



NIS-ELIGIBLE

NON-NIS-ELIGIBLE

Case ID _____

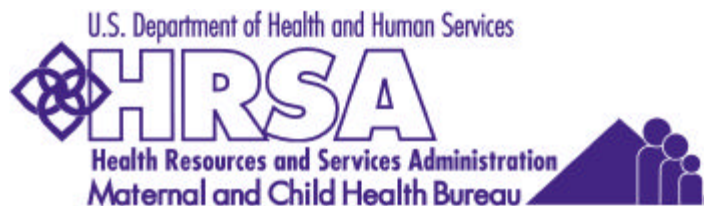
KISH # _____

NIS Screener/Interview date _____

Date released to field _____

Date returned from field _____

Data entry date _____



_____ (Employee Initials)

**SLAITS CHILDREN WITH SPECIAL HEALTH CARE NEEDS
HARD COPY QUESTIONNAIRE**

COMPLETE INTERVIEW

March 16, 2001

SECTIONS 1-13

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a respondent is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0406). Do not return the completed form to this address.

Confidential Information

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 by Abt Associates and CDC, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of CDC without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242).

OMB Control Number: 0920-0406
Expiration Date: March 31, 2002

**SLAITS SURVEY OF CHILDREN
WITH SPECIAL HEALTH CARE NEEDS
HARD COPY QUESTIONNAIRE:ENGLISH**

Section	Subject	Page
Section 1 & 2	SLAITS Eligibility/Screening..... Initial SLAITS Screening	3
Section 3	Health and Functional Status.....	26
Section 4	Access to Care: Utilization and Unmet Need.....	29
Section 5	Care Coordination.....	44
Section 6	Satisfaction with Care.....	47
Section 7A	Health Insurance (Households with One Sampled Child).....	49
Section 7B	Health Insurance (Households with Two Sampled Children).....	56
Section 8	Adequacy of Health Care Coverage.....	70
Section 9	Impact on the Family.....	72
Section 10	THIS SECTION HAS BEEN REMOVED	
Section 11	Income	75
Section 11A	Telephone Line and Household Information.....	124
Section 12	Medicaid/S-CHIP Knowledge and Experience (Households with One Sampled Child)	96
Section 12A	Medicaid/S-CHIP Knowledge and Experience (Households with Two Sampled Children).....	107
Section 13	Utilization and Barriers to Care Questions for Low-Income/Uninsured Children without Special Health Care Needs	85
	Reference Tables – Federal Poverty Guidelines	127

Section 1. SLAITS ELIGIBILITY/SCREENING

1

NIS-ELIGIBLE CASE

Hello, my name is {INTERVIEWER NAME}. I am calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study. The questions I have will take only a few minutes.

2

(SI) Am I speaking to someone who lives in this household who is over 17 years of age?

- (1) YES, I AM THAT PERSON.....[SKIP TO #3]
- (2) THIS IS ABUSINESS.....We are interviewing only in private residences. Thank you.
- (3) NEW PERSON COMES TO PHONE.....[RE-READ INTRO]
- (4) DOES NOT LIVE IN HOUSEHOLD..... May I speak with someone who lives in this household? [IF "NO" SET CALLBACK].
- (5) NO PERSON AT HOME OVER 17.....May I speak with someone who lives in this household who is over seventeen years old? [IF "NO" SET CALLBACK].

HELP BOX: IF R SAYS 'GROUP QUARTERS': BARRACKS, DORMITORIES, HOSPITALS, SCHOOLS ETC. , CASE SHOULD BE CODED AS "DOES NOT LIVE IN HOUSEHOLD".

3

(ISC.200) We need to talk with the parent or guardian who lives in this household who knows the most about the health and health care of the child or children under 18. Who would that be?

4

(ISC.205)

- (1) Myself [SKIP TO #6]
_____ {OTHER NAME} [SKIP TO #5]

5 (ISC.240)

Because the rest of the survey asks about the health and health care of the child or children under 18, may I speak with **{PERSON’S NAME}** now?

- (1) Yes, that’s me. (SAME RESPONDENT) **[SKIP TO #6]**
- (1) Yes (NEW PERSON COMES TO THE PHONE). **[SKIP BACK TO #1]**
- (2) No.....When would be a good time for me to call back and talk with {R.P. name}?

6 (S3_LTR) A letter describing this study may have been sent to your home recently. Do you remember seeing the letter?

- (1) Yes
- (2) No

HELP BOX: EVEN IF RESPONDENT DID NOT RECEIVE A LETTER, WE ARE REQUIRED TO REPEAT THIS INFORMATION BEFORE BEGINNING THE INTERVIEW.

7 **SLAITS INTRO**

Before we continue, I’d like you to know that your participation in this research is voluntary. You can skip any questions you don’t want to answer, or end the interview without penalty. Your answers will be kept strictly private, in accordance with the Public Health Service Act. I can provide you with the specific legal citation if you like. It guarantees that any answers that identify you or your family will not be shared with anyone other than the agency doing this survey. Depending on the health characteristics of your children, these questions take between 5 and 25 minutes, but for most families, it’s around 10 minutes. In order to evaluate my performance, my supervisor may record and listen as I ask the questions. I’d like to continue now unless you have any questions.

- (1) CONTINUE WITH INTERVIEW
- (2) HUNG UP DURING INTRODUCTION – DURING 1ST /2ND SENTENCE
- (3) HUNG UP DURING INTRODUCTION – DURING 3RD/4TH SENTENCE
- (4) HUNG UP DURING INTRODUCTION – DURING 5TH/6TH SENTENCE
- (5) HUNG UP DURING INTRODUCTION – DURING 7TH/8TH SENTENCE

HELP BOX: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act.

8

S_UNDR18
How many people less than 18 years old live in this household?

ANSWER IS:

“1” OR GREATER

[SKIP TO #10]

“0”, “DON’T KNOW”, OR “REFUSED”

[SKIP TO: #9]

9

(NOCHILD)

These are all the questions I have. I’d like to thank you on behalf of the Centers for Disease

Control and Prevention for the time and effort you have spent answering these questions. **[TERMINATE]**



10

(IF #8 = NUMBER OF NIS-ELIGIBLE CHILDREN,
CONFIRM AGE/NAME INFORMATION AND SKIP TO #17)

You have previously given the name(s) and birth date(s) of **[READ NAMES IN GRID]**.

Now would you please tell me the date(s) of birth for your other (child/children) under the age of 18?



	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
Date of Birth	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)
What is the age of [CHILD 1, CHILD 2...] child in years? [REPEAT FOR EACH CHILD]	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)
So that I will know how to refer to the _____ year old during the interview, what is his or her first name or initials?	_____ DK (96) REF (97)	_____ DK (96) REF (97)	_____ DK (96) REF (97)	_____ DK (96) REF (97)	_____ DK (96) REF (97)	_____ DK (96) REF (97)	_____ DK (96) REF (97)	_____ DK (96) REF (97)	_____ DK (96) REF (97)

[RECORD ON HELPSHEET, THEN SKIP TO AGE_CONF]

HELP BOX:

- **“DON’T KNOW” or “REFUSED”**
 - INTERVIEWER CAN PROCEED USING NAME, AGE, OR BIRTHDATE TO REFER TO THE CHILD. IF ALL ARE REFUSED, TERMINATE INTERVIEW.

NIS INELIGIBLE CASE

1

Hello, my name is {INTERVIEWER NAME}. I am calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study. The questions I have will take only a few minutes.

2

(SI) Am I speaking to someone who lives in this household who is over 17 years of age?

(1) YES, I AM THAT PERSON.....[SKIP TO #3]

(2) THIS IS A BUSINESS.....We are interviewing only in private residences. Thank you.

(3) NEW PERSON COMES TO PHONE.....[RE-READ INTRO]

(4) DOES NOT LIVE IN HOUSEHOLD.....May I speak with someone who live in this household? [IF "NO" SET CALLBACK].

(5) NO PERSON AT HOME OVER 17.....May I speak with someone who lives in this household who is over seventeen years old? [IF "NO" SET CALLBACK].

HELP BOX: IF R SAYS 'GROUP QUARTERS': BARRACKS, DORMITORIES, HOSPITALS, SCHOOLS ETC. , CASE SHOULD BE CODED AS "DOES NOT LIVE IN HOUSEHOLD".

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(ISC.200) We need to talk with the parent or guardian who lives in this household who knows the most about the health and health care of the child or children under 18. Who would that be?

4

(ISC.205)

(1) Myself

[SKIP TO #6]

_____ {OTHER NAME}

[SKIP TO #5]

5 (ISC.240)

Because the rest of the survey asks about the health and health care of the child or children under 18, may I speak with **{PERSON’S NAME}** now?

- (1) Yes, that’s me. (SAME RESPONDENT) **[SKIP TO #6]**
- (2) Yes (NEW PERSON COMES TO THE PHONE). **[SKIP BACK TO #1]**
- (3) No.....When would be a good time for me to call back and talk with {R.P. name}?

6 (S3_LTR) A letter describing this study may have been sent to your home recently. Do you remember seeing the letter?

- (1) Yes
- (2) No

HELP BOX: EVEN IF RESPONDENT DID NOT RECEIVE A LETTER, WE ARE REQUIRED TO REPEAT THIS INFORMATION BEFORE BEGINNING THE INTERVIEW.

7 SLAITS INTRO

Before we continue, I’d like you to know that your participation in this research is voluntary. You can skip any questions you don’t want to answer, or end the interview without penalty. Your answers will be kept strictly private, in accordance with the Public Health Service Act. I can provide you with the specific legal citation if you like. It guarantees that any answers that identify you or your family will not be shared with anyone other than the agency doing this survey. Depending on the health characteristics of your children, these questions take between 5 and 25 minutes, but for most families, it’s around 10 minutes. In order to evaluate my performance, my supervisor may record and listen as I ask the questions. I’d like to continue now unless you have any questions.

- (1) CONTINUE WITH INTERVIEW
- (2) HUNG UP DURING INTRODUCTION – DURING 1ST/2ND SENTENCE
- (3) HUNG UP DURING INTRODUCTION – DURING 3RD/4TH SENTENCE
- (4) HUNG UP DURING INTRODUCTION – DURING 5TH/6TH SENTENCE
- (5) HUNG UP DURING INTRODUCTION – DURING 7TH/8TH SENTENCE

HELP BOX: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act.


8 S_UNDR18
How many people less than 18 years old live in this household?

ANSWER IS:

“1” OR GREATER [SKIP TO #10]

“0”, “DON’T KNOW”, OR “REFUSED” [SKIP TO: #9]

9 (NOCHILD)
These are all the questions I have. I’d like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions. **[TERMINATE]**

10 Beginning with your oldest child, what is the month, day and year of birth of each of the children living in your household? 

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
Date of Birth	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)	DK (96) REF (97)
What is the age of [CHILD 1, CHILD 2...] child in years?	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)	_____ YEARS MONTH (CIRCLE) DK (96) REF (97)

ASK NEXT QUESTION ONLY IF RESPONDENT REQUESTS THAT YOU REFER TO CHILD BY NAME
ALL OTHER SKIP TO #14

So that I will know how to refer to the ____ year old during the interview, what is his or her first name or initials?	_____	_____	_____	_____	_____	_____	_____	_____	_____
--	-------	-------	-------	-------	-------	-------	-------	-------	-------

[ALL SKIP TO #AGE_CONF]

HELP BOX:

- 2 CHILDREN SAME AGE? - SKIP TO SECTION M
- “DON’T KNOW” or “REFUSED”
 - WRITE IN “96” FOR “DON’T KNOW” AND “97” FOR REFUSED.
 - INTERVIEWER CAN PROCEED WITH INTERVIEW USING NAME OR AGE, OR BIRTHDATE TO REFER TO THE CHILD.

M1

(MULTIAGE)



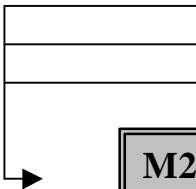
Since you have more than one child who is _____ years old I need a way to refer to each of them during the interview. Could you please tell me their first name or initials?

1 - YES [RECORD IN BOX "A" OF HELP SHEET & SKIP TO #14]

2 - NO

6 - DON'T KNOW

7 - REFUSED



M2

(REFNAME1)



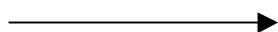
I would like to assure you that ALL information will be kept in strict confidence and will be summarized for research purposes only. Since you have two or more children of the same age, we must have some way to tell them apart. This is important so that we can understand things like whether children with certain characteristics use medical services more or less than other children. You could give me a first name, nickname or their initials.

(1) RESPONDENT WILL GIVE NAMES

[SKIP BACK TO #12a. RECORD NAMES THERE

AND ON HELPSHEET (H1). THEN SKIP TO #17 IF NIS-ELIGIBLE, OR #14 IF NON-NIS-ELIGIBLE].

(2) REFUSAL



SKIP TO M3

M3

(REFNAME2)

These are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions. [TERMINATE]

AGE-CONF

So, you have a (fill with year in age for all children 2 years old or older, or month in age for all children under 2 years old including age for any NIS-eligible children, i.e., 12 month old, 10 year old, 15 year old). Is that correct?

(1) YES

(2) NO (RETURN TO #10 FOR CORRECTION)

14

(C2Q03)
 Is (**CHILD 1, CHILD 2...**) male or female? [REPEAT FOR EACH CHILD]
 (1) Male
 (2) Female
 (6) DK
 (7) REFUSED THIS QUESTION



	<i>Child1</i>	<i>Child 2</i>	<i>Child 3</i>	<i>Child 4</i>	<i>Child 5</i>	<i>Child 6</i>	<i>Child 7</i>	<i>Child 8</i>	<i>Child 9</i>
SEX	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
	6	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7	7



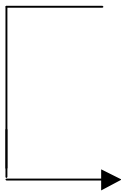
15

(CW10Q01)
 First, is (**CHILD 1**) of Spanish, Hispanic, or Latino origin, that is Mexican, Mexican-American, Central American, South American, Chicano, or Puerto Rican, Cuban, or other Spanish-Caribbean? [MARK ALL THAT APPLY WITH "X"]

INTERVIEWER: REPEAT FOR EACH CHILD BY ASKING :

And how about (**CHILD 2, CHILD 3...**)?

