OMB No. 0920-0214: Approval Expires 4/30/95

FORM **DFS-1**
(7-1-94)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY

(NHIS PHASE II)
CHILD'S QUESTIONNAIRE

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 01
3-7
8

RT 06
3-4

Part I – CALL RECORD

Mode	Date Month	Date Day	Beginning time	Results	Ending time	Comments
5	6-7	8-9	10-14		15-19	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	

Part II – STATUS

A. Final Status 20-21

Interview
01 ☐ Complete
02 ☐ Partial *(Explain in Notes)*

Noninterview
04 ☐ Refused
05 ☐ Unable to contact
06 ☐ Unable to locate
07 ☐ Deceased
10 ☐ Moved o/s PSU, unable to phone
11 ☐ Other noninterview
(Explain in Notes)

B. Mode 22
1 ☐ Telephone
2 ☐ Personal visit

C. Respondent
Name 23-63
64
1 ☐ Desired respondent *(Name on label)*
2 ☐ Preferred respondent *(Name in PR box on page 3)*
3 ☐ Other respondent

D. Field representative's name Code 65-67

Notes

Part III – NEW ADDRESS FOR CHILD

RT 07
3-4

A. Address *(Different from label)*
Number and street 5-29
City 30-49 State 50-51 ZIP Code 52-60

B. Telephone *(Different from label)*
Area code 61-63 Number 64-70 71
1 ☐ None
7 ☐ Refused 9 ☐ DK number

RT 08

INITIAL SCREENING – CHILDREN

3-4

1. **I need to talk to** *(desired respondent)* **about** *(sample child)*. **Do they both live here?**	1 ☐ Yes *(Go to 2)* 2 ☐ No *(Skip to 6)*	5
2. **May I speak with** *(desired respondent)*?	1 ☐ Yes *(Skip to A)* 2 ☐ Not available *(Go to 3)*	6
3. **Will** *(desired respondent)* **[be available/return] before** *(closeout date)*?	1 ☐ Yes *(Arrange callback)* 2 ☐ No *(Go to 4)*	7
4. **Why will** *(desired respondent)* **not be available before** *(closeout date)*?	1 ☐ Incapable 2 ☐ Institutionalized } *(Skip to 8)* 3 ☐ Temporarily absent *(Go to 5)* 4 ☐ Other *(Skip to 8)*	8
5. **How can I get in contact with** *(desired respondent)*?	1 ☐ Not possible *(Skip to 8)* 2 ☐ Address/telephone no. given *(Record address and telephone no. on page 3)*	9
6a. **Do EITHER of them still live here?**	1 ☐ Yes *(Go to 6b)* 2 ☐ No *(Skip to 7)*	10
b. **Who?**	1 ☐ Desired respondent 2 ☐ Sample child } *(Skip to 8)*	11
7a. **Did they move somewhere together?**	1 ☐ Yes *(Go to 7b)* 2 ☐ No *(Skip to 8)*	12
b. **Where do** *(desired respondent)* **and** *(sample child)* **live?**	1 ☐ DK *(END interview-noninterview)* 2 ☐ Address/telephone no. given *(Record address and telephone no. on page 3)*	13
Read with parenthetical first. **8a.** **I need to speak to an adult [relative or guardian who lives with** *(sample child)*] **about** *(sample child's)* **health. Who would that be?**	1 ☐ Respondent 2 ☐ Other person } *(Record preferred respondent information on page 3. Go to 8b)* 3 ☐ SC or SC's spouse *(Interview SC on DFS-2)* 4 ☐ SC died *(Skip to 9)* 5 ☐ SC institutionalized 6 ☐ No one } *(Reask 8a without first parenthetical)* 9 ☐ DK *(Skip to 8c)*	14
b. **How [are you/is this person] related to** *(sample child)*?	1 ☐ Mother 2 ☐ Father 3 ☐ Brother/Sister 4 ☐ Grandparent 5 ☐ Other relative 6 ☐ Nonrelative 9 ☐ DK } *(Continue with A or arrange callback)*	15
c. **Who would know who I should speak to about** *(sample child's)* **health?**	1 ☐ Person given – *(Record preferred respondent information on page 3)* 2 ☐ No one *(End interview – noninterview)* 3 ☐ DK *(End interview – noninterview)*	16
9. **On what date did** *(sample child)* **die?**	Date of Death ____/____/19____ 999999 ☐ DK } *(Mark deceased on Cover Page)*	17-22
A *Begin all interviews by asking:* **When we conducted the interview several months ago, we recorded** *(sample child's)* **age as** *(age from label)*. **Is this still correct?**	1 ☐ Yes *(Go to Section A on page 5)* 2 ☐ No *(Correct age on label, then go to Section A on page 5)*	23

Notes

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INITIAL SCREENING – Continued

NEW ADDRESS *(First or only)*	RT 09 / 3-4	Second *(If appropriate)*	RT 10 / 3-4
Name of place *(If appropriate)*	5-40	Name of place *(If appropriate)*	5-40
Number and street	41-64	Number and street	41-64
City 65-84 State 85-86 ZIP Code 87-95		City 65-84 State 85-86 ZIP Code 87-95	
Telephone		Telephone	
Area code 96-98 Number 99-105 1☐ None 7☐ Refused 9☐ DK number	106	Area code 96-98 Number 99-105 1☐ None 7☐ Refused 9☐ DK number	106

PREFERRED RESPONDENT *(From 8a or 8c)*	RT 11 / 3-4
Name	5-40
1☐ *Mark box if same address/phone as SC (Skip to A1 on page 5)*	41
Number and street	42-65
City 66-85 State 86-87 ZIP Code 88-96	
Telephone	
Area code 97-99 Number 100-106 1☐ None 7☐ Refused 9☐ DK number	107

GENERAL INSTRUCTIONS

1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone.
2. After appropriate introductions, begin all interviews with A on page 2.
3. If the respondent is not within your normal assignment area, call your office for instructions.
4. Make minor corrections to address or phone number on the LABEL. Record new addresses and/or phone numbers above.
5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.
6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions:
   - **Long dash (—)** – Insert the appropriate words or names from the list.
   - **Underlined italics in parentheses** – Insert the specified words, name, date, etc.
   - **Regular type in parentheses** – Either read or do not read the parenthetical, depending on the situation and the context of the question.
   - **Brackets with a slash ([/])** – Choose the appropriate words or phrase for the particular interview.
   - **Bold capitals** – Emphasize the word(s) when reading the question.
7. If the sample child is emancipated, interview the sample child on a DFS-2 questionnaire, transcribing all label information from the DFS-1 to the DFS-2.

Notes

RT 12

Section A – HOME CARE SERVICES

3-4

READ TO RESPONDENT: **Because of earlier participation by your family in the National Health Interview Survey, *(child)* has been selected for a special followup study on children's health. In order to get a complete picture of the health needs of U.S. children, we have included a wide range of children in this survey. For this reason, some of the questions may not seem relevant to *(child)*, but your honest responses will help us get an accurate description of the health status and health care needs of U.S. children.**

Now I am going to ask you about any SPECIAL HELP AND SUPERVISION that *(child)* NOW receives at home. By this I mean help BEYOND what is needed by most children [his/her] age.

ITEM A1	*Refer to child's age.*	5 1 ☐ 5+ years old *(Go to 1a)* 2 ☐ Other *(Skip to 2)*
1a.	**Does *(child)* NEED special help at home with personal care, that is, help with bathing, dressing, eating, toileting, getting in or out of bed or chairs, or getting around inside the home BEYOND WHAT IS NEEDED BY MOST CHILDREN [HIS/HER] AGE?**	6 1 ☐ Yes *(Go to 1b)* 2 ☐ No } *(Skip to 3)* 9 ☐ DK
b.	**During the past 12 months, did *(child)* receive, as part of [his/her] care, training to increase [his/her] independence in daily living skills, such as bathing, dressing, eating, and toileting?**	7 1 ☐ Yes } 2 ☐ No } *(Skip to 3)* 9 ☐ DK
2.	**Because of any significant delays in development, does *(child)* need special help at home?**	8 1 ☐ Yes 2 ☐ No 9 ☐ DK
3.	**Because of a physical, mental, or emotional problem, does *(child)* need constant supervision or need to be watched more closely than other children [his/her] age?**	9 1 ☐ Yes 2 ☐ No 9 ☐ DK
ITEM A2	*Refer to questions 1a, 2, and 3.* (Special help or supervision)	10 1 ☐ "Yes" in 1a, 2, and/or 3 *(Go to 4a)* 2 ☐ All other *(Skip to 10 on page 10)*
4a.	**You said *(child)* needs [special help/(and) supervision] at home. What are the names of all the people who helped with *(child's)* [personal care/(and) supervision] in the PAST TWO WEEKS? This includes [special help/(and) supervision] provided by you, other family members, friends, volunteers, or paid professionals. DO NOT INCLUDE PHYSICAL OR OCCUPATIONAL THERAPISTS.** **Anyone else?**	11 *(Record up to 4 names in Table H on pages 6 and 7. Return to 4b)* OR 0 ☐ None in past two weeks } *(Skip to 9 on page 8)* 9 ☐ DK
	Ask 4b only if 4 names in Table H; otherwise skip to 5a on page 6.	12
b.	**Besides helpers you just mentioned, has anyone else helped *(child)* AT HOME with personal care or supervision in the past two weeks?**	1 ☐ Yes *(Go to 4c)* 2 ☐ No } *(Skip to 5a on page 6)* 9 ☐ DK
c.	**How many other people have helped?**	13-14 _____ Helper(s) (Number) 00 ☐ None 99 ☐ DK
d.	**How many of these additional helpers were paid?**	15-16 _____ Paid helper(s) (Number) 00 ☐ None 99 ☐ DK

Notes

RT 13

Section A – HOME CARE SERVICES – Continued

HELPER 01 (3-4)

TABLE H

Helper name (5-6)

Ask 5–8 separately for each helper listed.

5a. Does *(helper)* **help with** *(child's)* **personal care, supervision or both?**

Mark (X) only one.

5a. (7)
1 ☐ Personal care
2 ☐ Supervision
3 ☐ Both
9 ☐ DK

Verify and mark (X) if known or HAND CARD C1 and ask. Read categories if telephone interview.

b. What is *(helper's)* **relationship to** *(child)*?

Mark (X) only one.

b. (8)
0 ☐ Parent *(Skip to 6g)*
1 ☐ Other relative in HH
2 ☐ Other relative not in HH
3 ☐ Non-relative in HH
4 ☐ Friend/Neighbor
} *(Go to 6a)*
5 ☐ Unpaid volunteer from an organization or business *(Skip to 6f)*
6 ☐ Paid employee of an organization or business
7 ☐ Paid employee of yours
} *(Skip to 6b)*
8 ☐ Other
9 ☐ DK
} *(Go to 6a)*

6a. Is this help paid for?

6a. (9)
1 ☐ Yes *(Go to 6b)*
2 ☐ No
9 ☐ DK
} *(Skip to 6f)*

HAND CARD C2. Read categories if telephone interview.

b. Who pays for this help?

(Anyone else?)

Mark (X) all that apply.

b.
00 ☐ Parent(s) (10-11)
01 ☐ Family in household (12-13)
02 ☐ Family NOT in household (14-15)
03 ☐ Private health insurance (16-17)
04 ☐ Medicaid (18-19)
05 ☐ Rehabilitation program (20-21)
06 ☐ Parent's employer (22-23)
07 ☐ School system (24-25)
08 ☐ VA program (26-27)
09 ☐ Other military (28-29)
10 ☐ Other private source (30-31)
11 ☐ Other public source (32-33)
12 ☐ No one/Free (34-35)
99 ☐ DK (36-37)

Ask if more than one box marked in 6b; if only one, transcribe the number of the box marked without asking.

c. Who pays for most of this help? *Record box number from 6b.*

c. (38-39)
☐☐ Paid most (Number)
99 ☐ DK

Ask 6d and e only if box 00 or 01 marked in 6b; otherwise, skip to 6f.

d. DURING THE PAST 12 MONTHS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.

d. (40-44)
00000 ☐ None
$ _____ . 00
99999 ☐ DK

e. DURING THE PAST 2 WEEKS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.

e. (45-49)
00000 ☐ None
$ _____ . 00
99999 ☐ DK

f. How satisfied or dissatisfied are you with this help? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Mark (X) only one.

f. (50)
1 ☐ Very satisfied
2 ☐ Somewhat satisfied
3 ☐ Somewhat dissatisfied
4 ☐ Very dissatisfied
9 ☐ DK

ASK OR VERIFY:

g. Is *(helper)* **male or female?**

g. (51)
1 ☐ Male
2 ☐ Female
9 ☐ DK

7. How many days in the past 2 weeks did *(helper)* **help?**

7. (52-53)
00 ☐ None *(Go to 5a for next helper, or A3 on page 8)*
_____ Days
14 ☐ All
99 ☐ DK

8. How many hours per day did *(helper)* **help in the past 2 weeks?**

8. (54-55)
00 ☐ None
_____ Hours
96 ☐ Less than one hour
99 ☐ DK
} *(Go to 5a for next helper, or A3 on page 8)*

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Section A – HOME CARE SERVICES – Continued

ITEM A3

Refer to question 5b for ALL HELPERS in Table H.
(Any related household members)

5
1 ☐ Box "0" or "1" marked *(Go to 9)*
2 ☐ Other *(Skip to 10 on page 10)*

Respite care for children with special needs is care provided by a person or organization to relieve the parent or family caregivers. It can be provided at your home, someone else's home, a home run by an organization, a facility, or an institution.

