

**National Center for Health Statistics (NCHS)
State and Local Area Integrated Telephone Survey (SLAITS)
American Academy of Pediatrics National Survey of Early Child Health**

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GENERAL CATI PROGRAMMING ASSUMPTIONS:

1) IT IS ASSUMED THAT RESPONDENTS WILL JUST GO ON TO THE NEXT QUESTION IN SEQUENCE, UNLESS THERE IS A SKIP PATTERN ASSOCIATED WITH A CURRENT OR PRIOR RESPONSE THEY HAVE GIVEN.

2) ITEMS IN BOLD TYPE ARE INSTRUCTIONS TO THE CATI PROGRAMMER, OR THINGS THAT NEED TO BE PROGRAMMED. THESE SHOULD NOT BE TYPED INTO THE CATI QUESTIONNAIRE.

3) ITEMS IN CAPITAL LETTERS (THAT ARE NOT IN BOLD TYPE) ARE THINGS THAT THE INTERVIEWER WILL SEE, BUT THAT THEY ARE NOT SUPPOSED TO READ. THE CONVENTION IS THAT THEY READ ANYTHING IN REGULAR TYPE, BUT THINGS IN CAPITAL LETTERS ARE JUST INSTRUCTIONS, UNREAD RESPONSE OPTIONS OR PROBES THAT THEY CAN USE IF NECESSARY.

CATI PROGRAMMING NOTES FOR AAP QUESTIONNAIRE:

THERE ARE 2 SAMPLES FOR AAP. THEY ARE:

- 1) REGULAR RDD SAMPLE**
- 2) MINORITY OVERSAMPLE (AFRICAN-AMERICAN & HISPANIC)**

THESE SAMPLES WILL BE REPLICATE-SPECIFIC. CATI WILL NEED TO BE ABLE TO DETERMINE BY SOME FLAG OR REPLICATE NUMBER WHETHER IT IS AN OVERSAMPLE CASE, IN ORDER TO BE SURE THE CORRECT QUESTIONS ARE ASKED IN THE CORRECT LOCATION.

PLEASE SEE THE ATTACHED FLOW CHARTS FOR DETAILS ON THE SCREENING PROCESS FOR EACH OF THESE SAMPLES.

SLAITS: The State and Local Area Integrated Telephone Survey National Survey of Early Child Health

FINAL CATI SPECIFICATIONS

Sponsored by the American Academy of Pediatrics and the Maternal and Child Health Bureau
Funded principally by the Gerber Foundation

INTRO_1 Hi, my name is _____. The Centers for Disease Control and Prevention and the American Academy of Pediatrics are doing a survey about the health of young children. We want to know about parents' experiences with their children's doctors. Your telephone number was chosen at random to be included in this survey.

CONTINUE WITH INTERVIEW 1
HUDI – DURING 1ST/2ND SENTENCE 2 [GO TO REFUSAL CONVERSION QUEUE]
HUDI – AFTER END OF 2ND SENTENCE 3 [GO TO REFUSAL CONVERSION QUEUE]
HUDI – AFTER END OF 3RD SENTENCE 4 [GO TO REFUSAL CONVERSION QUEUE]
HUDI – AFTER END OF LAST SENTENCE 5 [GO TO REFUSAL CONVERSION QUEUE]

S1 Am I speaking to someone who lives in this household who is over 17 years old?
YES, I AM THAT PERSON 1 [SKIP TO S_NUMB]
THIS IS A BUSINESS 2 [SKIP TO BUSINESS]
NEW PERSON COMES TO PHONE 3 [SKIP BACK TO INTRO]
REFUSED 7 [GO TO REFUSAL DEBRIEFING QUESTIONS]
DOES NOT LIVE IN HOUSEHOLD 8 [SKIP TO CALLBACK1]
NO PERSON AT HOME WHO IS
OVER 17 9 [SKIP TO S2_B]

S1_BUS1 We are only interviewing in private residences. Thank you very much. [TERMINATE]

CALLBACK1 May I speak with someone over 17 who lives in this household?
YES 1 (SKIP BACK TO INTRO WHEN PERSON
COMES TO THE PHONE)
NO 2

CALLBACK1_A When would be a good time to call back to speak with someone over 17 who lives in the household? [SCHEDULE APPOINTMENT]

CALLBACK1_D Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention and the American Academy of Pediatrics for the time and effort you spent answering these questions. [TERMINATE]

S2_B Does anyone live in your household who is over 17 years old?
 YES 1 [SKIP BACK TO CALLBACK1_A]
 NO 2

S_NUMB How many children under 3 years old are living or staying in your household?

IF ONE OR MORE, ENTER
 NUMBER OF CHILDREN ____ (CATI: RANGE IS 00 TO 09)

NO CHILDREN 00 These are all the questions I have. This survey is collecting information about the health of children less than three years old only. I'd like to thank you on behalf of the Centers for Disease Control and the American Academy of Pediatrics for the time you spent answering these questions. [TERMINATE]

S3_LTR [ASKED ONLY OF RESPONDENTS WHO HAD A LETTER MAILED TO THEM, AND USE CORRESPONDING FILL IN S3_INTRO AS IS THE NIS PROCEDURE]

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

YES 1
 NO 2
 DON'T KNOW 6
 REFUSED 7

S3_INTRO (I'd like you to know that/As the letter explained,) this study is voluntary and is authorized by the Public Health Service Act. The information you give will be kept in strict confidence and will be summarized for research purposes only. It's all right to skip any questions you don't want to answer.

S3_EVAL In order to evaluate my performance, my supervisor may record and listen as I ask the questions. I READ THESE STATEMENTS TO THE RESPONDENT.

YES 1

IF S_NUMB > 1 (MORE THAN 1 CHILD), SKIP TO S3.MKID

S3.1KID Many of my questions are only for children of certain ages. So I'll know which questions to ask, please tell me the month, day and year of birth of the child in your household who is less than 3 years old.

ENTER BIRTH DATE MM/DD/YYYY

IF CHILD 4-35 MONTHS **SKIP TO S3_CONF**

IF NO CHILD 4-35 MONTHS **FIRST:** Just to make sure that I have this correct, there are no children living in this household between 4 months and 3 years old? **THEN:** These are all the questions I have. This survey is collecting information about the health of children between 4 and 35 months old only. I'd like to thank you on behalf of the Centers for Disease Control and Prevention and the American Academy of Pediatrics for the time you spent answering these questions. **[TERMINATE]**

DON'T KNOW 99/99/9996

REFUSED 99/99/9997

S_NODAY I would like to assure you that ALL information will be kept in strict confidence and will be summarized for research purposes only. Our questions are about the health of children in a specific age range. We only ask for children's birth dates in order to determine what age range they fall within and to help us research the type of medical care that children of various ages have received. [IF NECESSARY: If you could at least tell me the month and year of your child's birth, that would be extremely helpful and we could proceed with that information.]

(1) RESPONDENT WILL GIVE BIRTH DATE (**GO BACK TO S3.1KID/S3.MKID**)

(2) RESPONDENT STILL REFUSES TO GIVE BIRTH DATE(S)

S_DAY_Q I understand your concerns, but without your child's birth date we cannot proceed any further with our survey. These are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention and the American Academy of Pediatrics for the time and effort you have spent answering these questions.

(1) RESPONDENT WILL GIVE BIRTH DATE (**GO BACK TO S3.1KID/S3.MKID**)

(2) RESPONDENT STILL REFUSES TO GIVE BIRTH DATE(S) [**GO TO REFUSAL DEBRIEFING QUESTIONS**]

S3.MKID. Many of my questions are only for children of certain ages. So I'll know which questions to ask, please tell me the month, day and year of birth of the [# FROM S_NUMB] children in your household who are less than 3 years old.

ENTER BIRTH DATES MM/DD/YYYY

IF CHILDREN 4-35 MONTHS **SKIP TO S3_CONF**

IF NO CHILDREN 4-35 MONTHS **FIRST:** Just to make sure that I have this correct, there are no children living in this household between 4 months and 3 years old? **THEN:** These are all the questions I have. This survey is collecting information about the health of children between 4 and 35 months old only. I'd like to thank you on behalf of the Centers for Disease Control and Prevention and the American Academy of Pediatrics for the time you spent answering these questions. **[TERMINATE INTERVIEW]**

DON'T KNOW 99/99/9996 **[SKIP BACK TO S_NODAY]**

REFUSED 99/99/9997 **[SKIP BACK TO S_NODAY]**

S3_CONF. Based on the birth dates you provided me earlier, that would make the **[ORDINAL # OF KID DERIVED FROM S_NUMB]** child **[AGE OF CHILD IN MONTHS]** months old; is that correct?

YES 1
NO 2
DON'T KNOW 6
REFUSED 7

S3.4. Is the child born in **[MONTH AND YEAR OF BIRTH]** male or female?

MALE 1
FEMALE 2
DON'T KNOW 6
REFUSED

S3.5. So I'll know how to refer to **[him/her]** during the interview, please tell me **[his/her]** first name or initials.

_____ NAME
DON'T KNOW 6
REFUSED 7

S3_C. I have listed **[NAMES FROM S3.5]**. Have I missed any babies or small children who are less than 3 years old?

YES 1 **[CONFIRM # AT S_NUMB, CHANGE AS NECESSARY AND**

REPEAT S3.MKID, S3_CONF, S3.4, S3.5, S3.H, S3.R, S3.MR FOR MISSED CHILDREN]

NO

2

- 1) NIS-ELIGIBLES SKIP TO S4 - NIS INTERVIEW
- 2) NIS-INELIGIBLES, SLAITS MAIN SAMPLE CASES CONTINUE TO MAIN SAMPLE INSTRUCTIONS
- 3) NIS-INELIGIBLES, SLAITS OVERSAMPLE CASES, SKIP TO SLAITS OVERSAMPLE INSTRUCTIONS

SLAITS MAIN SAMPLE

ONE CHILD

IF ONLY ONE CHILD BETWEEN 4-35 MONTHS OLD (S3.1KID), THAT CHILD IS THE FOCAL CHILD FROM THIS POINT.

MORE THAN ONE CHILD

IF THERE IS MORE THAN ONE CHILD BETWEEN 4-35 MONTHS OLD, ONE OF THESE CHILDREN SHOULD BE RANDOMLY SAMPLED FROM THE ROSTER IN S3.MKID AND THAT CHILD IS THE FOCAL CHILD FROM THIS POINT.

- 1) IF ONLY ONE CHILD BETWEEN 4-35 MONTHS OLD, CHILD WAS NIS-ELIGIBLE AND DATA WAS COLLECTED ABOUT THIS CHILD IN THE NIS INTERVIEW, SKIP TO A1_INTRO.
- 2) IF MORE THAN ONE CHILD BETWEEN 4-35 MONTHS OLD, AND NIS INTERVIEW WAS NOT DONE ABOUT FOCAL CHILD OR MULTIPLE NIS-ELIGIBLE CHILDREN WENT THROUGH NIS, SAY “Now, I have some other questions about (randomly selected SLAITS eligible child).” THEN, SKIP TO A1_INTRO.
- 3) IF NO NIS INTERVIEW WAS DONE, AND IF ONLY ONE CHILD BETWEEN 4-35 MONTHS, SKIP TO SL4A.
- 4) IF NO NIS INTERVIEW WAS DONE, AND IF MORE THAN ONE CHILD BETWEEN 4-35 MONTHS, SKIP TO SL4B.

SLAITS OVERSAMPLE

(ASK S3.H-S.3MR ONLY FOR THOSE CHILDREN WHO ARE NOT NIS-ELIGIBLE)

S3.H Is (CHILD) of Spanish, Hispanic, or Latino descent, that is Mexican, Mexican-American, Central

American, South American, Chicano, Puerto Rican, or Cuban?
 [MARK ALL THAT APPLY]
 NO, NOT SPANISH/HISPANIC YES
 YES, MEXICAN/MEXICANO YES
 YES, MEXICAN-AMERICAN YES
 YES, CENTRAL AMERICAN YES
 YES, SOUTH AMERICAN YES
 YES, CHICANO YES
 YES, PUERTO RICAN YES
 YES, CUBAN/CUBAN AMERICAN YES
 YES, OTHER SPANISH-CARRIBEAN YES
 YES, OTHER SPANISH/HISPANIC (SPECIFY) YES
 DON'T KNOW 96
 REFUSED 97

S.3R Is (**CHILD**) White, Black or African American, Native American, Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or another race?
 [MARK ALL THAT APPLY]
 WHITE YES
 BLACK/ AFRICAN AMERICAN YES
 NATIVE AMERICAN YES
 ALASKA NATIVE YES
 ASIAN YES
 NATIVE HAWAIIAN YES
 PACIFIC ISLANDER YES
 OTHER (SPECIFY) YES
 DON'T KNOW 96
 REFUSED 97

[IF MORE THAN ONE ANSWER AT S.3R, ASK S.3MR]

S.3MR. Which do you feel best describes this child's race?
 WHITE 01
 BLACK/ AFRICAN AMERICAN 02
 NATIVE AMERICAN 03
 ALASKA NATIVE 04
 ASIAN 05
 NATIVE HAWAIIAN 06
 PACIFIC ISLANDER 07
 OTHER (SPECIFY) 08
 DON'T KNOW 96
 REFUSED 97

IF NO CHILDREN ARE BLACK/AFRICAN-AMERICAN OR HISPANIC, SKIP TO INELIG.