		<i>Child 1</i>	<i>Child 2</i>	<i>Child 3</i>	<i>Child 4</i>	<i>Child 5</i>	<i>Child 6</i>	<i>Child 7</i>	<i>Child 8</i>	<i>Child 9</i>
NO, NOT SPANISH/HISPANIC	1									
YES, MEXICAN/MEXICANO	2									
YES, MEXICAN-AMERICAN	3									
YES, CENTRAL AMERICAN	4									
YES, SOUTH AMERICAN	5									
YES, CHICANO	6									
YES, PUERTO RICAN	7									
YES, CUBAN/CUBAN AMERICAN	8									
YES, OTHER SPANISH-CARRIBEAN	9									
YES, OTHER SPANISH/HISPANIC (SPECIFY in 15a)	10									
DON'T KNOW	96									
REFUSED THIS QUESTION	97									



15a

(CW10Q01_A)
 ENTER EACH ADDITIONAL ETHNICITY OR ORIGIN FOR EACH CHILD.

[SKIP TO #16]

<i>Child1</i>	<i>Child 2</i>	<i>Child 3</i>	<i>Child 4</i>	<i>Child 5</i>	<i>Child 6</i>	<i>Child7</i>	<i>Child 8</i>	<i>Child 9</i>

16

(CW10Q02)

Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe **(CHILD 1)**'s race. Is **(CHILD 1)** White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander? **[MARK ALL THAT APPLY WITH "X"]**

INTERVIEWER: REPEAT FOR EACH CHILD BY ASKING :

And how about **(CHILD 2, CHILD 3...)?**

		<i>Child 1</i>	<i>Child 2</i>	<i>Child 3</i>	<i>Child 4</i>	<i>Child 5</i>	<i>Child 6</i>	<i>Child 7</i>	<i>Child 8</i>	<i>Child 9</i>
WHITE	1									
BLACK/AFRICAN AMERICAN	2									
AMERICAN INDIAN	3									
ALASKA NATIVE	4									
ASIAN	5									
NATIVE HAWAIIAN	6									
PACIFIC ISLANDER	7									
OTHER (SPECIFY IN 16a)	8									
DON'T KNOW	96									
REFUSED THIS QUESTION	97									

[SKIP TO #16b]

16a

ENTER EACH ADDITIONAL RACE.

<i>Child1</i>	<i>Child 2</i>	<i>Child 3</i>	<i>Child 4</i>	<i>Child 5</i>	<i>Child 6</i>	<i>Child7</i>	<i>Child 8</i>	<i>Child 9</i>

HELP BOX: BE SURE TO READ THE ENTIRE QUESTION AS WRITTEN (INCLUDING ALL RESPONSE CATEGORIES). RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS "WHATEVER RACE YOU CONSIDER YOURSELF TO BE." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS. MULTIPLE RACES MAY BE SELECTED.

16b

INTERVIEWER: WAS MORE THAN ONE RACIAL CATEGORY SELECTED FOR ANY SINGLE CHILD IN **#16/#16a**? YES (SKIP TO **16c**) NO (SKIP TO **#17**)

➔ **16c**

(CW10Q03)

Which do you feel best describes (MULTI-RACE CHILD 1, CHILD 2...,) 's race?

HELP BOX: NOTE THAT THIS QUESTION REQUIRES THE RESPONDENT TO SELECT A SINGLE ANSWER. IF THE RESPONDENT CONTINUES TO STATE MULTIPLE RACES, PROBE BY STATING THAT YOU UNDERSTAND, AND REREAD THE QUESTION. IF THE RESPONDENT STILL CONTINUES TO OFFER MULTIPLE RESPONSES, MARK "REFUSED SPECIFIC QUESTION" BELOW.

		<i>Child 1</i>	<i>Child 2</i>	<i>Child 3</i>	<i>Child 4</i>	<i>Child 5</i>	<i>Child 6</i>	<i>Child 7</i>	<i>Child 8</i>	<i>Child 9</i>
WHITE	1									
BLACK/AFRICAN AMERICAN	2									
AMERICAN INDIAN	3									
ALASKA NATIVE	4									
ASIAN	5									
NATIVE HAWAIIAN	6									
PACIFIC ISLANDER	7									
OTHER	8									
DON'T KNOW	96									
REFUSED THIS QUESTION	97									

[SKIP TO #17]

SPECIAL HEALTH CARE NEEDS SCREENING

17

(SC1_INTRO)

The next questions are about any kind of health problems, concerns, or conditions that may affect your **(child/children)**'s behavior, learning, growth, or physical development. Some of these health problems may affect your **(child/children)**'s abilities and activities at school or at play. Some of these problems affect the kind or amount of services your **(child/children)** may need or use.

18

(FACCT2)

(Does your child/Do any of your children) need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- (1) YES (1 CHILD IN HOUSEHOLD) [SKIP TO #18b]
- (1) YES (MORE THAN 1 CHILD IN HH) [SKIP TO #18a]
- (2) NO [SKIP TO #19]
- (6) DON'T KNOW [SKIP TO #19]
- (7) REFUSED THIS QUESTION [SKIP TO #19]

HELP BOX: HELP BOX:
 THESE QUESTIONS REFER TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

18a

(FACCT2_ROS)

Is that (NAMES OF CHILDREN) [MARK CHILDREN WHO HAVE NEED WITH "X"]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18b

(FACCT2_A)

Is (CHILD 1, CHILD 2..)s need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?

- (1) YES
- (2) NO [SKIP TO #19]
- (6) DON'T KNOW [SKIP TO #19]
- (7) REFUSED THIS [SKIP TO #19]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

18c

(FACCT2_B)

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

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

INTERVIEWER: IF "YES" WAS MARKED FOR ANY OF THE CHILDREN, PUT AN 'S' BESIDE THAT CHILD'S NAME IN COLUMN LABELED "**18c**" ON BOX "A" OF HELP SHEET. THIS CHILD IS NOW ELIGIBLE FOR THE SPECIAL NEEDS INTERVIEW. **[ALL SKIP TO #19]**

19

(FACCT1)

(Does your child/Do any of your children) currently need or use medicine prescribed by a doctor, other than vitamins?

- (1) YES (1 CHILD IN HH) [SKIP TO #19b]
- (1) YES (MORE THAN 1 CHILD IN HH)[SKIP TO #19a]
- (2) NO [SKIP TO #20]
- (6) DON'T KNOW [SKIP TO #20]
- (7) REFUSED THIS QUESTION [SKIP TO #20]

HELP BOX: Over-the-counter drugs such as headache medication are not included. THESE QUESTIONS REFER TO CURRENT CONDITIONS. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

19a

(FACCT1_ROS)

Is that (NAMES OF CHILDREN) [MARK CHILDREN WHO HAVE NEED WITH "X"]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19b

(FACCT1_A)

Is (CHILD 1, CHILD 2...)’s need for prescription medicine because of ANY medical, behavioral, or other health condition?

- (1) YES
- (2) NO [SKIP TO #20]
- (6) DK [SKIP TO #20]
- (7) REFUSED [SKIP TO #20]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

19c

(FACCT1_B)

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

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

INTERVIEWER: IF "YES" WAS MARKED FOR ANY OF THE CHILDREN, PUT AN 'S' BESIDE THAT CHILD'S NAME IN COLUMN LABELED "19c" ON BOX "A" OF HELP SHEET. THIS CHILD IS NOW ELIGIBLE FOR THE SPECIAL NEEDS INTERVIEW. [ALL SKIP TO #20]



20

(FACCT3)

(Is your child/Are any of your children) limited or prevented in any way in (his or her/their) ability to do the things most children of the same age can do?

- (1) YES (1 CHILD IN HH) [SKIP TO #20b]
- (1) YES (MORE THAN 1 CHILD IN HH) [SKIP TO #20a]
- (2) NO [SKIP TO #21]
- (6) DON'T KNOW [SKIP TO #21]
- (7) REFUSED THIS QUESTION [SKIP TO #21]

HELP BOX: Limited or prevented: Things the child can't do as much or can't do at all that most children the same age can do. THE RESPONDENT SHOULD REPLY "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

20a

(FACCT3_ROS)

Is that (NAMES OF CHILDREN) [MARK CHILDREN WHO HAVE NEED WITH "X"]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20b

(FACCT3_A)

Is (CHILD 1, CHILD 2...)s limitation in abilities because of ANY medical, behavioral, or other health condition?

- (1) YES
- (2) NO [SKIP TO #21]
- (6) DK [SKIP TO #21]
- (7) REFUSED [SKIP TO #21]

20c

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

(FACCT3_B)

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

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

INTERVIEWER: IF "YES" WAS MARKED FOR ANY OF THE CHILDREN, PUT AN 'S' BESIDE THAT CHILD'S NAME IN COLUMN LABELED "20c" ON BOX "A" OF HELP SHEET. THIS CHILD IS NOW ELIGIBLE FOR THE SPECIAL NEEDS INTERVIEW. [ALL SKIP TO #21]

21

(FACCT4)

(Does your child/Do any of your children) need or get special therapy, such as physical, occupational, or speech therapy?

- (1) YES (1 CHILD IN HH) [SKIP TO #21b]
- (1) YES (MORE THAN 1 CHILD IN HH) [SKIP TO #21a]
- (2) NO [SKIP TO #22]
- (6) DON'T KNOW [SKIP TO #22]
- (7) REFUSED THIS QUESTION [SKIP TO #22]

HELP BOX: HELP BOX:
 THESE QUESTIONS REFER TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

21a

(FACCT4_ROS)

Is that (NAMES OF CHILDREN) [MARK CHILDREN WHO HAVE NEED WITH "X"]

Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21b

(FACCT4_A)

Is (CHILD 1, CHILD 2..)s need for special therapy because of ANY medical, behavioral, or other health condition?

- (1) YES
- (2) NO [SKIP TO #22]
- (6) DK [SKIP TO #22]
- (7) REFUSED [SKIP TO #22]

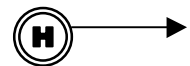
Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

21c

(FACCT4_B)

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

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

INTERVIEWER: IF "YES" WAS MARKED FOR ANY OF THE CHILDREN, PUT AN 'S' BESIDE THAT CHILD'S NAME IN COLUMN LABELED "21c" ON BOX "A" OF HELP SHEET. THIS CHILD IS NOW ELIGIBLE FOR THE SPECIAL NEEDS INTERVIEW. [ALL SKIP TO #22]

22

(FACCT5)

(Does your child/Do any of your children) have any kind of emotional, developmental, or behavioral problem for which **(he/she/they)** need(s) treatment or counseling?

- (1) YES (1 CHILD IN HH) [SKIP TO #22b]
- (1) YES (MORE THAN 1CHILD IN HH) [SKIP TO #22a]
- (2) NO [SKIP TO W]
- (6) DON'T KNOW [SKIP TO W]
- (7) REFUSED THIS QUESTION [SKIP TO W]

HELP BOX: Treatment or Counseling: Remedies, therapy, or guidance a child may receive for his/her emotional, developmental or behavioral problem. Emotional problems such as depression or schizophrenia. Developmental problems such as stunted growth. Behavioral problems such as aggressive behavior or Attention Deficit Disorder. THESE QUESTIONS REFER TO A CURRENT CONDITION. THE RESPONDENT SHOULD ONLY REPLY WITH "YES" IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED].

22a

(FACCT5_ROS)

Is that (NAMES OF CHILDREN) [MARK CHILDREN WHO HAVE NEED WITH "X"]

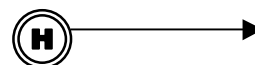
Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22b

(FACCT5_A)

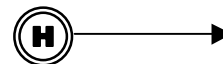
Has **(CHILD 1, CHILD 2..)**'s emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

- (1) YES
- (2) NO [SKIP TO "w"]
- (6) DK [SKIP TO "w"]
- (7) REFUSED [SKIP TO "w"]



Child1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7

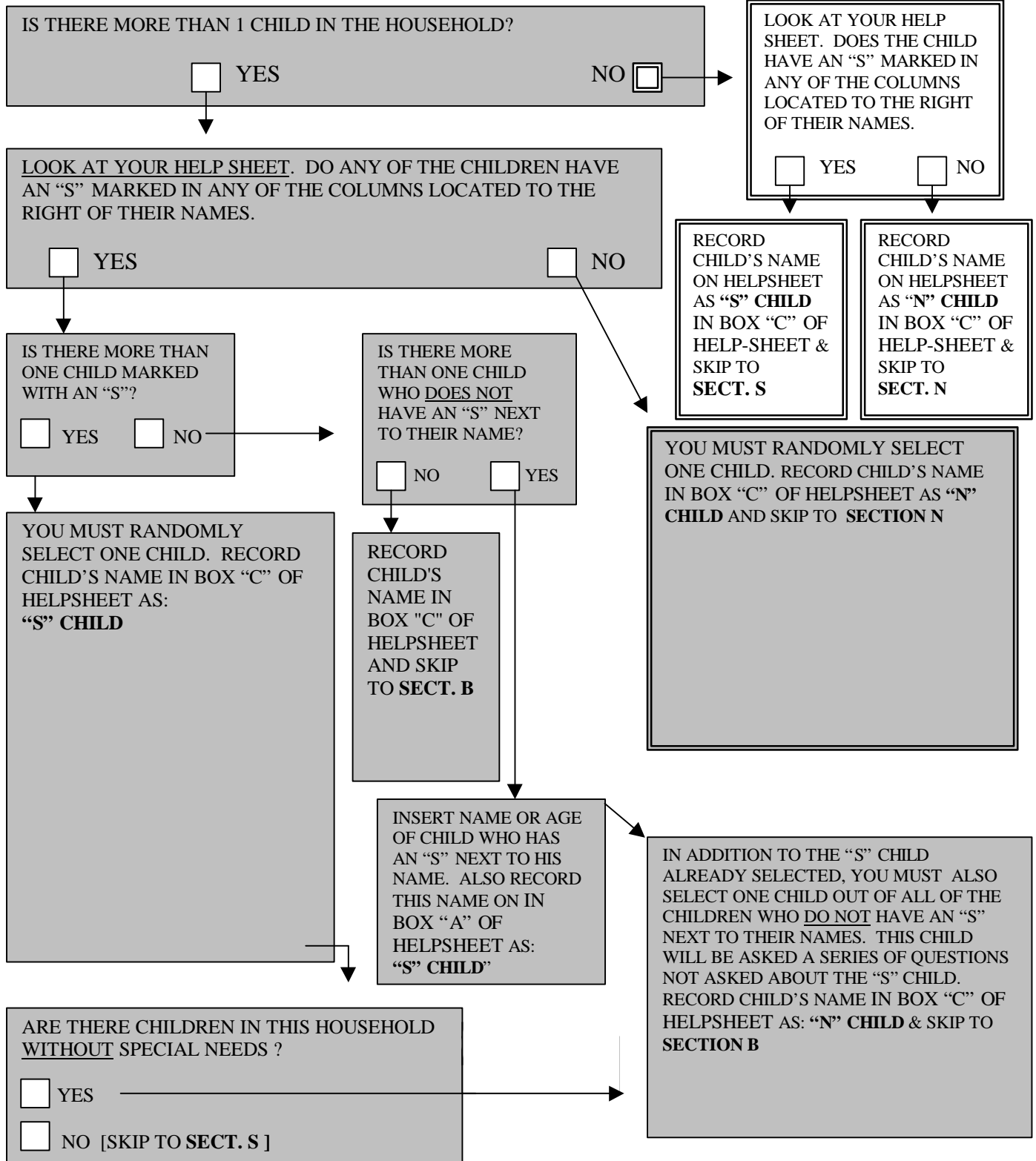
INTERVIEWER: IF "YES" WAS MARKED FOR ANY OF THE CHILDREN, PUT AN 'S' BESIDE THAT CHILD'S NAME IN COLUMN LABELED "22b" ON BOX "A" OF HELP SHEET. THIS CHILD IS NOW ELIGIBLE FOR THE SPECIAL NEEDS INTERVIEW. [ALL SKIP TO #W]





CHILD SAMPLING WORKSHEET

READ THIS TO RESPONDENT: Please hold for just a moment while I complete a series of steps that will allow me to determine which questions I need to ask about your **(child/children)**. The process will take less than a minute.