6
9a. During the past 12 months, have you used any respite care for *(child)* so that you or your family could go out for a while, take a break, or go on vacation?
1 ☐ Yes
2 ☐ No
9 ☐ DK

7
b. During the past 12 months, have you NEEDED any (additional) respite care for *(child)*?
1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM A4

Refer to question 9a.
(Respite care in past 12 months)

8
1 ☐ "Yes" in 9a *(Go to 9c)*
2 ☐ Other *(Skip to 10 on page 10)*

Ask 9c(1)–(5) before going to 9d–f.

9c. Was any of this respite care in the past 12 months provided by —

Ask 9d–f for each provider marked "Yes" in 9c.

9d. Altogether, how many days in the past 12 months did you use care provided by *("Yes" in 9c)*?

(1) A relative, friend, or neighbor?
1 ☐ Yes
2 ☐ No
9 ☐ DK
9

(1) _____ Days (Number)
99 ☐ DK
10-11

(2) An unpaid volunteer from an organization or business?
1 ☐ Yes
2 ☐ No
9 ☐ DK
19

(2) _____ Days (Number)
99 ☐ DK
20-21

(3) A paid employee of an organization or business?
1 ☐ Yes
2 ☐ No
9 ☐ DK
29

(3) _____ Days (Number)
99 ☐ DK
30-31

(4) A paid employee of yours?
1 ☐ Yes
2 ☐ No
9 ☐ DK
39

(4) _____ Days (Number)
99 ☐ DK
40-41

(5) Any other source?
1 ☐ Yes
2 ☐ No
9 ☐ DK
49

(5) _____ Days (Number)
99 ☐ DK
50-51

Notes

Section A – HOME CARE SERVICES – Continued

Read categories if necessary.

9e. On the day(s) that you used this care, on the average how many hours did you use it?

Round fractions to the nearest whole hour.

(1)
1 ☐ Less than 1 hour
2 ☐ 1–2 hours
3 ☐ 3–11 hours
4 ☐ 12–24 hours
9 ☐ DK
12

(2)
1 ☐ Less than 1 hour
2 ☐ 1–2 hours
3 ☐ 3–11 hours
4 ☐ 12–24 hours
9 ☐ DK
22

(3)
1 ☐ Less than 1 hour
2 ☐ 1–2 hours
3 ☐ 3–11 hours
4 ☐ 12–24 hours
9 ☐ DK
32

(4)
1 ☐ Less than 1 hour
2 ☐ 1–2 hours
3 ☐ 3–11 hours
4 ☐ 12–24 hours
9 ☐ DK
42

(5)
1 ☐ Less than 1 hour
2 ☐ 1–2 hours
3 ☐ 3–11 hours
4 ☐ 12–24 hours
9 ☐ DK
52

9f. Where was this care provided?

Anywhere else?

Mark (X) all that apply

(1)
1 ☐ Child's home 13
2 ☐ Home run by organization 14
3 ☐ Other private home 15
4 ☐ Facility or institution 16
5 ☐ Other 17
9 ☐ DK 18

(2)
1 ☐ Child's home 23
2 ☐ Home run by organization 24
3 ☐ Other private home 25
4 ☐ Facility or institution 26
5 ☐ Other 27
9 ☐ DK 28

(3)
1 ☐ Child's home 33
2 ☐ Home run by organization 34
3 ☐ Other private home 35
4 ☐ Facility or institution 36
5 ☐ Other 37
9 ☐ DK 38

(4)
1 ☐ Child's home 43
2 ☐ Home run by organization 44
3 ☐ Other private home 45
4 ☐ Facility or institution 46
5 ☐ Other 47
9 ☐ DK 48

(5)
1 ☐ Child's home 53
2 ☐ Home run by organization 54
3 ☐ Other private home 55
4 ☐ Facility or institution 56
5 ☐ Other 57
9 ☐ DK 58

Notes

Section A – HOME CARE SERVICES – Continued

10. **Does** *(child's)* **health require that [he/she] be left only with a person trained to handle MEDICAL EMERGENCIES or perform special procedures?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	59
11a. **Does** *(child)* **regularly receive any shots or injections at home?**	1 ☐ Yes *(Go to 11b)* 2 ☐ No } *(Skip to 12)* 9 ☐ DK } *(Skip to 12)*	60
b. **Who gives the shots?** **Anyone else?** *Mark (X) all that apply.*	1 ☐ Parent 2 ☐ Child (him/herself) 3 ☐ Doctor/Nurse 4 ☐ Other 9 ☐ DK	61 62 63 64 65
HAND CARD C4. Read categories if telephone interview. **12.** **Did you have any of these problems trying to get help at home for** *(child)* **during the past 12 months?** **(Anything else?)** *Mark (X) all that apply.*	00 ☐ Did not try to get home care services 01 ☐ Service not available 02 ☐ Had trouble finding the right kind of service 03 ☐ Medicaid not accepted 04 ☐ Insurance did not cover 05 ☐ Too expensive/can't afford 06 ☐ Difficulty arranging it 07 ☐ Helpers not reliable 08 ☐ Helpers not properly trained or equipped 09 ☐ Helpers hours not convenient 10 ☐ Could not take off from work to arrange it 11 ☐ Other problem 12 ☐ No problem getting help 99 ☐ DK	66-67 68-69 70-71 72-73 74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93

Notes

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RT 15

Section B – WORK/CHILD CARE

3-4

1a. Have you worked at a job or business for pay in the past month? (5)

1 ☐ Yes *(Go to 1b)*
2 ☐ No *(Skip to 2)*

b. How many hours do you usually work each week? (6-7)

_____ Number of hours worked each week
99 ☐ DK

2a. Did you attend school in the past month? (8)

1 ☐ Yes *(Go to 2b)*
2 ☐ No *(Skip to Item B1)*

b. How many hours do you usually attend school each week? (9-10)

_____ Number of hours in school each week
99 ☐ DK

ITEM B1 *Refer to questions 1a and 2a above.* (Work and/or attend school) (11)

1 ☐ "Yes" in 1a or 2a *(Go to Item B2)*
2 ☐ All other *(Skip to Section C on page 12)*

ITEM B2 *Refer to child's age on label.* (12)

1 ☐ 3 + years old *(Go to 3)*
2 ☐ Other *(Skip to 4)*

3. Did *(child)* **attend school during the past month? (Include preschool, nursery school, and kindergarten, as well as regular schools.)** (13)

1 ☐ Yes
2 ☐ No
9 ☐ DK

4a. (Not counting *(child's)* **regular school hours) who took care of** *(child)* **MOST OFTEN when you were at [work/(or) school] during the past month?** (14-15)

Mark (X) only one.

01 ☐ MOTHER/FATHER only works during school hours
02 ☐ MOTHER cares for child
03 ☐ FATHER cares for child
} *(Skip to Section C on page 12)*
04 ☐ CHILD cares for self *(Go to 4b)*
05 ☐ OTHER RELATIVES care for child *(Skip to 4c)*
06 ☐ UNRELATED BABYSITTER *(Skip to 4d)*
07 ☐ Care provided at SCHOOL
08 ☐ DAY CARE CENTER
09 ☐ DAY CAMP
} *(Skip to 4e)*
10 ☐ Other *(Skip to 4d)*
99 ☐ DK *(Skip to Section C on page 12)*

b. Approximately how many hours did *(child)* **take care of [himself/herself] LAST WEEK?** (16-17)

00 ☐ None
_____ Number of hours
99 ☐ DK
} *(Skip to Section C on page 12)*

c. How is this person related to *(child)***?** (18)

1 ☐ Brother/sister
2 ☐ Grandparent
3 ☐ Other
9 ☐ DK

d. Where was *(child)* **cared for most often, at home or somewhere else?** (19)

1 ☐ Child's home
2 ☐ Somewhere else
9 ☐ DK

e. Approximately how many hours was *(child)* **cared for by** *(answer in 4a)* **while you [worked/(or) went to school] LAST WEEK?** (20-21)

00 ☐ None
_____ Number of hours
99 ☐ DK

f. Do you pay for this child care? (22)

1 ☐ Yes
2 ☐ No
9 ☐ DK

g. How satisfied are you with this child care? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? (23)

1 ☐ Very satisfied
2 ☐ Somewhat satisfied
3 ☐ Somewhat dissatisfied
4 ☐ Very dissatisfied
9 ☐ DK

Section C – MEDICAL SERVICES

The following questions concern medical care for *(child)*. **Do not count visits for counseling or mental health therapy.** **1. During the past 12 months, has** *(child)* **had ANY visits to a doctor's office, clinic, hospital, or some other place for health care?**	1 ☐ Yes *(Go to 2)* 2 ☐ No } *(Skip to Section D on page 13)* 9 ☐ DK	24
HAND CARD C5. Read categories if telephone interview. **2. Why did** *(child)* **LAST go to a clinic, health center, hospital, doctor's office, or other medical facility?** **(Anything else?)** *Mark (X) all that apply.*	1 ☐ Well child care such as a physical or immunization 2 ☐ Care for an illness, injury or specific condition 3 ☐ Consultation 4 ☐ Other 9 ☐ DK	25 26 27 28 29
3. During the past 12 months, how many times has *(child)* **been to a hospital emergency room?**	00 ☐ None _____ Times (Number) 99 ☐ DK	30-31
4. During the past 12 months, has *(child)* **received any treatments AT A HOSPITAL ON A REGULAR BASIS?** *Read if necessary:* **For example, dialysis, IV treatments, radiation treatments, chemotherapy, transfusions, or physical therapy.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	32

Notes

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RT 16
3-4

Section D – ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask 1a–o before going to 2.

Ask for each "Yes" in 1.

1. In the past 12 months, did *(child)* use any of the following medical devices or supplies?	Yes	No	DK		**2. Did *(child)* use *(device)* in the past two weeks?**	Yes	No	DK	
a. A tracheotomy tube?	a. 1☐	2☐	9☐	5	a.	1☐	2☐	9☐	6
b. A respirator?	b. 1☐	2☐	9☐	7	b.	1☐	2☐	9☐	8
c. An ostomy bag?	c. 1☐	2☐	9☐	9	c.	1☐	2☐	9☐	10
d. Catheterization equipment?	d. 1☐	2☐	9☐	11	d.	1☐	2☐	9☐	12
e. A glucose monitor?	e. 1☐	2☐	9☐	13	e.	1☐	2☐	9☐	14
f. Diabetic equipment or supplies?	f. 1☐	2☐	9☐	15	f.	1☐	2☐	9☐	16
g. An inhaler?	g. 1☐	2☐	9☐	17	g.	1☐	2☐	9☐	18
h. A nebulizer?	h. 1☐	2☐	9☐	19	h.	1☐	2☐	9☐	20
i. A hearing aid?	i. 1☐	2☐	9☐	21	i.	1☐	2☐	9☐	22
j. A feeding tube?	j. 1☐	2☐	9☐	23	j.	1☐	2☐	9☐	24
k. A wheelchair?	k. 1☐	2☐	9☐	25	k.	1☐	2☐	9☐	26
l. A scooter?	l. 1☐	2☐	9☐	27	l.	1☐	2☐	9☐	28
m. Crutches?	m. 1☐	2☐	9☐	29	m.	1☐	2☐	9☐	30
n. A Cane?	n. 1☐	2☐	9☐	31	n.	1☐	2☐	9☐	32
o. A Walker?	o. 1☐	2☐	9☐	33	o.	1☐	2☐	9☐	34

ITEM D1

Refer to question 1 above.
(Devices used in the past 12 months)

1☐ Yes, one or more used *(Go to 3)*
2☐ Other *(Skip to 4)*

35

3. During the past 12 months, about how much did the family pay for [this device/these devices]? Do not include money reimbursed by insurance or any other source.