ONE CHILD

IF ONLY ONE BLACK/AFRICAN-AMERICAN OR HISPANIC CHILD BETWEEN 4-35 MONTHS OLD (S3.1KID), THAT CHILD IS THE FOCAL CHILD FROM THIS POINT.

MORE THAN ONE CHILD

IF THERE IS MORE THAN ONE BLACK/AFRICAN-AMERICAN OR HISPANIC CHILD BETWEEN 4-35 MONTHS OLD, ONE OF THESE CHILDREN SHOULD BE RANDOMLY SAMPLED FROM THE ROSTER IN S3.MKID AND THIS CHILD IS THE FOCAL CHILD FROM THIS POINT.

1) IF ONLY ONE CHILD BETWEEN 4-35 MONTHS OLD, CHILD WAS NIS-ELIGIBLE AND DATA WAS COLLECTED ABOUT THIS CHILD IN THE NIS INTERVIEW, SKIP TO A1_INTRO.

2) IF MORE THAN ONE CHILD BETWEEN 4-35 MONTHS OLD, AND NIS INTERVIEW WAS NOT DONE ABOUT FOCAL CHILD OR MULTIPLE NIS-ELIGIBLE CHILDREN WENT THROUGH NIS, SAY “Now, I have some other questions about (randomly selected SLAITS eligible child).” THEN, SKIP TO A1_INTRO.

3) IF NO NIS INTERVIEW WAS DONE, AND IF ONLY ONE CHILD BETWEEN 4-35 MONTHS, SKIP TO SL4A.

4) IF NO NIS INTERVIEW WAS DONE, AND IF MORE THAN ONE CHILD BETWEEN 4-35 MONTHS, SKIP TO SL4B.

INELIG

Those are all of the questions I have. This survey is collecting information about the health of children with ages between 19 months and 35 months only. I'd like to thank you on behalf of the Centers for Disease Control and Prevention and the American Academy of Pediatrics for the time you spent answering these questions.

[TERMINATE INTERVIEW]

NIS ELIGIBLES

(THIS IS THE NIS INTERVIEW WHICH SHOULD BE PICKED UP FROM HERE)

S4 The first questions in this survey ask about immunizations children may have received. Therefore, I need to speak to the person living in your household who knows the most about the immunizations or shots that

[FIRST NAMES/INITIALS from S3.5] (has/have) received. Are you this person?

YES 1 SKIP TO S6_INTRO
NO 2

S5 May I speak with this person now?

YES 1 SKIP TO S5_BOX
NO, NOT AT HOME 2

CALLBACK2 Before we hang up, please tell me the first name of the parent or guardian who knows the most about {this child/these children's} immunizations.

(CATI: 15 ALPHANUMERIC-CHARACTER FIELD)

FIRST NAME: _____

REFUSED 7

CALLBACK2_A **(CATI: 2 VERSIONS OF QUESTION NEEDED)**

(IF CALLBACK2=7)

When would be a good time to call back to speak with this person? **(SCHEDULE APPOINTMENT)**

(ALL OTHERS)

When would be a good time to call back to speak with {NAME FROM CALLBACK2}? **(SCHEDULE APPOINTMENT)**

CALLBACK1_D Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention and the American Academy of Pediatrics for the time and effort you spent answering these questions. **[TERMINATE]**

WHEN THE NIS INTERVIEW IS COMPLETE:

AND THERE ARE NO SLAITS ELIGIBLES, TERMINATE INTERVIEW.

AND THERE IS ONE SLAITS ELIGIBLE CHILD, GO TO MAIN SAMPLE/OVERSAMPLE INSTRUCTIONS AS APPROPRIATE.

AND THERE IS MORE THAN ONE SLAITS ELIGIBLE CHILD, GO TO MAIN SAMPLE/OVERSAMPLE INSTRUCTIONS AS APPROPRIATE.

SLAITS ELIGIBLES

CATI NOTE:

FROM THIS POINT, (CHILD) ALWAYS REFERS TO THE FIRST NAME OR INITIALS OF THE RANDOMLY SELECTED, SLAITS-ELIGIBLE, CHILD, AND THE NAME OR INITIALS SHOULD BE FILLED IN THAT SPACE.

ALSO, THROUGHOUT THE QUESTIONNAIRE THERE IS A SERIES OF FILLS LIKE THE FOLLOWING:

[in the past year/since {he/she} was born]

THE FILLS SHOULD BE CHILD-APPROPRIATE BASED ON:

- 1) AGE OF CHILD - <1 YEAR-OLDS SHOULD RECEIVE “SINCE HE/SHE WAS BORN” FILLS AND > 1 YEAR-OLDS SHOULD RECEIVE “IN THE PAST YEAR” FILLS;**
- 2) GENDER OF CHILD - FOR THOSE RECEIVING THE “SINCE HE/SHE WAS BORN” FILLS, THE CORRECT PRONOUN SHOULD BE USED.**

ALSO, THROUGHOUT THE QUESTIONNAIRE, THERE WILL BE OTHER FILLS BASED ON GENDER, AND THESE SHOULD BE CHILD-APPROPRIATE.

IF S3.4 = 6, 7, GENDER-SPECIFIC FILLS MUST USE CHILD’S NAME OR INITIALS FROM S3.5.

IF S3.5 = 6, 7, ALL NAME FILLS MUST USE THE WORD “CHILD”.

IF S3.4 = 6, 7 AND S3.5 = 6, 7, GENDER-SPECIFIC FILLS MUST USE THE WORD “CHILD”

SL4A (CATI: SEE ABOVE NOTES)

The first questions in this survey ask about the healthcare that **(CHILD)** has received **[in the past year/since {he/she} was born]**. Therefore, I would like to speak to **(CHILD)**’s parent or guardian who is primarily responsible for **[his/her]** medical care. Are you this person?

- YES 1 (SKIP TO A1_INTRO)
- NO 2 (SKIP TO SL5)

SL4B (CATI: SEE ABOVE NOTES)

For this survey, we randomly select one child less than three years old from each household. In this case, that child will be **(CHILD)**. The first questions in this survey ask about the healthcare that **(CHILD)** has received **[in the past year/since {he/she} was born]**. Therefore, I would like to speak to **(CHILD)**’s parent or guardian who is primarily responsible for **[his/her]** medical care. Are you this person?

- YES 1 (SKIP TO A1_INTRO)
- NO 2

SL5. May I speak with this person now?

- YES 1 (SKIP TO SL5_BOX)
- NO, NOT AT HOME 2

CALLBACK3

Before we hang up, please tell me the first name of the parent or guardian who is primarily responsible for **(CHILD)**’s medical care.

(CATI: 15 ALPHANUMERIC-CHARACTER FIELD)

FIRST NAME: _____

REFUSED 7

CALLBACK3_A

(CATI: 2 ALTERNATE WORDINGS OF QUESTION NEEDED)

(IF CALLBACK3=7)

When would be a good time to call back to speak with this person? **(SCHEDULE APPOINTMENT)**

(ALL OTHERS)

When would be a good time to call back to speak with {NAME FROM CALLBACK3}? **(SCHEDULE APPOINTMENT)**

CALLBACK1_D

Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention and the American Academy of Pediatrics for the time and effort you spent answering these questions. **[TERMINATE]**

SLATS ELIGIBLES

SL5_BOX

READ WHEN NEW PERSON COMES TO THE PHONE OR
FOR Most Knowledgeable Respondent CALLBACK INTRODUCTION

Hi, my name is _____. The Centers for Disease Control and Prevention and the American Academy of Pediatrics are doing a survey about the health of young children. We want to know about parents' experiences with their children's doctors. Your telephone number was chosen at random to be included in this survey. A letter describing this survey may have been sent to your home recently. Do you remember seeing the letter?

- 1 YES
- 2 NO
- 6 DK
- 7 REF

As the letter explained, I will ask you questions that will help us describe what happens when children visit the doctor. Your answers will be combined with the answers of other people who join this survey. Any answers that identify you or your family—like your name or phone number—will be kept strictly private. No one other than survey staff can ever look at them. That's because this survey is being conducted under the authority of the Public Health Service Act. I can provide the specific legal citation if you want me to. You may choose not to answer any questions, and you may end the questions any time you want. There is no penalty for doing this. Your participation is voluntary. This survey will take around 20 to 25 minutes. In order to evaluate my performance, my supervisor may record and listen as I ask the questions. I would like to continue now unless you have any questions. **(SKIP TO A1_CONF)**

IF REQUESTED, READ: "The Public Health Service Act is Volume 42 of the U.S. 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."

**American Academy of Pediatrics National Survey of Early Child Health
Section 1: Health Care Utilization**

A1_INTRO

(IF NO NIS INTERVIEW WAS DONE, USE THIS WORDING)

I will ask some questions that will help us describe what happens when children visit the doctor. Your answers will be combined with the answers of other people who join this survey. Any answers that identify you or your family—like your name or phone number—will be kept strictly private. No one other than survey staff can ever look at them. That’s because this survey is being conducted under the authority of the Public Health Service Act. I can provide the specific legal citation if you want me to. You may choose not to answer any questions, and you may end the questions any time you want. There is no penalty for doing this. Your participation is voluntary. This survey will take around 20 to 25 minutes. I would like to continue now unless you have any questions.

IF REQUESTED, READ: “The Public Health Service Act is Volume 42 of the U.S. 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.”

(IF NIS INTERVIEW WAS DONE, USE THIS WORDING)

The next questions will help us describe what happens when children visit the doctor. Your answers will be combined with the answers of other people who join this survey. Any answers that identify you or your family—like your name or phone number—will be kept strictly private. No one other than survey staff can ever look at them. That’s because this survey is being conducted under the authority of the Public Health Service Act. I can provide the specific legal citation if you want me to. You may choose not to answer any questions, and you may end the questions any time you want. There is no penalty for doing this. This part of the interview will take around 20 to 25 minutes. I would like to continue now unless you have any questions.

IF REQUESTED, READ: “The Public Health Service Act is Volume 42 of the U.S. 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.”

A1_CONF

For purposes of confirmation, (CHILD) is (# OF MONTHS FROM S_CONF) months old. Is that correct?

- | | | |
|-----|---|---------------|
| YES | 1 | SKIP TO A1Q01 |
| NO | 2 | |

(CATI: AGE IN MONTHS MUST BE BETWEEN 04-35. IF IT IS NOT, OR IF THERE IS A 6-MONTH OR MORE DISCREPANCY BETWEEN AGE AT A1_CONF AND S3_CONF, CREATE VARIABLE FOR WARNING FLAG IN DATA HERE.)

A1_CONF2

What is (CHILD)'s date of birth?

ENTER BIRTH DATE

MM/DD/YYYY

(CATI: IF NEW DOB FOR SAMPLED CHILD GIVEN HERE, IT MUST BE USED TO DRIVE ALL AGE-RELATED SKIPS FROM THIS POINT. IF DOB NOT KNOWN, OR REFUSED, TERMINATE AND GO TO REFUSAL DEBRIEFING QUESTIONS.)

A1Q01 (G1)

The first questions are about the healthcare (CHILD) has received (in the past year/since birth). How many times has (CHILD) been to any doctor or other healthcare provider for any reason? Please include all visits that were made when (CHILD) was sick, or needed a shot or a check-up.

(CATI: 3 NUMERIC-CHARACTER FIELD)

_____ NUMBER OF VISITS

DK 996

REFUSED 997

(CATI: IF A1Q01<30, SKIP TO A1Q02)

A1Q01_A

I have (ANSWER FROM A1Q01) visits. Is that correct?

YES 1

NO 2 [SKIP BACK TO A1Q01]

A1Q02 (G2)

Well-child care visits are visits that are made to a doctor or healthcare provider who takes care of (CHILD) when (he/she) is not sick, but needs a check-up or a shot. (In the last 12 months/Since CHILD'S birth), how many times has (he/she) had a well-child visit for a check-up or shot?

(CATI: 3 NUMERIC-CHARACTER FIELD)

_____ NUMBER OF VISITS

DK 996

REFUSED 997

(CATI: IF A1Q02 > A1Q01, SHOW WARNING "WELL-CHILD VISITS CANNOT BE GREATER THAN TOTAL VISITS. PLEASE VERIFY NUMBER OF VISITS." AND RETURN TO A1Q01 FOR VERIFICATION.

IF A1Q02<30, SKIP TO A1Q03)

A1Q02_A

I have (ANSWER FROM A1Q02) visits. Is that correct?