Next I have some more general questions.

N25

(C2Q04_A)

What is your relationship to (“N” **CHILD**)?

- (01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
- (02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
- (03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
- (04) IN-LAW OF ANY TYPE
- (05) AUNT/UNCLE
- (06) GRANDPARENT
- (07) OTHER FAMILY MEMBER
- (08) FRIEND
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

N26

(CW10Q04)

What is the highest grade or level of school that you have completed?

- (01) 8TH GRADE OR LESS
- (02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
- (03) HIGH SCHOOL GRADUATE OR GED
- (04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
- (05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
- (06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A DEGREE.
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

N27

(CW10Q04_A)

[INTERVIEWER: IF RESPONDENT IS MOTHER, SKIP TO [SECTION 7A, #80 (PURPLE)]

What is the highest grade or level of school that (“N” CHILD)’s mother has completed?

- (01) 8TH GRADE OR LESS
- (02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
- (03) HIGH SCHOOL GRADUATE OR GED
- (04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR’S DEGREE (B.A.)
- (05) COLLEGE GRADUATE –BACHELOR’S DEGREE OR B.A.
- (06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A DEGREE.
- (07) MOTHER IS DECEASED **[SKIP TO SECTION 7A, #80 (PURPLE)]**
- (96) DON’T KNOW
- (97) REFUSED THIS QUESTION

N28

(CW10Q04_A)

Does (“N” CHILD)’s mother live in this household?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

[ALL SKIP TO SECTION 7A, #80 (PURPLE)]



Next, I have some more general questions...

S25

(C2Q04_A)

What is your relationship to (“S” **CHILD**) ?

- (01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
- (02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
- (03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
- (04) IN-LAW OF ANY TYPE
- (05) AUNT/UNCLE
- (06) GRANDPARENT
- (07) OTHER FAMILY MEMBER
- (08) FRIEND
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

S26

(CW10Q04)

What is the highest grade or level of school that you have completed?

- (01) 8TH GRADE OR LESS
- (02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
- (03) HIGH SCHOOL GRADUATE OR GED
- (04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
- (05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
- (06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A DEGREE.
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

S27

(CW10Q04_A)

[INTERVIEWER: IF RESPONDENT IS MOTHER, SKIP TO SECTION 3, #28]

What is the highest grade or level of school that (“S” CHILD)’s mother has completed?

- (01) 8TH GRADE OR LESS
- (02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
- (03) HIGH SCHOOL GRADUATE OR GED
- (04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR’S DEGREE (B.A.)
- (05) COLLEGE GRADUATE –BACHELOR’S DEGREE OR B.A.
- (06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A DEGREE.
- (07) MOTHER IS DECEASED **[SKIP TO SECTION 3, #28]**
- (96) DON’T KNOW
- (97) REFUSED THIS QUESTION

S28

(CW10Q04_A)

Does (“S” CHILD)’s mother live in this household?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

[ALL SKIP TO SECTION 3, #28]

B

Next I have some more general questions.

B25

(C2Q04_1)

What is your relationship to (“**S**” **CHILD**) ?

- (01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
- (02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
- (03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
- (04) IN-LAW OF ANY TYPE
- (05) AUNT/UNCLE
- (06) GRANDPARENT
- (07) OTHER FAMILY MEMBER
- (08) FRIEND
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

B26

(C2Q04_2)

What is your relationship to (“**N**” **CHILD**) ?

- (01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
- (02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
- (03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
- (04) IN-LAW OF ANY TYPE
- (05) AUNT/UNCLE
- (06) GRANDPARENT
- (07) OTHER FAMILY MEMBER
- (08) FRIEND
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

B27

(CW10Q04)

What is the highest grade of school that you have completed?

- (01) 8TH GRADE OR LESS
- (02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
- (03) HIGH SCHOOL GRADUATE OR GED
- (04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR'S DEGREE (B.A.)
- (05) COLLEGE GRADUATE –BACHELOR'S DEGREE OR B.A.
- (06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A DEGREE.
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

B28

(CW10Q04_A)

[INTERVIEWER: IF RESPONDENT IS MOTHER, SKIP TO #B30]

What is the highest grade or level of school that (“S” CHILD)’s mother has completed?

- (01) 8TH GRADE OR LESS
- (02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
- (03) HIGH SCHOOL GRADUATE OR GED
- (04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR’S DEGREE (B.A.)
- (05) COLLEGE GRADUATE –BACHELOR’S DEGREE OR B.A.
- (06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A DEGREE.
- (07) MOTHER IS DECEASED **[SKIP TO #B30]**
- (96) DON’T KNOW
- (97) REFUSED THIS QUESTION

B29

(CW10Q04_A)

Does (“S” CHILD)’s mother live in this household?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

B30

(CW10Q04_A)

[INTERVIEWER: IF RESPONDENT IS MOTHER, SKIP TO SECTION 3, #28]

What is the highest grade or level of school that (“N” CHILD)’s mother has completed?

- (01) 8TH GRADE OR LESS
- (02) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
- (03) HIGH SCHOOL GRADUATE OR GED
- (04) SOME POST HIGH SCHOOL, BUT NOT A BACHELOR’S DEGREE (B.A.)
- (05) COLLEGE GRADUATE –BACHELOR’S DEGREE OR B.A.
- (06) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT A DEGREE.
- (07) MOTHER IS DECEASED **[SKIP TO SECTION 3, #28]**
- (96) DON’T KNOW
- (97) REFUSED THIS QUESTION

B31

(CW10Q04_A)

Does (“N” CHILD)’s mother live in this household?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED

[ALL SKIP TO SECTION 3, #28]

Section 3. HEALTH AND FUNCTIONAL STATUS

28

(C3QINTRO)

The next questions are about any physical, mental, learning and developmental conditions or problems (“S” CHILD) may have.

29

(C3Q02)

In the past 12 months how often have (“S” CHILD)’s medical, behavioral, emotional, or other health conditions affected (his/her) ability to do things other children (his/her) age do? Would you say:

(1) Never

[SKIP TO #31 (C3Q10)]

(2) Sometimes

(3) Usually

(4) Always

(6) DON’T KNOW

[SKIP TO #31 (C3Q10)]

(7) REFUSED THIS QUESTION [SKIP TO #31 (C3Q10)]

HELP BOX: IF THE CONDITION IS EPISODIC, RESPONDENTS SHOULD REFER TO THE PAST ENTIRE 12 MONTHS OF EPISODES, NOT JUST ONE SPECIFIC EPISODE. FOR EXAMPLE, IT MIGHT BE THAT WHEN A CHILD HAS AN ASTHMA ATTACK, IT AFFECTS THE CHILD’S ABILITY TO DO THINGS “A GREAT DEAL”, BUT THE CHILD MAY “RARELY” HAVE ASTHMA ATTACKS.

30

(C3Q03)

Do (“S” CHILD)’s medical, behavioral, or other health conditions affect (his/her) ability to do things a great deal, some, or very little?

(1) A GREAT DEAL

(2) SOME

(3) VERY LITTLE

(6) DON’T KNOW

(7) REFUSED THIS QUESTION

HELP BOX: IF THE CONDITION IS EPISODIC, RESPONDENTS SHOULD REFER TO THE PAST ENTIRE 12 MONTHS OF EPISODES, NOT JUST ONE SPECIFIC EPISODE. FOR EXAMPLE, IT MIGHT BE THAT WHEN A CHILD HAS AN ASTHMA ATTACK, IT AFFECTS THE CHILD’S ABILITY TO DO THINGS “A GREAT DEAL”, BUT THE CHILD MAY “RARELY” HAVE ASTHMA ATTACKS.

31

(C3Q10)

Overall, how would you rank the severity of (“S” CHILD)’s condition(s) or problem (s)? Please pick a number between zero and ten where zero is the mildest and ten is the most severe.

0

1

2

3

4

5

6

7

8

9

10

(96) DON’T KNOW

(97) REFUSED THIS QUESTION

HELP BOX: IF THE CHILD HAS MORE THAN ONE CONDITION, THE PARENT SHOULD RATE THE MOST SEVERE CONDITION RATHER THAN TRYING TO AVERAGE SEVERITY ACROSS CONDITIONS.

32

(C3Q11)

Which of the following statements best describes (“S” CHILD)’s health care needs? (“S” CHILD)’s health care needs change all the time, (“S” CHILD)’s health care needs change only once in a while, or (“S” CHILD)’s health care needs are usually stable?

- (1) CHILD’S HEALTH CARE NEEDS CHANGE ALL THE TIME
- (2) CHILD’S HEALTH CARE NEEDS CHANGE ONLY ONCE IN A WHILE
- (3) CHILD’S HEALTH CARE NEEDS ARE USUALLY STABLE
- (4) NONE OF THE ABOVE
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

34

(C3Q12)

[IF CHILD IS 2 OR OLDER , SKIP TO #35 (C3Q13)]

Does (“S” CHILD) receive services from a program called Early Intervention Services? Children receiving these services often have an Individualized Family Service Plan.

- (1) YES [SKIP TO #37 (C4Q01)]
- (2) NO [SKIP TO #37 (C4Q01)]
- (6) DON’T KNOW [SKIP TO #37 (C4Q01)]
- (7) REFUSED THIS QUESTION [SKIP TO #37 (C4Q01)]

HELP BOX: Early Intervention Services are defined as: family training, counseling, and home visits; health services; medicine; nursing; nutrition; occupational therapy; physical therapy; psychological services; service coordination services; social work services; special instruction; speech-language therapy; transportation, communication or mobility devices; and vision and hearing services.

35

(C3Q13)

Does (“S” CHILD) receive services from a program called Special Educational Services? Children receiving these services often have an Individualized Education Plan.

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: Special education is any kind of special school, classes or tutoring.

36

(C3Q14)

[IF AGE IS 0-4 YEARS, SKIP TO #37 C4Q0A]

During the past 12 months, that is since **(1 YEAR AGO TODAY)**, about how many days did **(“S” CHILD)** miss school because of illness or injury? [NOTE: A SCHOOL YEAR IS 240 DAYS]

_____ [ENTER ALL THREE DIGITS]

- (000) NONE
- (994) DID NOT GO TO SCHOOL
- (995) HOME SCHOOLED
- (996) DON'T KNOW
- (997) REFUSED THIS QUESTION

[ALL SKIP TO #37]

Section 4. ACCESS TO CARE: UTILIZATION AND UNMET NEEDS

37 (C4Q0A)

Is there a place that (“S” CHILD) USUALLY goes to when (he/she) is sick or you need advice about (his/her) health?

- (1) YES [SKIP TO #38]
- (2) THERE IS NO PLACE [SKIP TO #41 C4Q02]
- (3) THERE IS MORE THAN ONE PLACE [SKIP TO #39]
- (6) DON’T KNOW [SKIP TO #41 C4Q02]
- (7) REFUSED THIS QUESTION [SKIP TO #41 C4Q02]

38 (C4Q0B)

What kind of place is it?

Is it a doctor’s office, emergency room, hospital outpatient department, clinic, or some other place?

- (01) DOCTOR’S OFFICE [SKIP TO #40 (C4Q01)]
- (02) HOSPITAL EMERGENCY ROOM [SKIP TO #40 (C4Q01)]
- (03) HOSPITAL OUTPATIENT DEPARTMENT [SKIP TO #40 (C4Q01)]
- (04) CLINIC OR HEALTH CENTER [SKIP TO #40 (C4Q01)]
- (05) SCHOOL(NURSE’S OFFICE,
ATHLETIC TRAINER’S OFFICE, ETC.) [SKIP TO #40 (C4Q01)]
- (06) SOME OTHER PLACE [RECORD VERBATIM RESPONSE]
AND [SKIP TO #40 (C4Q01)]
- (07) DOESN’T GO TO ONE PLACE MOST OFTEN [SKIP TO #41 (C4Q02)]
- (96) DON’T KNOW [SKIP TO #41 (C4Q02)]
- (97) REFUSED THIS QUESTION [SKIP TO #41 (C4Q02)]

39 (C4Q0B)

What kind of place does (“S” CHILD) go to most often?

Is it a doctor’s office, emergency room, hospital outpatient department, clinic, or some other place?

- (01) DOCTOR’S OFFICE
- (02) HOSPITAL EMERGENCY ROOM
- (03) HOSPITAL OUTPATIENT DEPARTMENT
- (04) CLINIC OR HEALTH CENTER
- (05) SCHOOL (NURSE’S OFFICE, ATHLETIC TRAINER’S OFFICE, ETC.)
- (06) SOME OTHER PLACE
- (07) DOES NOT GO TO ONE PLACE MOST OFTEN [SKIP TO #41 (C4Q02)]
- (96) DON’T KNOW [SKIP TO #41 (C4Q02)]
- (97) REFUSED THIS QUESTION [SKIP TO #41 (C4Q02)]

40

(C4Q01)

Is that [PLACE SELECTED IN #39 (C4Q0B)] the same place (“S” CHILD) usually goes when (he/she) needs routine preventive care, such as a physical examination or well-child checkup?

