNOW
       (7) REFUSED

K7Q34   Regarding [S.C.]'s friends, would you say that you have met all of [his/her] friends, most
       of [his/her] friends, some of [his/her] friends, or none of [his/her] friends?

       (1) ALL OF [HIS/HER] FRIENDS
       (2) MOST OF [HIS/HER] FRIENDS
       (3) SOME OF [HIS/HER] FRIENDS
       (4) NONE OF [HIS/HER] FRIENDS
       (5) CHILD HAS NO FRIENDS
       (6) DON'T KNOW
       (7) REFUSED

K7Q35   **CATI INSTRUCTION (K7Q35):** IF AGE_NSCH $\geq$ 144 MONTHS (12 YEARS),
       SKIP TO K7Q37.

       Sometimes it is difficult to make arrangements to look after children all the time. During
       the past week, did [S.C.] take care of (himself/herself) or stay alone without an adult or
       teenager, even for a small amount of time?

       (1) YES   **[SKIP TO K7Q36]**
       (0) NO   **[SKIP TO K7Q40]**
       (6) DON'T KNOW   **[SKIP TO K7Q40]**
       (7) REFUSED   **[SKIP TO K7Q40]**

K7Q36   During the past week, how many hours did [S.C] take care of (himself/herself)?

__ __ __ NUMBER OF HOURS   **[RANGE CHECK: 001-168, 666, 996, 997]**

(666) MORE THAN ZERO, LESS THAN 1 HOUR
(996) DON'T KNOW
(997) REFUSED

K7Q37   **CATI INSTRUCTION (K7Q37):** IF AGE_NSCH < 144 MONTHS, SKIP TO K7Q40. During the past 12 months, how often has [S.C.] been involved in any type of community service or volunteer work at school, church, or in the community? Would you say once a week or more, a few times a month, a few times a year, or never?

(1) ONCE A WEEK OR MORE
(2) A FEW TIMES A MONTH
(3) A FEW TIMES A YEAR
(4) NEVER
(6) DON'T KNOW
(7) REFUSED

K7Q38   During the past week, did [S.C.] earn money from any work, including regular jobs as well as babysitting, cutting grass, or other occasional work?

(1) YES   **[SKIP TO K7Q39]**
(0) NO   **[SKIP TO K7Q40]**
(6) DON'T KNOW   **[SKIP TO K7Q40]**
(7) REFUSED   **[SKIP TO K7Q40]**

HELP SCREEN (K7Q38): DO NOT INCLUDE HOUSEHOLD CHORES.

K7Q39   During the past week, how many hours did [S.C.] work for pay?

__ __ __ NUMBER OF HOURS   **[RANGE CHECK: 000-168, 666, 996, 997]**

(666) MORE THAN ZERO, LESS THAN 1 HOUR
(996) DON'T KNOW
(997) REFUSED

[TIMESTAMP_SECTION_74]

Subdomain 4:   **Sleep and exercise**

K7Q40   During the past week, on how many nights did [S.C.] get enough sleep for a child (his/her) age?

____ ____ NUMBER OF NIGHTS   **[RANGE CHECK: 00-07, 96, 97]**

(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (K7Q40): "Enough sleep" is whatever you define it as for this child.

K7Q41   During the past week, on how many days did [S.C.] exercise, play a sport, or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard?

     ____ ____ NUMBER OF DAYS   **[RANGE CHECK: 00-07, 96, 97]**
     (96) DON'T KNOW
     (97) REFUSED

     HELP SCREEN: Include active sports such as baseball, softball, basketball, swimming, soccer, tennis, or football; riding a bike or rollerskating; walking or jogging; jumping rope; gymnastics; and active dance such as ballet.

[TIMESTAMP_SECTION_75]

Subdomain 5:   **Reading and computing**

K7Q50   On an average weekday, about how much time does [he/she] usually spend reading for pleasure?

     ___ ___ ___ ENTER NUMBER

     (666) CHILD CANT READ
     (996) DON'T KNOW
     (997) REFUSED

     HELP SCREEN: TIME SPENT READING INCLUDES THE TIME A CHILD SPENDS READING TO THEMSELVES OR BEING READ TO BY ANOTHER PERSON. IT DOES NOT INCLUDE TIME SPENT LISTENING TO BOOKS READ BY OR WITH THE ASSISTANCE OF AN AUDIO TAPE, RECORD, CD, OR COMPUTER.

     IF K7Q50 IN (000, 666, 996, 997)   **[SKIP TO K7Q51]**
     ELSE,   **[SKIP TO K7Q50A]**

K7Q50A   [MARK PERIOD]

     (1) HOURS
     (2) MINUTES
     (6) DON'T KNOW
     (7) REFUSED

     IF HOURS > 12, OR MINUTES > 720,   **[DISPLAY WARNING TEXT]**
     ELSE,   **[SKIP TO K7Q51]**
     [WARNING TEXT: THE ANSWER CANNOT BE MORE THAN 12 HOURS OR
720   **MINUTES A DAY]**

K7Q51   On an average weekday, about how much time does [S.C.] use a computer for purposes other than schoolwork?

          ___ ___ ___ ENTER NUMBER

          (666) DON'T OWN COMPUTER
          (996) DON'T KNOW
          (997) REFUSED

          IF K7Q51 IN (000, 666, 996, 997)   **[SKIP TO K7Q60]**
          ELSE,   **[SKIP TO K7Q51A]**

K7Q51A   [MARK PERIOD]

          (1) HOURS
          (2) MINUTES
          (6) DON'T KNOW
          (7) REFUSED

          IF HOURS > 12, OR MINUTES > 720,   **[DISPLAY WARNING TEXT]**
          ELSE,   **[SKIP TO K7Q60]**

          [WARNING TEXT: THE ANSWER CANNOT BE MORE THAN 12 HOURS OR
720   **MINUTES A DAY]**

[TIMESTAMP_SECTION_76]

Subdomain 6:   **Television**

K7Q60   On an average weekday, about how much time does [S.C.] usually watch TV, watch videos, or play video games?

          ___ ___ ___ ENTER NUMBER

          (666) DON'T OWN TV, VIDEO PLAYER, OR VIDEO GAMES
          (996) DON'T KNOW
          (997) REFUSED

          HELP SCREEN (K7Q60): DO NOT INCLUDE TELEVISION OR VIDEO
WATCHING AT SCHOOL.

          IF K7Q60 IN (000, 996, 997)   **[SKIP TO K7Q61]**
          IF K7Q60 = 666   **[SKIP TO K7Q70_INTRO]**
          ELSE,   **[SKIP TO K7Q60A]**

K7Q60A   [MARK PERIOD]

(1) HOURS
(2) MINUTES
(6) DON'T KNOW
(7) REFUSED

IF HOURS > 12, OR MINUTES > 720,   **[DISPLAY WARNING TEXT]**
ELSE,   **[SKIP TO K7Q61]**
[WARNING TEXT: THE ANSWER CANNOT BE MORE THAN 12 HOURS OR
720   **MINUTES A DAY]**

K7Q61   Are there family rules about what television programs [he/she] is allowed to watch?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K7Q62   Is there a television in [S.C.]'s bedroom?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_77]

Subdomain 7:   Social behavior, emotional difficulties, and school engagement

K7Q70_INTRO I am going to read a list of items that sometimes describe children. For each item, please tell me how often this was true for [S.C.] during the past month. Would you say never, rarely, sometimes, usually, or always?

QUESTION STEM: [Please tell me if this statement was never, rarely, sometimes, usually, or always true for [S.C.] during the past month.]

(1) NEVER
(2) RARELY
(3) SOMETIMES
(4) USUALLY
(5) ALWAYS
(6) DON'T KNOW
(7) REFUSED

[CATI: DISPLAY QUESTION STEM FOR EACH OF THE FOLLOWING
SCREENS.]

K7Q70 [He/She] argues too much.

K7Q71 [He/She] bullies or is cruel or mean to others.

K7Q72   [He/She] shows respect for teachers and neighbors.

K7Q73   [He/She] gets along well with other children.

K7Q74   [He/She] is disobedient.

K7Q75   [He/She] is stubborn, sullen, or irritable.

K7Q76   [He/She] tries to understand other people's feelings.

K7Q77   [He/She] tries to resolve conflicts with classmates, family, or friends.

K7Q78   [He/She] feels worthless or inferior.

K7Q79   [He/She] is unhappy, sad, or depressed.

K7Q80   [He/She] is withdrawn, and does not get involved with others.

K7Q82   [He/She] cares about doing well in school.

K7Q83   [He/She] does all required homework.

Section 8: Family Functioning

[TIMESTAMP_SECTION_81]

Subdomain 1:   Family activities

K8Q12   About how often does [S.C.] attend a religious service?

    ____ ____ ____ [ENTER NUMBER]

    (0)   NEVER OR ZERO TIMES OR DOES NOT ATTEND
    (996) DON'T KNOW
    (997) REFUSED

    IF K8Q12 IN (0, 996, 997)   **[SKIP TO K8Q11]**
    ELSE,   **[SKIP TO K8Q12A]**

K8Q12A   [MARK PERIOD]

    (1) PER DAY
    (2) PER WEEK
    (3) PER MONTH
    (4) PER YEAR
    (6) DON'T KNOW
    (7) REFUSED

K8Q11   During the past week, on how many days did all the family members who live in the household eat a meal together?

    ____ ____ DAYS   **[RANGE CHECK: 00-07, 96, 97]**
    (96) DON'T KNOW
    (97) REFUSED

[TIMESTAMP_SECTION_82]

Subdomain 2:   Parent/child relationship

K8Q21   **CATI INSTRUCTION (K8Q21):** IF AGE_NSCH < 72 MONTHS (6 YEARS), SKIP TO K8Q22.

    How well can you and [S.C.] share ideas or talk about things that really matter? Would you say very well, somewhat well, not very well, or not very well at all?

    (1) VERY WELL
    (2) SOMEWHAT WELL
    (3) NOT VERY WELL

(4) NOT VERY WELL AT ALL
(6) DON'T KNOW
(7) REFUSED

K8Q22*^{NSAP} **CATI INSTRUCTION (K8Q22)**: THE NEXT FIVE QUESTIONS ARE FOR THE BIOLOGICAL PARENT COMPARISON SAMPLE. IF THIS HOUSEHOLD IS NOT PART OF THAT SAMPLE, SKIP TO K8Q30.

How would you describe your relationship to [S.C.]? Would you say:

(1)   VERY WARM AND CLOSE
(2)   SOMEWHAT WARM AND CLOSE
(3)   SOMEWHAT DISTANT, OR
(4)   VERY DISTANT
(6)   DON'T KNOW
(7)   REFUSED

K8Q23*^{NSAP} **CATI INSTRUCTION (K8Q23)**: IF AGE_NSCH < 6 MONTHS, SKIP TO K8Q30.

How often is [S.C.] affectionate or tender with you? Would you say:

(1) NEVER
(2) RARELY
(3) SOMETIMES
(4) USUALLY
(5) ALWAYS
(6) DON'T KNOW
(7) REFUSED

K8Q24*^{NSAP} **CATI INSTRUCTION (K8Q24)**: IF AGE_NSCH_Y < 5 YEARS, SKIP TO K8Q30.

During the past month, how often have you felt that you just did not understand [S.C.]? Would you say never, rarely, sometimes, usually, or always?

(1) NEVER
(2) RARELY
(3) SOMETIMES
(4) USUALLY
(5) ALWAYS
(6) DON'T KNOW
(7) REFUSED

K8Q25*^{NSAP} During the past month, how often have you felt that you can really trust [S.C.]? Would you say never, rarely, sometimes, usually, or always?