YES 1

NO 2 [SKIP BACK TO A1Q02]

A1Q03 (G3)

When **(CHILD)** needs a shot or a check-up, where do you usually take **(him/her)**?

- DOCTOR OR NURSE PRACTITIONER IN PRIVATE OR GROUP PRACTICE 01
- URGENT CARE OR WALK-IN CLINIC 02
- COMMUNITY HEALTH CENTER/PUBLIC CLINIC 03
- HOSPITAL CLINIC 04
- EMERGENCY ROOM 05
- NO ONE PLACE 06
- OTHER 07
- DK 96
- REFUSED 97

[IF A1Q02=0 AND IF A1Q03=5 OR 6, SKIP TO A2Q07]

A1Q04 (G4.)

Is there a particular doctor or other healthcare provider that you usually take **(CHILD)** to for well-child care? By healthcare provider I mean any nurse, nurse practitioner, physician assistant or other person who may have provided healthcare to **(CHILD)**.

(PROBE: THIS SHOULD BE A PERSON, NOT A PLACE)

- YES 1
- NO 2 **[SKIP TO A2Q01]**
- DK 6
- REFUSED 7

A1Q05 (G4A)

What kind of healthcare provider does **(CHILD)** usually see for well-child care, that is for check-ups and shots? Is **(his/her)** healthcare provider a pediatrician, family practitioner, pediatric nurse practitioner, physician’s assistant, or some other health professional?

(SELECT ALL THAT APPLY)

- PEDIATRICIAN 01
- FAMILY PRACTITIONER 02
- PEDIATRIC NURSE PRACTITIONER 03
- PHYSICIAN’S ASSISTANT 04
- OTHER 05
- DK 96
- REFUSED 97

(CATI NOTE: FROM THIS POINT FORWARD, FOR ALL “HEALTHCARE PROVIDER” FILLS USE ANSWER FROM A1Q05.

IF A1Q05=01, 02, 96, 97 FILL WITH “DOCTOR.”

IF A1Q05=03, FILL WITH “NURSE.”

IF A1Q05=04, 05, FILL WITH “HEALTHCARE PROVIDER.”)

(IF A1Q05 NOT EQUAL TO 05, SKIP TO A1Q06)

A1Q05_A

What other kind of health provider does **(CHILD)** usually see?

(CATI: 25 ALPHANUMERIC-CHARACTER FIELD)

OTHER PLACE: _____

A1Q06 (G4B)

Which of the following would best describe the location of **(CHILD)**'s **(HEALTHCARE PROVIDER)**'s clinic or practice? Would you say :

- Urban - in a city 1
- Suburban - in the suburbs 2
- Rural - outside a city or suburbs 3
- OTHER 4
- DK 6
- REFUSED 7

A1Q07 (G4C)

Is this **(HEALTHCARE PROVIDER)** a man or a woman?

- MAN 1
- WOMAN 2
- DK 6
- REFUSED 7

A1Q08 (G4D)

Approximately how old do you think **(he/she BASED ON A1Q07)** is? (PROBE FOR BEST ANSWER).

(CATI: 2 NUMERIC-CHARACTER FIELD)

- _____ AGE
- DK 96
 - REFUSED 97

(CATI: IF A1Q08 >26 AND <70, SKIP TO A1Q09)

A1Q08_A

I have **(ANSWER FROM A1Q08)** years old. Is that correct?

- YES 1
- NO 2 **[SKIP BACK TO A1Q08]**

A1Q09 (G4E)

Which do you feel best describes **(CHILD)**'s **(HEALTHCARE PROVIDER)**'s race or ethnicity? Is **(he/she BASED ON A1Q07)**:

- White 01
- Black 02
- Hispanic 03
- American Indian 04
- Asian, or 05
- Some other group? 06
- DK 96
- REFUSED 97

A1Q10 (G5)

How did you start taking (CHILD) to (his/her) current (HEALTHCARE PROVIDER)? Was (he/she BASED ON A1Q07)

(PROBE FOR BEST ANSWER).

Already being used by someone else in the family,	1	
Recommended by someone you trust,	2	SKIP TO A1Q10_B
Chosen by you from a list of health providers given by your health plan, or	3	SKIP TO A2Q01
Assigned to you by the clinic or practice or your health plan?	4	SKIP TO A2Q01
OTHER	5	SKIP TO A2Q01
DK	6	SKIP TO A2Q01
REFUSED	7	SKIP TO A2Q01

A1Q10_A (G5A)

When someone else in the family first went to that provider, was the provider:

(PROBE FOR BEST ANSWER)

Recommended by someone you trust,	1	
Chosen by you from a list of health providers given by your health plan, or	2	SKIP TO A2Q01
Assigned to you by the clinic/practice or your health plan?	3	SKIP TO A2Q01
OTHER	5	SKIP TO A2Q01
DK	6	SKIP TO A2Q01
REFUSED	7	SKIP TO A2Q01

A1Q10_B (G5B)

Was that person a family member, friend, or a doctor or health care provider?

(MARK ALL THAT APPLY)

FAMILY MEMBER	1	
FRIEND	2	
DOCTOR OR HEALTHCARE PROVIDER	3	
OTHER	4	
DK	6	
REFUSED	7	

**American Academy of Pediatrics National Survey of Early Child Health
Section 2: Parental Perception of Care**

A2Q01 (G6)

(IF A1Q02=0, SKIP TO A2Q06)

Let’s talk about the well-child care (**CHILD**) has received (**in the last 12 months/since {his/her} birth**). Think about the last time you took (**CHILD**) for a check-up. How long was the doctor or healthcare provider who examined (**CHILD**) in the room with you?
(PROBE IF NECESSARY TO INCLUDE ALL TIME THE DOCTOR SPENT WITH CHILD. IF HE/SHE WENT IN AND OUT OF ROOM, ALL TIME SHOULD BE ADDED TOGETHER).
(CATI: 3 NUMERIC-CHARACTER FIELD)

_____NUMBER OF MINUTES
NO CHECK-UPS IN THE PAST 12 MONTHS 995 **(SKIP TO A2Q06)**
DK 996 **(SKIP TO A2Q02)**
REFUSED 997 **(SKIP TO A2Q02)**

(CATI: IF A2Q01<30, SKIP TO A2Q02)

A2Q01_A

I have **(ANSWER FROM A2Q01)** minutes. Is that correct?
YES 1
NO 2 **[SKIP BACK TO A2Q01]**

A2Q02 (G7)

(IF A2Q01 = 6,7, USE “THE VISIT” FILL)

Did you feel that (a {**ANSWER FROM A2Q01**} minute visit/the visit) with the doctor or healthcare provider was:
Too much time 1
About the right amount of time, or 2
Not enough time 3
DK 6
REFUSED 7

A2Q03 (G8)

During (**CHILD**)’s last check-up, did you ask all the questions you wished to ask?
YES 1 **SKIP TO A2Q05**
NO 5
DK 6 **SKIP TO A2Q05**
REFUSED 7 **SKIP TO A2Q05**

A2Q04 (G8A)

Why were you not able to ask all the questions you had? Was it because:
(**SELECT ALL THAT APPLY**)
You did not have enough time? 01
You did not feel comfortable asking? 02
The doctor/healthcare provider did not seem open
to questions? 03
There was a language barrier, or
You forgot? 05
OTHER 06
DK 96
REFUSED 97

A2Q05 (G9)

How would you rate **(CHILD)**'s check-ups **(during the last 12 months/since {his/her} birth)**. Please include all the doctors, nurses, and other health providers that **(CHILD)** may have seen. Use any number from 0 to 10 where 0 is the worst healthcare possible and 10 is the best healthcare possible.
(CATI: 2 NUMERIC-CHARACTER FIELD)

_____ RECORD NUMBER FROM 00 TO 10
DK 96
REFUSED 97

A2Q06 (G10)

(IF A1Q04 = 2, SKIP TO A2Q07)

If you were asked, how likely or unlikely would you be to recommend **(CHILD)**'s **(HEALTHCARE PROVIDER)** to your friends or family? Would you say very likely, somewhat likely, somewhat unlikely or not at all likely?

VERY LIKELY	1
SOMEWHAT LIKELY	2
SOMEWHAT UNLIKELY	3
NOT AT ALL LIKELY	4
DK	6
REFUSED	7

A2Q07 (G11)

Please tell me how important or unimportant you think well-child check-ups are for the health and development of **(CHILD)**. Would you say well-child check-ups are very important, important, somewhat important, or not important at all?

VERY IMPORTANT	1
IMPORTANT	2
SOMEWHAT IMPORTANT	3
NOT IMPORTANT AT ALL	4
DK	6
REFUSED	7

A2Q08 (G12)

In general, how would you describe **(CHILD)**'s health? Would you say **(his/her)** health is excellent, very good, good, fair, or poor?

EXCELLENT	1
VERY GOOD	2
GOOD	3
FAIR	4
POOR	5
DK	6
REFUSED	7

**American Academy of Pediatrics National Survey of Early Child Health
Section 3: Interactions with Health Care Providers**

A3_CONF1

(CATI: NOTE THAT THIS QUESTION HAS BEEN REMOVED)

A3_INTRO (G13)

Parents, especially new parents, often have concerns about their children and families. I'm going to read a list of concerns that parents sometimes have. Please tell me if **(CHILD)**'s doctor or health provider has talked with you about any of the following.

A3Q01 (13A-a)

IF CHILD 10-18 MONTHS OLD, SKIP TO A3Q12

IF CHILD 19-35 MONTHS OLD, SKIP TO A3Q25

ALL OTHERS, CONTINUE

Since **(CHILD)**'s birth, have **(his/her)** doctors or health providers talked with you about breast-feeding?

YES	1	SKIP TO A3Q02
NO	2	
DK	6	SKIP TO A3Q02
REFUSED	7	SKIP TO A3Q02

A3Q01_A (13A-a-i)

Would a discussion about breast-feeding have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q02 (13A-b)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about issues related to food or feeding **(his/her)** such as the introduction of solid foods?

YES	1	SKIP TO A3Q03
NO	2	
DK	6	SKIP TO A3Q03
REFUSED	7	SKIP TO A3Q03

A3Q02_A (13A-b-ii)

Would a discussion of food or feeding have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q03 (13A-c)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about **(CHILD)**'s sleeping positions?

YES	1	SKIP TO A3Q04
NO	2	
DK	6	SKIP TO A3Q04
REFUSED	7	SKIP TO A3Q04

A3Q03_A (13A-c-iii)

Would a discussion of **(CHILD)**'s sleeping positions have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q04 (13A-d)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about night waking and fussing?

YES	1	SKIP TO A3Q05
NO	2	
DK	6	SKIP TO A3Q05
REFUSED	7	SKIP TO A3Q05

A3Q04_A (13A-d-iv)

Would a discussion of night waking and fussing have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q05 (13A-e)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about how **(CHILD)** communicates **(his/her)** needs?

YES	1	SKIP TO A3Q06
NO	2	
DK	6	SKIP TO A3Q06
REFUSED	7	SKIP TO A3Q06

A3Q05_A (13A-e-v)

Would a discussion of how **(CHILD)** communicates **(his/her)** needs have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q06 (13A-f)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about burn prevention methods, such as changing hot water temperatures in your home?

YES	1	SKIP TO A3Q07
NO	2	
DK	6	SKIP TO A3Q07
REFUSED	7	SKIP TO A3Q07

A3Q06_A (13A-f-vi)

Would a discussion of burn prevention have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q07 (13A-g)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about using a car-seat?

YES	1	SKIP TO A3Q08
NO	2	
DK	6	SKIP TO A3Q08
REFUSED	7	SKIP TO A3Q08

A3Q07_A (13A-g-vii)

Would a discussion of using a car seat have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q08 (13A-h)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about childcare arrangements?

YES	1	SKIP TO A3Q09
NO	2	
DK	6	SKIP TO A3Q09
REFUSED	7	SKIP TO A3Q09

A3Q08_A (13A-h-viii)

Would a discussion of childcare arrangements have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q09 (13A-i)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about the importance of reading to **(CHILD)**?

YES	1	SKIP TO A3Q10
NO	2	
DK	6	SKIP TO A3Q10
REFUSED	7	SKIP TO A3Q10

A3Q09_A (13A-i-ix)

Would a discussion of the importance of reading to **(CHILD)** have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q10 (13A-j)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about immunizations?

YES	1	SKIP TO A3Q11
NO	2	
DK	6	SKIP TO A3Q11
REFUSED	7	SKIP TO A3Q11

A3Q10_A (13A-j-x)

Would a discussion of immunizations have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q11 (13A-k)

Since **(CHILD)**'s birth, have you delayed or not gotten **(him/her)** immunized because of concerns about the safety of vaccines?

YES	1
NO	2
DK	6
REFUSED	7

[ALL SKIP TO A3Q38_A]
(CATI: PLACE TIME STAMP HERE)

A3Q12 (13B-a)

(In the last 12 months/ since {his/her} birth), did **(CHILD)**'s doctors or health providers talk with you about issues related to food or feeding **(him/her)**?