00000☐ None

$ _____ . 00

99999☐ DK

36-40

4. Does *(child)* now have any of the following implants?	Yes	No	DK	
a. An ear vent tube?	a. 1☐	2☐	9☐	41
b. Any shunt that drains away fluid?	b. 1☐	2☐	9☐	42
c. An artificial joint?	c. 1☐	2☐	9☐	43
d. Implanted lens?	d. 1☐	2☐	9☐	44
e. Implanted pin, screw, nail, wire, rod, or plate?	e. 1☐	2☐	9☐	45
f. An artificial heart valve?	f. 1☐	2☐	9☐	46
g. A pacemaker?	g. 1☐	2☐	9☐	47
h. Silicone implant?	h. 1☐	2☐	9☐	48
i. Infusion pump?	i. 1☐	2☐	9☐	49
j. A cochlear (kŏk'lē-ər) **implant?**	j. 1☐	2☐	9☐	50
k. Any other organ implant?	k. 1☐	2☐	9☐	51

Notes

Section E – OTHER SERVICES

The next questions are about other services *(child)* may have received.

	A	B
	RT 17 3-4	RT 17 3-4
	01 **A physical therapist** 5-6	02 **An occupational therapist** 5-6
1a. During the past 12 months, did *(child)* receive any services from ____ ?	1a. 1 ☐ Yes *(Skip to 2a)* 7 2 ☐ No } *(Go to 1b)* 9 ☐ DK	1a. 1 ☐ Yes *(Skip to 2a)* 7 2 ☐ No } *(Go to 1b)* 9 ☐ DK
b. Did *(child)* need the services of ____ in the past 12 months?	b. 1 ☐ Yes *(Skip to 5)* 8 2 ☐ No } *(Go to 1 for next service)* 9 ☐ DK	b. 1 ☐ Yes *(Skip to 5)* 8 2 ☐ No } *(Go to 1 for next service)* 9 ☐ DK
2a. During the past 12 months, in how many months did *(child)* receive services from ____ ?	2a. _____ Months (Number) 9-10 99 ☐ DK	2a. _____ Months (Number) 9-10 99 ☐ DK
b. What was the total number of times *(child)* received services from ____ during [that/those] month(s)?	b. _____ Times (Number) 11-12 99 ☐ DK	b. _____ Times (Number) 11-12 99 ☐ DK
HAND CARD C2. Read categories if telephone interview. **3a. Who paid or will pay for the services *(child)* received from ____ in the past 12 months?** **(Anyone else?)** *Mark (X) all that apply.*	3a. 00 ☐ Parent(s) 13-14 01 ☐ Family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicaid 21-22 05 ☐ Rehabilitation program 23-24 06 ☐ Parent's employer 25-26 07 ☐ School system 27-28 08 ☐ VA program 29-30 09 ☐ Other military 31-32 10 ☐ Other private source 33-34 11 ☐ Other public source 35-36 12 ☐ No one/ Free } *(Skip to 4)* 37-38 99 ☐ DK 39-40	3a. 00 ☐ Parent(s) 13-14 01 ☐ Family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicaid 21-22 05 ☐ Rehabilitation program 23-24 06 ☐ Parent's employer 25-26 07 ☐ School system 27-28 08 ☐ VA program 29-30 09 ☐ Other military 31-32 10 ☐ Other private source 33-34 11 ☐ Other public source 35-36 12 ☐ No one/ Free } *(Skip to 4)* 37-38 99 ☐ DK 39-40
Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking. **b. Who paid most of the cost for the services received from ____ in the past 12 months?** *Record number of main source.*	b. ☐☐ Paid most (Number) 41-42 99 ☐ DK	b. ☐☐ Paid most (Number) 41-42 99 ☐ DK
Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4. **c. DURING THE PAST 12 MONTHS, about how much did *(child's)* family pay for the services received from ____ ? Do not count any money that has been or will be reimbursed by insurance or any other source.**	c. 00000 ☐ None *(Skip to 4)* 43-47 $ _____ . 00 99999 ☐ DK	c. 00000 ☐ None *(Skip to 4)* 43-47 $ _____ . 00 99999 ☐ DK
d. DURING THE PAST 2 WEEKS, about how much did the family pay for services from ____ ?	d. 00000 ☐ None 48-52 $ _____ . 00 99999 ☐ DK	d. 00000 ☐ None 48-52 $ _____ . 00 99999 ☐ DK
4. During *(month)* did *(child)* receive services from ____ ?	4. 1 ☐ Yes *(Skip to 1 for next service)* 53 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)*	4. 1 ☐ Yes *(Skip to 1 for next service)* 53 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)*
HAND CARD A7. Read categories if telephone interview. **5. Why didn't *(child)* receive services from ____ [in *(month)*/ in the past 12 months]?** **(Anything else?)** *Mark (X) all that apply.*	5. 00 ☐ Didn't need services 54-55 01 ☐ Provider thinks no longer needed 56-57 02 ☐ Too expensive/ can't afford 58-59 03 ☐ Insurance doesn't cover 60-61 04 ☐ Insurance no longer covers 62-63 05 ☐ No longer on Medicaid 64-65 06 ☐ Provider not available 66-67 07 ☐ Didn't like provider 68-69 08 ☐ Transportation problems 70-71 09 ☐ Could not take time off from work 72-73 10 ☐ Other 74-75 99 ☐ DK 76-77	5. 00 ☐ Didn't need services 54-55 01 ☐ Provider thinks no longer needed 56-57 02 ☐ Too expensive/ can't afford 58-59 03 ☐ Insurance doesn't cover 60-61 04 ☐ Insurance no longer covers 62-63 05 ☐ No longer on Medicaid 64-65 06 ☐ Provider not available 66-67 07 ☐ Didn't like provider 68-69 08 ☐ Transportation problems 70-71 09 ☐ Could not take time off from work 72-73 10 ☐ Other 74-75 99 ☐ DK 76-77

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	C	D	E	F
RT 17	3-4	3-4	3-4	3-4
03	An audiologist	04 A speech therapist or pathologist	05 A recreational therapist	06 A visiting nurse
5-6				
1a.	1 ☐ Yes *(Skip to 2a)* 2 ☐ No } *(Go to 1b)* 9 ☐ DK	1 ☐ Yes *(Skip to 2a)* 2 ☐ No } *(Go to 1b)* 9 ☐ DK	1 ☐ Yes *(Skip to 2a)* 2 ☐ No } *(Go to 1b)* 9 ☐ DK	1 ☐ Yes *(Skip to 2a)* 2 ☐ No } *(Go to 1b)* 9 ☐ DK
7				
b.	1 ☐ Yes *(Skip to 5)* 2 ☐ No } *(Go to 1 for next service)* 9 ☐ DK	1 ☐ Yes *(Skip to 5)* 2 ☐ No } *(Go to 1 for next service)* 9 ☐ DK	1 ☐ Yes *(Skip to 5)* 2 ☐ No } *(Go to 1 for next service)* 9 ☐ DK	1 ☐ Yes *(Skip to 5)* 2 ☐ No } *(Go to 1 for next service on page 16)* 9 ☐ DK
8				
2a.	_____ Months (Number) 99 ☐ DK	_____ Months (Number) 99 ☐ DK	_____ Months (Number) 99 ☐ DK	_____ Months (Number) 99 ☐ DK
9-10				
b.	_____ Times (Number) 99 ☐ DK	_____ Times (Number) 99 ☐ DK	_____ Times (Number) 99 ☐ DK	_____ Times (Number) 99 ☐ DK
11-12				
3a.	00 ☐ Parent(s) 13-14 01 ☐ Family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicaid 21-22 05 ☐ Rehabilitation program 23-24 06 ☐ Parent's employer 25-26 07 ☐ School system 27-28 08 ☐ VA program 29-30 09 ☐ Other military 31-32 10 ☐ Other private source 33-34 11 ☐ Other public source 35-36 12 ☐ No one/ Free 37-38 } *(Skip to 4)* 99 ☐ DK 39-40	00 ☐ Parent(s) 13-14 01 ☐ Family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicaid 21-22 05 ☐ Rehabilitation program 23-24 06 ☐ Parent's employer 25-26 07 ☐ School system 27-28 08 ☐ VA program 29-30 09 ☐ Other military 31-32 10 ☐ Other private source 33-34 11 ☐ Other public source 35-36 12 ☐ No one/ Free 37-38 } *(Skip to 4)* 99 ☐ DK 39-40	00 ☐ Parent(s) 13-14 01 ☐ Family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicaid 21-22 05 ☐ Rehabilitation program 23-24 06 ☐ Parent's employer 25-26 07 ☐ School system 27-28 08 ☐ VA program 29-30 09 ☐ Other military 31-32 10 ☐ Other private source 33-34 11 ☐ Other public source 35-36 12 ☐ No one/ Free 37-38 } *(Skip to 4)* 99 ☐ DK 39-40	00 ☐ Parent(s) 13-14 01 ☐ Family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicaid 21-22 05 ☐ Rehabilitation program 23-24 06 ☐ Parent's employer 25-26 07 ☐ School system 27-28 08 ☐ VA program 29-30 09 ☐ Other military 31-32 10 ☐ Other private source 33-34 11 ☐ Other public source 35-36 12 ☐ No one/ Free 37-38 } *(Skip to 4)* 99 ☐ DK 39-40
b.	☐☐ Paid most (Number) 99 ☐ DK 41-42	☐☐ Paid most (Number) 99 ☐ DK 41-42	☐☐ Paid most (Number) 99 ☐ DK 41-42	☐☐ Paid most (Number) 99 ☐ DK 41-42
c.	00000 ☐ None *(Skip to 4)* $ _____ . 00 99999 ☐ DK 43-47	00000 ☐ None *(Skip to 4)* $ _____ . 00 99999 ☐ DK 43-47	00000 ☐ None *(Skip to 4)* $ _____ . 00 99999 ☐ DK 43-47	00000 ☐ None *(Skip to 4)* $ _____ . 00 99999 ☐ DK 43-47
d.	00000 ☐ None $ _____ . 00 99999 ☐ DK 48-52	00000 ☐ None $ _____ . 00 99999 ☐ DK 48-52	00000 ☐ None $ _____ . 00 99999 ☐ DK 48-52	00000 ☐ None $ _____ . 00 99999 ☐ DK 48-52
4.	1 ☐ Yes *(Skip to 1 for next service)* 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)* 53	1 ☐ Yes *(Skip to 1 for next service)* 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)* 53	1 ☐ Yes *(Skip to 1 for next service)* 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)* 53	1 ☐ Yes *(Skip to 1 for next service on page 16)* 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service on page 16* 53
5.	00 ☐ Didn't need services 54-55 01 ☐ Provider thinks no longer needed 56-57 02 ☐ Too expensive/ can't afford 58-59 03 ☐ Insurance doesn't cover 60-61 04 ☐ Insurance no longer covers 62-63 05 ☐ No longer on Medicaid 64-65 06 ☐ Provider not available 66-67 07 ☐ Didn't like provider 68-69 08 ☐ Transportation problems 70-71 09 ☐ Could not take time off from work 72-73 10 ☐ Other 74-75 99 ☐ DK 76-77	00 ☐ Didn't need services 54-55 01 ☐ Provider thinks no longer needed 56-57 02 ☐ Too expensive/ can't afford 58-59 03 ☐ Insurance doesn't cover 60-61 04 ☐ Insurance no longer covers 62-63 05 ☐ No longer on Medicaid 64-65 06 ☐ Provider not available 66-67 07 ☐ Didn't like provider 68-69 08 ☐ Transportation problems 70-71 09 ☐ Could not take time off from work 72-73 10 ☐ Other 74-75 99 ☐ DK 76-77	00 ☐ Didn't need services 54-55 01 ☐ Provider thinks no longer needed 56-57 02 ☐ Too expensive/ can't afford 58-59 03 ☐ Insurance doesn't cover 60-61 04 ☐ Insurance no longer covers 62-63 05 ☐ No longer on Medicaid 64-65 06 ☐ Provider not available 66-67 07 ☐ Didn't like provider 68-69 08 ☐ Transportation problems 70-71 09 ☐ Could not take time off from work 72-73 10 ☐ Other 74-75 99 ☐ DK 76-77	00 ☐ Didn't need services 54-55 01 ☐ Provider thinks no longer needed 56-57 02 ☐ Too expensive/ can't afford 58-59 03 ☐ Insurance doesn't cover 60-61 04 ☐ Insurance no longer covers 62-63 05 ☐ No longer on Medicaid 64-65 06 ☐ Provider not available 66-67 07 ☐ Didn't like provider 68-69 08 ☐ Transportation problems 70-71 09 ☐ Could not take time off from work 72-73 10 ☐ Other 74-75 99 ☐ DK 76-77

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Section E – OTHER SERVICES – Continued