(1) NEVER
(2) RARELY
(3) SOMETIMES
(4) USUALLY

(5) ALWAYS
(6) DON'T KNOW
(7) REFUSED

K8Q26*^{NSAP}   **CATI INSTRUCTION (K8Q26)**: IF AGE_NSCH_Y < 13 YEARS, SKIP TO K8Q30.

Do you feel that [S.C.] and you make decisions about (his/her) life together? Would you say never, rarely, sometimes, usually, or always?

(1) NEVER
(2) RARELY
(3) SOMETIMES
(4) USUALLY
(5) ALWAYS
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_83]

Subdomain 3:   Family stress

K8Q30   **CATI INSTRUCTION (K8Q30):** IF K1Q02 = (1) Mother OR (0) FATHER FILL "parenthood". ELSE FILL "raising children".

In general, how well do you feel you are coping with the day to day demands of parenthood? Would you say that you are coping very well, somewhat well, not very well, or not well at all?

(1) VERY WELL
(2) SOMEWHAT WELL
(3) NOT VERY WELL
(4) NOT VERY WELL AT ALL
(6) DON'T KNOW
(7) REFUSED

K8Q31   During the past month, how often have you felt [S.C.] is much harder to care for than most children (his/her) age? Would you say never, rarely, sometimes, usually, or always?

(1) NEVER
(2) RARELY
(3) SOMETIMES
(4) USUALLY
(5) ALWAYS
(6) DON'T KNOW
(7) REFUSED

K8Q32   During the past month, how often have you felt [he/she] does things that really bother you a lot? [**READ IF NECESSARY:** Would you say never, rarely sometimes, usually, or always?]

               (1) NEVER
               (2) RARELY
               (3) SOMETIMES
               (4) USUALLY
               (5) ALWAYS
               (6) DON'T KNOW
               (7) REFUSED

K8Q34   During the past month, how often have you felt angry with [him/her]?
               [**READ IF NECESSARY**: Would you say never, rarely, sometimes, usually, or always?]

               (1) NEVER
               (2) RARELY
               (3) SOMETIMES
               (4) USUALLY
               (5) ALWAYS
               (6) DON'T KNOW
               (7) REFUSED

K8Q35   **CATI INSTRUCTION (K8Q35):** IF K1Q02 = (1) Mother OR (2) FATHER FILL "parenthood". ELSE FILL "raising children".

               Is there someone that you can turn to for day-to-day emotional help with [parenthood/raising children]?

               (1) YES
               (0) NO
               (6) DON'T KNOW
               (7) REFUSED

               HELP SCREEN (K8Q35): THIS CAN BE ANY PERSON, INCLUDING THEIR SPOUSE.

Section 9: Parental Health

[TIMESTAMP_SECTION_91]

Subdomain 1:   Household composition and nonresident parents

K9Q00   **CATI INSTRUCTION (K9Q00):** IF NIS IS DONE, THEN FILL K9Q00 FROM NIS DATA C1 AND SKIP TO K9Q10_INTRO.

Including the adults and all the children, how many people live in this household?

_____ _____   **[RANGE: 02-18, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

Answer must be > S_UNDR18 to proceed.

HELP SCREEN (K9Q00): EACH PERSON IN THE HOUSEHOLD MUST BE A CURRENT RESIDENT OF THE HOUSEHOLD. A CURRENT RESIDENCE IS DEFINED AS A PLACE WHERE THE PERSON IS STAYING FOR MORE THAN TWO MONTHS AT THE TIME OF THE SURVEY CONTACT. IF A PERSON HAS NO PLACE WHERE HE OR SHE USUALLY STAYS, THE PERSON SHOULD BE CONSIDERED A CURRENT RESIDENT REGARDLESS OF THE LENGTH OF THE CURRENT STAY.

PERSONS AWAY FROM THEIR RESIDENCE FOR TWO MONTHS OR LESS, WHETHER TRAVELING OR IN THE HOSPITAL, ARE CONSIDERED "IN RESIDENCE."

PERSONS AWAY FROM THEIR RESIDENCE FOR MORE THAN TWO MONTHS ARE CONSIDERED "NOT IN RESIDENCE" UNLESS THE PERSON IS AWAY AT SCHOOL (I.E., BOARDING SCHOOL, MILITARY ACADEMY, PREP SCHOOL, ETC.).

CHILDREN WHO ONLY LIVE PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES SHOULD BE INCLUDED IF THEY ARE STAYING THERE WHEN CONTACT WITH THE HOUSEHOLD IS MADE.

K9Q10_INTRO The next few questions are about [S.C.]'s parents. Before I ask them, I need to know which parents live in this household with (S.C).

K9Q10   **CATI INSTRUCTION (K9Q10):** IF K1Q02 IS NOT MOTHER (1) OR FATHER (2), SKIP TO K9Q11. IF K1Q02 = 1, REMOVE RESPONSE CATEGORIES 05-08. ELSE IF K1Q02 = 2, REMOVE RESPONSE CATEGORIES 01-04.

Earlier you told me you are [S.C.]'s (Mother/Father). Are you [S.C.]'s biological, adoptive, step, or foster (mother/father)]?

(1) BIOLOGICAL MOTHER
(2) STEP MOTHER
(3) FOSTER MOTHER
(4) ADOPTIVE MOTHER
(5) BIOLOGICAL FATHER

(6) STEP FATHER
(7) FOSTER FATHER
(8) ADOPTIVE FATHER
(9) OTHER
(96) DON'T KNOW
(97) REFUSED

K9Q11   **CATI INSTRUCTION (K9Q11):** IF K1Q02 = 1 OR 2, AND K9Q00 = S_UNDR18 + 1 [I.E., IF THERE IS ONLY ONE ADULT IN HOUSEHOLD AND THAT ADULT IS A MOTHER OR FATHER], SKIP TO K9Q12_A.

IF K1Q02= 1, 2, 96, OR 97, DO NOT READ THE
FIRST SENTENCE. ELSE, FILL THE FIRST SENTENCE ACCORDING TO THE
FOLLOWING RULES:

IF K1Q02= 3, 4, FILL 'sibling';
IF K1Q02= 5, 6, 7, 9 FILL 'relative';
IF K1Q02= 8, FILL 'grandparent';
IF K1Q02= 10, FILL 'friend';
IF K1Q02= 10, 11, 12 FILL 'guardian';

IF K1Q02 = 1 OR 2, FILL THE SECOND SENTENCE WITH THE FIRST "other".
IF K1Q02 NE 1 OR 2, FILL THE SECOND SENTENCE WITH THE SECOND "other."

[Earlier you told me you are [S.C.]'s (ANSWER TO K1Q02).] Does [S.C.] have any (other) parents, or (other) people who act as (his/her) parents, living here?

(1) YES
(0) NO   **[SKIP TO K9Q12_A]**
(6) DON'T KNOW   **[SKIP TO K9Q12_A]**
(7) REFUSED   **[SKIP TO K9Q12_A]**

K9Q12   What is their relationship to [S.C.]? **[MARK ALL THAT APPLY.]**

HELP SCREEN (K9Q12): IF RESPONDENT ANSWERS "MOTHER" OR "FATHER," THEN ASK: 'Is that (his/her) biological, adoptive, step, or foster (mother/father)?'

[MORE THAN ONE OPTION CAN BE SELECTED IF BETWEEN 1 AND 19, BUT 6 AND 7 MUST BE SELECTED ALONE]

IF K9Q10=1 AND K9Q12 = 1, THEN DISPLAY WARNING TEXT 2.
IF K9Q10=5 AND K9Q12 = 5, THEN DISPLAY WARNING TEXT 2.

WARNING TEXT 2: SELECTED CHILD CAN NOT HAVE TWO BIOLOGICAL MOTHERS OR TWO BIOLOGICAL FATHERS. CONFIRM RESPONSES FOR THE LAST THREE QUESTIONS.
[Return to K9Q12]

IF NUMBER OF SELECTIONS IN K9Q12 > K9Q00 - S_UNDR18), GO TO K9Q12_CONF
ELSE [SKIP TO K9Q12_A]

K9Q12X01   BIOLOGICAL MOTHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X02   STEP MOTHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X03   FOSTER MOTHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X04   ADOPTIVE MOTHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X05   BIOLOGICAL FATHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X06   STEP FATHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X07   FOSTER FATHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X08   ADOPTIVE FATHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X09   SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X10   IN-LAW OF ANY TYPE
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X11   AUNT/UNCLE
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X12   GRANDMOTHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X13   GRANDFATHER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X14   OTHER FAMILY MEMBER
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X15   FEMALE GUARDIAN
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X16   MALE GUARDIAN
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X17   RESPONDENT'S PARTNER OR BOY/GIRLFRIEND
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
    K9Q12X18   OTHER NON-RELATIVE
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X19   TWO OR MORE OF THE SAME RELATIONSHIP TYPE
    (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED

IF NUMBER OF SELECTIONS IN **K9Q12 INDEX** > K9Q00 - S_UNDR18),
                       [DISPLAY WARNING TEXT]
ELSE IF K9Q12X19 = 1,   **[SKIP TO K9Q12_T]**
ELSE   **[SKIP TO K9Q12_A]**

K9Q12_CONF   IF K9Q10 = (1,2,3,4,5,6,7, or 8) then DISPLAY: Just to confirm, you're the [FILL RESPONSE FROM K9Q10], and your child's [FILL ALL RESPONSES FROM K9Q12, WITH "AND" BEFORE THE LAST RESPONSE] also live in the household?

ELSE DISPLAY: Just to confirm, your child's [FILL ALL RESPONSES FROM K9Q12, WITH "AND" BEFORE THE LAST RESPONSE] live in the household?

(1) YES, CONTINUE
(0) NO
(6) DON'T KNOW
(7) REFUSED

IF K9Q12 = 19, [SKIP TO K9Q12_T], ELSE SKIP TO K9Q12_A

K9Q12_T   ENTER RELATIVE OR RELATIVES_____.

ENTER THE NUMBER AND TYPE OF PERSON REPORTED. FOR EXAMPLE: "2 BROTHERS". IF ONE OF THE RELATIVES IS ALREADY LISTED IN THE PICKLIST, DO NOT INCLUDE AGAIN HERE.

K9Q12_A   **CATI INSTRUCTION (K9Q12_A):** IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HH [(K9Q10 = 1 OR K9Q10 = 5) OR (K9Q12=1 OR K9Q12=5)], SKIP TO K9Q16. IF RESPONDENT IS ADOPTIVE MOTHER OR ADOPTIVE FATHER (K9Q10 = 4 OR K9Q10 = 8), SKIP TO K9Q16.

ELSE, ASK K9Q12_A

Have you legally adopted [S.C.]?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K9Q16   **CATI INSTRUCTION (K9Q16):** IF K1Q02 = 1 OR ANY VALUE FOR K9Q12X01-K9Q12X04 = 1 (K9Q12 = 1, 2, 3, or 4), ASK K9Q16. ELSE, SKIP TO K9Q17A.

IF K1Q02 = 1, FILL "are you". ELSE, FILL "is [S.C.]'s [MOTHER TYPE]"

How old [are you / is [S.C.]'s [MOTHER TYPE]]?

____ ____ YEARS   **[RANGE CHECK: 18-99, 996, 997]**

(996) DON'T KNOW
(997) REFUSED

HELP SCREEN (K9Q16): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K9Q17A   **CATI INSTRUCTION (K9Q17A)**: IF HOUSEHOLD INCLUDES A MOTHER (K1Q02 = 1 OR ANY VALUE FOR K9Q12X01-K9Q12X04 = 1) AND A FATHER (K1Q02 = 2 OR ANY VALUE FOR K9Q12X05-K9Q12X08 = 1), ASK K9Q17A. ELSE, SKIP TO K9Q17B.

IF THE RESPONDENT IS THE MOTHER (K1Q02 = 1), THEN READ: Are you and [S.C.]'s [FATHER TYPE] currently married or living together as partners?