YES	1	SKIP TO A3Q13
NO	2	
DK	6	SKIP TO A3Q13
REFUSED	7	SKIP TO A3Q13

A3Q12_A (13B-a-i)

Would a discussion of food or feeding have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q13 (13B-b)

(In the last 12 months/ since {his/her} birth), did **(CHILD)**'s doctors or health providers talk with you about night waking and fussing?

YES	1	SKIP TO A3Q14
NO	2	
DK	6	SKIP TO A3Q14
REFUSED	7	SKIP TO A3Q14

A3Q13_A (13B-b-ii)

Would a discussion of night waking and fussing have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q14 (13B-c)

(In the last 12 months/ since {his/her} birth), did **(CHILD)**'s doctors or health providers talk with you about **(his/her)** sleeping with a bottle?

YES	1	SKIP TO A3Q15
NO	2	
DK	6	SKIP TO A3Q15
REFUSED	7	SKIP TO A3Q15

A3Q14_A (13B-c-iii)

Would a discussion of **(CHILD)**'s sleeping with a bottle have been helpful to you?

YES	1
NO	2
CHILD DOES NOT USE A BOTTLE	3
DK	6
REFUSED	7

A3Q15 (13B-d)

(In the last 12 months/ since {his/her} birth), did **(CHILD)**'s doctors or health providers talk with you about taking **(him/her)** off of the bottle?

YES	1	SKIP TO A3Q16
NO	2	
DK	6	SKIP TO A3Q16
REFUSED	7	SKIP TO A3Q16

A3Q15_A (13B-d-iv)

Would a discussion of taking **(CHILD)** off the bottle have been helpful to you?

YES	1
NO	2
CHILD DOES NOT USE A BOTTLE	3
DK	6
REFUSED	7

A3Q16 (13B-e)

(In the last 12 months/ since {his/her} birth), did **(CHILD)**'s doctors or health providers talk with you about the words and phrases **(CHILD)** uses and understands?

YES	1	SKIP TO A3Q17
NO	2	
DK	6	SKIP TO A3Q17
REFUSED	7	SKIP TO A3Q17

A3Q16_A (13B-e-v)

Would a discussion of the words and phrases that **(CHILD)** understands have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q17 (13B-f)

(In the last 12 months/ since {his/her} birth), did (CHILD)'s doctors or health providers talk with you about guidance and discipline techniques to use with (CHILD)?

YES	1	SKIP TO A3Q18
NO	2	
DK	6	SKIP TO A3Q18
REFUSED	7	SKIP TO A3Q18

A3Q17_A (13B-f-vi)

Would a discussion of guidance and discipline techniques have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q18 (13B-g)

(In the last 12 months/ since {his/her} birth), did (CHILD)'s doctors or health providers talk with you about toilet training?

YES	1	SKIP TO A3Q19
NO	2	
DK	6	SKIP TO A3Q19
REFUSED	7	SKIP TO A3Q19

A3Q18_A (13B-g-vii)

Would a discussion of toilet training have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q19 (13B-h)

**(In the last 12 months/ since {his/her} birth), did (CHILD)'s doctors or health providers talk with you about the use of syrup of Ipecac if your child swallows some poison?
(FOR DEFINITION OF SYRUP OF IPECAC, ALWAYS GO TO HELP SCREEN)**

YES	1	SKIP TO A3Q20
NO	2	
DK	6	SKIP TO A3Q20
REFUSED	7	SKIP TO A3Q20

(CATI: ADD HELP SCREEN AS FOLLOWS)

Syrup of Ipecac is a liquid that you would give your child if you think that he or she accidentally swallowed something poisonous.

I READ THIS STATEMENT TO RESPONDENT 1

A3Q19_A (13B-h-viii)

Would a discussion of the use of syrup of Ipecac have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q20 (13B-i)

Since **(CHILD)**'s birth, did **(his/her)** doctors or health providers talk with you about using a car-seat?

YES	1	SKIP TO A3Q21
NO	2	
DK	6	SKIP TO A3Q21
REFUSED	7	SKIP TO A3Q21

A3Q20_A (13B-i-ix)

Would a discussion of using a car seat have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q21 (13B-j)

(In the last 12 months/ since {his/her} birth), did **(CHILD)**'s doctors or health providers talk with you about childcare arrangements?

YES	1	SKIP TO A3Q22
NO	2	
DK	6	SKIP TO A3Q22
REFUSED	7	SKIP TO A3Q22

A3Q21_A (13B-j-x)

Would a discussion of childcare arrangements have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q22 (13B-k)

(In the last 12 months/ since {his/her} birth), did **(CHILD)**'s doctors or health providers talk with you about the importance of reading to **(CHILD)**?

YES	1	SKIP TO A3Q23
NO	2	
DK	6	SKIP TO A3Q23
REFUSED	7	SKIP TO A3Q23

A3Q22_A (13B-k-xi)

Would a discussion of the importance of reading to **(CHILD)** have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q23 (13B-l)

(In the last 12 months/ since {his/her} birth), did **(CHILD)**'s doctors or health providers talk with you about immunizations?

YES	1	SKIP TO A3Q24
NO	2	
DK	6	SKIP TO A3Q24
REFUSED	7	SKIP TO A3Q24

A3Q23_A (13B-l-xii)

Would a discussion of immunizations have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q24 (13B-m)

(In the last 12 months/ since {his/her} birth), have you delayed or not gotten **(CHILD)** immunized because of concerns about the safety of vaccines?

YES	1
NO	2
DK	6
REFUSED	7

[ALL SKIP TO A3Q38_A]

A3Q25 (13C-a)

In the last 12 months, did **(CHILD)**'s doctors or health providers talk with you about issues related to food or feeding **(him/her)**?

YES	1	SKIP TO A3Q26
NO	2	
DK	6	SKIP TO A3Q26
REFUSED	7	SKIP TO A3Q26

A3Q25_A (13C-A-i)

Would a discussion of food or feeding have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q26 (13C-b)

In the last 12 months, did **(CHILD)**'s doctors or health providers talk with you about **(CHILD)**'s bedtime routines?

YES	1	SKIP TO A3Q27
NO	2	
DK	6	SKIP TO A3Q27
REFUSED	7	SKIP TO A3Q27

A3Q26_A (13C-b-ii)

Would a discussion of **(CHILD)**'s bedtime routines have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q27 (13C-c)

In the last 12 months, did **(CHILD)**'s doctors or health providers talk with you about ways to teach **(him/her)** about dangerous situations, places or items like electrical sockets, the stove, climbing on things, or running into the street?

YES	1	SKIP TO A3Q28
NO	2	
DK	6	SKIP TO A3Q28
REFUSED	7	SKIP TO A3Q28

A3Q27_A (13C-c-iii)

Would a discussion of teaching **(CHILD)** about dangerous situations, places or items have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q28 (13C-d)

In the last 12 months, did **(CHILD)**'s doctors or health providers talk with you about things **(CHILD)** may start to do for **(himself/herself)** like washing or dressing?

YES	1	SKIP TO A3Q29
NO	2	
DK	6	SKIP TO A3Q29
REFUSED	7	SKIP TO A3Q29

A3Q28_A (13C-d-iv)

Would a discussion of things **(CHILD)** may start to do for **(himself/herself)** have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q29 (13C-e)

In the last 12 months, did **(CHILD)**'s doctors or health providers talk with you about the words and phrases **(CHILD)** uses and understands?

YES	1	SKIP TO A3Q30
NO	2	
DK	6	SKIP TO A3Q30
REFUSED	7	SKIP TO A3Q30

A3Q29_A (13C-e-v)

Would a discussion of the words and phrases that **(CHILD)** uses and understands have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q30 (13C-f)

In the last 12 months, did **(CHILD)**'s doctors or health providers talk with you about how **(CHILD)** is learning to get along with other children?

YES	1	SKIP TO A3Q31
NO	2	
DK	6	SKIP TO A3Q31
REFUSED	7	SKIP TO A3Q31

A3Q30_A (13C-f-vi)

Would a discussion of how **(CHILD)** is learning to get along with other children have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q31 (13C-g)

In the last 12 months, did **(CHILD)**'s doctors or health providers talk with you about guidance and discipline techniques to use with **(CHILD)** such as the use of time-out?

YES	1	SKIP TO A3Q32
NO	2	
DK	6	SKIP TO A3Q32
REFUSED	7	SKIP TO A3Q32

A3Q31_A (13C-g-vii)

Would a discussion of guidance and discipline techniques have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q32 (13C-h)

In the last 12 months, did (**CHILD**)'s doctors or health providers talk with you about toilet training?

YES	1	SKIP TO A3Q33
NO	2	
DK	6	SKIP TO A3Q33
REFUSED	7	SKIP TO A3Q33

A3Q32_A (13C-h-viii)

Would a discussion of toilet training have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q33 (13C-i)

Since (**CHILD**)'s birth, did (**his/her**) doctors or health providers talk with you about using a car-seat?

YES	1	SKIP TO A3Q34
NO	2	
DK	6	SKIP TO A3Q34
REFUSED	7	SKIP TO A3Q34

A3Q33_A (13C-i-ix)

Would a discussion of using a car seat have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q34 (13C-j)

In the last 12 months, did (**CHILD**)'s doctors or health providers talk with you about childcare arrangements?

YES	1	SKIP TO A3Q35
NO	2	
DK	6	SKIP TO A3Q35
REFUSED	7	SKIP TO A3Q35

A3Q34_A (13C-j-x)

Would a discussion of childcare arrangements have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q35 (13C-k)

In the last 12 months, did (**CHILD**)'s doctors or health providers talk with you about reading to (**him/her**)?

YES	1	SKIP TO A3Q36
NO	2	
DK	6	SKIP TO A3Q36
REFUSED	7	SKIP TO A3Q36

A3Q35_A (13C-k-xi)

Would a discussion of reading to (**CHILD**) have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q36 (13C-l)

In the last 12 months, did (**CHILD**)'s doctors or health providers talk with you about immunizations?

YES	1	SKIP TO A3Q37
NO	2	
DK	6	SKIP TO A3Q37
REFUSED	7	SKIP TO A3Q37

A3Q36_A (13C-l-xii)

Would a discussion of immunizations have been helpful to you?

YES	1
NO	2
DK	6
REFUSED	7

A3Q37 (13C-m)

In the last 12 months, have you delayed or not gotten (**CHILD**) immunized because of concerns about the safety of vaccines?

YES	1
NO	2
DK	6
REFUSED	7

A3Q38_A (G14a)

Now, I'd like to ask you some different questions about **(CHILD)**'s doctors or health providers. **(In the last 12 months/ since {his/her} birth)**, how often did **(CHILD)**'s doctors or health providers take time to understand the specific needs of **(CHILD)**? Would you say always, usually, sometimes, or never?

ALWAYS	1
USUALLY	2
SOMETIMES	3
NEVER	4
DK	6
REFUSED	7

A3Q38_B (G14b)

(In the last 12 months/ since {his/her} birth), how often did **(CHILD)**'s doctors or health providers respect that you are the expert on your child? Would you say always, usually, sometimes, or never?

ALWAYS	1
USUALLY	2
SOMETIMES	3
NEVER	4
DK	6
REFUSED	7

A3Q38_C (G14c)

(In the last 12 months/ since {his/her} birth), how often did **(CHILD)**'s doctors or health providers ask how you are feeling as a parent? Would you say always, usually, sometimes, or never?

ALWAYS	1
USUALLY	2
SOMETIMES	3
NEVER	4
DK	6
REFUSED	7

A3Q38_D (G14d)

(In the last 12 months/ since {his/her} birth), how often did **(CHILD)**'s doctors or health providers understand you and your family and how you prefer to raise **(CHILD)**? Would you say always, usually, sometimes, or never?

ALWAYS	1
USUALLY	2
SOMETIMES	3
NEVER	4
DK	6
REFUSED	7

A3Q39 (G15a)

(In the last 12 months/ since {his/her} birth), have **(CHILD)**'s doctors or health providers ever asked you about violence in your community?

YES	1
NO	2
DK	6
REFUSED	7

A3Q39_A (G15a1)

Should a child's doctors or health providers discuss with parents violence in the community?

YES	1
NO	2
DK	6
REFUSED	7

A3Q40 (G15b)

(In the last 12 months/ since {his/her} birth), have **(CHILD)**'s doctors or health providers ever asked you about your physical health?

YES	1
NO	2
DK	6
REFUSED	7

A3Q40_A (G15b1)

Should a child's doctors or health providers discuss with parents the parent's physical health?

YES	1
NO	2
DK	6
REFUSED	7

A3Q41 (G15c)

(In the last 12 months/ since {his/her} birth), have **(CHILD)**'s doctors or health providers ever asked whether you or someone in your household smokes?

YES	1
NO	2
DK	6
REFUSED	7

A3Q41_A (G15c1)

Should a child's doctors or health providers discuss with parents whether someone in their household smokes?