- (1) YES [SKIP TO #42 C4Q02A]
- (2) No [SKIP TO #41 C4Q02]
- (6) DON’T KNOW [SKIP TO #42 C4Q02A]
- (7) REFUSED THIS QUESTION [SKIP TO #42 C4Q02A]

HELP BOX: Clinical preventive care includes check-ups, immunizations, health screening tests, and discussions about how to keep your child healthy.

41

(C4Q02)

What kind of place does (“S” CHILD) USUALLY go to when (he/she) needs routine preventive care, such as a physical examination or well child check-up?

- (01) DOES NOT GET PREVENTIVE CARE ANYWHERE
- (02) DOCTOR’S OFFICE
- (03) HOSPITAL EMERGENCY ROOM
- (04) HOSPITAL OUTPATIENT DEPARTMENT
- (05) CLINIC OR HEALTH CENTER
- (06) SCHOOL (NURSE’S OFFICE, ATHLETIC TRAINER’S OFFICE, ETC)
- (07) SOME OTHER PLACE _____ [RECORD VERBATIM RESPONSE]
- (08) DOES NOT GO TO ONE PLACE MOST OFTEN
- (96) DON’T KNOW
- (97) REFUSED

H

42

(C4Q02A)

A personal doctor or nurse is the health provider who knows (“S” CHILD) best. Do you have ONE person that you think of as (“S” CHILD)’s personal doctor or nurse?

- (1) YES [RECORD ON HELPSHEET AND SKIP TO #43]
- (2) NO [RECORD ON HELPSHEET AND SKIP TO #44 C4Q03]
- (6) DON’T KNOW [RECORD ON HELPSHEET AND SKIP TO #44 C4Q03]
- (7) REFUSED THIS QUESTION [RECORD ON HELPSHEET AND SKIP TO #44 C4Q03]

43

(C4Q02B)

Is this person a general doctor, pediatrician, specialist, nurse practitioner, or physician's assistant?

- (01) GENERAL DOCTOR (SUCH AS A DOCTOR IN GENERAL PRACTICE, FAMILY MEDICINE, INTERNAL MEDICINE)
- (02) PEDIATRICIAN
- (03) OTHER SPECIALIST (SUCH AS SURGEONS, HEART DOCTORS, OBSTETRICIANS OR GYNECOLOGISTS).
- (04) NURSE PRACTITIONER
- (05) PHYSICIAN'S ASSISTANT
- (06) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

44

(C4Q03)

People often delay or do not get needed health care. By health care I mean medical care as well as other kinds of care like dental care, mental health services, physical, occupational, or speech therapies, and special education services. In the past 12 months, have you delayed or gone without health care for ("**S**" **CHILD**)?

- (1) YES
- (2) No **[SKIP TO #46INT C4Q05]**
- (6) DON'T KNOW **[SKIP TO #46INT C4Q05]**
- (7) REFUSED THIS QUESTION **[SKIP TO #46INT C4Q05]**

45

(C4Q04)

There are many reasons people delay or do not get needed health care. Did you delay or not get health care for ("**S**" **CHILD**) because:

45a

(C4Q04_A)

...you couldn't get through to the health care provider's office on the telephone?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

45b

(C4Q04_B)

(Did you delay or not get health care for ("**S**" **CHILD**) because) You couldn't get an appointment for ("**S**" **CHILD**) soon enough?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

45c

(C4Q04_C)

(Did you delay or not get health care for (“S” CHILD) because) The clinic or doctor’s office was not open when you could get there?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

45d

(C4Q04_D)

(Did you delay or not get health care for (“S” CHILD) because) Transportation was a problem?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

45e

(C4Q04_E)

(Did you delay or not get health care for (“S” CHILD) because) You didn’t have enough money to pay the health care provider?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

45f

(C4Q04_F)

(Did you delay or not get health care for (“S” CHILD) because) The type of care (“S” CHILD) needed was not available in your area?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

45g

(C4Q04_G)

(Did you delay or not get health care for (“S” CHILD) because) The health care provider did not have the skills (“S” CHILD) needed?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

45h

(C4Q04_H)

(Did you delay or not get health care for (“S” CHILD) because) The type of health care was not covered by your health plan?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

45i

(C4Q04_I)

(Did you delay or not get health care for (“S” CHILD) because) You could not get approval from your health plan or doctor?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

45j

(C4Q04_J)

(Did you delay or not get health care for (“S” CHILD) because) Once you get there, (“S” CHILD) has to wait too long to see the health care provider?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

45k

(C4Q04_K)

(Did you delay or not get health care for (“S” CHILD) because) You have language, communication, or cultural problems with the health care provider?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

45l

(C4Q04_L)

(Did you delay or not get health care for (“S” CHILD) because) Going to appointments conflicts with other responsibilities at home or at work?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

46INT

During the past 12 months, was there any time when (S CHILD) needed any of the following services:

<p style="text-align: center;">46a</p> <p>C4Q05_X01</p> <p>During the past 12 months was there any time when (“S” CHILD) needed routine preventive care, such as a physical examination or well child check-up?</p> <p>(1) YES → (2) NO [SKIP TO #47a] (6) DK [SKIP TO #47a] (7) REF [SKIP TO #47a]</p>	<p style="text-align: center;">46b</p> <p>c4Q0501A</p> <p>Did (“S” CHILD) receive all the routine preventive care {he/she} needed?</p> <p>(1) YES [SKIP TO #47a] (2) NO → (6) DK [SKIP TO #47a] (7) REF [SKIP TO #47a]</p>	<p style="text-align: center;">46c</p> <p>c4Q0501B</p> <p>Why did (“S” CHILD) not get the routine preventive care {he/she} needed? [CIRCLE ALL THAT APPLY]</p> <p>(01) COST TOO MUCH (02) HEALTH PLAN PROBLEM (03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (04) NOT CONVENIENT TIMES (05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (06) OTHER _____ (96) DK (97) REF</p>
<p style="text-align: center;">47a</p> <p>C4Q05_X02</p> <p>(During the past 12 months, was there any time when (“S” CHILD) needed) Care from a specialty doctor?</p> <p>(1) YES → (2) NO [SKIP TO #48a] (6) DK [SKIP TO #48a] (7) REF [SKIP TO #48a]</p>	<p style="text-align: center;">47b</p> <p>C4Q0502A</p> <p>Did (“S” CHILD) receive all the care from a specialty doctor that {he/she} needed?</p> <p>(1) YES [SKIP TO #48a] (2) No → (6) DK [SKIP TO #48a] (7) REF [SKIP TO #48a]</p>	<p style="text-align: center;">47c</p> <p>c4Q0502B</p> <p>Why did (“S” CHILD) not get the care from a specialty doctor {he/she} needed? [CIRCLE ALL THAT APPLY]</p> <p>(01) COST TOO MUCH (02) HEALTH PLAN PROBLEM (03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (04) NOT CONVENIENT TIMES (05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (06) OTHER _____ (96) DK (97) REF</p>
<p>HELP BOX: Specialty doctors focus on one part of your child’s health. These include cardiologists, ear, nose and throat doctors, surgeons, etc. For example pulmonologists work with breathing problems like asthma.</p>		

<p style="text-align: center;">48a</p> <p>C4Q05_X03</p> <p>(During the past 12 months was there any time when (“S” CHILD) needed) Dental care including check-ups?</p> <p>(1) YES → (2) NO [SKIP TO #49a] (6) DK [SKIP TO #49a] (7) REF [SKIP TO #49a]</p>	<p style="text-align: center;">48b</p> <p>C4Q0503A</p> <p>Did (“S” CHILD) receive all the dental care that {he/she} needed?</p> <p>(1) YES [SKIP TO #49a] (2) No → (6) DK [SKIP TO #49a] (7) REF [SKIP TO #49a]</p>	<p style="text-align: center;">48c</p> <p>C4Q0503B</p> <p>Why did (“S” CHILD) not get the dental care {he/she} needed? [CIRCLE ALL THAT APPLY]</p> <p>(01) COST TOO MUCH (02) HEALTH PLAN PROBLEM (03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (04) NOT CONVENIENT TIMES (05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (06) OTHER _____ (96) DK (97) REF</p>
<p style="text-align: center;">49a</p> <p>C4Q05_X04</p> <p>(During the past 12, was there any time when (“S” CHILD) needed) Prescription medications?</p> <p>(1) YES → (2) NO [SKIP TO #50a] (6) DK [SKIP TO #50a] (7) REF [SKIP TO #50a]</p>	<p style="text-align: center;">49b</p> <p>C4Q0504A</p> <p>Did (“S” CHILD) receive all the prescription medications that {he/she} needed?</p> <p>(1) YES [SKIP TO #50a] (2) NO → (6) DK [SKIP TO #50a] (7) REF [SKIP TO #50a]</p>	<p style="text-align: center;">49c</p> <p>C4Q0504B</p> <p>Why did (“S” CHILD) not get the prescription medications {he/she} needed? [CIRCLE ALL THAT APPLY]</p> <p>(01) COST TOO MUCH (02) HEALTH PLAN PROBLEM (03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (04) NOT CONVENIENT TIMES (05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE (06) OTHER _____ (96) DK (97) REF</p>

<p style="text-align: center;">50a</p> <p>C4Q05_X05</p> <p>(During the past 12 months was there any time when (“S” CHILD) needed) Physical, occupational or speech therapy?</p> <p>(1) YES \longrightarrow</p> <p>(2) NO [SKIP TO #51a]</p> <p>(6) DK [SKIP TO #51a]</p> <p>(7) REF [SKIP TO #51a]</p>	<p style="text-align: center;">50b</p> <p>C4Q0505A</p> <p>Did (“S” CHILD) receive all the physical, occupational or speech therapy that {he/she} needed?</p> <p>(1) YES [SKIP TO #51a]</p> <p>(2) No \longrightarrow</p> <p>(6) DK [SKIP TO #51a]</p> <p>(7) REF [SKIP TO #51a]</p>	<p style="text-align: center;">50c</p> <p>C4Q0505B</p> <p>Why did (“S” CHILD) not get the physical, occupational or speech therapy that {he/she} needed?</p> <p>(CIRCLE ALL THAT APPLY)</p> <p>(01) COST TOO MUCH</p> <p>(02) HEALTH PLAN PROBLEM</p> <p>(03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(04) NOT CONVENIENT TIMES</p> <p>(05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(06) OTHER _____</p> <p>(96) DK</p> <p>(97) REF</p>
<p style="text-align: center;">51a</p> <p>C4Q05_X06</p> <p>(During the past 12 months, was there any time when (“S” CHILD) needed) Mental health care or counseling?</p> <p>(1) YES \longrightarrow</p> <p>(2) NO [SKIP TO #52a]</p> <p>(6) DK [SKIP TO #52a]</p> <p>(7) REF [SKIP TO #52a]</p>	<p style="text-align: center;">51b</p> <p>C4Q0506A</p> <p>Did (“S” CHILD) receive all the mental health care or counseling that {he/she} needed?</p> <p>(1) YES [SKIP TO #52a]</p> <p>(2) NO \longrightarrow</p> <p>(6) DK [SKIP TO #52a]</p> <p>(7) REF [SKIP TO #52a]</p>	<p style="text-align: center;">51c</p> <p>C4Q0506B</p> <p>Why did (“S” CHILD) not get the mental health care or counseling {he/she} needed?</p> <p>(CIRCLE ALL THAT APPLY)</p> <p>(01) COST TOO MUCH</p> <p>(02) HEALTH PLAN PROBLEM</p> <p>(03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(04) NOT CONVENIENT TIMES</p> <p>(05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(06) OTHER _____</p> <p>(96) DK</p> <p>(97) REF</p>

52a	52b	52c
<p>C4Q05_X07</p> <p>INTERVIEWER: IF AGE IS 0-7 YEARS OLD SKIP TO #53a (C4Q05X08)</p> <p>(During the past 12 months, was there any time when (“S” CHILD) needed) Substance abuse treatment or counseling?</p> <p>(1) YES <input checked="" type="checkbox"/> →</p> <p>(2) NO [SKIP TO #53a]</p> <p>(6) DK [SKIP TO #53a]</p> <p>(7) REF [SKIP TO #53a]</p>	<p>C4Q0507A</p> <p>Did (“S” CHILD) receive all the substance abuse treatment or counseling that {he/she} needed?</p> <p>(1) YES [SKIP TO #53a]</p> <p>(2) No <input checked="" type="checkbox"/> →</p> <p>(6) DK [SKIP TO #53a]</p> <p>(7) REF [SKIP TO #53a]</p>	<p>C4Q0507B</p> <p>Why did (“S” CHILD) not get the substance abuse treatment or counseling {he/she} needed? (CIRCLE ALL THAT APPLY)</p> <p>(01) COST TOO MUCH</p> <p>(02) HEALTH PLAN PROBLEM</p> <p>(03) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(04) NOT CONVENIENT TIMES</p> <p>(05) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(06) OTHER _____</p> <p>(96) DK</p> <p>(97) REF</p>
<p>HELP SCREEN: SOME RESPONDENTS WITH CHILDREN OLDER THAN 8 YEARS OF AGE MAY FIND THIS QUESTION INAPPROPRIATE. IF THIS OCCURS, TELL THE RESPONDENT: I understand this question may be more appropriate for older children, but I am required to ask and read verbatim.</p>		
53a	53b	
<p>C4Q05_X08</p> <p>(During the past 12 months, was there any time when (“S” CHILD) needed) Home health care?</p> <p>(1) YES <input checked="" type="checkbox"/> →</p> <p>(2) NO [SKIP TO #54a]</p> <p>(6) DK [SKIP TO #54a]</p> <p>(7) REF [SKIP TO #54a]</p>	<p>C4Q0508A</p> <p>Did (“S” CHILD) receive all the home health care that {he/she} needed?</p> <p>(1) YES</p> <p>(2) No</p> <p>(6) DON’T KNOW</p> <p>(7) REFUSED THIS QUESTION</p>	<p>o o o o o o o o</p>