	G	H
	RT 17 3-4	RT 17 3-4
	07 A personal care attendant (other than family or a friend) 5-6	08 A reader or interpreter 5-6
1a. During the past 12 months, did *(child)* receive any services from ____ ?	1a. 1 ☐ Yes *(Skip to 2a)* 2 ☐ No 9 ☐ DK *(Go to 1b)* 7	1a. 1 ☐ Yes *(Skip to 2a)* 2 ☐ No 9 ☐ DK *(Go to 1b)* 7
b. Did *(child)* need the services of ____ in the past 12 months?	b. 1 ☐ Yes *(Skip to 5)* 2 ☐ No 9 ☐ DK *(Go to 1 for next service)* 8	b. 1 ☐ Yes *(Skip to 5)* 2 ☐ No 9 ☐ DK *(Go to 1 for next service)* 8
2a. During the past 12 months, in how many months did *(child)* receive services from ____ ?	2a. ____ Months (Number) 99 ☐ DK 9-10	2a. ____ Months (Number) 99 ☐ DK 9-10
b. What was the total number of times *(child)* received services from ____ during [that/those] months?	b. ____ Times (Number) 99 ☐ DK 11-12	b. ____ Times (Number) 99 ☐ DK 11-12
HAND CARD C2. Read categories if telephone interview. **3a. Who paid or will pay for the services *(child)* received from ____ in the past 12 months? (Anyone else?)** *Mark (X) all that apply.*	3a. 00 ☐ Parent(s) 13-14; 01 ☐ Family in household 15-16; 02 ☐ Family NOT in household 17-18; 03 ☐ Private health insurance 19-20; 04 ☐ Medicaid 21-22; 05 ☐ Rehabilitation program 23-24; 06 ☐ Parent's employer 25-26; 07 ☐ School system 27-28; 08 ☐ VA program 29-30; 09 ☐ Other military 31-32; 10 ☐ Other private source 33-34; 11 ☐ Other public source 35-36; 12 ☐ No one/ Free 37-38; 99 ☐ DK 39-40 *(Skip to 4)*	3a. 00 ☐ Parent(s) 13-14; 01 ☐ Family in household 15-16; 02 ☐ Family NOT in household 17-18; 03 ☐ Private health insurance 19-20; 04 ☐ Medicaid 21-22; 05 ☐ Rehabilitation program 23-24; 06 ☐ Parent's employer 25-26; 07 ☐ School system 27-28; 08 ☐ VA program 29-30; 09 ☐ Other military 31-32; 10 ☐ Other private source 33-34; 11 ☐ Other public source 35-36; 12 ☐ No one/ Free 37-38; 99 ☐ DK 39-40 *(Skip to 4)*
Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking. **b. Who paid most of the cost for the services received from ____ in the past 12 months?** *Record number of main source.*	b. ☐☐ Paid most (Number) 99 ☐ DK 41-42	b. ☐☐ Paid most (Number) 99 ☐ DK 41-42
Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4. **c. DURING THE PAST 12 MONTHS, about how much did *(child's)* family pay for the services received from ____ ? Do not count any money that has been or will be reimbursed by insurance or any other source.**	c. 00000 ☐ None *(Skip to 4)* $ _____ . 00 99999 ☐ DK 43-47	c. 00000 ☐ None *(Skip to 4)* $ _____ . 00 99999 ☐ DK 43-47
d. DURING THE PAST 2 WEEKS, about how much did the family pay for services from ____ ?	d. 00000 ☐ None $ _____ . 00 99999 ☐ DK 48-52	d. 00000 ☐ None $ _____ . 00 99999 ☐ DK 48-52
4. During *(month)* did *(child)* receive services from ____ ?	4. 1 ☐ Yes *(Skip to 1 for next service)* 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)* 53	4. 1 ☐ Yes *(Skip to 1 for next service)* 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)* 53
HAND CARD A7. Read categories if telephone interview. **5. Why didn't *(child)* receive services from ____ [in *(month)*/ in the past 12 months]? (Anything else?)** *Mark (X) all that apply.*	5. 00 ☐ Didn't need services 54-55; 01 ☐ Provider thinks no longer needed 56-57; 02 ☐ Too expensive/ can't afford 58-59; 03 ☐ Insurance doesn't cover 60-61; 04 ☐ Insurance no longer covers 62-63; 05 ☐ No longer on Medicaid 64-65; 06 ☐ Provider not available 66-67; 07 ☐ Didn't like provider 68-69; 08 ☐ Transportation problems 70-71; 09 ☐ Could not take time off from work 72-73; 10 ☐ Other 74-75; 99 ☐ DK 76-77	5. 00 ☐ Didn't need services 54-55; 01 ☐ Provider thinks no longer needed 56-57; 02 ☐ Too expensive/ can't afford 58-59; 03 ☐ Insurance doesn't cover 60-61; 04 ☐ Insurance no longer covers 62-63; 05 ☐ No longer on Medicaid 64-65; 06 ☐ Provider not available 66-67; 07 ☐ Didn't like provider 68-69; 08 ☐ Transportation problems 70-71; 09 ☐ Could not take time off from work 72-73; 10 ☐ Other 74-75; 99 ☐ DK 76-77

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RT 17

I 3-4

Notes

09 **Home visits from a doctor** 5-6

1a. 7
1 ☐ Yes *(Skip to 2a)*
2 ☐ No
9 ☐ DK
(Go to 1b)

b. 8
1 ☐ Yes *(Skip to 5)*
2 ☐ No
9 ☐ DK
(Go to 1 for next service on page 18)

2a. 9-10
_____ Months
(Number)
99 ☐ DK

b. 11-12
_____ Times
(Number)
99 ☐ DK

3a.
00 ☐ Parent(s) 13-14
01 ☐ Family in household 15-16
02 ☐ Family NOT in household 17-18
03 ☐ Private health insurance 19-20
04 ☐ Medicaid 21-22
05 ☐ Rehabilitation program 23-24
06 ☐ Parent's employer 25-26
07 ☐ School system 27-28
08 ☐ VA program 29-30
09 ☐ Other military 31-32
10 ☐ Other private source 33-34
11 ☐ Other public source 35-36
12 ☐ No one/ Free 37-38
99 ☐ DK 39-40
(Skip to 4)

b. 41-42
☐☐ Paid most
(Number)
99 ☐ DK

c. 43-47
00000 ☐ None *(Skip to 4)*
$ _____ . 00
99999 ☐ DK

d. 48-52
00000 ☐ None
$ _____ . 00
99999 ☐ DK

4. 53
1 ☐ Yes *(Skip to 1 for next service on page 18)*
2 ☐ No *(Go to 5)*
9 ☐ DK *(Skip to 1 for next service on page 18)*

5.
00 ☐ Didn't need services 54-55
01 ☐ Provider thinks no longer needed 56-57
02 ☐ Too expensive/ can't afford 58-59
03 ☐ Insurance doesn't cover 60-61
04 ☐ Insurance no longer covers 62-63
05 ☐ No longer on Medicaid 64-65
06 ☐ Provider not available 66-67
07 ☐ Didn't like provider 68-69
08 ☐ Transportation problems 70-71
09 ☐ Could not take time off from work 72-73
10 ☐ Other 74-75
99 ☐ DK 76-77

Section E – OTHER SERVICES – Continued

	J	K
	RT 17 3-4	RT 17 3-4
The next questions are about other services *(child)* may have received.	10 **Services from a center for independent living** 5-6	11 **Respiratory therapy services** 5-6
1a. During the past 12 months, did *(child)* receive ____ ?	1a. 1 ☐ Yes *(Skip to 2a)* 7 2 ☐ No } *(Go to 1b)* 9 ☐ DK	1a. 1 ☐ Yes *(Skip to 2a)* 7 2 ☐ No } *(Go to 1b)* 9 ☐ DK
b. Did *(child)* need ____ in the past 12 months?	b. 1 ☐ Yes *(Skip to 5)* 8 2 ☐ No } *(Go to 1 for next service)* 9 ☐ DK	b. 1 ☐ Yes *(Skip to 5)* 8 2 ☐ No } *(Go to 1 for next service)* 9 ☐ DK
2a. During the past 12 months, in how many months did *(child)* receive ____ ?	2a. ____ Months (Number) 9-10 99 ☐ DK	2a. ____ Months (Number) 9-10 99 ☐ DK
b. What was the total number of times *(child)* received ____ during [that/those] months?	b. ____ Times (Number) 11-12 99 ☐ DK	b. ____ Times (Number) 11-12 99 ☐ DK
HAND CARD C2. Read categories if telephone interview. **3a. Who paid or will pay for the services *(child)* received from ____ in the past 12 months?** **(Anyone else?)** *Mark (X) all that apply.*	3a. 00 ☐ Parent(s) 13-14 01 ☐ Family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicaid 21-22 05 ☐ Rehabilitation program 23-24 06 ☐ Parent's employer 25-26 07 ☐ School system 27-28 08 ☐ VA program 29-30 09 ☐ Other military 31-32 10 ☐ Other private source 33-34 11 ☐ Other public source 35-36 12 ☐ No one/ Free } *(Skip to 4)* 37-38 99 ☐ DK 39-40	3a. 00 ☐ Parent(s) 13-14 01 ☐ Family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicaid 21-22 05 ☐ Rehabilitation program 23-24 06 ☐ Parent's employer 25-26 07 ☐ School system 27-28 08 ☐ VA program 29-30 09 ☐ Other military 31-32 10 ☐ Other private source 33-34 11 ☐ Other public source 35-36 12 ☐ No one/ Free } *(Skip to 4)* 37-38 99 ☐ DK 39-40
Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking. **b. Who paid most of the cost for ____ in the past 12 months?** *Record number of main source.*	b. ☐☐ Paid most (Number) 41-42 99 ☐ DK	b. ☐☐ Paid most (Number) 41-42 99 ☐ DK
Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4. **c. DURING THE PAST 12 MONTHS, about how much did *(child's)* family pay for ____ ? Do not count any money that has been or will be reimbursed by insurance or any other source.**	c. 00000 ☐ None *(Skip to 4)* 43-47 $ _____ . 00 99999 ☐ DK	c. 00000 ☐ None *(Skip to 4)* 43-47 $ _____ . 00 99999 ☐ DK
d. DURING THE PAST 2 WEEKS, about how much did the family pay for ____ ?	d. 00000 ☐ None 48-52 $ _____ . 00 99999 ☐ DK	d. 00000 ☐ None 48-52 $ _____ . 00 99999 ☐ DK
4. During *(month)* did *(child)* receive ____ ?	4. 1 ☐ Yes *(Skip to 1 for next service)* 53 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)*	4. 1 ☐ Yes *(Skip to 1 for next service)* 53 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)*
HAND CARD A7. Read categories if telephone interview. **5. Why didn't *(child)* receive ____ [in *(month)*] in the past 12 months]?** **(Anything else?)** *Mark (X) all that apply.*	5. 00 ☐ Didn't need services 54-55 01 ☐ Provider thinks no longer needed 56-57 02 ☐ Too expensive/ can't afford 58-59 03 ☐ Insurance doesn't cover 60-61 04 ☐ Insurance no longer covers 62-63 05 ☐ No longer on Medicaid 64-65 06 ☐ Provider not available 66-67 07 ☐ Didn't like provider 68-69 08 ☐ Transportation problems 70-71 09 ☐ Could not take time off from work 72-73 10 ☐ Other 74-75 99 ☐ DK 76-77	5. 00 ☐ Didn't need services 54-55 01 ☐ Provider thinks no longer needed 56-57 02 ☐ Too expensive/ can't afford 58-59 03 ☐ Insurance doesn't cover 60-61 04 ☐ Insurance no longer covers 62-63 05 ☐ No longer on Medicaid 64-65 06 ☐ Provider not available 66-67 07 ☐ Didn't like provider 68-69 08 ☐ Transportation problems 70-71 09 ☐ Could not take time off from work 72-73 10 ☐ Other 74-75 99 ☐ DK 76-77