IF THE RESPONDENT IS THE FATHER (K1Q02 = 2), THEN READ: Are you and [S.C.]'s [MOTHER TYPE] currently married or living together as partners?

IF THE RESPONDENT IS NEITHER THE MOTHER NOR THE FATHER, THEN READ: Are [S.C.]'s [MOTHER TYPE] and [FATHER TYPE] currently married or living together as partners?

(1) MARRIED   **[SKIP TO K9Q18]**
(2) LIVING TOGETHER AS PARTNERS   **[SKIP TO K9Q18]**
(3) NOT MARRIED AND NOT LIVING TOGETHER AS PARTNERS **[SKIP TO K9Q20]**
(6) DON'T KNOW   **[SKIP TO K9Q20]**
(7) REFUSED   **[SKIP TO K9Q20]**

K9Q17B   **CATI INSTRUCTION (K9Q17B)**: IF HOUSEHOLD INCLUDES A MOTHER (K1Q02 = 1 OR ANY VALUE FOR K9Q12X01-K9Q12X04 = 1) BUT NOT A FATHER (NO VALUE FOR K9Q12X05-K9Q12X08 = 1), ASK K9Q17B. ELSE, SKIP TO K9Q17C.

IF THE RESPONDENT IS THE MOTHER (K1Q02 = 1), THEN READ: Are you currently married, separated, divorced, widowed, or never married?

IF THE RESPONDENT IS NOT THE MOTHER, THEN READ: Is [S.C.]'s [MOTHER TYPE] currently married, separated, divorced, widowed, or never married?

(1) MARRIED   **[SKIP TO K9Q17B_1]**
(2) SEPARATED   **[SKIP TO K9Q17B_3]**
(3) DIVORCED   **[SKIP TO K9Q17B_3]**
(4) WIDOWED   **[SKIP TO K9Q17B_3]**
(5) NEVER MARRIED   **[SKIP TO K9Q17B_3]**
(6) DON'T KNOW   **[SKIP TO K9Q17B_3]**
(7) REFUSED   **[SKIP TO K9Q17B_3]**

K9Q17B_1   **CATI INSTRUCTION (K9Q17B_1)**: IF MOTHER TYPE IS FOSTER OR ADOPTIVE (K9Q10 = 3 OR 4, OR K9Q12X03 = 1, OR K9Q12X04 = 1), THEN SKIP TO K9Q18. ELSE, IF RESPONDENT IS THE MOTHER (K1Q02 = 1) FILL "Are

you"; ELSE FILL "Is [S.C.]'S [MOTHER TYPE]".

(Are you / Is [S.C.]'s [MOTHER TYPE]) married to [S.C.]'s biological father?

(1) YES
(0) NO   **[SKIP TO K9Q18]**
(6) DON'T KNOW   **[SKIP TO K9Q18]**
(7) REFUSED   **[SKIP TO K9Q18]**

K9Q17B_2   **CATI INSTRUCTION (K9Q17B_2)**: IF K9Q17B_1 = 1 THEN FILL "(S.C)'s biological father". IF K9Q17B_1 = (0,6,7,<NULL>) AND K1Q02 = 1 THEN FILL "your spouse". ELSE FILL "[S.C.]'s [MOTHER TYPE]'s spouse".

Why doesn't [(S.C)'s biological father/your spouse/[S.C.]'s [MOTHER TYPE]'s spouse] currently live in the household?

ENTER REASON: _____ **[SKIP TO**

K9Q18]

K9Q17B_3   **CATI INSTRUCTION (K9Q17B_3)**: IF RESPONDENT IS THE MOTHER (K1Q02 = 1) FILL "Are you"; ELSE FILL "Is [S.C.]'S [MOTHER TYPE]".

(Are you / Is [S.C.]'s [MOTHER TYPE]) currently living with a partner?

(1) YES   **[SKIP TO K9Q18]**
(0) NO   **[SKIP TO K9Q20]**
(6) DON'T KNOW   **[SKIP TO K9Q20]**
(7) REFUSED   **[SKIP TO K9Q20]**

K9Q17C   **CATI INSTRUCTION (K9Q17C)**: IF HOUSEHOLD INCLUDES A FATHER (K1Q02 = 2 OR ANY VALUE FOR K9Q12X05-K9Q12X08 = 1) BUT NOT A MOTHER (NO VALUE FOR K9Q12X01-K9Q12X04 = 1), ASK K9Q17C. ELSE, SKIP TO K9Q17D.

IF THE RESPONDENT IS THE FATHER (K1Q02 = 2), THEN READ: Are you currently married, separated, divorced, widowed, or never married?

IF THE RESPONDENT IS NOT THE FATHER, THEN READ: Is [S.C.]'s [FATHER TYPE] currently married, separated, divorced, widowed, or never married?

(1) MARRIED   **[SKIP TO K9Q17C_1]**
(2) SEPARATED   **[SKIP TO K9Q17C_3]**
(3) DIVORCED   **[SKIP TO K9Q17C_3]**
(4) WIDOWED   **[SKIP TO K9Q17C_3]**
(5) NEVER MARRIED   **[SKIP TO K9Q17C_3]**
(6) DON'T KNOW   **[SKIP TO K9Q17C_3]**
(7) REFUSED   **[SKIP TO K9Q17C_3]**

K9Q17C_1   **CATI INSTRUCTION (K9Q17C_1)**: IF FATHER TYPE IS FOSTER OR

ADOPTIVE (K9Q10 = 7 OR 8, OR K9Q12X07 = 1, OR K9Q12X08 = 1), THEN SKIP TO K9Q18. ELSE, IF RESPONDENT IS THE FATHER (K1Q02 = 2) FILL "Are you"; ELSE FILL "Is [S.C.]'S [FATHER TYPE]".

(Are you / Is [S.C.]'s [FATHER TYPE]) married to [S.C.]'s biological mother?

    (1) YES
    (0) NO   **[SKIP TO K9Q18]**
    (6) DON'T KNOW   **[SKIP TO K9Q18]**
    (7) REFUSED   **[SKIP TO K9Q18]**

K9Q17C_2   **CATI INSTRUCTION (K9Q17C_2)**: IF K9Q17C_1 = 1 THEN FILL "(S.C)'s biological mother". IF K9Q17B_1 = (0,6,7) AND K1Q02 = 2 THEN FILL "your spouse". ELSE FILL "[S.C.]'s [FATHER TYPE]'s spouse".

Why doesn't [(S.C)'s biological mother/your spouse/[S.C.]'s [FATHER TYPE]'s spouse] currently live in the household?

ENTER REASON: _____ **[SKIP TO**

K9Q18]

K9Q17C_3   **CATI INSTRUCTION (K9Q17C_3)**: IF RESPONDENT IS THE FATHER (K1Q02 = 2) FILL "Are you"; ELSE FILL "Is [S.C.]'S [FATHER TYPE]".

(Are you / Is [S.C.]'s [FATHER TYPE]) currently living with a partner?

    (1) YES   **[SKIP TO K9Q18]**
    (0) NO   **[SKIP TO K9Q20]**
    (6) DON'T KNOW   **[SKIP TO K9Q20]**
    (7) REFUSED   **[SKIP TO K9Q20]**

K9Q17D   Are you currently married, separated, divorced, widowed, or never married?

    (1) MARRIED   **[SKIP TO K9Q17D_1]**
    (2) SEPARATED   **[SKIP TO K9Q17D_3]**
    (3) DIVORCED   **[SKIP TO K9Q17D_3]**
    (4) WIDOWED   **[SKIP TO K9Q17D_3]**
    (5) NEVER MARRIED **[SKIP TO K9Q17D_3]**
    (6) DON'T KNOW   **[SKIP TO K9Q17D_3]**
    (7) REFUSED   **[SKIP TO K9Q17D_3]**

K9Q17D_1   Does your spouse currently live in the household with [S.C.]?

    (1) YES   **[SKIP TO K9Q18]**
    (0) NO   **[SKIP TO K9Q17D_2]**
    (6) DON'T KNOW   **[SKIP TO K9Q18]**
    (7) REFUSED   **[SKIP TO K9Q18]**

K9Q17D_2   Why doesn't your spouse currently live in the household?

ENTER REASON: _____ **[SKIP TO K9Q18]**

K9Q17D_3   Are you currently living with a partner?

    (1) YES   **[SKIP TO K9Q18]**
    (0) NO   **[SKIP TO K9Q20]**
    (6) DON'T KNOW   **[SKIP TO K9Q20]**
    (7) REFUSED   **[SKIP TO K9Q20]**

K9Q18   **CATI INSTRUCTION (K9Q18):**

IF K9Q17A = (1,2,3,6,7) AND K1Q02 = 1, or
IF K9Q17A = (1,2,3,6,7) AND K1Q02 = 2, or
IF K9Q17B = 1 AND K1Q02 = 1 AND K9Q17B_1 = 1, or
IF K9Q17B = 1 AND K1Q02 = 1 AND K9Q17B_1 ≠ 1, or
IF K9Q17B_3 = 1 AND K1Q02 = 1, or
IF K9Q17C = 1 AND K1Q02 = 2 AND K9Q17C_1 = 1, or
IF K9Q17C = 1 AND K1Q02 = 2 AND K9Q17C_1 ≠ 1, or
IF K9Q17C_3 = 1 AND K1Q02 = 2, or
IF K9Q17D = 1, or
IF K9Q17D_3 = 1,
THEN FILL WITH "your spouse or partner".

IF NONE OF THE ABOVE IS TRUE, SKIP TO K9Q20.

The next question is about your relationship with [TEXTFILL]. Would you say that your relationship is completely happy, very happy, fairly happy, or not too happy?
(1) COMPLETELY HAPPY
(2) VERY HAPPY
(3) FAIRLY HAPPY
(4) NOT TOO HAPPY
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_92]

Subdomain 2:   General health status

K9Q20   **CATI INSTRUCTION (K9Q20):** IF K1Q02 = 1 OR ANY VALUE FOR K9Q12X01-K9Q12X04 = 1, ASK K9Q20. ELSE, SKIP TO K9Q21.

IF K1Q02 = 1, FILL "your". ELSE, FILL [IF K9Q12 = 1, then "mother", ELSE IF K9Q12 = 2, then "step mother," ELSEIF K9Q12 = 3, then "foster mother," ELSEIF K9Q12=4, then "adoptive mother"].

Would you say that, in general, ([S.C.]'s [MOTHER TYPE]/your) health is excellent, very good, good, fair, or poor?

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD
(4) FAIR
(5) POOR
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K9Q20): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K9Q21   **CATI INSTRUCTION (K9Q21):** IF K1Q02 = 2 OR ANY VALUE FOR K9Q12X05-K9Q12X08 = 1, ASK K9Q21. ELSE, SKIP TO K9Q22.

IF K1Q02 = 2, FILL "your". ELSE, FILL [IF K9Q12 = 5, then "father", ELSEIF K9Q12 = 6, then "step father," ELSEIF K9Q12 = 7, then "foster father," ELSEIF K9Q12=8, then "adoptive father"].

Would you say that, in general, ([S.C.]'s [FATHER TYPE]/your) health is excellent, very good, good, fair, or poor?

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD
(4) FAIR
(5) POOR
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K9Q21): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K9Q22   **CATI INSTRUCTION (K9Q22):** IF K1Q02 NE (1, 2), ASK K9Q22. ELSE SKIP TO K9Q23.

Would you say that, in general, your health is excellent, very good, good, fair, or poor?

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD
(4) FAIR
(5) POOR
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K9Q22): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [textfill: answer from K1Q02] LIVING IN THIS HOUSE.