YES	1
NO	2
DK	6
REFUSED	7

A3Q42 (G15d)

(In the last 12 months/ since {his/her} birth), have (CHILD)'s doctors or health providers ever asked whether you or someone in your household drinks alcohol and/or uses drugs?

YES	1
NO	2
DK	6
REFUSED	7

A3Q42_A (G15d1)

Should a child's doctors or health providers discuss with parents whether someone in their household drinks alcohol and/or uses drugs?

YES	1
NO	2
DK	6
REFUSED	7

A3Q43 (G15e)

(In the last 12 months/ since {his/her} birth), have (CHILD)'s doctors or health providers ever asked you if you have someone to turn to for emotional support?

YES	1
NO	2
DK	6
REFUSED	7

A3Q43_A (G15e1)

Should a child's doctors or health providers discuss with parents having someone to turn to for emotional support?

YES	1
NO	2
DK	6
REFUSED	7

A3Q44 (G15f)

(In the last 12 months/ since {his/her} birth), have (CHILD)'s doctors or health providers ever asked you whether your spouse or partner was supportive of your parenting efforts?

YES	1
NO	2
DK	6
REFUSED	7

A3Q44_A (G15f1)

Should a child's doctors or health providers discuss with parents whether a spouse or partner is supportive of parenting efforts?

YES	1
NO	2
DK	6
REFUSED	7

A3Q45 (G15g)

(In the last 12 months/ since {his/her} birth), have (CHILD)'s doctors or health providers ever asked you if you have had trouble paying for (CHILD)'s basic needs, such as food, diapers or other things.

YES	1
NO	2
DK	6
REFUSED	7

A3Q45_A (G15g1)

Should a child's doctors or health providers discuss with parents whether a parent has had trouble paying for a child's basic needs?

YES	1
NO	2
DK	6
REFUSED	7

A3Q46 (G16)

Did **(CHILD)**'s doctors or health providers ever tell you that they were carrying out - what doctors call - a "developmental assessment" of **(CHILD)**?

YES	1
NO	2
DK	6
REFUSED	7

A3Q46_A (G16A)

Did **(CHILD)**'s doctors or health providers ever have **(him/her)** pick up small objects or stack blocks or throw a ball or recognize different colors?

YES	1
NO	2
DK	6
REFUSED	7

A3Q47 (G17)

Doctors sometimes provide referrals to specialists or to educational or developmental programs. **(In the last 12 months/ since {his/her} birth) has (CHILD)'s doctors or health providers referred (him/her) to any specialist?**

YES	1	
NO	2	SKIP TO A3Q48
DK	6	SKIP TO A3Q48
REF	7	SKIP TO A3Q48

A3Q47_A (G17A)

What kind of specialist was that?

(SELECT ALL THAT APPLY)

MEDICAL OR SURGICAL SPECIALIST		01
SPEECH/LANGUAGE SPECIALIST	02	
HEARING SPECIALIST		03
OCCUPATIONAL OR PHYSICAL THERAPIST		04
DENTIST OR DENTAL CARE PROVIDER	05	
CHILD PSYCHOLOGIST/CHILD PSYCHIATRIST/ SOCIAL WORKER		06
OTHER		07
DK		96
REFUSED		97

A3Q48 (G18)

(In the last 12 months/ since {his/her} birth) has (CHILD)'s doctors or health providers referred you to any program or class?

YES	1	
NO	2	SKIP TO A3Q49
DK	6	SKIP TO A3Q49
REF	7	SKIP TO A3Q49

A3Q48_A (G18A)

What kind of program/class was that?

(SELECT ALL THAT APPLY)

BREASTFEEDING/LACTATION		1
PARENTING		2
CHILD DEVELOPMENT		3
OTHER		4
DK		6
REFUSED		7

A3Q49 (G19)

Did you attend a childbirth class before the birth of (CHILD)?

YES	1	
NO	2	SKIP TO A3Q50
DK	6	SKIP TO A3Q50
REFUSED	7	SKIP TO A3Q50

A3Q49_A (G19A)

Was this childbirth class paid for or covered by a health insurance plan?

YES		1
NO		2
DK		6
REFUSED		7

A3Q50 (G20)

Did you attend a parenting class after the birth of **(CHILD)**?

YES	1	
NO	2	SKIP TO A3Q51
DK	6	SKIP TO A3Q51
REFUSED	7	SKIP TO A3Q51

A3Q50_A (G20A)

Was this parenting class paid for or covered by a health insurance plan?

YES	1
NO	2
DK	6
REFUSED	7

A3Q51 (G21)

Do you have other children besides **(CHILD)**?

YES	1	
NO	2	SKIP TO A3Q52
DK	6	SKIP TO A3Q52
REFUSED	7	SKIP TO A3Q52

A3Q51_A (G21A)

Did you attend a childbirth class before your other child or children were born?

YES	1
NO	2
DK	6
REFUSED	7

A3Q51_B (G21B)

Did you attend a parenting class after the birth of your other child or children?

YES	1
NO	2
DK	6
REFUSED	7

A3Q52 (G22)

Now I would like you to think back to the time **(CHILD)** was born. Was **(he/she)** born prematurely, that is, was **(he/she)** more than 4 weeks early?

YES	1
NO	2
DK	6
REFUSED	7

A3Q53 (G23)

What was **(CHILD)**'s birth weight?

POUNDS	1
KILOGRAMS	2
DK	6
REFUSED	7

ENTER WEIGHT: _____ POUNDS _____ OUNCES

_____ KILOGRAMS

CATI: SCREEN WITH POUNDS/OUNCES OR WITH KILOGRAMS SHOULD COME UP, DEPENDING ON ABOVE A3Q53 ANSWER. NO CROSSOVER BETWEEN POUNDS/OUNCES AND KILOGRAMS SHOULD BE ALLOWED.

**POUNDS FIELD SHOULD BE A TWO NUMERIC-CHARACTER FIELD.
OUNCES FIELD SHOULD BE A TWO NUMERIC-CHARACTER FIELD.
IF <5 POUNDS, 0 OUNCES OR >10 POUNDS, 0 OUNCES, ASK A3Q53_A.**

**KILOGRAMS FIELD SHOULD BE A THREE ALPHANUMERIC-CHARACTER FIELD.
IF <2.5 KILOGRAMS OR >5 KILOGRAMS, ASK A3Q53_B.**

ALL OTHERS SKIP TO A3Q54

A3Q53_A

I have **(POUNDS FROM A3Q53)** pounds, **(OUNCES FROM A3Q53)** ounces. Is that correct?

YES	1	
NO	2	[SKIP BACK TO A3Q53]

A3Q53_B

I have **(KILOGRAMS FROM A3Q53)** kilograms. Is that correct?

YES	1	
NO	2	[SKIP BACK TO A3Q53]

A3Q54 (G24)

Now I am going to ask you a few questions about breastfeeding. Was **(CHILD)** breastfed for any length of time?

YES	1	
NO	2	SKIP TO A3Q55
DK	6	SKIP TO A3Q55
REFUSED	7	SKIP TO A3Q55

A3Q54_A (G24A)

For how many days, weeks, or months was (CHILD) breastfed?

- DAY(S) 1
- WEEK(S) 2
- MONTH(S) 3
- STILL BREASTFEEDING 9 SKIP TO A3Q55
- DK 6
- REFUSED 7

A3Q54_B

ENTER PERIOD _____

(CATI: 3 NUMERIC-CHARACTER FIELD

IF DAYS ARE THE CHOSEN TIME PERIOD, RANGE IS 001-365;

IF WEEKS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-52;

IF MONTHS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-35.

A3Q54 CANNOT BE GREATER THAN CHILD'S AGE. IF A3Q54 IS GREATER THAN CHILD'S AGE, REASK A3Q54.)

ENTER NUMBER OF DAYS/WEEKS/MONTHS _____

A3Q55 (G25)

Did (CHILD)'s doctors or health providers give you any help or encouragement for breastfeeding?

- YES 1
- NO 2
- DK 6
- REFUSED 7

A3Q56 (G26)

How old was (CHILD) when you introduced solid foods? When I say solid foods here I mean anything other than milk, formula or juice.

(RECORD AGE OF CHILD IN MONTHS)

(CATI: 2 NUMERIC-CHARACTER FIELD, RANGE IS 00-35 MONTHS AS USED IN NIS.

A3Q56 CANNOT BE GREATER THAN CHILD'S AGE. IF A3Q56 IS GREATER THAN CHILD'S AGE, REASK A3Q56.)

_____ MONTHS OLD

NOT INTRODUCED YET 95

DK 96

REFUSED 97

(IF A3Q56 > 1 AND <13, SKIP TO A4Q01)

A3Q56_A

I have (ANSWER FROM A3Q56) month(s) old. Is that correct?

- YES 1
- NO 2 [SKIP BACK TO A3Q56]

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A4Q01_A (G27a)

Now I am going to read some statements about things that may occur in your family. Is **(CHILD)**'s bedtime usually the same everyday or does it change from day to day?

SAME EVERY DAY	1
CHANGES FROM DAY TO DAY	2
DK	6
REFUSED	7

A4Q01_B (G27b)

Is **(CHILD)**'s nap-time usually the same everyday or does it change from day to day?

SAME EVERY DAY	1
CHANGES FROM DAY TO DAY	2
NOT APPLICABLE	3
DK	6
REFUSED	7

A4Q01_C (G27c)

Are **(CHILD)**'s mealtimes usually the same everyday or do they change from day to day?

SAME EVERY DAY	1
CHANGES FROM DAY TO DAY	2
DK	6
REFUSED	7

A4Q02 (G28)

Now I would like to talk to you about **(CHILD)**'s activities with you and other family members. Please tell me the number of days in a typical week that you or any other family members do the following things.

A4Q02_X01 (G28a)	Read stories to (CHILD) .	EVERY DAY 1	1-2 DAYS 2
		3-6 DAYS 4	3 NEVER
		DK 6	REFUSED 7
A4Q02_X02 (G28b)	Play music or sing songs with (CHILD) .	EVERY DAY 1	1-2 DAYS 2
		3-6 DAYS 4	3 NEVER
		DK 6	REFUSED 7
A4Q02_X03 (G28c)	Take (CHILD) on any kind of outing such as to the park, grocery store, a church or a playground.	EVERY DAY 1	1-2 DAYS 2
		3-6 DAYS 4	3 NEVER
		DK 6	REFUSED 7

A4Q02_X04 (G28d)	How many days in a typical week does everyone in the household eat a mid-day or evening meal together?	EVERY DAY 1 3-6 DAYS 4 DK 6	1-2 DAYS 2 3 NEVER REFUSED 7
A4Q02_X05 (G28e)	Eat breakfast together?	EVERY DAY 1 3-6 DAYS 4 DK 6	1-2 DAYS 2 3 NEVER REFUSED 7

A4Q03 (G29)

In a typical day, about how many hours does **(CHILD)** spend watching TV or videos?

(NOTE: ROUND PARTIAL HOURS UP)

(CATI: 2 NUMERIC-CHARACTER FIELD, RANGE IS 00-24)

_____ HOURS

NONE 00
DK 96
REFUSED 97

A4Q04 (G30)

About how many children's books are there in your house, including library books? Please only include books that are for children.

(CATI: 3 NUMERIC-CHARACTER FIELD)

_____ NUMBER OF BOOKS

DK 996
REFUSED 997

(IF A4Q04 < 100 AND >13, SKIP TO A4Q05)

A4Q04_A

I have **(ANSWER FROM A4Q04)** books. Is that correct?

YES 1
NO 2 **[SKIP BACK TO A4Q04]**

A4Q05 (G31)

In a typical day, how often would you say you feel frustrated or aggravated with **(CHILD)**'S behavior?

Would you say:

Always 1
Sometimes 2
Rarely, or 3
Never? 4
DK 6
REFUSED 7

A4Q06 (G32)

Now I would like to ask you about the amount of time you spend with **(CHILD)**. Would you say that you spend the right amount of time with **(CHILD)**, or would you like to spend a lot more time, a little more time, a

little less time, or a lot less time?
 RIGHT AMOUNT OF TIME 1
 A LOT MORE TIME 2
 A LITTLE MORE TIME 3
 A LITTLE LESS TIME 4
 A LOT LESS TIME 5
 DK 6
 REFUSED 7

A4Q07 (G33) The next questions are about discipline. Parents vary a lot in how they discipline and children also vary in their response to being disciplined. I am going to read a list of methods of discipline parents might use with children (**CHILD**)’s age. For each, please tell me if you use that method often, sometimes, rarely, or never with (**CHILD**).