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L	RT 17 3-4	M	RT 17 3-4
12 **Social work services**	5-6	13 **Transportation services**	5-6
1a. 1 ☐ Yes *(Skip to 2a)* 2 ☐ No } *(Go to 1b)* 9 ☐ DK	7	**1a.** 1 ☐ Yes *(Skip to 2a)* 2 ☐ No } *(Go to 1b)* 9 ☐ DK	7
b. 1 ☐ Yes *(Skip to 5)* 2 ☐ No } *(Go to 1 for next service)* 9 ☐ DK	8	**b.** 1 ☐ Yes *(Skip to 5)* 2 ☐ No } *(Skip to 6 on page 20)* 9 ☐ DK	8
2a. _____ Months (Number) 99 ☐ DK	9-10	**2a.** _____ Months (Number) 99 ☐ DK	9-10
b. _____ Times (Number) 99 ☐ DK	11-12	**b.** _____ Times (Number) 99 ☐ DK	11-12
3a. 00 ☐ Parent(s)	13-14	**3a.** 00 ☐ Parent(s)	13-14
01 ☐ Family in household	15-16	01 ☐ Family in household	15-16
02 ☐ Family NOT in household	17-18	02 ☐ Family NOT in household	17-18
03 ☐ Private health insurance	19-20	03 ☐ Private health insurance	19-20
04 ☐ Medicaid	21-22	04 ☐ Medicaid	21-22
05 ☐ Rehabilitation program	23-24	05 ☐ Rehabilitation program	23-24
06 ☐ Parent's employer	25-26	06 ☐ Parent's employer	25-26
07 ☐ School system	27-28	07 ☐ School system	27-28
08 ☐ VA program	29-30	08 ☐ VA program	29-30
09 ☐ Other military	31-32	09 ☐ Other military	31-32
10 ☐ Other private source	33-34	10 ☐ Other private source	33-34
11 ☐ Other public source	35-36	11 ☐ Other public source	35-36
12 ☐ No one/ Free } *(Skip to 4)*	37-38	12 ☐ No one/ Free } *(Skip to 4)*	37-38
99 ☐ DK	39-40	99 ☐ DK	39-40
b. ☐☐ Paid most (Number) 99 ☐ DK	41-42	**b.** ☐☐ Paid most (Number) 99 ☐ DK	41-42
c. 00000 ☐ None *(Skip to 4)* $ _____ . 00 99999 ☐ DK	43-47	**c.** 00000 ☐ None *(Skip to 4)* $ _____ . 00 99999 ☐ DK	43-47
d. 00000 ☐ None $ _____ . 00 99999 ☐ DK	48-52	**d.** 00000 ☐ None $ _____ . 00 99999 ☐ DK	48-52
4. 1 ☐ Yes *(Skip to 1 for next service)* 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 1 for next service)*	53	**4.** 1 ☐ Yes *(Skip to 6 on page 20)* 2 ☐ No *(Go to 5)* 9 ☐ DK *(Skip to 6 on page 20)*	53
5. 00 ☐ Didn't need services	54-55	**5.** 00 ☐ Didn't need services	54-55
01 ☐ Provider thinks no longer needed	56-57	01 ☐ Provider thinks no longer needed	56-57
02 ☐ Too expensive/ can't afford	58-59	02 ☐ Too expensive/ can't afford	58-59
03 ☐ Insurance doesn't cover	60-61	03 ☐ Insurance doesn't cover	60-61
04 ☐ Insurance no longer covers	62-63	04 ☐ Insurance no longer covers	62-63
05 ☐ No longer on Medicaid	64-65	05 ☐ No longer on Medicaid	64-65
06 ☐ Provider not available	66-67	06 ☐ Provider not available	66-67
07 ☐ Didn't like provider	68-69	07 ☐ Didn't like provider	68-69
08 ☐ Transportation problems	70-71	08 ☐ Transportation problems	70-71
09 ☐ Could not take time off from work	72-73	09 ☐ Could not take time off from work	72-73
10 ☐ Other	74-75	10 ☐ Other	74-75
99 ☐ DK	76-77	99 ☐ DK	76-77

Notes

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RT 18

Section E – OTHER SERVICES – Continued

3-4

HAND CARD C6. Read categories in 6b if telephone interview.

5

6a. Is *(child)* currently on a waiting list for any of these services?

1 ☐ Yes *(Go to 6b)*
2 ☐ No
9 ☐ DK
} *(Skip to Section F on page 21)*

b. For which ones is *(child)* on a waiting list?

Anything else?

Mark (X) all that apply.

01 ☐ A physical therapist	6-7
02 ☐ An occupational therapist	8-9
03 ☐ An audiologist	10-11
04 ☐ A speech therapist or pathologist	12-13
05 ☐ A recreational therapist	14-15
06 ☐ A visiting nurse	16-17
07 ☐ A personal care attendant, other than family or a friend	18-19
08 ☐ A reader or interpreter	20-21
09 ☐ Home visits from a doctor	22-23
10 ☐ Services from a center for independent living	24-25
11 ☐ Respiratory therapy services	26-27
12 ☐ Social work services	28-29
13 ☐ Transportation services	30-31
99 ☐ DK	32-33

Notes

RT 19

Section F – EDUCATIONAL SERVICES

3-4

ITEM F1 *Refer to child's age on label.*

5

1 ☐ 3+ years old *(Go to 1)*
2 ☐ Other *(Skip to 5 on page 23)*

6

Special education is a program designed to meet the individual needs of children with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

1a. DURING THE PAST 12 MONTHS, has *(child)* **received any type of special education services or benefits? Do not include gifted or talented programs.**

1 ☐ Yes *(Go to 1b)*
2 ☐ No } *(Skip to 3 on page 22)*
9 ☐ DK }

HAND CARD A15. Read categories if telephone interview.

b. During the past 12 months, which of these services or benefits did *(child)* **receive through special education programs?**

(Anything else?)

Mark (X) all that apply.

01 ☐	Transportation services	7-8
02 ☐	Speech/Language therapy	9-10
03 ☐	Audiology services for hearing problems (such as testing, evaluation, and training)	11-12
04 ☐	Mental health or counseling services	13-14
05 ☐	Developmental testing	15-16
06 ☐	Physical therapy	17-18
07 ☐	Occupational therapy	19-20
08 ☐	Recreational therapy	21-22
09 ☐	Respiratory therapy	23-24
10 ☐	Social work services	25-26
11 ☐	Eyeglasses	27-28
12 ☐	Hearing aids	29-30
13 ☐	Wheelchair	31-32
14 ☐	Other assistive devices and training in their use	33-34
15 ☐	Medical services for diagnostic and evaluation purposes	35-36
16 ☐	Communication services (such as reader, interpreter, or writer)	37-38
17 ☐	Nursing services	39-40
18 ☐	Other	41-42
99 ☐	DK	43-44

HAND CARD A16. Read categories if telephone interview.

c. During the past 12 months, has *(child)* **received special education for any of these conditions?**

(Anything else?)

Mark (X) all that apply.

01 ☐	Learning disabilities	45-46
02 ☐	Speech or language problems	47-48
03 ☐	Mental retardation	49-50
04 ☐	Emotional disturbances	51-52
05 ☐	Deaf and blind	53-54
06 ☐	Hearing, including deafness or hard of hearing	55-56
07 ☐	Visual, including blindness and other problems	57-58
08 ☐	Orthopedic problems	59-60
09 ☐	Autism	61-62
10 ☐	Traumatic brain injury	63-64
11 ☐	Developmental delay	65-66
12 ☐	Multiple disabilities	67-68
13 ☐	Other health problem	69-70
14 ☐	Not a specific condition	71-72
99 ☐	DK	73-74

HAND CARD A17. Read categories if telephone interview.

d. During the past 12 months, where did *(child)* **receive these special education services?**

(Anywhere else?)

Mark (X) all that apply.

01 ☐	Regular classroom setting	75-76
02 ☐	Resource room in regular school	77-78
03 ☐	Separate class all day or part of a day in regular school	79-80
04 ☐	Special school - day school	81-82
05 ☐	Special school - residential school	83-84
06 ☐	Home	85-86
07 ☐	Hospital or institution	87-88
08 ☐	Provider's office	89-90
09 ☐	Other	91-92
99 ☐	DK	93-94

e. Has *(child)* **received any special education services during the past month?**

95

1 ☐ Yes *(Skip to Item F2 on page 22)*
2 ☐ No *(Go to 1f)*
9 ☐ DK *(Skip to Item F2 on page 22)*

f. Why hasn't *(child)* **received any special education services in the past month?**

Anything else?

Mark (X) all that apply.

0 ☐	Child did not need the service during the past month	96
1 ☐	Provider/school thinks services no longer necessary	97
2 ☐	Child on vacation from school	98
3 ☐	Provider/service no longer available	99
4 ☐	Didn't like provider/service	100
5 ☐	Transportation problems	101
6 ☐	Could not take time off from work to arrange it	102
7 ☐	Other reason	103
9 ☐	DK	104

Section F – EDUCATIONAL SERVICES – Continued

ITEM F2 *Refer to child's age on label.*

1 ☐ 16+ years old *(Go to 2)* [105]
2 ☐ Other *(Skip to 3)*

2. During the past 12 months, did *(child)* receive any instruction through special education about how to get and keep a job? [106]

1 ☐ Yes
2 ☐ No
9 ☐ DK [RT 20] [3-4]

3a. During the past 12 months, have you tried to get any (additional) special education services for *(child)*? [5]

1 ☐ Yes *(Go to 3b)*
2 ☐ No } *(Skip to 4)*
9 ☐ DK }

HAND CARD A15. Read categories if telephone interview.

b. What (additional) special education services did you try to get for *(child)*?

(Anything else?)

Mark (X) all that apply.

01 ☐ Transportation services [6-7]
02 ☐ Speech/Language therapy [8-9]
03 ☐ Audiology services for hearing problems (such as testing, evaluation, and training) [10-11]
04 ☐ Mental health or counseling services [12-13]
05 ☐ Developmental testing [14-15]
06 ☐ Physical therapy [16-17]
07 ☐ Occupational therapy [18-19]
08 ☐ Recreational therapy [20-21]
09 ☐ Respiratory therapy [22-23]
10 ☐ Social work services [24-25]
11 ☐ Eyeglasses [26-27]
12 ☐ Hearing aids [28-29]
13 ☐ Wheelchair [30-31]
14 ☐ Other assistive devices and training in their use [32-33]
15 ☐ Medical services for diagnostic and evaluation purposes [34-35]
16 ☐ Communication services (such as reader, interpreter, or writer) [36-37]
17 ☐ Nursing services [38-39]
18 ☐ Other [40-41]
99 ☐ DK [42-43]

c. During the past 12 months, was *(child)* on a waiting list for any special education services? [44]

1 ☐ Yes
2 ☐ No
9 ☐ DK

HAND CARD C7. Read categories if telephone interview.

d. What problems did you have trying to get (additional) special education services for *(child)* during the past 12 months?

(Anything else?)

Mark (X) all that apply.

00 ☐ No problem getting services [45-46]
01 ☐ Service is not available [47-48]
02 ☐ Had trouble finding the right kind of service [49-50]
03 ☐ Services available are inadequate [51-52]
04 ☐ School did not think child needed the service [53-54]
05 ☐ School would not test child for disabilities [55-56]
06 ☐ School would not help in finding services [57-58]
07 ☐ Could not take time off from work to arrange it [59-60]
08 ☐ Other problems [61-62]
99 ☐ DK [63-64]

4. Overall, how satisfied are you with the educational services that *(child)* receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? [65]

0 ☐ Does not receive educational services
1 ☐ Very satisfied
2 ☐ Somewhat satisfied
3 ☐ Somewhat dissatisfied
4 ☐ Very dissatisfied
9 ☐ DK
} *(Skip to Section G on page 25)*

Notes

FORM DFS-1 (7-1-94)

Section F – EDUCATIONAL SERVICES – Continued

Special education is a program designed to meet the individual needs of infants and very young children who have special needs. It is provided free and may include services at home, at a hospital, or somewhere else.

66

5a. During the past 12 months, has *(child)* received any type of special education services?

1 ☐ Yes *(Go to 5b)*
2 ☐ No
9 ☐ DK
(Skip to 6 on page 24)

HAND CARD C8. Read categories if telephone interview.

b. During the past 12 months, which of these special education services did *(child)* receive?

(Anything else?)

Mark (X) all that apply.

01 ☐ Transportation services	67-68
02 ☐ Speech/Language therapy	69-70
03 ☐ Audiology services for hearing problems (such as testing, evaluation, and training)	71-72
04 ☐ Family training, counseling and home visits	73-74
05 ☐ Nursing or health services	75-76
06 ☐ Physical therapy	77-78
07 ☐ Occupational therapy	79-80
08 ☐ Nutrition services	81-82
09 ☐ Social work services	83-84
10 ☐ Psychological services	85-86
11 ☐ Service coordination/case management	87-88
12 ☐ Special instruction	89-90
13 ☐ Vision services, including eye testing and obtaining glasses	91-92
14 ☐ Other assistive devices and training in their use	93-94
15 ☐ Medical services for diagnostic and evaluation purposes	95-96
16 ☐ Other early intervention services	97-98
99 ☐ DK	99-100

c. During the past 12 months, has *(child)* received special education for a developmental delay, other health condition, or some other problem?

Mark (X) all that apply.

1 ☐ Developmental delay	101
2 ☐ Other health condition	102
3 ☐ Other problem	103
4 ☐ DK	104

RT 21
3-4

d. During the past 12 months, where did *(child)* receive these special education services?

Anywhere else?

Mark (X) all that apply.

01 ☐ Home	5-6
02 ☐ Family daycare	7-8
03 ☐ Regular nursery school/daycare center	9-10
04 ☐ Outpatient services facility	11-12
05 ☐ Early intervention classroom/center	13-14
06 ☐ Hospital as inpatient	15-16
07 ☐ Provider's office	17-18
08 ☐ Residential facility	19-20
09 ☐ Other place	21-22
99 ☐ DK	23-24

e. Has *(child)* received any special education services during the past MONTH?

25

1 ☐ Yes *(Skip to 6 on page 24)*
2 ☐ No *(Go to 5f)*
9 ☐ DK *(Skip to 6 on page 24)*

f. Why didn't *(child)* receive special education services during the past MONTH?