<p style="text-align: center;">54a</p> <p>C4Q05_X09</p> <p>(During the past 12 months was there any time when (“S” CHILD) needed) Eyeglasses or vision care?</p> <p>(1) YES —————▶ (2) NO [SKIP TO #55a] (6) DK [SKIP TO #55a] (7) REF [SKIP TO #55a]</p>	<p style="text-align: center;">54b</p> <p>C4Q0509A</p> <p>Did (“S” CHILD) receive all the eyeglasses or vision care that {he/she} needed?</p> <p>(1) YES (2) NO (6) DON’T KNOW (7) REFUSED THIS QUESTION</p>	<p style="text-align: center;">○ ○ ○ ○ ○ ○ ○ ○</p>
<p style="text-align: center;">55a</p> <p>C4Q05_X10</p> <p>(During the past 12 months, was there any time when (“S” CHILD) needed) Hearing aids or hearing care?</p> <p>(1) YES —————▶ (2) NO [SKIP TO #56a] (6) DK [SKIP TO #56a] (7) REF [SKIP TO #56a]</p>	<p style="text-align: center;">55b</p> <p>C4Q0510A</p> <p>Did (“S” CHILD) receive all the hearing aids or hearing care that {he/she} needed?</p> <p>(1) YES (2) No (6) DON’T KNOW (7) REFUSED THIS QUESTION</p>	<p style="text-align: center;">○ ○ ○ ○ ○ ○ ○ ○</p>

<p style="text-align: center;">56a</p> <p>C4Q05_X11</p> <p>INTERVIEWER: IF AGE IS 0-2, SKIP TO #58a.</p> <p>(During the past 12 months, was there any time when (“S” CHILD) needed) Mobility aids or devices, such as canes, crutches, wheelchairs, or scooters?</p> <p>(1) YES → (2) NO [SKIP TO #57a] (6) DK [SKIP TO #57a] (7) REF [SKIP TO #57a]</p>	<p style="text-align: center;">56b</p> <p>C4Q0511A</p> <p>Did (“S” CHILD) receive all the mobility aids or devices that {he/she} needed? (1) YES (2) No (6) DON’T KNOW (7) REFUSED</p>	<p style="text-align: center;">o o o o o o o o</p>
<p style="text-align: center;">57a</p> <p>C4Q05_X12</p> <p>(During the past 12 months, was there any time when (“S” CHILD) needed) Communication aids or devices, such as communication boards?</p> <p>(1) YES → (2) NO [SKIP TO #58a] (6) DK [SKIP TO #58a] (7) REF [SKIP TO #58a]</p>	<p style="text-align: center;">57b</p> <p>C4Q0512A</p> <p>Did (“S” CHILD) receive all the communication aids or devices that {he/she} needed? (1) YES (2) No (6) DON’T KNOW (7) REFUSED THIS QUESTION</p>	<p style="text-align: center;">o o o o o o o o</p>

<p style="text-align: center;">58a</p> <p>C4Q05_X13</p> <p>(During the past 12 months, was there any time when (“S” CHILD) needed) Medical supplies?</p> <p>(1) YES → (2) NO [SKIP TO #59a] (6) DK [SKIP TO #59a] (7) REF [SKIP TO #59a]</p> <div style="border: 3px double black; padding: 5px; margin-top: 10px;"> <p><u>HELP BOX:</u> Some examples of medical supplies include medicine, bandages and sponges. These are items that are disposable.</p> </div>	<p style="text-align: center;">58b</p> <p>C4Q0513A</p> <p>Did (“S” CHILD) receive all the medical supplies that {he/she} needed?</p> <p>(1) YES (2) No (6) DON’T KNOW (7) REFUSED THIS QUESTION</p>	<p style="text-align: center;">o o o o o o o o</p>
<p style="text-align: center;">59a</p> <p>C4Q05_X14</p> <p>(During the past 12 months, was there any time when (“S” CHILD) needed) Other medical equipment?</p> <p>(1) YES → (2) NO [SKIP TO #60INT] (6) DK [SKIP TO #60INT] (7) REF [SKIP TO #60INT]</p> <div style="border: 3px double black; padding: 5px; margin-top: 10px;"> <p><u>HELP BOX:</u> Some examples of medical equipment include hardware such as a wheelchair, hospital bed, oxygen tank and a pressure machine. These are items that are not disposable.</p> </div>	<p style="text-align: center;">59b</p> <p>C4Q0513A</p> <p>Did (“S” CHILD) receive all the medical equipment that {he/she} needed?</p> <p>(1) YES (2) No (6) DON’T KNOW (7) REFUSED THIS QUESTION</p>	<p style="text-align: center;">o o o o o o o o</p>

60INT

During the past 12 months, was there any time when you or other family members needed any of the following services because of (S CHILD)’s health:

<p style="text-align: center;">H</p> <p style="text-align: center;">60</p> <p>C4Q06_X0A</p> <p>(During the past 12 months, was there any time when you or other family members needed) Professional care coordination among different health care providers and services that the child uses?</p> <p>(1) YES → (2) NO [SKIP TO #61a] (6) DK [SKIP TO #61a] (7) REF [SKIP TO #61a]</p>	<p style="text-align: center;">60b</p> <p>C4Q06X0AA</p> <p>Did you or your family receive all the professional care coordination that was needed?</p> <p>(1) YES (2) NO (6) DON'T KNOW (7) REFUSED THIS QUESTION</p>	
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HELP SCREEN: “A professional who assists in coordinating care is a person who makes sure that your child gets all the services that are needed and makes sure that these services fit together in a way that works for you. This person may have different titles, such as case manager or a care coordinator.”

INTERVIEWER: DID YOU READ THIS HELP BOX TO RESPONDENT YES NO

<p style="text-align: center;">61a</p> <p>C4Q06_X01</p> <p>(During the past 12 months, was there any time when you or other family members needed) <u>Respite care</u>, for example having someone care for (“S” CHILD) so that you or family members could do other things?</p> <p>(1) YES → (2) NO [SKIP TO #62a] (6) DK [SKIP TO #62a] (7) REF [SKIP TO #62a]</p>	<p style="text-align: center;">61b</p> <p>C4Q06X01A</p> <p>Did you or your family receive all the respite care that was needed?</p> <p>(1) YES [SKIP TO #62a] (2) NO → (6) DK [SKIP TO #62a] (7) REF [SKIP TO #62a]</p>	<p style="text-align: center;">61c</p> <p>C4Q06X01B</p> <p>Why did you or your family not get the respite care that was needed? (CIRCLE ALL THAT APPLY)</p> <p>(1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) OTHER _____ (6) DON'T KNOW (7) REFUSED THIS QUESTION</p>
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<p style="text-align: center;">62a</p> <p>C4Q06_X02</p> <p>(During the past 12 months, was there any time when you or other family members needed) <u>Genetic counseling</u> for advice about inherited conditions related to (“S” CHILD)’s medical, behavioral, or other health conditions?</p> <p>(1) YES → (2) NO [SKIP TO #63a] (6) DK [SKIP TO #63a] (7) REF [SKIP TO #63a]</p>	<p style="text-align: center;">62b</p> <p>C4Q06X02A</p> <p>Did you or your family receive all the genetic counseling that was needed?</p> <p>(1) YES [SKIP TO #63a] (2) No → (6) DK [SKIP TO #63a] (7) REF [SKIP TO #63a]</p>	<p style="text-align: center;">62c</p> <p>C4Q06x02B</p> <p>Why did you or your family not get the genetic counseling that was needed? (CIRCLE ALL THAT APPLY)</p> <p>(1) COST TOO MUCH (1) HEALTH PLAN PROBLEM (2) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) OTHER _____ (6) DON’T KNOW (7) REFUSED THIS QUESTION</p>
<p style="text-align: center;">63a</p> <p>C4Q06_X03</p> <p>(During the past 12 months, was there any time when you or other family members needed) <u>Mental health care or counseling</u> related to (“S” CHILD)’s medical, behavioral, or other health conditions?</p> <p>(1) YES → (2) NO [SKIP TO #64] (6) DK [SKIP TO #64] (7) REF [SKIP TO #64]</p>	<p style="text-align: center;">63b</p> <p>C4Q06X03A</p> <p>Did you or your family receive all the mental health care or counseling that was needed?</p> <p>(1) YES [SKIP TO #64] (2) No → (6) DK [SKIP TO #64] (7) REF [SKIP TO #64]</p>	<p style="text-align: center;">63c</p> <p>C4Q06X03B</p> <p>Why did you or your family not get the mental health care or counseling that was needed (CIRCLE ALL THAT APPLY)</p> <p>(1) COST TOO MUCH (2) HEALTH PLAN PROBLEM (3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS (4) NOT CONVENIENT TIMES (5) OTHER _____ (6) DON’T KNOW (7) REFUSED THIS QUESTION</p>

64

(C4Q07)

In the past 12 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see? Was it a big problem, a small problem, or not a problem?

- (1) A BIG PROBLEM
- (2) A SMALL PROBLEM
- (3) NOT A PROBLEM
- (4) CHILD DID NOT NEED TO SEE A SPECIALIST IN THE PAST 12 MONTHS
- (5) DON'T NEED REFERRALS
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: Specialty doctors focus on one part of your child's health. These include cardiologists, ear, nose and throat doctors, surgeons, etc. Example: pulmonologists work with breathing problems like asthma.

64a

INTERVIEWER: IF ANSWER TO **#60** (C4Q06_X0A) IS: "NO", "DON'T KNOW", OR "REFUSED", SKIP TO **#70** (C5Q06), OTHERWISE SKIP TO **#65**.

Section 5. CARE COORDINATION

65 (C5Q02)

Earlier you told me that you or other family members needed professional assistance coordinating (“S” CHILD)’s care. How often does a professional help you coordinate (“S” CHILD)’s care among (his/her) different providers and services? Would you say:

- (1) Never **[SKIP TO #70]**
- (2) Sometimes
- (3) Usually
- (4) Always
- (6) DON’T KNOW **[SKIP TO #70]**
- (7) REFUSED **[SKIP TO #70]**

HELP BOX: “A professional who assists in coordinating care is a person who makes sure that your child gets all the services that are needed and makes sure that these services fit together in a way that works for you. This person may have different titles, such as case manager or a care coordinator.”

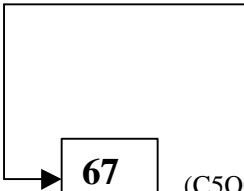
INTERVIEWER: DID YOU READ THIS HELP BOX TO RESPONDENT YES NO

66 (C5Q03)

INTERVIEWER: IF **#42** (C4Q02A) is “NO,” “DON’T KNOW” or “REFUSED,” SKIP TO **#67**

Is this person in (“S” CHILD)’s primary care provider’s office?

- (1) YES **[SKIP TO #68]**
- (2) No
- (6) DON’T KNOW **[SKIP TO #68]**
- (7) REFUSED THIS QUESTION **[SKIP TO #68]**



67 (C5Q03A)

Who does this person work for?

- (1) HEALTH INSURANCE PLAN
- (2) MATERNAL AND CHILD HEALTH PROGRAM
- (3) OTHER STATE AGENCY
- (4) SPECIALTY OR OTHER DOCTOR
- (5) OTHER _____ [RECORD VERBATIM RESPONSE]
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

68

(C5Q04)

Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the help you have received in coordinating (“S” CHILD)’s care?

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied
- (6) DON’T KNOW
- (7) REFUSED

HELP BOX: Coordinating care includes making appointments and making sure providers are sharing information.

69

(C5Q05)

How well do you think (“S” CHILD)’s doctors and other health care providers communicate with each other about (“S” CHILD)’s care? Would you say their communication is:

- (01) Excellent
- (02) Very Good
- (03) Good
- (04) Fair or
- (05) Poor
- (06) COMMUNICATION NOT NEEDED
- (96) DON’T KNOW
- (97) REFUSED THIS QUESTION

70

(C5Q06)

How well do you think (“S” CHILD)’s doctors and other health care providers communicate with (his/her) school, early intervention program, child care providers, or vocational rehabilitation program? Would you say their communication is:

- (01) Excellent
- (02) Very Good
- (03) Good
- (04) Fair or
- (05) Poor
- (06) COMMUNICATION NOT NEEDED
- (96) DON’T KNOW
- (97) REFUSED THIS QUESTION

HELP BOX: Vocational rehabilitation program is a specialized program that assists in restoring the child’s health.

Early Intervention Services are defined as: family training, counseling, and home visits; health services; medicine; nursing; nutrition; occupational therapy; physical therapy; psychological services; service coordination services; social work services; special instruction; speech-language therapy; transportation, communication or mobility devices; and vision and hearing services.



71

(C5Q07)

Have you heard of _____ **[Insert Title Five program in this state]**, the Title Five program in _____ **[Insert state name]**.

- (1) YES
- (2) No **[SKIP TO #73]**
- (6) DON'T KNOW **[SKIP TO #73]**
- (7) REFUSED THIS QUESTION **[SKIP TO #73]**

HELP BOX: Title V program is a state-level type of health coverage that a child may have. Each state will have a different name for the Title V program.



72

(C5Q08)

Does ("**S**" **CHILD**) get any health care services, care coordination, medications, equipment, or supplies through the Title V program?

- (1) YES
- (2) No
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

Section 6. SATISFACTION WITH CARE

73

(C6Q01)

In the past 12 months, how many times did (“**S**” **CHILD**) visit a doctor or other health care provider? Do not count visits while staying overnight in a hospital.

_____ NUMBER OF VISITS
(000) NO VISITS IN PAST 12 MONTHS

(996) DON’T KNOW

[SKIP TO #75]

(997) REFUSED THIS QUESTION

[SKIP TO #75]

74

(C6Q01_A)

I have _____ visits. Is that correct?