A4Q07_X01 (G33a)	First, how about raising your voice or yelling?	OFTEN 1	SOMETIMES 2
		RARELY 3	NEVER 4
		DK 6	REFUSED 7
A4Q07_X02 (G33b)	How about spanking? (IF CHILD IS 18 MONTHS OF AGE OR YOUNGER, SKIP TO A4Q08)	OFTEN 1	SOMETIMES 2
		RARELY 3	NEVER 4
		DK 6	REFUSED 7
A4Q07_X03 (G33c)	How about taking away a toy or treat?	OFTEN 1	SOMETIMES 2
		RARELY 3	NEVER 4
		DK 6	REFUSED 7
A4Q07_X04 (G33d)	How about giving a time-out, that is making (CHILD) take a break from whatever activity { he/she } is involved in?	OFTEN 1	SOMETIMES 2
		RARELY 3	NEVER 4
		DK 6	REFUSED 7
A4Q07_X05 (G33e)	How about explaining to (CHILD) why { his/her } behavior is not appropriate.	OFTEN 1	SOMETIMES 2
		RARELY 3	NEVER 4
		DK 6	REFUSED 7

A4Q08 (G34)

I am now going to read a list of things that parents sometimes do to childproof their home or make it safe. For each item, tell me if you ever did that in your home.
 (PROBE FOR “NOT APPLICABLE” RESPONSE)

A4Q08_X01 (G34a)	Put up baby gates, window guards or other barriers. (PROBE FOR BEST ANSWER)	YES 1	NO 2
		NOT APPLICABLE 3	
		DK 6	REFUSED 7
A4Q08_X02 (G34b)	Put locks or safety latches on cabinets where things such as cleaning agents or medicines are kept.	YES 1	NO 2
		NOT APPLICABLE 3	
		DK 6	REFUSED 7

A4Q08_X03 (G34c)	Put padding around hard surfaces or sharp edges.	YES 1 NOT APPLICABLE 3 DK 6	NO 2 REFUSED 7
A4Q08_X04 (G34d)	Put stoppers or plugs in electrical outlets.	YES 1 NOT APPLICABLE 0 DK 6	NO 2 REFUSED 7
A4Q08_X05 (G34e)	Turned down the hot water thermostat setting. (PROBE FOR BEST ANSWER)	YES 1 NOT APPLICABLE 0 DK 6	NO 2 REFUSED 7

A4Q09 (G35)

Syrup of Ipecac can be used if **(CHILD)** swallows something poisonous. Do you have Syrup of Ipecac at home?

YES 1
NO 2
DK 6
REFUSED 7

(CATI: ADD HELP SCREEN AS FOLLOWS)

Syrup of Ipecac is a liquid that you would give your child if you think that he or she accidentally swallowed something poisonous.

I READ THIS STATEMENT TO RESPONDENT 1

A4Q10 (G36)

Now I am going to ask you a few questions regarding childcare. In a typical week, how many hours does **(CHILD)** spend in the care of someone other than a parent or guardian?

(CATI: 3 NUMERIC-CHARACTER FIELD)

_____ HOURS

DOES NOT SPEND ANY TIME WITH CHILDCARE PROVIDER 995 **SKIP TO A5Q01**
DK 996 **SKIP TO A5Q01**
REFUSED 997 **SKIP TO A5Q01**

(IF A4Q10 <60, SKIP TO A4Q011)

A4Q10_A

I have **(ANSWER FROM A4Q10)** hours. Is that correct?

YES 1
NO 2 **[SKIP BACK TO A4Q10]**

A4Q11 (G37)

Is the person who usually cares for **(CHILD)** a relative or a non-relative?

RELATIVE 1
NON-RELATIVE 2
DK 6

REFUSED

7

A4Q12 (G38)

Is (**CHILD**) mostly cared for:
 in your home
 in someone else's home, or
 in a daycare center?
 DK
 REFUSED

1
 2
 3
 6
 7

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A5Q01 (G39)

Now I am going to ask you a few questions about how you have been feeling lately.

A5Q01_X01 (G39a)	How much of the time during the <u>past month</u> have you been a very nervous person? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time or none of the time?	ALL OF THE TIME 0 1 MOST OF THE TIME 0 2 A GOOD BIT OF THE TIME 0 3 SOME OF THE TIME 0 4 A LITTLE OF THE TIME 0 5 NONE OF THE TIME 0 6 DK 96 REFUSED 97
A5Q01_X02 (G39b)	How much of the time during the <u>past month</u> have you felt calm and peaceful? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time or none of the time?	ALL OF THE TIME 0 1 MOST OF THE TIME 0 2 A GOOD BIT OF THE TIME 0 3 SOME OF THE TIME 0 4 A LITTLE OF THE TIME 0 5 NONE OF THE TIME 0 6 DK 96 REFUSED 97
A5Q01_X03 (G39c)	How much of the time during the <u>past month</u> have you felt downhearted and blue?	ALL OF THE TIME 0 1 MOST OF THE TIME 0 2 A GOOD BIT OF THE TIME 0 3 SOME OF THE TIME 0 4 A LITTLE OF THE TIME 0 5 NONE OF THE TIME 0 6 DK 96 REFUSED 97
A5Q01_X04 (G39d)	How much of the time during the <u>past month</u> have you felt so down in the dumps that nothing could cheer you up?	ALL OF THE TIME 0 1 MOST OF THE TIME 0 2 A GOOD BIT OF THE TIME 0 3 SOME OF THE TIME 0 4 A LITTLE OF THE TIME 0 5 NONE OF THE TIME 0 6 DK 96 REFUSED 97

A5Q01_X05 (G39e)	How much of the time during the <u>past month</u> have you been a happy person?	ALL OF THE TIME	0 1	
		MOST OF THE TIME	0 2	
		A GOOD BIT OF THE TIME	0 3	
		SOME OF THE TIME	0 4	
		A LITTLE OF THE TIME	0 5	
		NONE OF THE TIME	0 6	
		DK	96	
	REFUSED		97	

A5Q02 (G40)

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?

VERY WELL	1
SOMEWHAT WELL	2
NOT VERY WELL	3
NOT WELL AT ALL	4
DK	6
REFUSED	7

A5Q03 (G41)

Is there someone you can turn to for day to day emotional help while parenting?

YES	1
NO	2
DK	6
REFUSED	7

A5Q04 (G42)

Is there someone you can count on to watch (**CHILD**) if you need a break?

YES	1
NO	2
DK	6
REFUSED	7

A5Q05 (G43)

Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:

A5Q05_X01 (G43a)	How (CHILD) talks and makes speech sounds?	A LOT	1	A LITTLE
		2		
		NOT AT ALL	3	
		NOT APPLICABLE	4	
		DK	6	REFUSED
		7		
A5Q05_X02 (G43b)	How (CHILD) sees or hears?	A LOT	1	A LITTLE
		2		
		NOT AT ALL	3	
		NOT APPLICABLE	4	
		DK	6	REFUSED
		7		

A5Q05_X03 (G43c)	How (CHILD) understands what you say?	A LOT 2 NOT AT ALL 3 NOT APPLICABLE 4 DK 6 7	1 A LITTLE	REFUSED
A5Q05_X04 (G43d)	How (CHILD) uses his or her hands and fingers to do things?	A LOT 2 NOT AT ALL 3 NOT APPLICABLE 4 DK 6 7	1 A LITTLE	REFUSED
A5Q05_X05 (G43e)	How (CHILD) uses his or her arms and legs?	A LOT 2 NOT AT ALL 3 NOT APPLICABLE 4 DK 6 7	1 A LITTLE	REFUSED
A5Q05_X06 (G43f)	How (CHILD) behaves?	A LOT 2 NOT AT ALL 3 NOT APPLICABLE 4 DK 6 7	1 A LITTLE	REFUSED
A5Q05_X07 (G43g)	How (CHILD) gets along with others?	A LOT 2 NOT AT ALL 3 NOT APPLICABLE 4 DK 6 7	1 A LITTLE	REFUSED
A5Q05_X08 (G43h)	How (CHILD) is learning to do things for himself/herself?	A LOT 2 NOT AT ALL 3 NOT APPLICABLE 4 DK 6 7	1 A LITTLE	REFUSED
A5Q05_X09 (G43i)	How (CHILD) is learning preschool or school skills?	A LOT 2 NOT AT ALL 3 NOT APPLICABLE 4 DK 6 7	1 A LITTLE	REFUSED
A5Q05_X10 (G43j)	Whether (CHILD) can do what other children his or her age can do?	A LOT 2 NOT AT ALL 3 NOT APPLICABLE 4 DK 6 7	1 A LITTLE	REFUSED

A5Q05_X11 (G43k)	(CHILD)'s emotional well-being?	A LOT 2 NOT AT ALL NOT APPLICABLE DK 7	1 3 4 6	A LITTLE REFUSED
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A5Q06 (G44)

Now I would like to ask a few questions about (CHILD)'s health. In the last 12 months, did (he/she) have any of the following conditions:

5Q06_X01 (G44a.)	Asthma?	YES DK	1 6	NO REFUSED	2 7
A5Q06_X02 (G44b.)	More than three ear infections in the last year?	YES DK	1 6	NO REFUSED	2 7
A5Q06_X03 (G44c.)	Eczema or any kind of skin allergy other than diaper rash?	YES DK	1 6	NO REFUSED	2 7
A5Q06_X04 (G44d.)	Any kind of food or digestive allergy?	YES DK	1 6	NO REFUSED	2 7
A5Q06_X05 (G44e.)	Any other health problems that concern you?	YES DK	1 6	NO REFUSED	2 7

(IF A5Q06_X05 = 2,6,7, SKIP TO A5Q07)

A5Q06_A What is that health problem?

(PLEASE SPECIFY)_____

A5Q07 (G45)

Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

YES 1
NO 2 (SKIP TO A5Q08)
DK 6 (SKIP TO A5Q08)
REFUSED 7 (SKIP TO A5Q08)

A5Q07_A (G45A)

Is this because of any medical, behavioral or other health condition?

YES 1
NO 2 (SKIP TO A5Q08)
DK 6 (SKIP TO A5Q08)
REFUSED 7 (SKIP TO A5Q08)

A5Q07_B (G45B)

Is this a condition that has lasted or is expected to last for at least 12 months?

YES	1
NO	2
DK	6
REFUSED	7

A5Q08 (G46)

Does **(CHILD)** need or use more medical care, mental health or educational services than is usual for most children of the same age.

YES	1
NO	2 (SKIP TO A5Q09_A)
DK	6 (SKIP TO A5Q09_A)
REFUSED	7 (SKIP TO A5Q09_A)

A5Q08_A

Is this because of any medical, behavioral or other health condition?

YES	1
NO	2 (SKIP TO A5Q09_A)
DK	6 (SKIP TO A5Q09_A)
REFUSED	7 (SKIP TO A5Q09_A)

A5Q08_B

Is this a condition that has lasted or is expected to last for at least 12 months?

YES	1
NO	2
DK	6
REFUSED	7

A5Q09_A (G47a)

Sometimes people have difficulty getting medical care when they need it. **(During the past 12 months/since {his/her} birth)** was there any time that **(CHILD)** needed health care for a problem or concern but did not get it?

YES	1
NO	2
DK	6
REFUSED	7

A5Q09_B (G47b)

(During the past 12 months/since {his/her} birth) was there any time that **(CHILD)** received care for a problem or concern, but got the care later than you would have liked?

YES	1
NO	2
DK	6
REFUSED	7

(IF A5Q09_A = 2,6,7 AND A5Q09_B = 2,6,7 , SKIP TO A5Q10)

A5Q09_C (G47c)

Why did **(CHILD)** need health care? Was it for a:

(MARK ALL THAT APPLY)

- Medical problem or concern 1
- Behavioral problem or concern 2
- Speech and/or language problem or concern or 3
- Some other problem or concern 4
- DK 6
- REFUSED 7

(IF MORE THAN ONE PROBLEM IDENTIFIED IN A5Q09_C, LOOP THROUGH A5Q09_D AND A5Q09_E FOR EACH PROBLEM. IF DK OR REF TO ALL, SKIP TO A5Q10.)

A5Q09_D (G47d)

(CATI: IF A5Q09_A = 1, USE FIRST FILL. IF A5Q09_B = 1, USE SECOND FILL. IF BOTH A5Q09_A AND A5Q09_B = 1, USE FIRST FILL.)

(Why didn't (CHILD) receive care for {INSERT PROBLEM FROM A5Q09_C}? / Why was (CHILD)'s care delayed for {INSERT PROBLEM FROM A5Q09_C}?) Was it because:

A5Q09_D_X01 (G47d-i)	You could not afford it or had no health insurance?	YES DK	1 6	NO REFUSED	2 7
A5Q09_D_X02 (G47d-ii)	You had no doctors or health providers to go to for (CHILD) ?	YES DK	1 6	NO REFUSED	2 7
A5Q09_D_X03 (G47d-iii)	(CHILD) 's doctors or health providers did not consider it a problem?	YES DK	1 6	NO REFUSED	2 7
A5Q09_D_X04 (G47d-iv)	You had transportation or childcare problems or problems related to work?	YES DK	1 6	NO REFUSED	2 7
A5Q09_D_X05 (G47d-v)	Any other reason?	YES DK	1 6	NO REFUSED	2 7

A5Q09_E (G47e)

(CATI: IF A5Q09_A = 1, USE FIRST FILL. IF A5Q09_B = 1, USE SECOND FILL. IF BOTH A5Q09_A AND A5Q09_B = 1, USE FIRST FILL.)