Anything else?

Mark (X) all that apply.

0 ☐ Child did not need the service during the past month	26
1 ☐ Provider/school thinks services no longer necessary	27
2 ☐ Child on vacation from school	28
3 ☐ Provider/service no longer available	29
4 ☐ Didn't like provider/service	30
5 ☐ Transportation problems	31
6 ☐ Could not take time off from work to arrange it	32
7 ☐ Other reason	33
9 ☐ DK	34

Notes

Section F – EDUCATIONAL SERVICES – Continued

6a. During the past 12 months, have you tried to get any (additional) special education services for *(child)*? | 35

1 ☐ Yes *(Go to 6b)*
2 ☐ No } *(Skip to 7)*
9 ☐ DK

HAND CARD C8. Read categories if telephone interview.

b. What (additional) special education services did you try to get for *(child)* ?

(Anything else?)

Mark (X) all that apply.

01 ☐	Transportation services	36-37
02 ☐	Speech/Language therapy	38-39
03 ☐	Audiology services for hearing problems (such as testing, evaluation, and training)	40-41
04 ☐	Family training, counseling and home visits	42-43
05 ☐	Nursing or health services	44-45
06 ☐	Physical therapy	46-47
07 ☐	Occupational therapy	48-49
08 ☐	Nutrition services	50-51
09 ☐	Social work services	52-53
10 ☐	Psychological services	54-55
11 ☐	Service coordination/case management	56-57
12 ☐	Special instruction	58-59
13 ☐	Vision services, including eye testing and obtaining glasses	60-61
14 ☐	Other assistive devices and training in their use	62-63
15 ☐	Medical services for diagnostic and evaluation purposes	64-65
16 ☐	Other early intervention services	66-67
99 ☐	DK	68-69

c. During the past 12 months, was *(child)* on a waiting list for any special education services? | 70

1 ☐ Yes
2 ☐ No
9 ☐ DK

HAND CARD C7. Read categories if telephone interview.

d. What problems did you have trying to get special education services for *(child)* during the past 12 months?

(Anything else?)

Mark (X) all that apply.

00 ☐	No problem getting services	71-72
01 ☐	Service is not available	73-74
02 ☐	Had trouble finding the right kind of service	75-76
03 ☐	Services available are inadequate	77-78
04 ☐	School did not think child needed the service	79-80
05 ☐	School would not test child for disabilities	81-82
06 ☐	School would not help in finding services	83-84
07 ☐	Could not take time off from work to arrange it	85-86
08 ☐	Other problems	87-88
99 ☐	DK	89-90

7. Overall, how satisfied are you with the education services that *(child)* receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? | 91

0 ☐ Did not receive any educational services
1 ☐ Very satisfied
2 ☐ Somewhat satisfied
3 ☐ Somewhat dissatisfied
4 ☐ Very dissatisfied
9 ☐ DK

Notes

RT 22 3-4

Section G – COORDINATION OF SERVICES

1a. Is there any one doctor who you think of as the one who coordinates *(child's)* overall medical care? By coordinating, I mean one who keeps in touch with the different doctors or therapists who *(child)* sees, who knows the results of all tests and treatments that *(child)* has, and who is aware of *(child's)* different prescription medicines. (5)

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. Do *(child's)* doctors talk to each other about [his/her] health and the care [he/she] gets, including any tests or medications? (6)

1 ☐ Yes
2 ☐ No
3 ☐ Only one doctor
9 ☐ DK

2a. Is there anyone who is NOT a doctor who coordinates *(child's)* medical care? (7)

1 ☐ Yes *(Go to 2b)*
2 ☐ No } *(Skip to 3)*
9 ☐ DK

b. Who does this for *(child)*?

Anyone else?

Mark (X) all that apply.

0 ☐ Parent/Guardian (8)
1 ☐ Friend/Family member (9)
2 ☐ Nurse (10)
3 ☐ Therapist (11)
4 ☐ Social worker (12)
5 ☐ Hospital discharge planner (13)
6 ☐ Case manager (14)
7 ☐ Other (15)
9 ☐ DK (16)

3a. Does any physician or someone in a physician's office help with arranging *(child's)* non-medical care, like social services and personal care services? (17)

1 ☐ Yes *(Go to 3b)*
2 ☐ No } *(Skip to 4)*
9 ☐ DK

b. Is this person, or does this person work for a general care physician or a specialist? (18)

1 ☐ General care physician
2 ☐ Specialist
3 ☐ Someone else
9 ☐ DK

c. Is this person a —

Mark (X) all that apply.

1 ☐ **Physician?** (19)
2 ☐ **Therapist?** (20)
3 ☐ **Nurse?** (21)
4 ☐ **Social worker?** (22)
5 ☐ **Hospital discharge planner?** (23)
6 ☐ **Case manager?** (24)
7 ☐ **Something else?** (25)
9 ☐ DK (26)

4a. Does anyone NOT in a physician's office help with arranging *(child's)* non-medical services? (27)

1 ☐ Yes *(Go to 4b)*
2 ☐ No } *(Skip to G1)*
9 ☐ DK

b. Who does this for *(child)*?

Anyone else?

Mark (X) all that apply.

0 ☐ Parent/Guardian (28)
1 ☐ Friend/Family member (29)
2 ☐ Nurse (30)
3 ☐ Therapist (31)
4 ☐ Social worker (32)
5 ☐ Hospital discharge planner (33)
6 ☐ Case manager (34)
7 ☐ Other (35)
9 ☐ DK (36)

ITEM G1

Refer to 1a, 2a, 3a and 4a.
(Coordinates/arranges) (37)

1 ☐ "Yes" in any *(Go to 5 on page 26)*
2 ☐ All other *(Skip to 9 on page 26)*

Notes

FORM DFS-1 (7-1-94)

Section G – COORDINATION OF SERVICES – Continued

HAND CARD C9. Read categories if telephone interview.

5. What kinds of medical or non-medical services [does this person/do these persons] provide for *(child)* **?**

(Anything else?)

Mark (X) all that apply.

- 01 ☐ Helps make medical appointments with (other) doctors — 38-39
- 02 ☐ Makes appointments with nurses/therapists/dieticians — 40-41
- 03 ☐ Follows up to be sure appointments are kept — 42-43
- 04 ☐ Arranges transportation to appointments — 44-45
- 05 ☐ Makes referrals to doctors — 46-47
- 06 ☐ Makes referrals to nurses/therapists/dieticians — 48-49
- 07 ☐ Checks to see if child's needs or conditions have changed — 50-51
- 08 ☐ Makes sure that child is doing exercises or following diet — 52-53
- 09 ☐ Reviews medications — 54-55
- 10 ☐ Explains medical procedures and terms to child and family — 56-57
- 11 ☐ Helps with insurance or other benefits — 58-59
- 12 ☐ Tries to find volunteers to help child — 60-61
- 13 ☐ Tries to find workers or agencies to help child — 62-63
- 14 ☐ Arranges home delivered meals for child — 64-65
- 15 ☐ Makes sure that friends/family are able to help child — 66-67
- 16 ☐ Arranges for care at home — 68-69
- 17 ☐ Helps develop a personal care plan — 70-71
- 18 ☐ Evaluates need for services — 72-73
- 19 ☐ Arranges special education services — 74-75
- 20 ☐ Arranges vocational rehabilitation services — 76-77
- 21 ☐ Other — 78-79
- 99 ☐ DK — 80-81

ITEM G2

Refer to 4b on page 25.
(Arranges non-medical services)

82
- 1 ☐ Only box "0" and/or box "1" marked *(Skip to 9)*
- 2 ☐ Other *(Go to 6)*

6a. Was the help coordinating *(child's)* **non-medical services paid for?** — 83

- 1 ☐ Yes *(Go to 6b)*
- 2 ☐ No } *(Skip to 7)*
- 9 ☐ DK }

HAND CARD C2. Read categories if telephone interview.

b. Who paid or will pay for this help?

(Anyone else?)

Mark (X) all that apply.

- 00 ☐ Parent(s) — 84-85
- 01 ☐ Family in household — 86-87
- 02 ☐ Family NOT in household — 88-89
- 03 ☐ Private health insurance — 90-91
- 04 ☐ Medicaid — 92-93
- 05 ☐ Rehabilitation program — 94-95
- 06 ☐ Parent's employer — 96-97
- 07 ☐ School system — 98-99
- 08 ☐ VA program — 100-101
- 09 ☐ Other military — 102-103
- 10 ☐ Other private source — 104-105
- 11 ☐ Other public source — 106-107
- 12 ☐ No one/Free — 108-109
- 99 ☐ DK — 110-111

Ask if more than one box marked in 6b; if only one, transcribe the number of the box without asking.

c. Who paid the most for the cost of this help?
Record number of main source.

112-113

☐☐ Paid most
(Number)

99 ☐ DK

7. In the past 6 months, about how many times did you see or talk to the person(s) who help(s) arrange *(child's)* **non-medical services?** — 114-116

000 ☐ None

_____ (Number) { 1 ☐ Per week; 2 ☐ Per month; 3 ☐ Per six months }

999 ☐ DK

8. Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the job [the person has/these people have] done to help in coordinating *(child's)* **non-medical services?** — 117

Mark (X) only one.

- 1 ☐ Very satisfied
- 2 ☐ Somewhat satisfied
- 3 ☐ Somewhat dissatisfied
- 4 ☐ Very dissatisfied
- 9 ☐ DK

} *(Skip to 10a on page 27)*

9. During the past 12 months have you felt that you NEEDED someone to help arrange or coordinate *(child's)* **personal care or social services?** — 118

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Never thought about it
- 9 ☐ DK

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Section G – COORDINATION OF SERVICES – Continued

10a. Do you need help filling out *(child's)* insurance forms or benefit applications?	1 ☐ Yes *(Go to 10b)* 2 ☐ No 3 ☐ Never filled out forms/applications } *(Skip to Section H on page 28)*	5
b. Who helps you fill out *(child's)* insurance forms or applications for public programs or benefits? *Mark (X) all that apply.*	0 ☐ No one 1 ☐ Household member 2 ☐ Friend/other relative not in household 3 ☐ Paid caregiver 4 ☐ Volunteer from an organization 5 ☐ Other 9 ☐ DK	6 7 8 9 10 11 12

Notes

Section H – PHYSICAL ACTIVITY

1. During the past 12 months, has *(child)* been limited in the kind or amount of physical activity [he/she] can do during play because of a physical, mental, or emotional problem?	1 ☐ Yes *(Go to 2)* 2 ☐ No } *(Skip to 4)* 9 ☐ DK	13
HAND CARD C10. Read categories if telephone interview. **Sometimes things other than a person's health limit or prevent participation in physical education or recreational programs.**		
2. During the past 12 months, was *(child's)* participation in physical education or recreation programs limited or prevented for any of these reasons? **(Anything else)?** *Mark (X) all that apply.*	0 ☐ Did not try to find programs 1 ☐ Lack of nearby facilities or programs 2 ☐ Facilities not adapted to child's needs 3 ☐ Inadequate transportation 4 ☐ Cost is too high 5 ☐ Not prevented or limited for any of these reasons 9 ☐ DK	14 15 16 17 18 19 20
3. During the past 12 months, has *(child)* participated in any physical education or recreation adapted for children with special needs?	1 ☐ Yes 2 ☐ No 9 ☐ DK	21
4. During the past 12 months, has *(child)* participated in any ORGANIZED GROUP activities (outside of school) that have adult supervision? Please include any group recreational or educational activities such as group lessons, sports teams, scout troops, and clubs.	1 ☐ Yes 2 ☐ No 9 ☐ DK	22
5. During the past 12 months, did *(child)* go to any kind of summer camp?	1 ☐ Yes 2 ☐ No 9 ☐ DK	23

Notes

Section I – PERSONAL ADJUSTMENT AND ROLE SKILLS (PARS)

ITEM I1 *Refer to child's age on label.*

1 ☐ 6+ year old *(Go to 1)*
2 ☐ Other *(Skip to Section J on page 31)*

In the next questions, I'll ask about *(child's)* **social behaviors and activities.**

HAND CARD C11.