TEXTFILL Logic:
IF K1Q02= 3 Fill with "SISTER (STEP/FOSTER/HALF/ADOPTIVE)"
ELSE IF K1Q02= 4 Fill with "BROTHER (STEP/FOSTER/HALF/ADOPTIVE)"
ELSE IF K1Q02= 5 Fill with "IN-LAW OF ANY TYPE"
ELSE IF K1Q02= 6 Fill with "AUNT"
ELSE IF K1Q02= 7 Fill with "UNCLE"
ELSE IF K1Q02= 8 Fill with "GRANDPARENT"
ELSE IF K1Q02= 9 Fill with "OTHER FAMILY MEMBER"
ELSE IF K1Q02= 10 Fill with "OTHER NON-RELATIVE"
ELSE IF K1Q02= 11 Fill with "FEMALE GUARDIAN"
ELSE IF K1Q02= 12 Fill with "MALE GUARDIAN"
ELSE IF K1Q02= 96 Fill with "RESPONDENT ON THE TELEPHONE"
ELSE IF K1Q02= 97 Fill with "RESPONDENT ON THE TELEPHONE"

K9Q23   **CATI INSTRUCTION (K9Q23):** IF K1Q02 = 1 OR ANY VALUE FOR K9Q12X01-K9Q12X04 = 1, ASK K9Q23. ELSE, SKIP TO K9Q24.

IF K1Q02 = 01, FILL "your". ELSE, FILL [MOTHER TYPE].

Would you say that, in general, ([S.C.]'s [MOTHER TYPE]/your) mental and emotional health is excellent, very good, good, fair, or poor?

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD
(4) FAIR
(5) POOR
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K9Q23): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K9Q24   **CATI INSTRUCTION (K9Q24):** IF K1Q02 = 2 OR ANY VALUE FOR K9Q12X05-K9Q12X08 = 1, ASK K9Q24. ELSE, SKIP TO K9Q25.

IF K1Q02 = 2, FILL "your". ELSE, FILL [FATHER TYPE].

Would you say that, in general, ([S.C.]'s [FATHER TYPE]/your) mental and emotional health is excellent, very good, good, fair, or poor?

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD

(4) FAIR
(5) POOR
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K9Q24): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K9Q25   **CATI INSTRUCTION (K9Q25):** IF K1Q02 NE (1, 2), ASK K9Q25. ELSE SKIP TO K9Q30.

Would you say that, in general, your mental and emotional health is excellent, very good, good, fair, or poor?

(1) EXCELLENT
(2) VERY GOOD
(3) GOOD
(4) FAIR
(5) POOR
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K9Q25): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [textfill: answer from K1Q02] LIVING IN THIS HOUSE.

[TIMESTAMP_SECTION_93]

Subdomain 3:   Exercise

K9Q30   **CATI INSTRUCTION (K9Q30):** IF K1Q02 = 1 OR ANY VALUE FOR K9Q12X01-K9Q12X04 = 1, ASK K9Q30. ELSE, SKIP TO K9Q31.

IF K1Q02 = 1, FILL (1) you (0) you (3) your (4) you.
ELSE, FILL (1) S.C.'s [MOTHER TYPE] (0) her (3) her (4) her.
During the past week, on how many days did [you/S.C.'s MOTHER TYPE] exercise, play sports, or participate in physical activity for at least 20 minutes that made [you/her] sweat and breathe hard?

____ ____ NUMBER OF DAYS   **[RANGE CHECK: 00-07, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (K9Q30): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K9Q31   **CATI INSTRUCTION (K9Q31):** IF K1Q02 = 2 OR (K9Q12 = 5, 6, 7, or 8), ASK

K9Q31. ELSE, SKIP TO K9Q32.

IF K9Q30 NOT BLANK AND K1Q02 = 2, ASK: "And how about you?"

READ AS NECESSARY: "During the past week, on how many days did you exercise, play sports, or participate in physical activity for at least 20 minutes that made you sweat and breathe hard?""

IF K9Q30 NOT BLANK AND K1Q02 NE (2), ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "During the past week, on how many days did [FATHER TYPE] exercise, play sports, or participate in physical activity for at least 20 minutes that made him sweat and breathe hard?"

IF K9Q30 IS BLANK AND K1Q02 = 2, ASK: "During the past week, on how many days did you exercise, play sports, or participate in physical activity for at least 20 minutes that made you sweat and breathe hard?"

IF K9Q30 IS BLANK AND K1Q02 NE (2), ASK: "During the past week, on how many days did [FATHER TYPE] exercise, play sports, or participate in physical activity for at least 20 minutes that made him sweat and breathe hard?"

____ ____ NUMBER OF DAYS   **[RANGE CHECK: 00-07, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (K9Q31): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K9Q32   **CATI INSTRUCTION (K9Q32):** IF K1Q02 NE (1, 2), ASK K9Q32. ELSE SKIP TO
K9Q40.   K9Q40.

IF K9Q30 OR K9Q31 ARE NOT BLANK,
ASK: "And how about you?"

READ AS NECESSARY: "During the past week, on how many days did you exercise, play sports, or participate in physical activity for at least 20 minutes that made you sweat and breathe hard?"

IF K9Q30 AND K9Q31 ARE BLANK, ASK: "During the past week, on how many days did you exercise, play sports, or participate in physical activity for at least 20 minutes that made you sweat and breathe hard?"

____ ____ NUMBER OF DAYS   **[RANGE CHECK: 00-07, 96, 97]**
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (K9Q32): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [textfill: answer from K1Q02] LIVING IN THIS HOUSE.

[TIMESTAMP_SECTION_94]

Subdomain 4:   Smoking

K9Q40   Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

                   (1) YES
                   (0) NO   **[SKIP TO K9Q50]**
                   (6) DON'T KNOW   **[SKIP TO K9Q50]**
                   (7) REFUSED   **[SKIP TO K9Q50]**

K9Q41   Does anyone smoke inside [S.C.]'s home?

                   (1) YES
                   (0) NO
                   (6) DON'T KNOW
                   (7) REFUSED

Section 10: Neighborhood and Community Characteristics

[TIMESTAMP_SECTION_101]

Subdomain 1:   Neighborhood amenities

K10Q01_INTRO Now, I have a few questions about your neighborhood and community. Please tell me if the following places and things are available to children in your neighborhood, even if [S.C.] does not actually use them.

K10Q11   Sidewalks or walking paths?
                [**READ IF NECESSARY:** Do those exist in your neighborhood?**]**

                (1) YES
                (0) NO
                (6) DON'T KNOW
                (7) REFUSED

K10Q12   A park or playground area?
                [**READ IF NECESSARY:** Does that exist in your neighborhood?**]**

                (1) YES
                (0) NO
                (6) DON'T KNOW
                (7) REFUSED

K10Q13   A recreation center, community center, or boys' or girls' club?
                [**READ IF NECESSARY:** Does that exist in your community?**]**

                (1) YES
                (0) NO
                (6) DON'T KNOW
                (7) REFUSED

K10Q14   A library or bookmobile?
                [**READ IF NECESSARY:** Does that exist in your community?**]**

                (1) YES
                (0) NO
                (6) DON'T KNOW
                (7) REFUSED

[TIMESTAMP_SECTION_102]

Subdomain 2:   Neighborhood condition

K10Q20   In your neighborhood, is there litter or garbage on the street or sidewalk?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K10Q22   How about poorly kept or rundown housing?
[**READ IF NECESSARY:** Does that exist in your neighborhood?]

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K10Q23   How about vandalism such as broken windows or graffiti?
[**READ IF NECESSARY:** Does that exist in your neighborhood?]

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_103]

Subdomain 3:   Social capital

K10Q30_INTRO Now, for the next four questions, I am going to ask how much you agree or disagree with each of these statements about your neighborhood or community.

K10Q30   "People in this neighborhood help each other out." Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?

(1) DEFINITELY AGREE
(2) SOMEWHAT AGREE
(3) SOMEWHAT DISAGREE
(4) DEFINITELY DISAGREE
(6) DON'T KNOW
(7) REFUSED

K10Q31   "We watch out for each other's children in this neighborhood."
[**READ ONLY WHEN NEEDED:** Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]

(1) DEFINITELY AGREE
(2) SOMEWHAT AGREE
(3) SOMWHAT DISAGREE
(4) DEFINITELY DISAGREE
(6) DON'T KNOW

(7) REFUSED

K10Q32 "There are people I can count on in this neighborhood."
[**READ ONLY WHEN NEEDED:** Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]

(1) DEFINITELY AGREE
(2) SOMEWHAT AGREE
(3) SOMEWHAT DISAGREE
(4) DEFINITELY DISAGREE
(6) DON'T KNOW
(7) REFUSED

K10Q34 "If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child."
[**READ ONLY WHEN NEEDED:** Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?]

HELP SCREEN (K10Q34): IF RESPONDENT SAYS THEIR CHILD IS TOO YOUNG TO PLAY OUTSIDE, SAY: "Please answer the question as IF your child were playing outside."

(1) DEFINITELY AGREE
(2) SOMEWHAT AGREE
(3) SOMEWHAT DISAGREE
(4) DEFINITELY DISAGREE
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_104]

Subdomain 4: Perceived safety

K10Q40 How often do you feel [S.C.] is safe in your community or neighborhood? Would you say never, sometimes, usually, or always?

(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6) DON'T KNOW
(7) REFUSED

K10Q41 **CATI INSTRUCTION (K10Q41):** IF AGE_NSCH < 6 YEARS, SKIP TO K11Q01_INTRO. IF K7Q01F = 0, 6, 7, OR K7Q02 = 555, 666, OR K7Q01 = 3 [I.E. NOT ENROLLED IN PAST 12 MONTHS/HOME-SCHOOLED], SKIP TO K11Q01_INTRO.

How often do you feel [he/she] is safe at school? Would you say never, sometimes, usually, or always?

(1) NEVER
(2) SOMETIMES
(3) USUALLY
(4) ALWAYS
(6) DON'T KNOW
(7) REFUSED

Section 11: Additional Demographics

[TIMESTAMP_SECTION_111]

Subdomain 1: Race and ethnicity of child

K11Q01_INTRO Now I have a few more general questions about [S.C.] and your household.

K11Q01   **CATI INSTRUCTION:** FILL FROM NIS VARIABLE C2_06Q3_1 THROUGH C2_06q3_9 AS APPROPRIATE IF S.C. = NIS-ELIGIBLE CHILD. IF SUC=4 AND ST=SC, THEN FILL FROM TIS_C2.

         Is [S.C.] of Hispanic or Latino origin?

         (1) YES
         (0) NO
         (6) DON'T KNOW
         (7) REFUSED

         HELP SCREEN (K11Q01): HISPANIC OR LATINO INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN.

K11Q02**EX**   CATI INSTRUCTION: FILL FROM NIS VARIABLE C3_NSCH AS APPROPRIATE IF S.C. = NIS-ELIGIBLE CHILD. IF SUC=4 AND ST=SC, THEN FILL FROM TIS_C4

         Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe [S.C.]'s race. Is [S.C.] White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander? **[MARK ALL THAT APPLY]**

         K11Q02X01   WHITE   (1) YES (0) NO (6) DK (7) REF
NATIVE   (1) YES (0) NO (6) DK (7) REF
    K11Q02X05   ASIAN   (1) YES (0) NO (6) DK (7) REF   K11(
OTHER   (1) YES (0) NO (6) DK (7) REF
         (6) DON'T KNOW
         (7) REFUSED

         HELP SCREEN (K11Q02): BE SURE TO READ THE ENTIRE QUESTION AS WRITTEN, INCLUDING ALL RESPONSE CATEGORIES. RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS "WHATEVER RACE YOU CONSIDER YOURSELF TO BE." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS. MULTIPLE RACES MAY BE SELECTED.