Did the **(lack of/delay in)** healthcare for **(CHILD)**'s **(FILL PROBLEM FROM A5Q09_C)**:

A5Q09_E_X01 (G47e-i)	Create concerns about (his/her) future development?	YES DK	1 6	NO REFUSED	2 7
A5Q09_E_X02 (G47e-ii)	Create problems for (his/her) attending day care?	YES DK	1 6	NO REFUSED	2 7
A5Q09_E_X03 (G47e-iii)	Create problems for you or your spouse or partner meeting work responsibilities?	YES DK	1 6	NO REFUSED	2 7

A5Q10 (G48a) During the past 12 months, how many times has **(CHILD)** gone to a hospital emergency room about **(his/her)** health? Please include emergency room visits that resulted in hospital admission. **(CATI: 3 NUMERIC-CHARACTER FIELD)**

_____	_____	_____	VISITS
DK			996
REFUSED			997

(IF A5Q10 <11, SKIP TO A5Q11)

A5Q10_A

I have **(ANSWER FROM A5Q10)** visits. Is that correct?

YES	1	
NO	2	[SKIP BACK TO A5Q10]

A5Q11 (G48b) During the past 12 months, how many times has **(CHILD)** had to stay in the hospital overnight? **(CATI: 3 NUMERIC-CHARACTER FIELD)**

_____	_____	_____	TIMES
DK			996
REFUSED			997

(IF A5Q11 <11, SKIP TO A5Q12)

A5Q11_A

I have **(ANSWER FROM A5Q11)** times. Is that correct?

YES	1	
NO	2	[SKIP BACK TO A5Q11]

A5Q12 (G49) During the past 12 months, how many times have you called **(CHILD)**'s doctor's office to ask a question or get some information? Please do not include calls made to get an appointment. **(CATI: 3 NUMERIC-CHARACTER FIELD)**

_____	_____	_____	TIMES
DK			996
REFUSED			997

(IF A5Q12 <51, SKIP TO A6Q01)

A5Q12_A

I have **(ANSWER FROM A5Q12)** times. Is that correct?

YES	1	
NO	2	[SKIP BACK TO A5Q12]

**American Academy of Pediatrics National Survey of Early Child Health
Section 6: Financial Welfare and Health Insurance**

A6Q01 (G50) Now I would like to ask how much trouble you have had paying for particular kinds of expenses for **(CHILD)**. For each of the items in the list, please tell me if you had a lot of trouble, some trouble or no trouble at all paying for that item.

A6Q01_X01 (G50a)	First, how about prenatal care during pregnancy?	LOT OF TROUBLE 2 NO TROUBLE AT ALL 4 DK 7	1 3 6	SOME TROUBLE NOT APPLICABLE REFUSED
A6Q01_X02 (G50b)	How about the medical expenses for (CHILD) 's birth?	LOT OF TROUBLE 2 NO TROUBLE AT ALL 4 DK 7	1 3 6	SOME TROUBLE NOT APPLICABLE REFUSED
A6Q01_X03 (G50c)	How about (CHILD) 's health and medical expenses?	LOT OF TROUBLE 2 NO TROUBLE AT ALL 4 DK 7	1 3 6	SOME TROUBLE NOT APPLICABLE REFUSED
A6Q01_X04 (G50d)	How about supplies like formula, food, diapers, clothes, and shoes?	LOT OF TROUBLE 2 NO TROUBLE AT ALL 4 DK 7	1 3 6	SOME TROUBLE NOT APPLICABLE REFUSED
A6Q01_X05 (G50e)	How about childcare?	LOT OF TROUBLE 2 NO TROUBLE AT ALL 4 DK 7	1 3 6	SOME TROUBLE NOT APPLICABLE REFUSED

(CATI NOTE: LISTS WITH STATE-SPECIFIC PROGRAM NAMES WILL BE PROVIDED. THE CORRECT PROGRAMS FOR THE RESPONDENT'S STATE WILL NEED TO BE FILLED IN A6Q02, A6Q03, A6Q04)

A6Q02 (G51)

Now I am going to ask you a few questions about health insurance and health care coverage for **(CHILD)**. Is **(CHILD)** covered by Medicaid, **(in this state called {FILL IN NAME},)** a health insurance program for low-income families?

YES	1
NO	2
DK	6
REFUSED	7

A6Q03 (G52)

Is **(CHILD)** covered by **(FILL STATE TITLE V PLAN NAME)**?

YES	1
-----	---

NO	2
DK	6
REFUSED	7

A6Q04 (G53)

Is **(CHILD)** covered by **(FILL STATE SCHIP NAME)**?

(CATI NOTE: SOME STATES WILL NOT HAVE SCHIP PROGRAM, AND THESE SHOULD SKIP TO A6Q05)

YES	1
NO	2
DK	6
REFUSED	7

A6Q05 (G54)

Is **(CHILD)** covered by private insurance, that is health insurance obtained through employment or unions or purchased directly?

YES	1
NO	2
DK	6
REFUSED	7

A6Q06 (G55)

Is **(CHILD)** covered by military health care, CHAMPUS, CHAMP-VA, or TRICARE?

(PROBE: An adult's VA plan?)

YES	1
NO	2
DK	6
REFUSED	7

A6Q07 (G56)

Is **(CHILD)** covered by the Indian Health Service?

YES	1
NO	2
DK	6
REFUSED	7

A6Q08 (G57)

Is **(CHILD)** covered by any other kind of health insurance or health care plan that pays for services obtained from hospitals, doctors, and other health professionals?

YES	1
NO	2
DK	6
REFUSED	7

(IF ANY QUESTIONS FROM A6Q02-A6Q08 = 1, IN OTHER WORDS IF COVERED BY ANY INSURANCE, SKIP TO A6Q10)

A6Q09 (G58)

It appears that **(CHILD)** does not have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct?

- YES 1 **(SKIP TO AQ09_B)**
- NO 2
- DK 6 **(SKIP TO AQ09_B)**
- REFUSED 7 **(SKIP TO AQ09_B)**

A6Q09_A

What kind of health coverage does **(CHILD)** have? **[MARK ALL THAT APPLY]**

W3Q03_01	MEDICAID	YES 1 DK 6	NO 2 REF..... 7
W3Q03_02	MEDICARE	YES 1 DK 6	NO 2 REF..... 7
W3Q03_03	MEDIGAP	YES 1 DK 6	NO 2 REF..... 7
W3Q03_04	MILITARY	YES 1 DK 6	NO 2 REF..... 7
W3Q03_05	INDIAN HEALTH SERVICE	YES 1 DK 6	NO 2 REF..... 7
W3Q03_06	PRIVATE INSURANCE	YES 1 DK 6	NO 2 REF..... 7
W3Q03_07	SINGLE SERVICE PLAN COVERING ONLY DENTAL, VISION, PRESCRIPTIONS, ETC.	YES 1 DK 6	NO 2 REF..... 7
W3Q03_08	SOME OTHER COVERAGE	YES 1 DK 6	NO 2 REF..... 7

(ALL SKIP TO A6Q10)

A6Q09_B

Was there any time **(during the past 12 months /since {his/her} birth)** when **(CHILD)** did have health insurance or was covered by a health plan?

- YES 1
- NO 2 **SKIP TO A6Q13**
- DK 6 **SKIP TO A6Q13**
- REFUSED 7 **SKIP TO A6Q13**

A6Q09_C

How many months **(during the past 12 months /since {his/her} birth)** did **(CHILD)** have health insurance?
(CATI: 2 NUMERIC-CHARACTER FIELD. VALUES CANNOT BE GREATER THAN CHILD'S AGE)

_____ MONTHS (RANGE: 00-12)
 DK 96
 REFUSED 97

(ALL SKIP TO A6Q13)

A6Q10 (G59)

Was there any time **(during the past 12 months /since {his/her} birth)** when **(CHILD)** did not have health insurance or was not covered by a health plan?

YES 1
 NO 2 **SKIP TO A6Q11**
 DK 6 **SKIP TO A6Q11**
 REFUSED 7 **SKIP TO A6Q11**

A6Q10_A (G59A)

How many months **(during the past 12 months /since {his/her} birth)** did **(CHILD)** not have health insurance?

(CATI: 2 NUMERIC-CHARACTER FIELD. VALUES CANNOT BE GREATER THAN CHILD'S AGE)

_____ MONTHS (RANGE: 00-12)
 DK 96
 REFUSED 97

A6Q11 (G60)

Are you required by your health insurance company to sign up with a certain primary care doctor, group of doctors, or certain clinic which **(CHILD)** must go to for all of **(his/her)** routine care?

(PROBE IF NECESSARY: Please do not include emergency care or care from a specialist **(CHILD)** was referred to.)

YES 1
 NO 2
 DK 6
 REFUSED 7

A6Q12 (G61)

If **(CHILD)** needs to go to a different doctor or place for special care, does **(CHILD)** need approval or a referral? Please do not include emergency care.

YES 1
 NO 2
 DK 6
 REFUSED 7

A6Q13 (G62)

(IF CHILD WAS NIS-ELIGIBLE, SKIP TO A7Q01)

The following questions are about the WIC program which you or **(CHILD)** may have been on. WIC is a

nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, healthcare referrals, and nutrition education. Has **(CHILD)** ever received WIC benefits?

YES	01	
NO	02	SKIP TO A7Q01
DON'T KNOW ABOUT THE PROGRAM	03	SKIP TO A7Q01
DK	06	SKIP TO A7Q01
REFUSED	07	SKIP TO A7Q01

A6Q14 (G63)

Is **(CHILD)** currently receiving WIC benefits?

YES	1
NO	2
DK	6
REFUSED	7

**American Academy of Pediatrics National Survey of Early Child Health
Section 7: Demographic and Household Information**

A7Q01 (G64)

(IF FOCAL CHILD WAS NIS-ELIGIBLE, SKIP TO A7Q08

IF ANY CHILD WENT THROUGH NIS, SKIP TO A7Q02)

Now I am going to ask you a few questions about you and your household. Including the adults and all the children, how many people live in your household?

(CATI: 2 NUMERIC-CHARACTER FIELD. USE SAME RANGE CHECKS AND VERIFICATION WARNING SCREENS AS USED IN NIS FOR A7Q01-A7Q01_B.)

	PEOPLE
DK	96
REFUSED	97

A7Q01_A (G64A)

How many of these are adults 18 years of age or older?

(CATI: 2 NUMERIC-CHARACTER FIELD)

	ADULTS
DK	96
REFUSED	97

A7Q01_B (G64B)

And that means that **(SUBTRACT A7Q01_A FROM A7Q01 AND FILL NEW NUMBER HERE)** of these people are under 18 years of age?

YES	1
NO	2
DK	6
REFUSED	7

A7Q02 (G65)

[IF CASE IS PART OF OVERSAMPLE, SKIP TO A7Q05]

Is **(CHILD)** of Spanish, Hispanic, or Latino descent, that is Mexican, Mexican-American, Central American, South American, Chicano, Puerto Rican, or Cuban?

[MARK ALL THAT APPLY]

NO, NOT SPANISH/HISPANIC	YES
YES, MEXICAN/MEXICANO	YES
YES, MEXICAN-AMERICAN	YES
YES, CENTRAL AMERICAN	YES
YES, SOUTH AMERICAN	YES
YES, CHICANO	YES
YES, PUERTO RICAN	YES
YES, CUBAN/CUBAN AMERICAN	YES
YES, OTHER SPANISH-CARRIBEAN	YES
YES, OTHER SPANISH/HISPANIC (SPECIFY)	YES
DON'T KNOW	96
REFUSED	97

A7Q03 (G66)

Is **(CHILD)** White, Black or African American, Native American, Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or another race?

[MARK ALL THAT APPLY]

WHITE	YES
BLACK/ AFRICAN AMERICAN	YES
NATIVE AMERICAN	YES
ALASKA NATIVE	YES
ASIAN	YES
NATIVE HAWAIIAN	YES
PACIFIC ISLANDER	YES
OTHER (SPECIFY)	YES
DON'T KNOW	96
REFUSED	97

(IF MORE THAN ONE ANSWER FOR A7Q03, ASK A7Q04)

A7Q04 (G67) Which do you feel best describes **[CHILD]**'s race?

WHITE	01
BLACK/ AFRICAN AMERICAN	02
NATIVE AMERICAN	03
ALASKA NATIVE	04
ASIAN	05
NATIVE HAWAIIAN	06
PACIFIC ISLANDER	07
OTHER (SPECIFY)	08
DON'T KNOW	96
REFUSED	97

A7Q05 (G68)

What is your relationship to **(CHILD)**?

MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN	01
FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN	02
SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)	03
IN-LAW OF ANY TYPE	04
AUNT/UNCLE	05
GRANDPARENT	06
OTHER FAMILY MEMBER	07
OTHER NON-RELATIVE	08
DK	96
REFUSED	97

(IF A7Q05 = 01, USE "YOU" FILL THROUGH A7Q12. ALL OTHERS USE "CHILD'S MOTHER" FILL THROUGH A7Q12.)

A7Q06 (G69)

(IF ANY CHILD WENT THROUGH NIS, SKIP TO A7Q08)

What is the highest grade or year of regular school [YOU/CHILD'S MOTHER] have ever completed?
(FILL IN NUMBER IF PROVIDED)

	0-16	17+
NEVER ATTENDED/KINDERGARTEN		41
ELEMENTARY		51
HIGH SCHOOL		61
COLLEGE		71
GRADUATE		81
DK		96
REFUSED		97

A7Q07 (A7Q08) (G71)

(ARE YOU/IS CHILD'S MOTHER) now married, divorced, separated, or **(HAVE YOU/HAS SHE)** never been married?

MARRIED		01
WIDOWED		02
DIVORCED		03
SEPARATED		04
NEVER MARRIED		05
DECEASED		06 (SKIP TO A7Q13)
DK		96
REFUSED		97

(CATI: PLACE TIME STAMP HERE)

A7Q08 (A7Q07) (G70)

(ARE YOU/IS CHILD'S MOTHER) currently employed full- or part-time, or not employed?

EMPLOYED – FULL TIME	1	
EMPLOYED – PART TIME		2
NOT EMPLOYED	3	
OTHER		4
DK		6
REFUSED		7

A7Q08_A (A7Q07_A)

What is **(YOUR/CHILD'S MOTHER)**'s status other than employed full- or part-time, or not employed?
(CATI: 25 ALPHANUMERIC-CHARACTER FIELD)

A7Q09 (G72)

(IF ANY CHILD WENT THROUGH NIS, SKIP TO A7Q36)

(ARE YOU/IS CHILD'S MOTHER) of Spanish, Hispanic, or Latino descent, that is Mexican, Mexican-American, Central American, South American, Chicano, Puerto Rican, or Cuban?

[MARK ALL THAT APPLY]

NO, NOT SPANISH/HISPANIC	YES
YES, MEXICAN/MEXICANO	YES
YES, MEXICAN-AMERICAN	YES
YES, CENTRAL AMERICAN	YES
YES, SOUTH AMERICAN	YES
YES, CHICANO	YES
YES, PUERTO RICAN	YES
YES, CUBAN/CUBAN AMERICAN	YES
YES, OTHER SPANISH-CARRIBEAN	YES
YES, OTHER SPANISH/HISPANIC (SPECIFY)	YES
DON'T KNOW	96
REFUSED	97

A7Q10 (G73)

(ARE YOU/IS CHILD'S MOTHER) White, Black or African American, Native American, Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or another race? [MARK ALL THAT APPLY]

WHITE	YES
BLACK/ AFRICAN AMERICAN	YES
NATIVE AMERICAN	YES
ALASKA NATIVE	YES
ASIAN	YES
NATIVE HAWAIIAN	YES
PACIFIC ISLANDER	YES
OTHER (SPECIFY)	YES
DON'T KNOW	96
REFUSED	97

(IF MORE THAN ONE ANSWER FOR A7Q10, ASK A7Q10_A)

A7Q10_A

Which do you feel best describes **(YOUR/CHILD'S MOTHER'S)** race?

WHITE	01
BLACK/ AFRICAN AMERICAN	02
NATIVE AMERICAN	03
ALASKA NATIVE	04
ASIAN	05
NATIVE HAWAIIAN	06
PACIFIC ISLANDER	07
OTHER (SPECIFY)	08
DON'T KNOW	96
REFUSED	97

A7Q11 (G74)

What is **(YOUR/CHILD'S MOTHER'S)** current age?
(CATI: 2 NUMERIC-CHARACTER FIELD)

_____ YEARS OLD

DK 96
REFUSED 97

(IF >13 AND <51, SKIP TO A7Q12)

A7Q11_A

I have **(ANSWER FROM A7Q11)** years old. Is that correct?

YES 1
NO 2 **[SKIP BACK TO A7Q11]**

A7Q12 (G75)

[Do you/Does (CHILD)'s mother] live at the same address as **(you/she)** did when the child was born?

YES 1 **(SKIP TO A7Q13)**
NO 2
DK 6 **(SKIP TO A7Q13)**
REFUSED 7 **(SKIP TO A7Q13)**

A7Q12_A (G75A)

How many times has **(CHILD)** moved since **(he/she)** was born?
(CATI: 2 NUMERIC-CHARACTER FIELD)

_____ TIMES

(IF <11, SKIP TO A7Q13)

A7Q12_B

I have **(ANSWER FROM A7Q12)** times. Is that correct?

YES 1
NO 2 **[SKIP BACK TO A7Q12]**

A7Q13 (G76)

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. Include money from jobs, 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. Can you tell me that amount before taxes?

(CATI: 9 NUMERIC-CHARACTER FIELD. VERIFY INCOME WITH POP-UP SCREEN EXPRESSING VALUE IN WORDS, AS DONE IN NIS)

RECORD INCOME \$ _____ **SKIP TO A7Q27**
DK 999999996 **SKIP TO A7Q13_A**
REFUSED 999999997 **SKIP TO A7Q13_B**

A7Q13_A (76DK)

You may not be able to give us an exact figure for your total combined family income, but was your total family income during **(LAST CALENDAR YEAR)** more or less than \$20,000?

More than \$20,000		1	SKIP TO A7Q19
\$20,000		2	SKIP TO A7Q27
Less than \$20,000	3		SKIP TO A7Q14
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q13_B (76REF)

Income is important in analyzing information we collect. For example, this information helps us to learn whether children in one group use medical services more or less than children in another group. You may not be able to give us an exact figure for your total combined family income, but could you tell me whether your total family income during **(LAST CALENDAR YEAR)** was more or less than \$20,000?

More than \$20,000		1	SKIP TO A7Q19
\$20,000		2	SKIP TO A7Q27
Less than \$20,000	3		SKIP TO A7Q14
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q14 (G77)

Was the total combined FAMILY income more or less than \$10,000?

More than \$10,000		1	SKIP TO A7Q16
\$10,000		2	SKIP TO A7Q27
Less than \$10,000	3		
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q15 (G77A)

Was it more than \$7,500?

YES		1	SKIP TO A7Q27
NO		2	SKIP TO A7Q27
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q16 (G78)

Was it more than \$15,000?

YES		1	
NO		2	SKIP TO A7Q18
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q17 (G78A)

Was it more than \$17,500?

YES		1	SKIP TO A7Q27
NO		2	SKIP TO A7Q27
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q18 (G78B)

Was it more than \$12,500?

YES		1	SKIP TO A7Q27
NO		2	SKIP TO A7Q27
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q19 (G79)

Was the total combined FAMILY income more or less than \$40,000?

More than \$40,000		1	
\$40,000		2	SKIP TO A7Q27
Less than \$40,000	3		SKIP TO A7Q24
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q20 (G79A)

Was the total combined FAMILY income more or less than \$60,000?

More than \$60,000		1	
\$60,000		2	SKIP TO A7Q27
Less than \$60,000	3		SKIP TO A7Q22
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q21 (G79B)

Was the total combined FAMILY income more or less than \$75,000?

More than \$75,000		1	SKIP TO A7Q27
Less than \$75,000	2		SKIP TO A7Q27
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q22 (G79C)

Was the total combined FAMILY income more or less than \$50,000?

More than \$50,000		1	SKIP TO A7Q27
\$50,000		2	SKIP TO A7Q27
Less than \$50,000	3		
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q23 (G79D)

Was the total combined FAMILY income more or less than \$45,000?

More than \$45,000		1	SKIP TO A7Q27
Less than \$45,000	2		SKIP TO A7Q27
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q24 (G80)

Was the total combined FAMILY income more or less than \$30,000?

More than \$30,000		1	
\$30,000		2	SKIP TO A7Q27
Less than \$30,000	3		SKIP TO A7Q26
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q25 (G80A)

Was the total combined FAMILY income more or less then \$35,000?

More than \$35,000		1	SKIP TO A7Q27
Less than \$35,000	2		SKIP TO A7Q27
DK		6	SKIP TO A7Q27
REFUSED		7	SKIP TO A7Q27

A7Q26 (G80B)

Was the total combined FAMILY income more or less than \$25,000?

More than \$25,000		1	
Less than \$25,000	2		
DK		6	
REFUSED		7	

A7Q27 (G81A)

What is your zip code?

(CATI: 5 NUMERIC-CHARACTER FIELD. CHECK ZIPCODE AGAINST CITY/COUNTY/STATE, AS DONE IN NIS.)

DK		6	
REFUSED		7	

A7Q28 (G82)

The next questions are about the telephone numbers in your household. Do you have any other phone numbers in addition to [AREA CODE AND TELEPHONE NUMBER FROM SAMPLE RECORD].

YES	1	
NO	2	SKIP TO A7Q34
DK	6	SKIP TO A7Q34
REFUSED	7	SKIP TO A7Q34

A7Q29 (G82A)

Is this second number for home use only, for business use only, or for both home and business use?

HOME ONLY	1	
BUSINESS ONLY	2	SKIP TO A7Q31
BOTH HOME AND BUSINESS	3	
DK	6	
REFUSED	7	SKIP TO A7Q31

A7Q30 (G82B)

Is this second number used only for computer or fax communication?

YES	1	
NO	2	
DK	6	
REFUSED	7	

A7Q31 (G83)

Do you have a third home phone number in addition to the two you have already told me about?

YES	1	
NO	2	SKIP TO A7Q34
DK	6	SKIP TO A7Q34
REFUSED	7	SKIP TO A7Q34

A7Q32 (G83A)

Is this third number for home use only, for business use only, or for both home and business use?

HOME ONLY	1	
BUSINESS ONLY	2	SKIP TO A7Q34
BOTH HOME AND BUSINESS	3	
DK	6	
REFUSED	7	SKIP TO A7Q34

A7Q33 (G83B)

Is this third number used only for computer or fax communication?

YES	1	
NO	2	
DK	6	
REFUSED	7	

A7Q34 (G84)

During the past 12 months, has your household been without telephone service for 1 week or more?

YES	1	
NO	2	SKIP TO A7Q36
DK	6	SKIP TO A7Q36
REFUSED	7	SKIP TO A7Q36

A7Q35 (G84A)

For how long was your household without telephone service in the past 12 months?

(IF 1 WEEK OR LESS, ENTER 0 FOR THE NUMBER)

WEEK(S)	01
MONTH(S)	02
DK	96
REFUSED	97

A7Q35_A

(CATI: THREE NUMERIC-CHARACTER FIELD)

ENTER NUMBER _____

(IF WEEKS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-52;

IF MONTHS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-12.

VERIFY VALUE WITH POP-UP SCREEN EXPRESSING VALUE IN WORDS, AS DONE IN NIS INCOME QUESTION)

A7Q36 (END)

Those are all of the questions I have. I'd like to thank you again on behalf of the Centers for Disease Control and Prevention and the American Academy of Pediatrics for the time and effort you've spent answering these questions. Are you interested in talking with someone regarding any of the topics we've covered in this interview?

(1) YES

(2) NO (Skip to A_END)

A7Q36_01 through A7Q36_18

What is the topic?

(CHOOSE ALL THAT APPLY)

- A7Q36_01 CDC National HIV/AIDS Hotline 800-342-2437 (English)
- A7Q36_02 CDC National HIV/AIDS Hotline 800-344-7432 (Spanish)
- A7Q36_03 CDC National HIV/AIDS Hotline 800-243-7889 (TDD)
- A7Q36_04 Alcohol and Drug Help Line 800-821-4357
- A7Q36_05 CHILDHHELP National Child Abuse Hotline 800-422-4453
- A7Q36_06 Crisis Intervention & Counseling 800-448-3000
- A7Q36_07 Crisis Intervention & Counseling 800-448-1833 (TDD)
- A7Q36_08 CDC Immunization Hotline 800-232-7468
- A7Q36_09 Asthma and Allergy Foundation of America 800-727-8462
- A7Q36_10 KidsNow (low cost/free insurance info) 877-543-7669
- A7Q36_11 National Mental Health Association 800-969-6642
- A7Q36_12 National Domestic Violence Hotline 800-799-7233
- A7Q36_13 National Domestic Violence Hotline 800-787-3224 (TDD)
- A7Q36_14 US Consumer Product Safety Commission 800-638-2772
- A7Q36_15 US Consumer Product Safety Commission 800-638-8270 (TDD)
- A7Q36_16 National Women's Health Information Center 800-994-9662
- A7Q36_17 National Women's Health Information Center 888-220-5446 (TDD)
- A7Q36_18 Suicide/Mental Health Concerns 888-784-2433

A_END

Thank you again for your participation in this survey. Goodbye.

[TERMINATE INTERVIEW]