(1) YES [SKIP TO #75]

(2) NO [SKIP BACK TO #73]

INTERVIEWER: IF YOU CONFIRMED “0” VISITS, SKIP TO #79a (C7Q03)

75

(C6Q02)

In the past 12 months, how often did (“**S**” **CHILD**)’s doctors and other health care providers spend enough time with (**him/her**)? Would you say:

(1) Never

(2) Sometimes

(3) Usually

(4) Always

(6) DON’T KNOW

(7) REFUSED THIS QUESTION

76

(C6Q03)

In the past 12 months, how often did (“**S**” **CHILD**)’s doctors or other health care providers listen carefully to you? Would you say it was:

(1) Never

(2) Sometimes

(3) Usually

(4) Always

(6) DON’T KNOW

(7) REFUSED THIS QUESTION

77

(C6Q04)

When (“**S**” **CHILD**) is seen by doctors or other health care providers, how often are they sensitive to your family’s values and customs? Would you say:

- (1) Never
- (2) Usually
- (3) Sometimes
- (4) Always
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

78

(C6Q05)

Information about a child’s health or health care can include things such as the causes of any health problems, how to care for the child now, and what changes to expect in the future. In the past 12 months, how often did you get the specific information you needed from (“**S**” **CHILD**)’s doctors and other health care providers? Would you say:

- (1) Never
- (2) Usually
- (3) Sometimes
- (4) Always
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

79

(C6Q06)

In the past 12 months, how often did (“**S**” **CHILD**)’s doctors or other health care providers help you feel like a partner in (**his/her**) care? Would you say:

- (1) Never
- (2) Sometimes
- (3) Usually
- (4) Always
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

79a

INTERVIEWER: LOOK ON BOTTOM OF HELP SHEET. IS THERE AN “S” CHILD ONLY OR IS THERE BOTH AN “S” CHILD AND AN “N” CHILD?

“S” CHILD ONLY [CONTINUE 7A (PURPLE)]

“S” AND “N” CHILD [SKIP TO SECTION 7B (YELLOW)]

Section 7A. HEALTH INSURANCE (Households with One Sampled Child)

H

80

(C7Q03)

Now I have a few questions about health insurance and health care coverage for **(CHILD)**. At this time, is **(CHILD)** covered by health insurance that is provided through an employer or union or obtained directly from an insurance company?

[IF ONLY PLAN NAME OFFERED, PROBE: Is this insurance provided through an employer or union or obtained directly from an insurance company? DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE.]

- | | |
|---------------------------|------------------------|
| (1) YES | [SKIP TO #81 (C7Q03A)] |
| (2) No | [SKIP TO #82 (C7Q01)] |
| (6) DON'T KNOW | [SKIP TO #82 (C7Q01)] |
| (7) REFUSED THIS QUESTION | [SKIP TO #82 (C7Q01)] |

HELP BOX: THESE TYPES OF HEALTH INSURANCE MAY REFER TO ANY TYPE OF HEALTH INSURANCE, INCLUDING HEALTH MAINTENANCE ORGANIZATIONS (HMO'S) OTHER THAN PUBLIC PROGRAMS. THESE PLANS MAY BE PROVIDED IN PART OR FULLY BY A PERSON'S EMPLOYER OR UNION, OR PURCHASED DIRECTLY BY THE INDIVIDUAL. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

H

81

(C7Q03A)

Does this health insurance help pay for both doctor visits and hospital stays?

- (1) YES
- (2) No
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



H

82

(C7Q01)

At this time, is **(CHILD)** covered by Medicaid, a health insurance program for persons with certain income levels and persons with disabilities? ? [INSERT IF APPLICABLE: In this state, the program is sometimes called _____]. [STATE MEDICAID NAME]

- (1) YES
- (2) No
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: MEDICAID IS A FEDERAL-STATE MEDICAL ASSISTANCE PROGRAM. IT SERVES LOW-INCOME PEOPLE OF EVERY AGE. MEDICAL BILLS ARE PAID FROM FEDERAL, STATE AND LOCAL TAX FUNDS. PATIENTS USUALLY PAY NO PART OF COSTS FOR COVERED MEDICAL EXPENSES. IT IS RUN BY STATE AND LOCAL GOVERNMENTS WITHIN FEDERAL GUIDELINES. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE. THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



83

(C7Q02)

At this time, is **(CHILD)** covered by the State Children’s Health Insurance Program or S-CHIP? In this state, the program is sometimes called _____? **[INSERT S-CHIP NAME]**

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (**SCHIP**), CREATED UNDER TITLE XXI OF THE SOCIAL SECURITY ACT, EXPANDS HEALTH COVERAGE TO UNINSURED CHILDREN WHOSE FAMILIES EARN TOO MUCH FOR MEDICAID BUT TOO LITTLE TO AFFORD PRIVATE COVERAGE. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



84

(C7Q04)

At this time, is **(CHILD)** covered by military health care, TRICARE, CHAMPUS, or CHAMP-VA?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX:

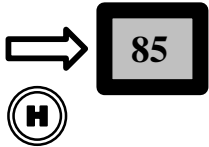
“TRICARE” IS A MANAGED HEALTH CARE PROGRAM FOR ACTIVE DUTY AND RETIRED MEMBERS OF THE UNIFORMED SERVICES, THEIR FAMILIES, AND SURVIVORS.

“CHAMPUS” IS A PROGRAM OF MEDICAL CARE FOR DEPENDENTS OF ACTIVE OR RETIRED MILITARY PERSONNEL.

“CHAMP-VA” IS MEDICAL INSURANCE FOR DEPENDENTS OR SURVIVORS OF DISABLED VETERANS.

IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



85

(C7Q06)

At this time, is (CHILD) enrolled in a Title Five program? In _____ (STATE), the program is sometimes called _____ (STATE TITLE V NAME).

- (1) YES
- (2) No
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: TITLE FIVE IS A STATE-LEVEL TYPE OF HEALTH COVERAGE THAT A CHILD MAY HAVE. EACH STATE WILL HAVE A DIFFERENT NAME FOR THE TITLE FIVE PROGRAM.

IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS.

IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



86

(C7Q07)

At this time, 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? [DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE]

- (1) YES
- (2) No [SKIP TO #89]
- (6) DON'T KNOW [SKIP TO #89]
- (7) REFUSED THIS QUESTION [SKIP TO #89]

87

(C7Q08)

What kind of health plan is it?

[IF ONLY INITIALS OR PARTIAL PLAN NAME OFFERED, PROBE FOR FULL NAME].

DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE. IF ONE OF THESE PLANS OFFERED ONLY, BACK UP TO PREVIOUS QUESTION AND CHANGE ANSWER TO 'NO']

RECORD VERBATIM RESPONSE _____



88

(C7Q08A)

Does this health insurance help pay for both doctor visits and hospital stays?

- (1) YES
- (2) No [SKIP TO #89]
- (6) DON'T KNOW [SKIP TO #89]
- (7) REFUSED THIS QUESTION [SKIP TO #89]

88a

Is this health insurance provided through an employer?

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

89

INTERVIEWER: INSERT ANSWERS FROM HELP SHEET AND FOLLOW DIRECTIONS BELOW

#81 _____
#82 _____
#83 _____
#84 _____
#85 _____
#88 _____

IF BOX CONTAINS ANY "YES" ANSWER, SKIP TO **#94** (C7Q11).
OTHERWISE, CONTINUE TO **#90**.

H

90

(C7Q09)

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

- (1) YES [SKIP TO **#96** (C7Q13)]
- (2) NO [SKIP TO **#91**]
- (6) DON'T KNOW [SKIP TO **#98a** (C9Q01)]
- (7) REFUSED THIS QUESTION [SKIP TO **#98a** (C9Q01)]

91

(C7Q10)

What kind of health coverage does **(CHILD)** have? Any other kind?

INTERVIEWER: CIRCLE ALL THAT APPLY, BUT CIRCLE "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.

- (01) MEDICAID [SKIP TO #94 (C7Q11)]
- (02) MEDICARE [SKIP TO #94 (C7Q11)]
- (03) TITLE V [SKIP TO #94 (C7Q11)]
- (04) SCHIP [SKIP TO #94 (C7Q11)]
- (05) MEDIGAP [SKIP TO #94 (C7Q11)]
- (06) MILITARY [SKIP TO #94 (C7Q11)]
- (07) INDIAN HEALTH SERVICE [SKIP TO #94 (C7Q11)]
- (08) PRIVATE INSURANCE [SKIP TO #92 c7Q10_X0A]
- (09) SINGLE SERVICE PLAN [SKIP TO #96 c7Q10_X0A]
(DENTAL, VISION, PRESCRIPTIONS, ETC.)
- (10) OTHER _____ [RECORD VERBATIM REPNSE]
[SKIP TO #93 c7Q10_X0A]
- (96) DON'T KNOW [SKIP TO #94 (C7Q11)]
- (97) REFUSED THIS QUESTION [SKIP TO #94 (C7Q11)]

92

(C7Q10A)

Does this private health insurance help pay for both doctor visits and hospital stays?

- (1) YES
 - (2) NO
 - (6) DON'T KNOW
 - (7) REFUSED THIS QUESTION
- [ALL SKIP TO #94 (C7Q11)]

93

(C7Q10B)

Does this other health insurance help pay for both doctor visits and hospital stays?

- (1) YES
 - (2) NO
 - (6) DON'T KNOW
 - (7) REFUSED THIS QUESTION
- [ALL SKIP TO #94 (C7Q11)]

94

(C7Q11)

In the past 12 months, was there any time when (**CHILD**) was not covered by ANY health insurance?

- (1) YES
- (2) No **[SKIP TO #98a (C8Q01_A)]**
- (6) DON'T KNOW **[SKIP TO #98a (C8Q01_A)]**
- (7) REFUSED THIS QUESTION **[SKIP TO #98a (C8Q01_A)]**

95

(C7Q12)

In the past 12 months, about how many months was (**CHILD**) without any health insurance or coverage?

_____ MONTHS

INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH ("01")

- (96) DON'T KNOW
- (97) REFUSED
- [ALL SKIP TO #98a (C8Q01_A)]**

96

(C7Q13)

About how long has it been since (**CHILD**) last had health coverage?

- (1) 6 MONTHS OR LESS
- (2) MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
- (3) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO **[SKIP TO #98a (C8Q01_A)]**
- (4) MORE THAN 3 YEARS **[SKIP TO #98a (C8Q01_A)]**
- (5) NEVER **[SKIP TO #98a (C8Q01_A)]**
- (6) DON'T KNOW **[SKIP TO #98a (C8Q01_A)]**
- (7) REFUSED THIS QUESTION **[SKIP TO #98a (C8Q01_A)]**

97

(C7Q14)

In the past 12 months, about how many months was (**CHILD**) without any health insurance or coverage?

_____ MONTHS

INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH ("01")

- (96) DON'T KNOW **[SKIP TO #98a (C8Q01_A)]**
- (97) REFUSED THIS QUESTION **[SKIP TO #98a (C8Q01_A)]**

98 (C7Q15)

During the months when **(CHILD)** DID have health coverage, what kind of health coverage did **(CHILD)** have? [**PROBE:** Any other kind?]

- (01) MEDICAID
- (02) MEDICARE
- (03) TITLE V
- (04) SCHIP
- (05) MEDIGAP
- (06) MILITARY
- (07) INDIAN HEALTH SERVICE
- (08) PRIVATE INSURANCE
- (09) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC.)
- (10) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON'T KNOW
- (97) REFUSED

98a (NO DATA)

INTERVIEWER: INSERT ANSWERS FROM ITEMS INDICATED

#81 _____
 #82 _____
 #83 _____
 #84 _____
 #85 _____
 #88 _____

#91
Response 1 _____
Response 2 _____
Response 3 _____
Response 4 _____
Response 5 _____
Response 6 _____
Response 7 _____

#92 _____
 #93 _____

IF ANY BOX CONTAINS ANY "YES" ANSWER (1), CIRCLE "INSURED" UNDER THIS CHILD'S NAME IN BOX C OF HELPSHEET AND CONTINUE TO **#98b**.
 OTHERWISE CIRCLE "UNINSURED," AND CONTINUE TO **#98b**.

98b (NO DATA)

INTERVIEWER: IS THIS IS AN "S" CHILD?
 YES NO [SKIP TO SECTION 11 (CREAM)]



IF YOU CIRCLED "UNINSURED" FOR THIS CHILD, SKIP TO SECTION 9 (GRAY), OTHERWISE SKIP TO SECTION 8 (BLUE)

Section 7B. HEALTH INSURANCE (HOUSEHOLDS WITH TWO SAMPLED CHILDREN)

H

80

(C7Q03)

Now I have a few questions about health insurance and health care coverage for (“S” CHILD). At this time, is (“S” CHILD) covered by health insurance that is provided through an employer or union or obtained directly from an insurance company?

[IF ONLY PLAN NAME OFFERED, PROBE: Is this insurance provided through an employer or union or obtained directly from an insurance company? DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE.]

- | | |
|---------------------------|------------------------|
| (1) YES | [SKIP TO #81 (C7Q03A)] |
| (2) No | [SKIP TO #82 (C7Q01)] |
| (6) DON'T KNOW | [SKIP TO #82 (C7Q01)] |
| (7) REFUSED THIS QUESTION | [SKIP TO #82 (C7Q01)] |

HELP BOX: THESE TYPES OF HEALTH INSURANCE MAY REFER TO ANY TYPE OF HEALTH INSURANCE, INCLUDING HEALTH MAINTENANCE ORGANIZATIONS (HMO'S) OTHER THAN PUBLIC PROGRAMS. THESE PLANS MAY BE PROVIDED IN PART OR FULLY BY A PERSON'S EMPLOYER OR UNION, OR PURCHASED DIRECTLY BY THE INDIVIDUAL. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

H

81

(C7Q03A)

Does this health insurance help pay for both doctor visits and hospital stays?

- (1) YES
- (2) No
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



82

(C7Q01)

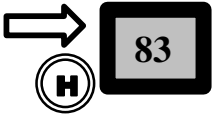
At this time, is (“S” CHILD) covered by Medicaid, a health insurance program for persons with certain income levels and persons with disabilities? [INSERT IF APPLICABLE: In this state, the program is sometimes called _____]. [STATE MEDICAID NAME]

- (1) YES
- (2) No
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: MEDICAID IS A FEDERAL-STATE MEDICAL ASSISTANCE PROGRAM. IT SERVES LOW-INCOME PEOPLE OF EVERY AGE. MEDICAL BILLS ARE PAID FROM FEDERAL, STATE AND LOCAL TAX FUNDS. PATIENTS USUALLY PAY NO PART OF COSTS FOR COVERED MEDICAL EXPENSES. IT IS RUN BY STATE AND LOCAL GOVERNMENTS WITHIN FEDERAL GUIDELINES. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS.

IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



83

(C7Q02)

At this time, is (“**S**” **CHILD**) covered by the State Children’s Health Insurance Program or S-CHIP? In this state, the program is sometimes called [INSERT S-CHIP NAME].