         IF K11Q02X08 = 1,   **[SKIP TO K11Q02_OS]**
         ELSE,   **[SKIP TO K11Q03]**

K11Q02_OS   CATI INSTRUCTION: FILL FROM NIS VARIABLE C3_OTHRX AS APPROPRIATE IF S.C. = NIS-ELIGIBLE CHILD. IF SUC=4 AND ST=SC, THEN FILL FROM TIS_C4_OTHR

ENTER
RACE_____

K11Q03   **CATI INSTRUCTION (K11Q03):** IF K11Q02X03 = 1 OR K11Q02X04 = 1 THEN ASK K11Q03. ELSE, SKIP TO K11Q20.

At any time during the past 12 months, did [S.C.] receive services from any Indian Health Service hospital or clinic?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_112]

Subdomain 2:   Education of parents

K11Q20   **CATI INSTRUCTION (K11Q20):** IF K1Q02 = 1 OR ANY VALUE FOR K9Q12X01-K9Q12X04 = 1, ASK K11Q20. ELSE, SKIP TO K11Q21. IF K1Q02 = 1, FILL "you have". ELSE, FILL "[S.C.]'s [MOTHER TYPE] has"
FILL WITH NIS VARIABLE C6_06Q3_X IF AS APPROPRIATE IF S.C. = NIS ELIGIBLE CHILD. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, THEN FILL FROM TIS_C6

What is the highest grade or year of school [you have / [S.C.]'s [MOTHER TYPE] has] completed?

(1) 8th GRADE OR LESS
(2) 9th-12th GRADE NO DIPLOMA
(3) HIGH SCHOOL GRADUATE OR GED COMPLETED
(4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
(5) SOME COLLEGE CREDIT BUT NO DEGREE
(6) ASSOCIATE DEGREE (AA, AS)
(7) BACHELOR'S DEGREE (BA, BS, AB)
(8) MASTER'S DEGREE (MA, MS, MSW, MBA)
(9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (K11Q20): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K11Q21   **CATI INSTRUCTION (K11Q21):** IF K1Q02 = 2 OR ANY VALUE FOR K9Q12X05-K9Q12X08 = 1, ASK K11Q21. ELSE, SKIP TO K11Q22.

IF K11Q20 NOT BLANK AND K1Q02 = 2, ASK: "And how about you?"

READ AS NECESSARY: "What is the highest grade or year of school you have completed?"

IF K11Q20 NOT BLANK AND K1Q02 NE (2), ASK: "And how about [S.C.]'s [FATHER TYPE]?"

READ AS NECESSARY: "What is the highest grade or year of school [S.C.]'s [FATHER TYPE] has completed?"

IF K11Q20 IS BLANK AND K1Q02 = 2, ASK: "What is the highest grade or year of school you have completed?"

IF K11Q20 IS BLANK AND K1Q02 NE (2), ASK: "What is the highest grade or year of school [S.C.]'s [FATHER TYPE] has completed?"

If K11Q20 filled from NIS and K1Q02 = 2, Ask : "What is the highest grade or year of school you have completed?"

IF K11Q20 FILLED FROM NIS AND K1Q02 <> 02, ASK: "What is the highest grade or year of school [S.C.]'s [FATHER TYPE] has completed?"

(1) 8th GRADE OR LESS
(2) 9th-12th GRADE NO DIPLOMA
(3) HIGH SCHOOL GRADUATE OR GED COMPLETED
(4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
(5) SOME COLLEGE CREDIT BUT NO DEGREE
(6) ASSOCIATE DEGREE (AA, AS)
(7) BACHELOR'S DEGREE (BA, BS, AB)
(8) MASTER'S DEGREE (MA, MS, MSW, MBA)
(9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (K11Q21): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K11Q22   **CATI INSTRUCTION (K11Q22):** IF K1Q02 NE (1, 2), ASK K11Q22. ELSE SKIP TO K11Q30.

IF K11Q20 OR K11Q21 ARE NOT BLANK, ASK: "And how about you?"

READ AS NECESSARY: "What is the highest grade or year of school you have

completed?"

IF K11Q20 AND K11Q21 ARE BLANK, ASK: "What is the highest grade or year of school you have completed?"

(1) 8th GRADE OR LESS
(2) 9th-12th GRADE NO DIPLOMA
(3) HIGH SCHOOL GRADUATE OR GED COMPLETED
(4) COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM
(5) SOME COLLEGE CREDIT BUT NO DEGREE
(6) ASSOCIATE DEGREE (AA, AS)
(7) BACHELOR'S DEGREE (BA, BS, AB)
(8) MASTER'S DEGREE (MA, MS, MSW, MBA)
(9) DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN (K11Q22): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [textfill: answer from K1Q02] LIVING IN THIS HOUSE.

[TIMESTAMP_SECTION_113]

Subdomain 3:   Birthplace of child and parents

K11Q30   **CATI INSTRUCTION (K11Q20):** IF K1Q02 = 1 OR ANY VALUE FOR K9Q12X01-K9Q12X04 = 1, ASK K11Q30. ELSE, SKIP TO K11Q31.

IF K1Q02 = 1, FILL "you have". ELSE, FILL "[S.C.]'s [MOTHER TYPE] has"

[Were you / Was [S.C.]'s [MOTHER TYPE]] born in the United States?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K11Q30): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K11Q31   **CATI INSTRUCTION (K11Q31):** IF K1Q02 = 2 OR ANY VALUE FOR K9Q12X05-K9Q12X08 = 1, ASK K11Q31. ELSE, SKIP TO K11Q32.

IF K11Q30 NOT BLANK AND K1Q02 = 2, ASK: "And how about you?"

READ AS NECESSARY: "Were you born in the United States?"

IF K11Q30 NOT BLANK AND K1Q02 NE (2), ASK: "And how about [S.C.]'s

[FATHER TYPE]?"

READ AS NECESSARY: "Was [S.C.]'s [FATHER TYPE] born in the United States?"
IF K11Q30 IS BLANK AND K1Q02 = 2, ASK: "Were you born in the United States?"

IF K11Q30 IS BLANK AND K1Q02 NE (2), ASK: "Was [S.C.]'s [FATHER TYPE] born in the United States?"

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K11Q31): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K11Q32   **CATI INSTRUCTION (K11Q32):** IF K1Q02 NE (1, 2), ASK K11Q32. ELSE SKIP TO K11Q33.

IF K11Q30 OR K11Q31 ARE NOT BLANK, ASK: "And how about you?"

READ AS NECESSARY: "Were you born in the United States?"

IF K11Q30 AND K11Q31 ARE BLANK, ASK: "Were you born in the United States?"

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K11Q32): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [textfill: answer from K1Q02] LIVING IN THIS HOUSE.

K11Q33   And how about [S.C.]?

READ AS NECESSARY: Was [S.C.] born in the United States?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K11Q34A   **CATI INSTRUCTION (K11Q34A):** IF K1Q02 = 1 OR ANY VALUE FOR
K9Q12X01-

K9Q12X04 = 1, AND K11Q30 = 0, ASK K11Q34A. ELSE, SKIP TO K11Q35A.

IF K1Q02 = 01, FILL "you have". ELSE, FILL "[S.C.]'s [MOTHER TYPE] has"

How long [have you / has [S.C.]'s [MOTHER TYPE]] been in the United States?

                    ___ ____ ____ [ENTER NUMBER]
                    (996) DON'T KNOW
                    (997) REFUSED

HELP SCREEN (K11Q34A): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K11Q34B   [MARK PERIOD]

                (1) DAYS
                (2) WEEKS
                (3) MONTHS
                (4) YEARS

K11Q35A   **CATI INSTRUCTION (K11Q35A):** IF K1Q02 = 2 OR ANY VALUE FOR K9Q12X05-K9Q12X08 = 1, ASK K11Q35A. ELSE, SKIP TO K11Q36A.

IF K11Q34A NOT BLANK AND K1Q02 = 2, ASK: "And how about you?"

READ AS NECESSARY: "How long have you been in the United States?"

IF K11Q34A NOT BLANK AND K1Q02 NE (2), ASK: "And how about [S.C.]'s [FATHER TYPE]?"
READ AS NECESSARY: "How long has [S.C.]'s [FATHER TYPE] been in the United States?"

IF K11Q34A IS BLANK AND K1Q02 = 2, ASK: "How long have you been in the United States?"

IF K11Q34A IS BLANK AND K1Q02 NE (2), ASK: "How long has [S.C.]'s [FATHER TYPE] been in the United States?"

___ ____ ____ [ENTER NUMBER]
(996) DON'T KNOW
(997) REFUSED

HELP SCREEN (K11Q35A): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE) LIVING IN THIS HOUSE.

K11Q35B   [MARK PERIOD]

                (1) DAYS
                (2) WEEKS
                (3) MONTHS
                (4) YEARS

(6) DON'T KNOW
(7) REFUSED

K11Q36A   **CATI INSTRUCTION (K11Q36A):** IF K1Q02 NE (1, 2) AND K11Q32 = 0, ASK K11Q36A. ELSE SKIP TO K11Q37A.

IF K11Q34A OR K11Q35A ARE NOT BLANK, ASK: "And how about you?"

READ AS NECESSARY: "How long have you been in the United States?"

IF K11Q34A AND K11Q35A ARE BLANK, ASK: "How long have you been in the United States?"

___ ____ ____ [ENTER NUMBER]
(996) DON'T KNOW
(997) REFUSED

HELP SCREEN (K11Q36A): AT THIS QUESTION, COLLECT INFORMATION ABOUT THE [textfill: answer from K1Q02] LIVING IN THIS HOUSE.

K11Q36B   [MARK PERIOD]

(1) DAYS
(2) WEEKS
(3) MONTHS
(4) YEARS
(6) DON'T KNOW
(7) REFUSED

K11Q37A   **CATI INSTRUCTION (K11Q37A):** IF K11Q33 = 0, ASK K11Q37A. ELSE SKIP TO
K11Q40   K11Q40.

IF K11Q34A, K11Q35A, OR K11Q36A ARE NOT BLANK, ASK: "And how about [S.C.]?"

READ AS NECESSARY: "How long has [S.C.] been in the United States?"

IF K11Q34A, K11Q35A, AND K11Q36A ARE BLANK, ASK: "How long has [S.C.] been in the United States?"

___ ____ ____ [ENTER NUMBER]
(996) DON'T KNOW
(997) REFUSED

K11Q37B   [MARK PERIOD]

(1) DAYS
(2) WEEKS
(3) MONTHS

(4) YEARS
(6) DON'T KNOW
(7) REFUSED

K11Q38 **CATI INSTRUCTION (K11Q38):** IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HH (K9Q10 = 1 OR K9Q10 = 5 OR K9Q12X01 = 1 OR K9Q12X05 = 1), SKIP TO K11Q43. IF NO BIOLOGICAL PARENT IN HH AND IF ANY ADOPTIVE PARENT OR GUARDIAN IN HOUSEHOLD (K9Q10 = 4 OR K9Q10 = 8 OR K9Q12X04 = 1 OR K9Q12X08 = 1 OR K9Q12_A = 1), ASK K11Q38. ELSE, SKIP TO K11Q43.

Was [S.C.] adopted from another country?

(1) YES   **[SKIP TO K11Q41]**
(0) NO   **[SKIP TO K11Q40]**
(6) DON'T KNOW **[SKIP TO K11Q40]**
(7) REFUSED   **[SKIP TO K11Q40]**

[TIMESTAMP_SECTION_114]

Subdomain 4: Residential mobility

K11Q40 **CATI INSTRUCTION (K11Q40):** IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HH (K9Q10 = 1 OR K9Q10 = 5 OR K9Q12X01 = 1 OR K9Q12X05 = 1), SKIP TO K11Q43. IF NO BIOLOGICAL PARENT IN HH AND IF ANY ADOPTIVE PARENT OR GUARDIAN IN HOUSEHOLD (K9Q10 = 4 OR K9Q10 = 8 OR K9Q12X04 = 1 OR K9Q12X08 = 1 OR K9Q12_A = 1), ASK K11Q40. ELSE, SKIP TO K11Q43.