1. During the past 30 days, has *(child)* **—**	Never or rarely	Sometimes	Often	Always	
a. Spent time with friends? Would you say — *(Read all categories)***?**	a. 1 ☐	2 ☐	3 ☐	4 ☐	6
b. Made friends without difficulty? (Would you say — *(Read all categories)***?)**	b. 1 ☐	2 ☐	3 ☐	4 ☐	7
c. Joined others of [his/her] own accord? (Would you say — *(Read all categories)***?)**	c. 1 ☐	2 ☐	3 ☐	4 ☐	8
d. Had many different friends? (Would you say — *(Read all categories)***?)**	d. 1 ☐	2 ☐	3 ☐	4 ☐	9
e. Wanted help in things [he/she] could have done on own? (Would you say — *(Read all categories)***?)**	e. 1 ☐	2 ☐	3 ☐	4 ☐	10
f. Been unable to decide things for [his/her] self? (Would you say — *(Read all categories)***?)**	f. 1 ☐	2 ☐	3 ☐	4 ☐	11
g. Asked for help when [he/she] could have figured things out? (Would you say — *(Read all categories)***?)**	g. 1 ☐	2 ☐	3 ☐	4 ☐	12
During the past 30 days, has *(child)* **—**					13
h. Asked unnecessary questions instead of working on own? (Would you say — *(Read all categories)***?)**	h. 1 ☐	2 ☐	3 ☐	4 ☐	14
i. Done things for attention even though punished for it? (Would you say — *(Read all categories)***?)**	i. 1 ☐	2 ☐	3 ☐	4 ☐	15
j. Flared up when [he/she] couldn't have [his/her] own way? (Would you say — *(Read all categories)***?)**	j. 1 ☐	2 ☐	3 ☐	4 ☐	16
k. Become upset if others did not agree with [him/her]? (Would you say — *(Read all categories)***?)**	k. 1 ☐	2 ☐	3 ☐	4 ☐	17
l. Ignored warnings to stop unacceptable behavior? (Would you say — *(Read all categories)***?)**	l. 1 ☐	2 ☐	3 ☐	4 ☐	18
m. Told lies? (Would you say — *(Read all categories)***?)**	m. 1 ☐	2 ☐	3 ☐	4 ☐	19
n. Not responded to discipline? (Would you say — *(Read all categories)***?)**	n. 1 ☐	2 ☐	3 ☐	4 ☐	20
During the past 30 days, has *(child)* **—**					
o. Stayed with tasks or assignments until finished? (Would you say — *(Read all categories)***?)**	o. 1 ☐	2 ☐	3 ☐	4 ☐	21
p. Made full use of abilities? (Would you say — *(Read all categories)***?)**	p. 1 ☐	2 ☐	3 ☐	4 ☐	22
q. Done work without being pushed or punished? (Would you say — *(Read all categories)***?)**	q. 1 ☐	2 ☐	3 ☐	4 ☐	23
r. Kept on with tasks even when difficult? (Would you say — *(Read all categories)***?)**	r. 1 ☐	2 ☐	3 ☐	4 ☐	24
s. Complained about problems? (Would you say — *(Read all categories)***?)**	s. 1 ☐	2 ☐	3 ☐	4 ☐	25
t. Seemed restless, tense? (Would you say — *(Read all categories)***?)**	t. 1 ☐	2 ☐	3 ☐	4 ☐	26
u. Said people didn't care about [him/her]? (Would you say — *(Read all categories)***?)**	u. 1 ☐	2 ☐	3 ☐	4 ☐	

Section I – PERSONAL ADJUSTMENT AND ROLE SKILLS (PARS) – Continued

During the past 30 days, has *(child)* —	Never or rarely	Sometimes	Often	Always
v. Seemed sad? (Would you say — *(Read all categories)*?)	**v.** 1 ☐	2 ☐	3 ☐	4 ☐ 27
w. Said [he/she] couldn't do things right? (Would you say — *(Read all categories)*?)	**w.** 1 ☐	2 ☐	3 ☐	4 ☐ 28
x. Acted afraid or apprehensive? (Would you say — *(Read all categories)*?)	**x.** 1 ☐	2 ☐	3 ☐	4 ☐ 29
y. Sat and stared without doing anything? (Would you say — *(Read all categories)*?)	**y.** 1 ☐	2 ☐	3 ☐	4 ☐ 30
z. Appeared listless and apathetic? (Would you say — *(Read all categories)*?)	**z.** 1 ☐	2 ☐	3 ☐	4 ☐ 31
aa. Seemed unaware of things going on around [him/her]? (Would you say — *(Read all categories)*?)	**aa.** 1 ☐	2 ☐	3 ☐	4 ☐ 32
bb. Shown little interest in things, had to be pushed into activity? (Would you say — *(Read all categories)*?)	**bb.** 1 ☐	2 ☐	3 ☐	4 ☐ 33

Notes

Section J – IMPACT ON THE FAMILY

	Yes	No	DK	
1a. For reasons related to *(child's)* health, has anyone in the family EVER:				
(0) Not taken a job in order to care for *(child)*?	(0) 1 ☐	2 ☐	9 ☐	34
(1) Quit working other than normal maternity leave?	(1) 1 ☐	2 ☐	9 ☐	35
(2) Changed jobs?	(2) 1 ☐	2 ☐	9 ☐	36
(3) Changed work hours to a different time of day?	(3) 1 ☐	2 ☐	9 ☐	37
(4) Turned down a better job or promotion?	(4) 1 ☐	2 ☐	9 ☐	38
(5) Worked fewer hours?	(5) 1 ☐ *(Go to 1b)*	2 ☐ *(Skip to 2)*	9 ☐ *(Skip to 2)*	39
b. Right BEFORE the family member changed hours the last time, how many hours a week did he or she work?	_____ Hours (Number) 99 ☐ DK			40-41
c. AFTER the family member changed hours, how many hours a week did he or she work?	_____ Hours (Number) 99 ☐ DK			42-43
2. During the past 12 months, because of *(child's)* health, has anyone in the family had to change sleeping patterns for more than a few nights at a time?	1 ☐ Yes 2 ☐ No 9 ☐ DK			44
3. During the past 12 months, has the family had severe financial problems because of *(child's)* health?	1 ☐ Yes 2 ☐ No 9 ☐ DK			45

Notes

RT 25

Section K – MENTAL HEALTH

3-4

ITEM K1 *Refer to child's age on label.*

5
1 ☐ 3+ years old *(Go to 1)*
2 ☐ Other *(Skip to Section L on page 36)*

1a. During the past 12 months, did *(child)* stay OVERNIGHT in a hospital or other place to receive services for mental health or substance abuse?

6
1 ☐ Yes *(Go to 1b)*
2 ☐ No
9 ☐ DK
(Skip to 3 on page 33)

b. Was this for mental health, substance abuse or both?

Mark (X) only one.

7
1 ☐ Mental health
2 ☐ Substance abuse
3 ☐ Both
9 ☐ DK

HAND CARD A9. Read categories if telephone interview.

c. Where did *(child)* receive inpatient [mental health/(and) substance abuse] services during the past 12 months?

(Anywhere else?)

Mark (X) all that apply.

1 ☐ Private or public psychiatric hospital — 8
2 ☐ Psychiatric service in a general hospital — 9
3 ☐ Other hospital — 10
4 ☐ Residential treatment center — 11
5 ☐ Other place — 12
9 ☐ DK — 13

d. During the past 12 months, altogether how many times was *(child)* admitted to *(place(s) in 1c)* for [mental health/(and) substance abuse] services?

14-15
_____ Times admitted
(Number)
99 ☐ DK

e. Altogether how many nights did *(child)* spend in the *(place(s) in 1c)* during the past 12 months?

16-17
_____ Nights
(Number)
99 ☐ DK

ITEM K2 *Refer to 1d.* (Number of admissions)

18
1 ☐ 1 admission *(Go to 2a)*
2 ☐ 2 or more admissions *(Skip to 2b)*
9 ☐ DK *(Skip to 2c)*

2a. Was that admission on an emergency basis?

19
1 ☐ Yes
2 ☐ No
9 ☐ DK
(Skip to 2e)

b. How many of the *(number in 1d)* admissions were on an emergency basis?

20-21
00 ☐ None
_____ Emergency admissions
(Number)
99 ☐ DK
(Skip to 2e)

c. Were any of the admissions in the past 12 months on an emergency basis?

22
1 ☐ Yes *(Go to 2d)*
2 ☐ No
9 ☐ DK
(Skip to 2e)

d. How many admissions were on an emergency basis?

23-24
_____ Emergency admissions
(Number)
99 ☐ DK

HAND CARD C2. Read categories if telephone interview.

e. Who paid, or will pay, for the inpatient [mental health/(and) substance abuse] services *(child)* received during the past 12 months?

(Anyone else)?

Mark (X) all that apply.

00 ☐ Parent(s) — 25-26
01 ☐ Family in household — 27-28
02 ☐ Family NOT in household — 29-30
03 ☐ Private health insurance — 31-32
04 ☐ Medicaid — 33-34
05 ☐ Rehabilitation program — 35-36
06 ☐ Parent's employer — 37-38
07 ☐ School system — 39-40
08 ☐ VA program — 41-42
09 ☐ Other military — 43-44
10 ☐ Other private source — 45-46
11 ☐ Other public source — 47-48
12 ☐ No one/Free — 49-50
99 ☐ DK — 51-52
(Skip to 3 on page 33)

Ask if more than one box marked in 2e; if only one, transcribe the number of the box marked without asking.

f. Who paid for MOST of the cost of the inpatient [mental health/(and) substances abuse] services?

Record number of main source.

53-54
☐☐ Paid most
(Number)
99 ☐ DK

Ask if box 00 or 01 marked in 2e; otherwise, skip to 3.

g. During the past 12 months, about how much did the family pay for *(child's)* inpatient [mental health/(and) substance abuse] services? Do not include costs that were or will be reimbursed by insurance or another source.

55-59
00000 ☐ None
$ _____ . 00
99999 ☐ DK

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Section K – MENTAL HEALTH – Continued

3a. During the past 12 months, did *(child)* receive any OUTPATIENT mental health or substance abuse services, including mental health or substance abuse services received from a general practitioner or any other health professional? Do not include treatment for smoking cessation. [60]

1 ☐ Yes *(Go to 3b)*
2 ☐ No
9 ☐ DK
(Skip to 5 on page 34)

b. Was this for mental health, substance abuse or both? [61]

Mark (X) only one.

1 ☐ Mental health
2 ☐ Substance abuse
3 ☐ Both
9 ☐ DK

HAND CARD A10. Read categories if telephone interview.

c. From whom did *(child)* receive outpatient [mental health/(and) substance abuse] services during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

1 ☐ Psychiatrist [62]
2 ☐ Psychologist [63]
3 ☐ Nurse [64]
4 ☐ Social worker [65]
5 ☐ Other mental health counselor or therapist [66]
6 ☐ General practitioner or other medical doctor [67]
7 ☐ Other health professional [68]
9 ☐ DK [69]

HAND CARD A11. Read categories if telephone interview.

d. Where did *(child)* receive outpatient [mental health/(and) substance abuse] services during the past 12 months?

(Anywhere else?)

Mark (X) all that apply.

1 ☐ Doctor's/Other health professional's office, NOT a clinic [70]
2 ☐ Outpatient mental health clinic, such as a community mental health center [71]
3 ☐ Outpatient medical clinic [72]
4 ☐ HMO [73]
5 ☐ Other place [74]
9 ☐ DK [75]

e. During the past 12 months, in how many MONTHS did *(child)* receive outpatient [mental health/(and) substance abuse] services? [76-77]

_____ Months
(Number)

99 ☐ DK

f. What was the total number of times *(child)* received [mental health/(and) substance abuse] services during those months? [78-79]

_____ Times
(Number)

99 ☐ DK

ITEM K3

Refer to 3f.
(Number of times)

[80]
1 ☐ 1 time *(Go to 4a)*
2 ☐ 2 or more times *(Skip to 4b)*
9 ☐ DK *(Skip to 4c)*

4a. Was that visit on an emergency basis? [81]

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Skip to 4e on page 34)

b. How many of the *(number in 3f)* visits were on an emergency basis? [82-83]

00 ☐ None

_____ Emergency
(Number)

99 ☐ DK

(Skip to 4e on page 34)

c. Were any of the visits in the past 12 months on an emergency basis? [84]

1 ☐ Yes *(Go to 4d)*
2 ☐ No
9 ☐ DK
(Skip to 4e on page 34)

d. How many visits were on an emergency basis? [85-86]

_____ Emergency
(Number)

99 ☐ DK

(Go to 4e on page 34)

Notes

Section K – MENTAL HEALTH – Continued

HAND CARD C2. Read categories if telephone interview.

4e. Who paid, or will pay for the outpatient [mental health/(and) substance abuse] services *(child)* received during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

- 00 ☐ Parent(s) — 87-88
- 01 ☐ Family in household — 89-90
- 02 ☐ Family NOT in household — 91-92
- 03 ☐ Private health insurance — 93-94
- 04 ☐ Medicaid — 95-96
- 05 ☐ Rehabilitation program — 97-98
- 06 ☐ Parent's employer — 99-100
- 07 ☐ School system — 101-102
- 08 ☐ VA program — 103-104
- 09 ☐ Other military — 105-106
- 10 ☐ Other private source — 107-108
- 11 ☐ Other public source — 109-110
- 12 ☐ No one/Free } *(Skip to 5)* — 111-112
- 99 ☐ DK } *(Skip to 5)* — 113-114

RT 26

Ask if more than one box marked in 4e; if only one, transcribe the number of the box marked without asking.

f. Who paid for MOST of the cost of the outpatient [mental health/(and) substance abuse] services?