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: THE STATE CHILDREN’S HEALTH INSURANCE PROGRAM (**SCHIP**), CREATED UNDER TITLE XXI OF THE SOCIAL SECURITY ACT, EXPANDS HEALTH COVERAGE TO UNINSURED CHILDREN WHOSE FAMILIES EARN TOO MUCH FOR MEDICAID BUT TOO LITTLE TO AFFORD PRIVATE COVERAGE. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE. THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



84

(C7Q04)

At this time, is (“**S**” **CHILD**) covered by military health care, TRICARE, CHAMPUS, or CHAMP-VA?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX:

“TRICARE” IS A MANAGED HEALTH CARE PROGRAM FOR ACTIVE DUTY AND RETIRED MEMBERS OF THE UNIFORMED SERVICES, THEIR FAMILIES, AND SURVIVORS.

“CHAMPUS” IS A PROGRAM OF MEDICAL CARE FOR DEPENDENTS OF ACTIVE OR RETIRED MILITARY PERSONNEL.

“CHAMP-VA” IS MEDICAL INSURANCE FOR DEPENDENTS OR SURVIVORS OF DISABLED VETERANS.

IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS.

IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE,

PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



85

(C7Q06)

At this time, is (“**S**” **CHILD**) enrolled in a Title Five program? In _____(STATE NAME), the program is sometimes called _____(STATE TITLE V NAME).

- (1) YES
- (2) No
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: TITLE FIVE IS A STATE-LEVEL TYPE OF HEALTH COVERAGE THAT A CHILD MAY HAVE. EACH STATE WILL HAVE A DIFFERENT NAME FOR THE TITLE FIVE PROGRAM. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE. THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



86

(C7Q07)

At this time, is (“**S**” **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?

[DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE]

- (1) YES
- (2) No [SKIP TO #89 (C7Q09)]
- (6) DON’T KNOW [SKIP TO #89 (C7Q09)]
- (7) REFUSED THIS QUESTION [SKIP TO #89 (C7Q09)]

87

(C7Q08)

What kind of health plan is it?

[IF ONLY INITIALS OR PARTIAL PLAN NAME OFFERED, PROBE FOR FULL NAME].

[DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE. IF ONE OF THESE PLANS OFFERED ONLY, BACK UP TO PREVIOUS QUESTION AND CHANGE ANSWER TO ‘NO’]

RECORD VERBATIM RESPONSE _____



88

(C7Q08A)

Does this health insurance help pay for both doctor visits and hospital stays?

- (1) YES
- (2) No [SKIP TO #89]
- (6) DON’T KNOW [SKIP TO #89]
- (7) REFUSED THIS QUESTION [SKIP TO #89]

88a

Is this health insurance provided through an employer?

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

89

INTERVIEWER: INSERT ANSWERS FROM HELP SHEET AND FOLLOW DIRECTIONS BELOW

#81 _____
#82 _____
#83 _____
#84 _____
#85 _____
#88 _____

**IF BOX CONTAINS ANY "YES" ANSWER (1), SKIP TO #94 (C7Q11).
OTHERWISE, CONTINUE TO #90.**

H

90

(C7Q09)

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

- (1) YES [SKIP TO #96 (C7Q13)]
- (2) No [SKIP TO #91 (C7Q10)]
- (6) DON'T KNOW [SKIP TO #98a]
- (7) REFUSED THIS QUESTION [SKIP TO #98a]

91

(C7Q10)

At this time, what kind of health coverage does (“S” CHILD) have? Any other kind?

INTERVIEWER: CIRCLE ALL THAT APPLY, BUT CIRCLE “SINGLE SERVICE PLAN” ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.

- (01) MEDICAID [SKIP TO #94 (C7Q11)]
- (02) MEDICARE [SKIP TO #94 (C7Q11)]
- (03) TITLE V [SKIP TO #94 (C7Q11)]
- (04) SCHIP [SKIP TO #94 (C7Q11)]
- (05) MEDIGAP [SKIP TO #94 (C7Q11)]
- (06) MILITARY [SKIP TO #94 (C7Q11)]
- (07) INDIAN HEALTH SERVICE [SKIP TO #94 (C7Q11)]
- (08) PRIVATE INSURANCE [SKIP TO #92 c7Q10_X0A]
- (09) SINGLE SERVICE PLAN [SKIP TO #96 c7Q10_X0A]
(DENTAL, VISION, PRESCRIPTIONS, ETC.)
- (10) OTHER [RECORD VERBATIM RESPONSE]
[SKIP TO #93 c7Q10_X0A]
- (96) DON'T KNOW [SKIP TO #94 (C7Q11)]
- (97) REFUSED THIS QUESTION [SKIP TO #94 (C7Q11)]

92

(C7Q10A)

Does this private health insurance help pay for both doctor visits and hospital stays?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

[SKIP TO #94 (C7Q11)]

93

(C7Q10B)

Does this other health insurance help pay for both doctor visits and hospital stays?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

[ALL SKIP TO #94 (C7Q11)]

94

(C7Q11)

In the past 12 months, was there any time when (“S” CHILD) was not covered by ANY health insurance?

- (1) YES
- (2) No [SKIP TO #98a]
- (6) DON'T KNOW [SKIP TO #98a]
- (7) REFUSED THIS QUESTION [SKIP TO #98a]

95

(C7Q12)

In the past 12 months, about how many months was (“S” CHILD) without any health insurance or coverage?

_____ MONTHS

INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH (“01”)

- (96) DON’T KNOW
- (97) REFUSED

[ALL SKIP TO #98a]

96

(C7Q13)

About how long has it been since (“S” CHILD) last had health coverage?

- (1) 6 MONTHS OR LESS
- (2) MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
- (3) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO **[SKIP TO #98a]**
- (4) MORE THAN 3 YEARS **[SKIP TO #98a]**
- (5) NEVER **[SKIP TO #98a]**
- (6) DON’T KNOW **[SKIP TO #98a]**
- (7) REFUSED THIS QUESTION **[SKIP TO #98a]**

97

(C7Q14)

In the past 12 months, about how many months was (“S” CHILD) without any health insurance or coverage?

_____ MONTHS

INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH (“01”)

- (96) DON’T KNOW **[SKIP TO #98a]**
- (97) REFUSED THIS QUESTION **[SKIP TO #98a]**

98

(C7Q15)

During the months when (“S” CHILD) DID have health coverage, what kind of health coverage did (“S” CHILD) have? **[PROBE: Any other kind?]**

- (01) MEDICAID
- (02) MEDICARE
- (03) TITLE V
- (04) SCHIP
- (05) MEDIGAP
- (06) MILITARY
- (07) INDIAN HEALTH SERVICE
- (08) PRIVATE INSURANCE
- (09) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC.)
- (10) OTHER _____ **[RECORD VERBATIM RESPONSE]**
- (96) DON’T KNOW
- (97) REFUSED

98a

(NO DATA)

INTERVIEWER: INSERT ANSWERS FROM ITEMS INDICATED

#81 _____
#82 _____
#83 _____
#84 _____
#85 _____
#88 _____

#91
Response 1 _____
Response 2 _____
Response 3 _____
Response 4 _____
Response 5 _____
Response 6 _____
Response 7 _____

#92 _____
#93 _____

IF ANY BOX CONTAINS ANY "YES" ANSWER (1), CIRCLE "INSURED" UNDER THIS CHILD'S NAME IN BOX C OF HELPSHEET AND CONTINUE TO **#N80**.
OTHERWISE CIRCLE "UNINSURED," AND CONTINUE TO **#N80**.

H

N80

(C7Q03_2)

Now I have a few questions about the health insurance and health care coverage for (“**N**” **CHILD**). At this time, is (“**N**” **CHILD**) covered by health insurance that is provided through an employer or union or obtained directly from an insurance company?

[IF ONLY PLAN NAME OFFERED, PROBE: Is this insurance provided through an employer or union or obtained directly from an insurance company? DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE.]

- (1) YES [SKIP TO #N81 (C7Q03A)]
- (2) No [SKIP TO #N82 (C7Q01)]
- (6) DON’T KNOW [SKIP TO #N82 (C7Q01)]
- (7) REFUSED THIS QUESTION [SKIP TO #N82 (C7Q01)]

HELP BOX: THESE TYPES OF HEALTH INSURANCE MAY REFER TO ANY TYPE OF HEALTH INSURANCE, INCLUDING HEALTH MAINTENANCE ORGANIZATIONS (HMO’S) OTHER THAN PUBLIC PROGRAMS. THESE PLANS MAY BE PROVIDED IN PART OR FULLY BY A PERSON’S EMPLOYER OR UNION, OR PURCHASED DIRECTLY BY THE INDIVIDUAL. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

H

N81

(C7Q03A_2)

Does this health insurance help pay for both doctor visits and hospital stays?

- (1) YES
- (2) No
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

H

N82

(C7Q01_2)



At this time, is (“**N**” **CHILD**) covered by Medicaid, a health insurance program for persons with certain income levels and persons with disabilities? [INSERT IF APPLICABLE: In this state, the program is sometimes called _____]. [STATE MEDICAID NAME]

- (1) YES
- (2) No
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: MEDICAID IS A FEDERAL-STATE MEDICAL ASSISTANCE PROGRAM. IT SERVES LOW-INCOME PEOPLE OF EVERY AGE. MEDICAL BILLS ARE PAID FROM FEDERAL, STATE AND LOCAL TAX FUNDS. PATIENTS USUALLY PAY NO PART OF COSTS FOR COVERED MEDICAL EXPENSES. IT IS RUN BY STATE AND LOCAL GOVERNMENTS WITHIN FEDERAL GUIDELINES. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE. THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



(C7Q02_2)

At this time, is (“N” **CHILD**) covered by the State Children’s Health Insurance Program or S-CHIP? In this state, the program is sometimes called _____ ? **[INSERT S-CHIP NAME]**

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (**SCHIP**), CREATED UNDER TITLE XXI OF THE SOCIAL SECURITY ACT, EXPANDS HEALTH COVERAGE TO UNINSURED CHILDREN WHOSE FAMILIES EARN TOO MUCH FOR MEDICAID BUT TOO LITTLE TO AFFORD PRIVATE COVERAGE. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



(C7Q04_2)

At this time, is (“N” **CHILD**) covered by military health care, TRICARE, CHAMPUS, or CHAMP-VA?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX:

“TRICARE” IS A MANAGED HEALTH CARE PROGRAM FOR ACTIVE DUTY AND RETIRED MEMBERS OF THE UNIFORMED SERVICES, THEIR FAMILIES, AND SURVIVORS.

“CHAMPUS” IS A PROGRAM OF MEDICAL CARE FOR DEPENDENTS OF ACTIVE OR RETIRED MILITARY PERSONNEL.

“CHAMP-VA” IS MEDICAL INSURANCE FOR DEPENDENTS OR SURVIVORS OF DISABLED VETERANS.

IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE.

THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS.

IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



N85

(C7Q06_2)

At this time, is (“**N**” **CHILD**) enrolled in a Title Five program? In _____ (STATE NAME), the program is sometimes called _____. [STATE TITLE V NAME]

- (1) YES
- (2) No
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

HELP BOX: TITLE FIVE IS A STATE-LEVEL TYPE OF HEALTH COVERAGE THAT A CHILD MAY HAVE. EACH STATE WILL HAVE A DIFFERENT NAME FOR THE TITLE FIVE PROGRAM. IF RESPONDENT ASKS WHY THERE ARE MULTIPLE INSURANCE QUESTIONS, EXPLAIN THAT YOU UNDERSTAND THEIR CONCERN, BUT THESE QUESTIONS WERE WRITTEN TO INCLUDE ANY ADDITIONAL HEALTH COVERAGE RESPONDENTS MIGHT HAVE. THE TWO MOST IMPORTANT THINGS TO HELP THE RESPONDENT TO DETERMINE WHAT TYPE OF INSURANCE THEY HAVE ARE WHERE IT COMES FROM AND WHAT IT COVERS. IF NECESSARY, TO HELP RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE: Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?



N86

(C7Q07_2)

At this time, is (“**N**” **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? [DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE]

- (1) YES
- (2) No **[SKIP TO # N 89]**
- (6) DON’T KNOW **[SKIP TO # N 89]**
- (7) REFUSED THIS QUESTION **[SKIP TO # N 89]**

N87

(C7Q08_2)

What kind of health plan is it?
[IF ONLY INITIALS OR PARTIAL PLAN NAME OFFERED, PROBE FOR FULL NAME].
[DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE. IF ONE OF THESE PLANS OFFERED ONLY, BACK UP TO PREVIOUS QUESTION AND CHANGE ANSWER TO ‘NO’]

RECORD VERBATIM RESPONSE _____



N88

(C7Q08A_2)

Does this health insurance help pay for both doctor visits and hospital stays?

- (1) YES
- (2) No **[SKIP TO #N89]**
- (6) DON’T KNOW **[SKIP TO #N89]**
- (7) REFUSED THIS QUESTION **[SKIP TO #N89]**

N88a

Is this health insurance provided through an employer?

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

N89

(INSURANCE WORKSHEET)

INTERVIEWER: INSERT ANSWERS FROM HELP SHEET AND FOLLOW DIRECTIONS BELOW

#N81 _____
#N82 _____
#N83 _____
#N84 _____
#N85 _____
#N88 _____

IF BOX CONTAINS ANY "YES" ANSWER (1), SKIP TO **#N94** (C7Q11).
OTHERWISE, CONTINUE TO **#N90**.

H

N90

(C7Q09)

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

- (1) YES [SKIP TO **#N96** (C7Q13)]
- (2) NO [SKIP TO **#N91** (C7Q10_2)]
- (6) DON'T KNOW [SKIP TO **#99**]
- (7) REFUSED THIS QUESTION [SKIP TO **#99**]

N91

(C7Q10_2)

At this time, what kind of health coverage does (“N” CHILD) have? Any other kind?

INTERVIEWER: CIRCLE ALL THAT APPLY, BUT CIRCLE “SINGLE SERVICE PLAN” ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.