Prior to being adopted, was [S.C.] in the legal custody of a state or county child welfare agency in the United States? That is, was [S.C.] in the U.S. foster care system?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

K11Q41 Has [S.C.]'s adoption been finalized?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

ADOPT_TYPE **CATI INSTRUCTION: CREATE VARIABLE ADOPT_TYPE:**
IF K11Q41 = 0, ADOPT_TYPE = <NULL>
ELSE IF K11Q38 = 1, ADOPT_TYPE = INTERNATIONAL
ELSE IF K11Q40 = 1, ADOPT_TYPE = FOSTER CARE

ELSE IF K11Q40 = 0, 6, OR 7, ADOPT_TYPE = PRIVATE

K11Q43 [IF CHILD WAS ADOPTED (ADOPT_TYPE NE <NULL>), INSERT: Since (he/she) was adopted,] How many times has [S.C.] ever moved to a new address?

  ___ ___ ___ MOVES
  (996) DON'T KNOW
  (997) REFUSED

  HELP SCREEN (K11Q42): PLEASE INCLUDE ANY AND ALL TIMES A CHILD HAS CHANGED THEIR PRIMARY RESIDENCE. DO NOT INCLUDE TEMPORARY CHANGES IN RESIDENCE SUCH AS A CHILD VISITING ANOTHER RESIDENCE DURING SUMMER VACATION OR OTHER BREAKS IN THE SCHOOL YEAR.

[TIMESTAMP_SECTION_115]

Subdomain 5: Employment and income

K11Q50 Was anyone in the household employed at least 50 weeks out of the past 52 weeks?

  (1) YES
  (0) NO
  (6) DON'T KNOW
  (7) REFUSED

K11Q51 **CATI INSTRUCTION:** IF NIS VARIABLE CFAMINC IS ANSWERED, SKIP TO K11Q60. FILL DATA FROM NIS VAR CFAMINC. IF SUC=4 AND NO NIS INTERVIEW COMPLETED AND TEEN WAS COMPLETED, FILL FROM TIS_CFAMINC. OTHERWISE CONTINUE.

  Now I am going to ask you a few questions about your income. Please think about your total combined FAMILY income during (**CATI: FILL LAST CALENDAR YEAR**) for all members of the family. Can you tell me that amount before taxes?

  RECORD INCOME $_____ **[SKIP TO K11Q51_CONF]**
  DON'T KNOW (96)   **[SKIP TO S11_CASCADE]**
  REFUSED (97)   **[SKIP TO S11_CASCADE]**

  HELP SCREEN (K11Q51): INCLUDE MONEY FROM JOBS, CHILD SUPPORT, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT PAYMENTS, PUBLIC ASSISTANCE, AND SO FORTH. ALSO, INCLUDE INCOME FROM INTEREST, DIVIDENDS, NET INCOME FROM BUSINESS, FARM, OR RENT, AND ANY OTHER MONEY INCOME RECEIVED.

K11Q51_CONF **CATI INSTRUCTION:** FILL FROM NIS IF APPLICABLE. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TEEN IF APPLICABLE

Just to confirm that I entered it correctly, your income was **[AMOUNT FROM K11Q51]**. Is that correct?

    (1) YES   **[SKIP TO K11Q60]**

    (0) NO   **[SKIP TO K11Q51]**

S11_CASCADE   **CATI INSTRUCTION (S11_CASCADE):** CATI SHOULD USE THE SAME QUESTIONS AND LOGIC FOR IDENTIFYING INCOME RELATIVE TO POVERTY AS IN W9Q02—W9Q12A FROM THE 2005-2006 NATIONAL SURVEY OF CSHCN. FILL FROM NIS IF APPLICABLE

K11Q52   IF APPLICABLE: FILL WITH NIS C12_DON'T KNOW. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C12_DON'T_KNOW

For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in [FILL LAST CALENDAR YEAR]. Would you say that the total combined income, before taxes, was above or below $20,000?

    (1) MORE THAN $20,000   **[SKIP TO K11Q56]**

    (2) $20,000   **[SKIP TO K11Q60]**

    (3) LESS THAN $20,000   **[SKIP TO K11Q53]**

    (6) DON'T KNOW   **[SKIP TO K11Q60]**

    (7) REFUSED   **[SKIP TO K11Q60]**

K11Q53   IF APPLICABLE: FILL WITH NIS C13. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C13

Was the total combined household income more or less than $10,000?

    (1) MORE THAN $10,000   **[SKIP TO K11Q55]**

    (2) $10,000   **[SKIP TO K11Q60]**

    (3) LESS THAN $10,000   **[SKIP TO K11Q54]**

    (6) DON'T KNOW   **[SKIP TO K11Q60]**

    (7) REFUSED   **[SKIP TO K11Q60]**

K11Q54   IF APPLICABLE: FILL WITH NIS C14A. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C14_A

Was it more than $7,500?

    (1) YES   **[SKIP TO K11Q59]**

    (0) NO   **[SKIP TO K11Q59]**

    (6) DON'T KNOW   **[SKIP TO K11Q60]**

    (7) REFUSED   **[SKIP TO K11Q60]**

K11Q55   IF APPLICABLE: FILL WITH NIS C15. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C15

Was it more than $15,000?

(1) YES	**[SKIP TO K11Q55A]**
(0) NO	**[SKIP BACK TO K11Q55B]**
(6) DON'T KNOW	**[SKIP TO K11Q60]**
(7) REFUSED	**[SKIP TO K11Q60]**

K11Q55A IF APPLICABLE: FILL WITH NIS C15A. IF SUC=4 AND NO NIS COMPLETED
BUT TEEN WAS COMPLETED, FILL FROM TIS_C15_A

Was it more than $17,500?

(1) YES	**[SKIP TO K11Q59]**
(0) NO	**[SKIP BACK TO K11Q59]**
(6) DON'T KNOW	**[SKIP TO K11Q60]**
(7) REFUSED	**[SKIP TO K11Q60]**

K11Q55B IF APPLICABLE: FILL WITH NIS C15B. IF SUC=4 AND NO NIS COMPLETED
BUT TEEN WAS COMPLETED, FILL FROM TIS_C15_B

Was it more than $12,500?

(1) YES	**[SKIP TO K11Q59]**
(0) NO	**[SKIP BACK TO K11Q59]**
(6) DON'T KNOW	**[SKIP TO K11Q60]**
(7) REFUSED	**[SKIP TO K11Q60]**

K11Q56 IF APPLICABLE: FILL WITH NIS C16. IF SUC=4 AND NO NIS COMPLETED BUT
TEEN WAS COMPLETED, FILL FROM TIS_C16

(READ IF NECESSARY: Was the total combined household income) more or less than
$40,000?

(1) MORE THAN $40,000	**[SKIP TO K11Q56A]**
(2) $40,000	**[SKIP TO K11Q60]**
(3) LESS THAN $40,000	**[SKIP TO K11Q57]**
(6) DON'T KNOW	**[SKIP TO K11Q60]**
(7) REFUSED	**[SKIP TO K11Q60]**

K11Q56A IF APPLICABLE: FILL WITH NIS C16_A. IF SUC=4 AND NO NIS COMPLETED
BUT TEEN WAS COMPLETED, FILL FROM TIS_C16_A

(READ IF NECESSARY: Was the total combined household income) more or less than
$60,000?

(1) MORE THAN $60,000	**[SKIP TO K11Q58]**
(2) $60,000	**[SKIP TO K11Q60]**
(3) LESS THAN $60,000	**[SKIP TO K11Q56B]**

K11Q56B   IF APPLICABLE: FILL WITH NIS C16_B. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C16_B

(READ IF NECESSARY: Was the total combined household income) more or less than $50,000?

(1) MORE THAN $50,000   **[SKIP TO K11Q59]**

(2) $50,000   **[SKIP TO K11Q60]**

(3) LESS THAN $50,000   **[SKIP TO K11Q56C]**

(6) DON'T KNOW   **[SKIP TO K11Q60]**

(7) REFUSED   **[SKIP TO K11Q60]**

K11Q56C   IF APPLICABLE: FILL WITH NIS C16_C. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C16_C

(READ IF NECESSARY: Was the total combined household income) more or less than $45,000?

(1) MORE THAN $45,000   **[SKIP TO K11Q59]**

(2) $45,000   **[SKIP TO K11Q60]**

(3) LESS THAN $45,000   **[SKIP TO K11Q59]**

(6) DON'T KNOW   **[SKIP TO K11Q60]**

(7) REFUSED   **[SKIP TO K11Q60]**

K11Q57   IF APPLICABLE: FILL WITH NIS C17. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C17

(READ IF NECESSARY: Was the total combined household income) more or less than $30,000?

(1) MORE THAN $30,000   **[SKIP TO K11Q57A]**

(2) $30,000   **[SKIP TO K11Q60]**

(3) LESS THAN $30,000   **[SKIP TO K11Q57B]**

(6) DON'T KNOW   **[SKIP TO K11Q60]**

(7) REFUSED   **[SKIP TO K11Q60]**

K11Q57A   IF APPLICABLE: FILL WITH NIS C17_A. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C17_A

(READ IF NECESSARY: Was the total combined household income) more or less than $35,000?

(1) MORE THAN $35,000   **[SKIP TO K11Q59]**

(2) $35,000   **[SKIP TO K11Q60]**

(3) LESS THAN $35,000   **[SKIP TO K11Q59]**

(6) DON'T KNOW	**[SKIP TO K11Q60]**	
(7) REFUSED	**[SKIP TO K11Q60]**	

K11Q57B   IF APPLICABLE: FILL WITH NIS C17_B. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C17_B

(READ IF NECESSARY: Was the total combined household income) more or less than $25,000?

(1) MORE THAN $25,000	**[SKIP TO K11Q59]**
(2) $25,000	**[SKIP TO K11Q60]**
(3) LESS THAN $25,000	**[SKIP TO K11Q59]**
(6) DON'T KNOW	**[SKIP TO K11Q60]**
(7) REFUSED	**[SKIP TO K11Q60]**

K11Q58   IF APPLICABLE: FILL WITH NIS C18 IF ANSWERED. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, FILL FROM TIS_C18

(READ IF NECESSARY: Was the total combined household income) more or less than $75,000?

(1) MORE THAN $75,000	**[SKIP TO K11Q59]**
(2) $75,000	**[SKIP TO K11Q60]**
(3) LESS THAN $75,000	**[SKIP TO K11Q59]**
(6) DON'T KNOW	**[SKIP TO K11Q60]**
(7) REFUSED	**[SKIP TO K11Q60]**

K11Q59   IF NIS OR TEEN INTERVIEW INCOME SECTION COMPLETED, READ: Earlier you told me about your household income. Was the total combined household income more or less than [$REF]?
ELSE READ: Was the total combined household income more or less than [$REF]?

NOTE: IF NIS COMPELTED, AND THESE ADDITIONAL QUESTIONS NEED TO BE ASKED TO DETERMINE POVERTY LEVEL, THE DECISION WAS MADE NOT TO ASK THESE QUESTIONS BECAUSE THE TRANSITION IS DIFFICULT AND THE QUESTIONS SEEM OUT OF PLACE. THIS QUESTION WILL ONLY APPEAR IN THE TEEN OVERLAP SAMPLE; IT WON'T BE ANSWERED IN NIS-NSCH OVERLAP SAMPLE.