Record number of main source.

☐☐ Paid most (Number) — 3-4, 5-6

99 ☐ DK

Ask if box 00 or 01 marked in 4e; otherwise, skip to 5.

g. During the past 12 months, about how much did the family pay for *(child's)* outpatient [mental health/(and) substance abuse] services? Do not include costs that were or will be reimbursed by insurance or another source. — 7-11

00000 ☐ None

$ _____ . 00

99999 ☐ DK

5. During the past 12 months, did *(child)* receive any services from a mental health community support program? — 12

Read if necessary: **A community support program for clients with mental or emotional problems is a program that makes available mental health, health, social and support services based on individual need.**

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

6. During the past 12 months, was *(child)* on a waiting list for outpatient mental health or substance abuse services? — 13

- 1 ☐ Yes, mental health services
- 2 ☐ Yes, substance abuse services
- 3 ☐ Both
- 4 ☐ No
- 9 ☐ DK

ITEM K4 — *Refer to questions 1a, 3a, and 5.* (Received mental health/substance abuse services) — 14

- 1 ☐ Yes in 1a, 3a, or 5 *(Go to 7)*
- 2 ☐ Other *(Skip to 8 on page 35)*

7a. Did *(child)* receive any inpatient or outpatient mental health or substance abuse services during the past MONTH? Again, do not include treatment for smoking cessation. — 15

- 1 ☐ Yes *(Skip to 8 on page 35)*
- 2 ☐ No } *(Go to 7b)*
- 9 ☐ DK } *(Go to 7b)*

HAND CARD A7. Read categories if telephone interview.

b. Why didn't *(child)* get mental health or substance abuse services during the past month?

Any other reason?

Mark (X) all that apply.

- 00 ☐ Didn't need services — 16-17
- 01 ☐ Provider thinks no longer needed — 18-19
- 02 ☐ Too expensive/can't afford — 20-21
- 03 ☐ Insurance doesn't cover — 22-23
- 04 ☐ Insurance no longer covers — 24-25
- 05 ☐ No longer on Medicaid — 26-27
- 06 ☐ Provider not available — 28-29
- 07 ☐ Didn't like provider — 30-31
- 08 ☐ Transportation problems — 32-33
- 09 ☐ Could not take time off from work — 34-35
- 10 ☐ Other — 36-37
- 99 ☐ DK — 38-39

Notes

Section K – MENTAL HEALTH – Continued

8a. During the past 12 months, has *(child)* NEEDED any mental health or substance abuse services or counseling that [he/she] HAS NOT RECEIVED?	1 ☐ Yes *(Go to 8b)* 2 ☐ No } *(Skip to 9)* 9 ☐ DK	40
HAND CARD A12. Read categories if telephone interview. **b. Which of these statements explains why *(child)* did not receive the mental health or substance abuse services [he/she] needed?** **(Anything else?)** *Mark (X) all that apply.*	00 ☐ Did not try to get mental health services during the past 12 months 01 ☐ Too expensive/can't afford 02 ☐ Didn't know where to go to get services 03 ☐ No mental health services nearby 04 ☐ No nearby provider accepts Medicaid 05 ☐ Private insurance does not cover the services 06 ☐ Did not have insurance 07 ☐ Transportation problems 08 ☐ Trouble finding the right kind of mental health professional 09 ☐ Language barrier 10 ☐ Could not take time off from work 11 ☐ Other reasons 99 ☐ DK	41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66
9. Because of a physical, mental or emotional problem, during the past 12 months, did *(child)* receive any TRAINING in social skills, such as making and keeping friends or how to interact with other people?	1 ☐ Yes 2 ☐ No 9 ☐ DK	67

Notes

RT 27

Section L – HOUSING AND TRANSPORTATION

3-4

READ: **These next questions are about the place** *(child)* **lives.**

5

1a. Is it NECESSARY to use any stairs to get into this home from outside?

1 ☐ Yes
2 ☐ No
9 ☐ DK

ASK OR VERIFY:

6

b. Counting basements and stepdown living areas as separate levels, does this home have more than one floor or level?

1 ☐ Yes *(Go to 1c)*
2 ☐ No *(Skip to 2)*
9 ☐ DK *(Go to 1c)*

c. Does this home have a bathrooom, bedroom and kitchen ALL on the SAME floor or level?

7

1 ☐ Yes
2 ☐ No
9 ☐ DK

2. Because of a physical impairment or health problem, does *(child)* **have any difficulty:**

	Yes	No	DK	
a. Entering or leaving your home?	1 ☐	2 ☐	9 ☐	8
b. Opening or closing any of the doors in your home?	1 ☐	2 ☐	9 ☐	9
c. Reaching or opening cabinets in your home?	1 ☐	2 ☐	9 ☐	10
d. Using the bathroom in your home?	1 ☐	2 ☐	9 ☐	11

3. Does this home have any of these special features:

	Yes	No	DK	
a. Widened doorways or hallways?	1 ☐	2 ☐	9 ☐	12
b. Ramps or street level entrances?	1 ☐	2 ☐	9 ☐	13
c. Railings?	1 ☐	2 ☐	9 ☐	14
d. Automatic or easy to open doors?	1 ☐	2 ☐	9 ☐	15
e. Accessible parking or drop-off site?	1 ☐	2 ☐	9 ☐	16
f. Bathroom modifications?	1 ☐	2 ☐	9 ☐	17
g. Kitchen modifications?	1 ☐	2 ☐	9 ☐	18
h. Elevator, chair lift, or stair glide?	1 ☐	2 ☐	9 ☐	19
i. Alerting devices?	1 ☐	2 ☐	9 ☐	20
j. Any other special features?	1 ☐	2 ☐	9 ☐	21

4. Does *(child)* **NEED any of these special features to get around the home?**

	Yes	No	DK	
a. Widened doorways or hallways?	1 ☐	2 ☐	9 ☐	22
b. Ramps or street level entrances?	1 ☐	2 ☐	9 ☐	23
c. Railings?	1 ☐	2 ☐	9 ☐	24
d. Automatic or easy to open doors?	1 ☐	2 ☐	9 ☐	25
e. Accessible parking or drop-off site?	1 ☐	2 ☐	9 ☐	26
f. Bathroom modifications?	1 ☐	2 ☐	9 ☐	27
g. Kitchen modifications?	1 ☐	2 ☐	9 ☐	28
h. Elevator, chair lift, or stair glide?	1 ☐	2 ☐	9 ☐	29
i. Alerting devices?	1 ☐	2 ☐	9 ☐	30
j. Any other special features?	1 ☐	2 ☐	9 ☐	31

5. DURING THE PAST 12 MONTHS, were you ever refused housing or rental accommodations because of any impairment or health problem that *(child)* **has or did you not look for housing in the past 12 months?**

32

0 ☐ Did not look
1 ☐ Yes
2 ☐ No
9 ☐ DK

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Section L – HOUSING AND TRANSPORTATION – Continued

6a. Do you have any special equipment on your car or other motor vehicle because of an impairment or health problem that *(child)* has? [33]

1 ☐ Yes *(Go to 6b)*
2 ☐ No
3 ☐ Don't have a car
} *(Skip to 6c)*

b. What special equipment do you have because of *(child's)* impairment or health problem?

Anything else?

Mark (X) all that apply.

1 ☐ Hand controls [34]
2 ☐ Hand rails, straps, specialized handles, ramps, or lifts [35]
3 ☐ Power controls for windows, mirrors, seat, or steering [36]
4 ☐ Automatic transmission [37]
5 ☐ Air conditioning [38]
6 ☐ A button that opens the door [39]
7 ☐ A large trunk or storage area [40]
8 ☐ Other special features [41]
9 ☐ DK [42]

c. Did you NEED any (other) special equipment or features on a car or other motor vehicle because of any impairment or health problem that *(child)* has? [43]

1 ☐ Yes *(Go to 6d)*
2 ☐ No *(Skip to Section M on page 38)*

d. What (other) equipment or features do you need?

Anything else?

Mark (X) all that apply.

1 ☐ Hand controls [44]
2 ☐ Hand rails, straps, specialized handles, ramps, or lifts [45]
3 ☐ Power controls for windows, mirrors, seat, or steering [46]
4 ☐ Automatic transmission [47]
5 ☐ Air conditioning [48]
6 ☐ A button that opens the door [49]
7 ☐ A large trunk or storage area [50]
8 ☐ Other special features [51]
9 ☐ DK [52]

Notes

RT 28 3-4

Section M – HEALTH INSURANCE

The next questions are about health insurance coverage.

There is a program called Medicaid that pays for health care for persons in need. In this state, it is also called *(state name)*.

5

1a. In *(month)*, **was** *(child)* **covered by Medicaid or** *(state name)*?

1 ☐ Yes *(Go to 1b)*
2 ☐ No } *(Skip to 2)*
9 ☐ DK

b. How long has *(child)* **been covered by Medicaid or** *(state name)*?

Read categories if necessary.

Mark (X) only one.

6

1 ☐ Less than 6 months
2 ☐ 6 months, but less than 1 year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years, but less than 5 years
5 ☐ 5 years or more
6 ☐ On and off for less than 2 years
7 ☐ On and off for 2 years, but less than 5 years
8 ☐ On and off for 5 years or more
9 ☐ DK

2. In *(month)*, **was** *(child)* **covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is** *(child's)* **only source of care.**

7

1 ☐ Yes
2 ☐ No
9 ☐ DK

3a. In *(month)*, **was** *(child)* **covered by military care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?**

8

1 ☐ Yes *(Go to 3b)*
2 ☐ No } *(Go to 4)*
9 ☐ DK

b. Was this CHAMPUS or CHAMP-VA?

Read if necessary: **CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.**

9

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. In *(month)*, **was** *(child)* **covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?**

10

1 ☐ Yes
2 ☐ No
9 ☐ DK

4. In *(month)*, **was** *(child)* **covered by the Indian Health Service?**

11

1 ☐ Yes
2 ☐ No
9 ☐ DK

5a. (Not counting the Government health programs we just mentioned), in *(month)* **was** *(child)* **covered by a private health insurance plan?**

Read if necessary: **Beside government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.**

12

1 ☐ Yes *(Go to 5b)*
2 ☐ No } *(Skip to Section N on page 39)*
9 ☐ DK

b. Was any of this private health insurance obtained originally through a workplace, that is through a parent's employer or union?

13

1 ☐ Employer
2 ☐ Union
3 ☐ Through workplace, DK which
4 ☐ No
9 ☐ DK

Notes

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RT 29 3-4

Section N – RESPONDENT INFORMATION

READ TO RESPONDENT: **These next questions are about your relationship to** *(sample child)*.

Mark if known or ask:

1a. How are you related to *(child)*?

5

0 ☐ Mother } *(Go to 1b)*
1 ☐ Father
2 ☐ Brother/Sister *(Skip to 1d)*
3 ☐ Grandparent } *(Skip to Contact Information Intro)*
4 ☐ Other relative
5 ☐ Nonrelative
9 ☐ DK

b. Are you the biological (natural), adoptive, step, or foster parent of *(child)*?

6

1 ☐ Biological *(Skip to Contact Information Intro)*
2 ☐ Adoptive } *(Go to 1c)*
3 ☐ Step
4 ☐ Foster

c. How old was *(child)* **when [he/she] first started living with you?**

7-9

_____ (Age) { 1 ☐ Months, 2 ☐ Years } *(Skip to Contact Information Intro)*
000 ☐ Since birth
999 ☐ DK

d. Is *(child)* **a full, half, step, adoptive, or foster [brother/sister] to you?**

10

1 ☐ Full
2 ☐ Half
3 ☐ Step } *(Go to Contact Information Intro)*
4 ☐ Adoptive
5 ☐ Foster

CONTACT PERSON INFORMATION

RT 30 3-4

Intro: The National Center for Health Statistics may wish to contact you again to obtain additional health related information.

ITEM N1 *Refer to CP on label.*

5

1 ☐ CP on label *(Ask 2a)*
2 ☐ No CP on label *(Ask 2b)*

2a. The last time a Census Bureau interviewer talked to you or your family, we were told that *(CP on label)* **will always know how to get in touch with you if we want to contact you again. Is** *(CP on label)* **still the best person to contact if we are unable to reach you?**

6

1 ☐ Yes *(Verify CP's address and phone number. If incorrect, enter correct information in 3 below.)*
2 ☐ No *(Go to 2b)*

b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household. *(Record information in 3)*

3. Contact Person current information

Last name 7-26 | First name 27-41 | MI 42

Number and street 43-67

City 68-87 | State 88-89 | ZIP Code 90-98

Telephone

Area code 99-101 | Number 102-108 | 1 ☐ None 7 ☐ Refused 9 ☐ DK 109

Notes

FORM DFS-1 (7-1-94)