(1) MORE THAN [$REF]	[WHEN ARE TWO VALUES IN POVERTY REFERENCE TABLE,
	THEN ASK K11Q59A. ELSE SKIP TO K11Q60]
(2) EXACTLY [$REF]	**[SKIP TO K11Q60]**
(3) LESS THAN [$REF]	**[SKIP TO K11Q60]**
(6) DON'T KNOW	**[SKIP TO K11Q60]**
(7) REFUSED	**[SKIP TO K11Q60]**

POV_PCT   **CATI INSTRUCTION: STORE POVERTY CATEGORY BASED ON POVERTY GUIDELINES TABLE**

K11Q59A   Would you say this income was MORE or LESS than [$REF]?

               (1) MORE THAN [$REF]
               (2) EXACTLY [$REF]
               (3) LESS THAN [$REF]
               (6) DON'T KNOW
               (7) REFUSED

[TIMESTAMP_SECTION_116]

Subdomain 6:   Program participation

K11Q60   **CATI INSTRUCTION (K11Q60):** CALCULATE HOUSEHOLD POVERTY LEVEL
               FROM HOUSEHOLD SIZE (K9Q00) AND REPORTED INCOME (K11Q51), OR
               FROM THE INCOME CASCADE. IF HH POVERTY LEVEL IS > 300%, SKIP TO
               K11Q70. IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED, OR IF
               HOUSEHOLD POVERTY LEVEL IS ≤ 300%, ASK K11Q60.

               At any time during the past 12 months, even for one month, did anyone in this household
               receive any cash assistance from a state or county welfare program, such as **[state TANF
               name]?**

               (1) YES
               (0) NO
               (6) DON'T KNOW
               (7) REFUSED

K11Q61   **CATI INSTRUCTION (K11Q61):** IF S_UNDR18 > 1, FILL "any child in the
               household". ELSE, FILL [S.C.].

               During the past 12 months, did [[S.C.]/ any child in the household] receive Food Stamps?

               (1) YES
               (0) NO
               (6) DON'T KNOW
               (7) REFUSED

K11Q62   **CATI INSTRUCTION (K11Q62): IF S_UNDR18 = 1 and AGE_NSCH < 24
               months, GO TO K11Q70.** IF S_UNDR18 > 1, FILL "any child in the household".
               ELSE, FILL [S.C.].

               During the past 12 months, did [[S.C.]/any child in the household] receive free or
               reduced-cost breakfasts or lunches at school?

               (1) YES
               (0) NO
               (6) DON'T KNOW
               (7) REFUSED

[TIMESTAMP_SECTION_117]

Subdomain 7:   Telephone line information

K11Q70   **CATI INSTRUCTION:** fill from NIS variable C20. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, THEN FILL FROM TIS_C20

The next few questions are about the telephone numbers in your household. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

(1) YES   **[SKIP TO K11Q71]**
(0) NO   **[SKIP TO K11Q76]**
(6) DON'T KNOW   **[SKIP TO K11Q76]**
(7) REFUSED   **[SKIP TO K11Q76]**

HELP SCREEN (K11Q70): READ IF NECESSARY: "I'd like to know about the telephone numbers, not telephone extensions, that ring to this household." COUNT BUSINESS TELEPHONE NUMBERS THAT RING TO THE HOUSEHOLD IF THEY ARE USED OCCASIONALLY FOR HOME USE.

K11Q71   **CATI INSTRUCTION:** fill from NIS variable C21. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, THEN FILL FROM TIS_C21

How many telephone numbers are residential numbers?

(1) ONE
(2) TWO
(3) THREE OR MORE
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN (K11Q71): THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF HOME TELEPHONE NUMBERS (INCLUDING THE NUMBER WE CALLED). COUNT BUSINESS TELEPHONE NUMBERS THAT RING TO THE HOUSEHOLD IF THEY ARE USED OCCASIONALLY FOR HOME USE.

K11Q76   **CATI INSTRUCTION:** FILL FROM NIS VARIABLE CNOSERV IF ANSWERED. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, THEN FILL FROM TIS_CNOSERV

Not including cellular telephones, has your family been without telephone service for 1 week or more during the past 12 months? Do not include interruptions of phone service due to weather or natural disasters.

(1) YES   **[SKIP TO K11Q76A]**
(0) NO   **[SKIP TO K11Q80]**
(6) DON'T KNOW   **[SKIP TO K11Q80]**

(7) REFUSED   **[SKIP TO K11Q80]**

K11Q76A   **CATI INSTRUCTION:** FILL FROM NIS VARIABLE CHOWLONG1. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, THEN FILL FROM TIS_CHOWLONG1

For how long was your household without telephone service in the past 12 months?

ENTER NUMBER ___ ___ ___

(996) DON'T KNOW
(997) REFUSED

IF K11Q76A > 365 AND NOT IN (996, 997)   **[DISPLAY WARNING TEXT]**
ELSE, IF K11Q76A IN (996, 997)   **[SKIP TO K11Q77]**
ELSE   **[SKIP TO K11Q76B]**

K11Q76B   **CATI INSTRUCTION:** FILL FROM NIS VARIABLE CHOWLONG2. IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS COMPLETED, THEN FILL FROM TIS_CHOWLONG2

[ENTER PERIOD]

(1) DAYS
(2) WEEK(S)
(3) MONTH(S)
(6) DON'T KNOW
(7) REFUSED

IF K11Q76B = 2 AND K11Q76A > 52,   **[DISPLAY WARNING TEXT]**
ELSE, IF K11Q76B = 33 AND K11Q76A > 12, **[DISPLAY WARNING TEXT]**

WARNING: ANSWER IS MORE THAN 12 MONTHS, RETURN TO QUESTION AND CORRECT.

K11Q77   IF SUC=4 and TIS_CNOSERV = 1 (YES), then ask "Earlier you told me that your household was without telephone service for 1 week or more." ELSE READ: When your household was without telephone service, did someone in your household have a working cell phone?

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

[TIMESTAMP_SECTION_118]

Subdomain 8:   ZIP Code

K11Q80   **CATI INSTRUCTION (K11Q80):** IF NIS DONE, FILL VALUE FROM C19A AND
             SKIP TO K11Q81). IF SUC=4 AND NO NIS COMPLETED BUT TEEN WAS
             COMPLETED, THEN FILL FROM TIS_C19A AND SKIP TO K11Q82

             Please tell me your zip code.

             _____ _____ _____ ____ _____ (00001-99996)

             (99996) DON'T KNOW   **[SKIP TO K11Q83]**
             (99997) REFUSED   **[SKIP TO K11Q83]**

K11Q81   **CATI INSTRUCTION (K11Q81):** USE "ZIP CODE BY STATE" TABLE TO
             RECORD STATE IN K11Q80_STATE. IF K11Q80_STATE = STATE, THEN GO TO
             K_END. IF K11Q80_STATE ≠ STATE, THEN SKIP TO K11Q82. ELSE, IF K11Q80
             NOT IN TABLE, THEN GO TO K11Q81.

             I entered [FILL K11Q80]. Is that correct?

             (1) YES   **[GO TO K11Q83]**
             (0) NO   **[GO TO K11Q80]**

K11Q82   **CATI INSTRUCTION (K11Q82):**

             IF K11Q80 FILLED FROM C19A, THEN ASK: "Earlier you told me your zip code is
             [FILL K11Q80]. Is that correct?"
             IF K11Q80 ASKED, THEN ASK: "I entered [FILL K11Q80]. Is that correct?"

             (1) YES   **[GO TO K_PROMPT]**
             (0) NO   **[GO TO K11Q80]**
             (6) DON'T KNOW   **[GO TO K11Q83]**
             (7) REF   **[GO TO K11Q83]**

K11Q83   **CATI INSTRUCTION (K11Q83):** PRESENT DROP DOWN MENU OF STATE
             NAMES. DO NOT USE THE INFORMATION COLLECTED IN THIS QUESTION
             TO CHANGE 'STATE' FROM THE SAMPLE PRE-FILL TABLE. "US
             TERRITORIES" SHOULD APPEAR AS AN OPTION IN THE DROP DOWN MENU.

             What state do you live in?

             _____

             **HELP SCREEN (K11Q83): IF A RESPONDENT HAS DIFFICULTY DECIDING
             BETWEEN MULTIPLE STATES, ASK: "Where is your primary residence? That
             is, where do you live most of the time?"**

             **INTERVIEWER INSTRUCTION (K11Q83): IF R LIVES IN PUERTO RICO, US
             VIRGIN ISLANDS, GUAM, OR NORTHERN MARIANAS, CODE AS US**

TERRITORIES.

NSCH_LANG   **CATI INSTRUCTION (NSCH_LANG):** FILL ANSWER TO LANG1,
NSCH_LANG=1 THEN LANG1=1, NSCH_LANG=2 THEN LANG1=2

**INTERVIEWER INSTRUCTION: DO NOT READ THIS QUESTION TO
RESPONDENT. GIVE THE ANSWER YOURSELF AND CONTINUE WITH
THE INTERVIEW.**

IN WHAT LANGUAGE DID YOU CONDUCT THIS INTERVIEW?

(1) ENGLISH
(2) OTHER

K_PROMPT   If (NSCH_INCENT_GROUP=0 AND INCENTIVE =0), skip to K_END

Else if (NSCH_INCENT_GROUP = 0 AND INCENTIVE > 0)
[If INCENT_GRP=1 USE $10, IF INCENT_GRP = 2 USE $15]
DISPLAY:

(If ADOPT_TYPE = <null> DISPLAY: "Those are all the questions I have. Before I
go,") I'll need to verify your mailing address so we can send you $[10/15] as a token of
our appreciation for taking the time to answer questions for the National Immunization
Study. You may have already received this money in the mail.

**HELP SCREEN: IF R SAYS THAT HE/SHE HAS RECEIVED THE MONEY,
ASK R TO VERIFY THAT WE HAVE THE ADDRESS RECORDED
CORRECTLY IN CASE WE NEED TO CONTACT THEM IN THE FUTURE.**

Else if (NSCH_INCENT_GROUP = 1)
[FOR FIRST FILL: IF NSCH_INCENT=<null>, then use $10, ELSE use
NSCH_INCENT]
[FOR SECOND FILL: If INCENT_GRP=1 USE $10, IF INCENT_GRP = 2 USE $15]
DISPLAY:

(If ADOPT_TYPE = <null> DISPLAY: "Those are all the questions I have. Before I
go,") I'll need to verify your mailing address so we can send you $[10/NSCH_INCENT]
as a token of our appreciation for taking the time to answer questions for the National
Survey of Children's Health. (If INCENTIVE > 0 and AC_NIS_INCENT_EXIT not
previously read, read: In addition, the National Immunization Study will be sending you
$[10/15], which you may have already received.)

(1) READ TO RESPONDENT

GO TO ADDRESS COLLECTION GRID (should appear on same page):
AC_NAME
AC_STREET1
AC_CITY
AC_STATE

AC_ZIP
AC_REFUSED

GET/CONFIRM ADDRESS
IF ADOPT_TYPE = <NULL> GO TO K_END,
ELSE SKIP TO NSAP_1A

K_END   **CATI INSTRUCTIONS (K_END):** IF ADOPT_TYPE = <NULL> OR
(ADOPT_TYPE NE <NULL> and NSCH_LANG=2), READ K_END. ELSE IF
ADOPT_TYPE NE <NULL> AND NSCH_LANG = 1, SKIP TO NSAP_1A.

Those are all the questions I have. You may be re-contacted in the future to participate in
related studies. If you are contacted to participate in future surveys, you have the right to
refuse. I'd like to thank you on behalf of the Centers for Disease Control and Prevention
for the time and effort you've spent answering these questions. If you have any questions
about this survey, you may call my supervisor toll-free at [TEXTFILL: If Sample Use
Code = 1 or 2: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8
6]. If you have questions about your rights as a survey participant, you may call the
chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.

[ALL SKIP TO LANG1.]

NSAP_1A   **CATI INSTRUCTIONS (NSAP_1A):** IF RESPONDENT IS AN ADOPTIVE
PARENT OR GUARDIAN (K9Q10 = 4 OR K9Q10 = 8 OR K9Q12_A = 1), ASK
NSAP_1A. ELSE, SKIP TO NSAP_2A.

ONLY DISPLAY AND ALLOW OPTION 3 IF THE INTERVIEWER HAS THE NSAP
RESOURCE (I.E. THE INTERVIEWER HAS ACCESS TO THE NSAP SURVEY)

IF <BLUE X, ABANDON> USED FROM THIS PAGE, THEN ALL ITS OUTCOMES
RESULTING IN SCHEDULING FOR A CALLBACK SHOULD SET THE POINT OF
RETURN TO NSAP_INTRO (SAME CALLBACK PATH AS IF RESPONSE 1 OR 2
WERE USED)

Thank you for the time you have spent answering these questions. Before I go, I want to
make you aware of another survey you are eligible for. Because you indicated that you
are [S.C.]'s adoptive parent, you are eligible to be part of The National Survey of
Adoptive Parents – the first national survey of its kind about the health and well-being of
adopted children and their families. The adoption survey will ask questions related to
post-adoption services and other adoption-specific topics. Participation in the adoption
survey is voluntary and you would receive payment of $25 for your participation.
Because you have already spent time with us on the phone, we would be happy to call
you back for this interview. It would take about half an hour of your time.

When would be a convenient time for you to participate in the National Survey of
Adoptive Parents?

NSAP Gaining Cooperation Techniques to Use:

• Thank them for their participation in NIS/NSCH.
• Tell them we need the participation of ALL adoptive parents to make the survey a
success ("We really need your help!")
• Be understanding that they spent a long time completing NSCH (or NIS)
• Emphasize that we want to set a callback for whenever it is convenient for them
• Remind them that they will be reimbursed $25
• Encourage them to set the callback and at least get started on the interview

(1) R GIVES SPECIFIC TIME > SCHEDULE APPOINTMENT AND THEN GO TO
K_END2
(2) R DOES NOT GIVE SPECIFIC TIME > GO TO NSAP_1B
(3) CONTINUE TO NSAP > GO TO CONSENT_INTRO

NSAP_1B   That's fine. I can call back later to discuss your participation in the adoption survey. You
               can call also us at [TEXTFILL: If Sample Use Code = 1 or 2: 1-8 6 6 – 9 9 9 – 3 3 4 0, if
               sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6] to schedule an interview.

               [GO TO K_END2.]

NSAP_2A   ONLY DISPLAY AND ALLOW OPTION 3 IF THE INTERVIEWER HAS THE NSAP
               RESOURCE (I.E. THE INTERVIEWER HAS ACCESS TO THE NSAP SURVEY)

               IF <BLUE X, ABANDON> USED FROM THIS PAGE, THEN ALL ITS OUTCOMES
               RESULTING IN SCHEDULING FOR A CALLBACK SHOULD SET THE POINT OF
               RETURN TO NSAP_INTRO (SAME CALLBACK PATH AS IF RESPONSE 1 OR 2
               WERE USED)

               Thank you for the time you have spent answering these questions.   Before I go, I want to
               make you aware of another survey your household is eligible for. Because you indicated
               that another member of the household is [S.C.]'s adoptive parent, your household is
               eligible to be part of The National Survey of Adoptive Parents – the first national survey
               of its kind about the health and well-being of adopted children and their families. The
               adoption survey will ask questions related to post-adoption services and other adoption-
               specific topics. Participation in the adoption survey is voluntary and (he/she) would
               receive payment of $25 for (his/her) participation. Because you have already spent time
               with us on the phone, we would be happy to call [S.C.]'s adoptive parent back for this
               interview. It would take about half an hour of (his/her) time.

               When would be a convenient time for [S.C.]'s adoptive parent to participate in the
               National Survey of Adoptive Parents?

               NSAP Gaining Cooperation Techniques to Use:
               • Thank them for their participation in NIS/NSCH.
               • Tell them we need the participation of ALL adoptive parents to make the survey a
               success ("We really need your help!")
               • Be understanding that they spent a long time completing NSCH (or NIS)
               • Emphasize that we want to set a callback for whenever it is convenient for them
               • Remind them that they will be reimbursed $25

• Encourage them to set the callback and at least get started on the interview

(1) R GIVES SPECIFIC TIME > SCHEDULE APPOINTMENT AND THEN GO TO
K_END2
(0) R DOES NOT GIVE SPECIFIC TIME > GO TO NSAP_1B
(3) CONTINUE TO NSAP > GO TO CONSENT_INTRO

NSAP_2B   That's fine. I can call back later to discuss (his/her) participation in the adoption survey.
You can also let [S.C.]'s adoptive parent know that (he/she) can call us at [TEXTFILL:
If Sample Use Code = 1 or 2: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 –
9 9 0 – 9 9 8 6] to schedule an interview.

[SKIP TO K_END2.]

K_END2   Those are all the questions I have at this time. I'd like to thank you on behalf of the
Centers for Disease Control and Prevention for the time and effort you've spent
answering these questions. If you have any questions about this survey, you may call my
supervisor toll-free at [TEXTFILL: If Sample Use Code = 1 or 2: 1-8 6 6 – 9 9 9 – 3 3 4
0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6]. If you have questions about your
rights as a survey participant, you may call the chairman of the Research Ethics Review
Board at 1- 800 - 223 - 8118. Thank you again. **[SKIP TO LANG1]**

K_END3   Those are all the questions I have. I'd like to thank you on behalf of the Centers for
Disease Control and Prevention for the time and effort you've spent answering these
questions. If you have any questions about this survey, you may call my supervisor toll-
free at [TEXTFILL: If Sample Use Code = 1 or 2: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use
code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6]. If you have questions about your rights as a survey
participant, you may call the chairman of the Research Ethics Review Board at 1- 800 -
223 - 8118.   Thank you again. **[SKIP TO LANG1]**

LANG1   **CATI INSTRUCTION (LANG1):** THIS FIELD MUST BE FILLED IN. DO NOT
ALLOW INTERVIEWER TO SKIP AHEAD OR CALLBACKS TO BE SET.   THIS
FIELD APPEARS AFTER COMPLETED INTERVIEWS ONLY.

**INTERVIEWER: WAS THIS INTERVIEW COMPLETED USING ENGLISH
ONLY?**

(1) YES   **[TERMINATE INTERVIEW. GO TO COMMENTS.]**
(0) NO   **[SKIP TO LANG2]**

LANG2   **INTERVIEWER: WHICH LANGUAGES WERE NEEDED TO COMPLETE
THIS INTERVIEW?**

LANG2X01 ENGLISH   [SKIP TO LANG3]
LANG2X02 SPANISH   [SKIP TO LANG3]
LANG2X04 CANTONESE   [SKIP TO LANG3]
LANG2X08 KOREAN   [SKIP TO LANG3]
LANG2X09 MANDARIN   [SKIP TO LANG3]
LANG2X13 VIETNAMESE   [SKIP TO LANG3]
LANG2X14 ANOTHER LANGUAGE   [SKIP TO LANG2_OTHER]

LANG2_   _____ OTHER LANGUAGE
OTHER

LANG3   **CATI INSTRUCTION (LANG3)**: IF LANG2=1 AND ANY LANG2=2 - 14
SELECTED > GO TO LANG3. ELSE TERMINATE INTERVIEW, IF ITS <> 67 AND
GO TO COMMENTS.

**INTERVIEWER: WAS THIS INTERVIEW COMPLETED "MOSTLY IN
ENGLISH" OR "MOSTLY IN OTHER LANGUAGE"?**

(1) MOSTLY IN ENGLISH
(2) MOSTLY IN OTHER LANGUAGE
(3) ABOUT HALF AND HALF

[TERMINATE INTERVIEW. GO TO COMMENTS.]

[ENDTIME]

CALLBACK / REFUSAL CONVERSION SCRIPT

FOR RETURN PHONE CALLS/REFUSAL CONVERSION CALLS IN CSHCN

INTRO_1 Hello, my name is ____. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, we contacted your household to participate in a survey about the health of children and teenagers. I'm calling back to continue the interview. (IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

      BE SURE TO CONFIRM THAT YOU ARE SPEAKING WITH THE SAME PERSON WHO STARTED THE INTERVIEW. THE PERSON WHO STARTED THE INTERVIEW MUST COMPLETE THIS INTERVIEW.

INTRO_1A Hello, my name is ____. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, we called your household for an interview about the health of children and teenagers. After just a few questions I can determine if your household is eligible to participate. (IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

INTRO_1B (If NSCH_INCENT=<null>, then use $10, ELSE use NSCH_INCENT)

      Hello, my name is ____. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, someone in your household started an interview about the health of children and teenagers, and we began talking about one child in your household. I'm calling back now to continue the interview. In appreciation for your time, we will send you [$10/$NSCH_INCENT] (IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

S1   Am I speaking to someone who lives in this household who is over 17 years old?

(1) YES, I AM THAT PERSON	**[IF [S.C.] IS SELECTED > GO TO REMIND1/ ELSE CONTINUE WITH INTERVIEW]**
(2) THIS IS A BUSINESS	**[SKIP TO SALZ_BUS]**
(3) NEW PERSON COMES TO PHONE	**[SKIP BACK TO INTRO_01]**
(8) DOES NOT LIVE IN HOUSEHOLD	**[CALLBACK, SET DISP AND TERMINATE]**
(9) NO PERSON AT HOME WHO IS OVER 17	**[SKIP TO S2_B]**
(7) REFUSED	**[GO TO REFUSAL CONVERSION, SET DISP AND TERMINATE]**

REMIND1 I want to remind you that we will be asking questions about (**S.C**) for the rest of this interview.
      [CONTINUE WITH INTERVIEW AT POINT OF BREAKOFF]

ANSWERING MACHINE MESSAGES

Answering Machine Message (FOR CASES IN LCS 5 AND AUG. SAMPLE):

MSG_AUG

(PLEASE READ SLOWLY AND CLEARLY.) Hello. The Centers for Disease Control and Prevention is conducting a survey about the health of children and teenagers. Your telephone number has been selected at random. Would you please call us, toll-free, at [TEXTFILL: If Sample Use Code = 1, 2 OR 4: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6] to let us know whether or not there is a child under 18 years old living or staying in this household? We would be glad to answer any questions you have. The toll-free number again is [TEXTFILL: If Sample Use Code = 1, 2 OR 4: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6]. Thank you.

MSG_Y_APPT   If NSCH_INCENT=<null>, then use $10, ELSE use NSCH_INCENT

Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a nationwide study about the health of children and teenagers. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at [TEXTFILL: If Sample Use Code = 1, 2 OR 4: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6] . (If NSCH_INCENT_GROUP=1, DISPLAY "In appreciation for your time, we will send you [$10/$NSCH_INCENT]"). If you have any questions, that number again is [TEXTFILL: If Sample Use Code = 1, 2 OR 4: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6]. Thank you.

MSG_NSCH   (IF NSCH_INCENT=<null>, then use $10, ELSE use NSCH_INCENT)

Hello. I'm calling on behalf of the Centers for Disease Control and Prevention (IF NSCH_INCENT=10 THEN, " to follow up on a letter that was sent to your home"/ ELSE NO FILL). Earlier, we contacted your household to participate in a survey about the health of children and teenagers. I'm calling back to continue the interview. If you would like to participate immediately, please call our toll-free number, [TEXTFILL: If Sample Use Code = 1, 2 OR 4: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6]. (If NSCH_INCENT_GRP = 1, DISPLAY: "In appreciation for your time, we will send you [$10/$NSCH_INCENT]"). Again our toll-free number is [TEXTFILL: If Sample Use Code = 1, 2 OR 4: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6]. Thank you