- (01) MEDICAID [SKIP TO #N94 (C7Q11)]
- (02) MEDICARE [SKIP TO #N94 (C7Q11)]
- (03) TITLE V [SKIP TO #N94 (C7Q11)]
- (04) SCHIP [SKIP TO #N94 (C7Q11)]
- (05) MEDIGAP [SKIP TO #N94 (C7Q11)]
- (06) MILITARY [SKIP TO #N94 (C7Q11)]
- (07) INDIAN HEALTH SERVICE [SKIP TO #N94 (C7Q11)]
- (08) PRIVATE INSURANCE [SKIP TO #N92 c7Q10_X0A]
- (09) SINGLE SERVICE PLAN [SKIP TO #N96 c7Q10_X0A]
(DENTAL, VISION, PRESCRIPTIONS, ETC.)
- (10) OTHER _____ [RECORD VERBATIM RESPONSE]
[SKIP TO #N93 c7Q10_X0A]
- (96) DON'T KNOW [SKIP TO #N94 (C7Q11)]
- (97) REFUSED THIS QUESTION [SKIP TO #N94 (C7Q11)]

N92

(C7Q10A_2)

Does this private health insurance help pay for both doctor visits and hospital stays?

- (1) YES
 - (2) NO
 - (6) DON'T KNOW
 - (7) REFUSED THIS QUESTION
- [SKIP TO #N94 (C7Q11)]

N93

(C7Q10B_2)

Does this other health insurance help pay for both doctor visits and hospital stays?

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

[ALLSKIP TO #N94 (C7Q11)]

N94

(C7Q11_2)

In the past 12 months, was there any time when (“N” CHILD) was not covered by ANY health insurance?

- (1) YES
- (2) No [SKIP TO #99]
- (6) DON’T KNOW [SKIP TO #99]
- (7) REFUSED THIS QUESTION [SKIP TO #99]

N95

(C7Q12_2)

In the past 12 months {or since his/her birth}, about how many months was (“N” CHILD) without any health insurance or coverage?

_____ MONTHS

INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH (“01”)

- (96) DON’T KNOW
- (97) REFUSED

[SKIP TO #99]

N96

(C7Q13_2)

About how long has it been since (“N” CHILD) last had health coverage?

- (1) 6 MONTHS OR LESS
- (2) MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
- (3) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO [SKIP TO #99 (C8Q01_A)]
- (4) MORE THAN 3 YEARS [SKIP TO #99 (C8Q01_A)]
- (5) NEVER [SKIP TO #99 (C8Q01_A)]
- (6) DON’T KNOW [SKIP TO #99 (C8Q01_A)]
- (7) REFUSED THIS QUESTION [SKIP TO #99 (C8Q01_A)]

N97

(C7Q14_2)

In the past 12 months {or since his/her birth}, about how many months was (“N” CHILD) without any health insurance or coverage?

_____ MONTHS

INTERVIEWER: IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH (“01”)

- (96) DON’T KNOW [SKIP TO #99]
- (97) REFUSED THIS QUESTION [SKIP TO #99]

N98 (C7Q15_2)

During the months when (“N” **CHILD**) DID have health coverage, what kind of health coverage did (“N” **CHILD**) have? [**PROBE:** Any other kind?]

- (01) MEDICAID
- (02) MEDICARE
- (03) TITLE V
- (04) SCHIP
- (05) MEDIGAP
- (06) MILITARY
- (07) INDIAN HEALTH SERVICE
- (08) PRIVATE INSURANCE
- (09) SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC.)
- (10) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON’T KNOW
- (97) REFUSED

99

(NO DATA)

INTERVIEWER: INSERT ANSWERS FROM ITEMS INDICATED

#N81 _____
 #N82 _____
 #N83 _____
 #N84 _____
 #N85 _____
 #N88 _____

#N91
 Response 1 _____
 Response 2 _____
 Response 3 _____
 Response 4 _____
 Response 5 _____
 Response 6 _____
 Response 7 _____

#N92 _____
 #N93 _____

IF ANY BOX CONTAINS ANY "YES" ANSWER (1), CIRCLE “INSURED” UNDER "N" CHILD’S NAME IN BOX C OF HELPSHEET. OTHERWISE CIRCLE “UNINSURED.



**INTERVIEWER: LOOK AT HELPSHEET.
IF “UNINSURED” IS CIRCLED FOR “S” CHILD, SKIP TO SECTION 9 (GRAY) . OTHERWISE SKIP TO SECTION 8 (BLUE).**

Section 8. ADEQUACY OF HEALTH CARE COVERAGE

100

(C8Q01_A)

The next questions are about (“S” CHILD)’s health insurance or health care plans. Does (“S” CHILD)’s health insurance offer benefits or cover services that meet (**his/her**) needs? Would you say:

- (1) Never
- (2) Sometimes
- (3) Usually
- (4) Always
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

101

(C8Q01_B)

Are the costs not covered by (“S” CHILD)’s health insurance reasonable?
Would you say:

- (1) Never
- (2) Sometimes
- (3) Usually
- (4) Always
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

102

(C8Q01_C)

Does (“S” CHILD)’s health insurance allow (**him/her**) to see the health care providers (**he/she**) needs?
Would you say:

- (1) Never
- (2) Sometimes
- (3) Usually
- (4) Always
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

103

(C8Q02)

In the past 12 months, have you called or written to any of (“S” CHILD)’s health care plans with a complaint or problem?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

104

(C8Q03)

We want to know your rating of all your experience with (“S” CHILD)’s current health care plan(s). Use any number from zero to ten where zero is the worst health plan possible and 10 is the best health care plan possible. How would you rate (“S” CHILD)’s health care plan(s) now?

(96) DON’T KNOW

(97) REFUSED THIS QUESTION

105

(C8Q04)

If you had the chance, would you switch to a different health care plan for (“S” CHILD)? Would you say:

(1) Definitely yes

(2) Probably yes

(3) Probably not or

(4) Definitely not

(6) DON’T KNOW

(7) REFUSED THIS QUESTION

106

(C8Q05)

Do you have enough information about how (“S” CHILD)’s health plan(s) works?

(1) YES

(2) NO

(6) DON’T KNOW

(7) REFUSED THIS QUESTION

107

(C8Q06)

Do you believe (“S” CHILD)’s health plan(s) is good for children with special health care needs?

(1) YES

(2) NO

(6) DON’T KNOW

(7) REFUSED THIS QUESTION

Section 9. IMPACT ON THE FAMILY

108

(C9Q01)

The next question is about the amount of money paid during the past 12 months for (“S” CHILD)’s medical care. Please do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. But do include out-of-pocket payments for all types of health-related needs such as medications, special foods, adaptive clothing, durable equipment, home modifications and any kind of therapy. During the past 12 months, would you say that the family paid more than \$500, \$250-\$500, less than \$250, or nothing for (“S” CHILD)’s medical care?

- | | |
|---------------------------|------------------------|
| (1) MORE THAN \$500 | |
| (2) \$250-\$500 | [SKIP TO #110 (C9Q02)] |
| (3) LESS THAN \$250 | [SKIP TO #110 (C9Q02)] |
| (4) NOTHING, \$0 | [SKIP TO #110 (C9Q02)] |
| (6) DON'T KNOW | [SKIP TO #110 (C9Q02)] |
| (7) REFUSED THIS QUESTION | [SKIP TO #110 (C9Q02)] |

109

(C9Q01_A)

During the past 12 months, would you say that the family paid \$500-\$1000, \$1000-\$5000, or more than \$5000 for (“S” CHILD)’s medical care?

- (1) MORE THAN \$5000
- (2) \$1001-\$5000
- (3) \$501-\$1000
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

110

C9Q02 (9.2)

Many families provide health care at home such as changing bandages, care of feeding or breathing equipment, giving medication and therapies, and providing transportation to appointments. Do you or other family members provide health care at home for (“S” CHILD)?

- | | |
|---------------------------|------------------------|
| (1) YES | |
| (2) No | [SKIP TO #113 (C9Q04)] |
| (6) DON'T KNOW | [SKIP TO #113 (C9Q04)] |
| (7) REFUSED THIS QUESTION | [SKIP TO #113 (C9Q04)] |

111

(C9Q03)

How many hours per week do you or other family members spend providing this kind of care?

_____ HOURS PER WEEK

- (000) LESS THAN ONE HOUR
- (168) AROUND THE CLOCK
- (996) DON'T KNOW
- (997) REFUSED THIS QUESTION

112

(C9Q03_A)

I have (ANSWER FROM #111) hours. Is that correct?

- (1) YES
- (2) NO [SKIP BACK TO #111]

113

(C9Q04)

How many hours per week do you or other family members spend arranging or coordinating (“S” CHILD)’s care? By this I mean making appointments, making sure that care providers are exchanging information, and following up on (“S” CHILD)’s care needs.

_____ HOURS PER WEEK

- (000) LESS THAN ONE HOUR
- (996) DON'T KNOW
- (997) REFUSED THIS QUESTION

114

(C9Q04_A)

I have (ANSWER FROM #113) hours. Is that correct?

- (1) YES
- (2) NO [SKIP BACK to #113]

115

(C9Q05)

Has (“S” CHILD)’s health conditions caused financial problems for your family?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

116

(C9Q06)

Have you or other family members cut down on the hours you work to care for (“S” CHILD)?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

117

(C9Q07)

Have you needed additional income to cover (“S” CHILD)’s medical expenses?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

118

(C9Q10)

Have you or other family members stopped working because of (“S” CHILD)’s health conditions?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

Section 11. INCOME



119

(NO DATA)

INTERVIEWER: LOOK ON FACE SHEET. IS "HOUSEHOLD INCOME" REPORTED?

YES [SKIP TO #123 (C11Q11)]

NO [SKIP TO #120]



120

C11Q01_A

Now I have some questions about your household. Please tell me how many people live in this household, including all children and anyone who normally lives here even if they are not here now, like someone who is away traveling or in a hospital.

_____ PERSONS

(96) DK

(97) REFUSED THIS QUESTION



121

(C11Q01)

What was the total combined income of your household in 2000, including income from all sources including wages, salaries, unemployment payments, public assistance, Social Security or retirement benefits, help from relatives and so forth? Can you tell me that amount before taxes?

RECORD INCOME \$ _____

(999999996) DK [SKIP TO SECTION I -NEXT PAGE]

(999999997) REFUSED [SKIP TO SECTION I -NEXT PAGE]

HELP BOX: RESPONDENT COULD GIVE A RANGE AS AN ANSWER TO THIS QUESTION. BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER



122

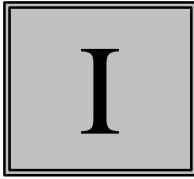
(C11CONF)

Just to confirm that I entered it correctly, your income was [INSERT AMOUNT FROM #121]

Is that correct?

(1) YES [SKIP TO #123 (C11Q12)]

(2) NO [SKIP BACK TO #121 (C11Q01)]



INCOME RANGES

1 (W9Q02)

For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in (year) 2000. Would you say that the total combined income, before taxes, was above or below \$20,000?

- (1) MORE THAN \$20,000.....SKIP TO **#7** (W9Q06)
- (2) \$20,000SKIP TO **#123** <WHITE>
- (3) LESS THAN \$20,000SKIP TO **#2** (W9Q03)
- (6) DON'T KNOWSKIP TO **#123** <WHITE>
- (7) REFUSED.....SKIP TO **#123** <WHITE>

2 (W9Q03)

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

- (1) MORE THAN \$10,000.....SKIP TO **#4** (W9Q05)
- (2) \$10,000SKIP TO **#123** <WHITE>
- (3) LESS THAN \$10,000SKIP TO **#3** (W9Q04)
- (6) DON'T KNOWSKIP TO **#123** <WHITE>
- (7) REFUSED.....SKIP TO **#123** <WHITE>

3 (W9Q04)

Was it more than \$7,500?

- (1) YES SKIP TO **#15** (C11Q12) <WHITE>
- (2) NO. SKIP TO **#15** (C11Q12) <WHITE>
- (6) DON'T KNOW..... SKIP TO **#123** (C11Q12)
- (7) REFUSED..... SKIP TO **#123** (C11Q12)

4

(W9Q05)

Was it more than \$15,000?

- (1) YES SKIP TO **#5** (W9Q05A)
- (2) NO. SKIP TO **#6** (W9Q05B)
- (6) DON'T KNOW SKIP TO **#123** (C11Q12) <WHITE>
- (7) REFUSED.... SKIP TO **#123** (C11Q12) <WHITE>

5

(W9Q05A)

Was it more than \$17,500?

- (1) YES SKIP TO **#15** (C11Q12) <WHITE>
- (2) NO. SKIP TO **#15** (C11Q12) <WHITE>
- (6) DON'T KNOW SKIP TO **#123** (C11Q12) <WHITE>
- (7) REFUSED.... SKIP TO **#123** (C11Q12) <WHITE>

6

(W9Q05B)

Was it more than \$12,500

- (1) YES SKIP TO **#15** (C11Q12) <WHITE>
- (2) NO. SKIP TO **#15** (C11Q12) <WHITE>
- (6) DON'T KNOW SKIP TO **#123** (C11Q11) <WHITE>
- (7) REFUSED.... SKIP TO **#123** (C11Q11) <WHITE>

7

(W9q06)

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

- (1) MORE THAN \$40,000 SKIP TO **#8** (W9Q06A)
- (2) \$40,000 SKIP TO **#123** <WHITE>
- (3) LESS THAN \$40,000 SKIP TO **#11** (W9Q07)
- (6) DONT KNOW SKIP TO **#123** <WHITE>
- (7) REFUSED SKIP TO **#123** <WHITE>

8

(W9Q06A)

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

- (1) MORE THAN \$60,000..... SKIP TO **#14** (W9Q08)
- (2) \$60,000..... SKIP TO **#123** <WHITE>
- (3) LESS THAN \$60,000..... SKIP TO **#9** (W9Q06B)
- (6) DONT KNOW SKIP TO **#123** <WHITE>
- (7) REFUSED SKIP TO **#123** <WHITE>

9

(W9Q06B)

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

- (1) MORE THAN \$50,000 SKIP TO **#15** <WHITE>
- (2) \$50,000 SKIP TO **#123** <WHITE>
- (3) LESS THAN \$50,000 SKIP TO **#10** (W9Q06C)
- (6) DONT KNOW SKIP TO **#123** <WHITE>
- (7) REFUSED SKIP TO **#123** <WHITE>

10

(W9Q06C)

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

- (1) MORE THAN \$45,000 SKIP TO **#15** <WHITE>
- (2) \$45,000 SKIP TO **#123** <WHITE>
- (3) LESS THAN \$45,000 SKIP TO **#15** <WHITE>
- (6) DONT KNOW SKIP TO **#123** <WHITE>
- (7) REFUSED SKIP TO **#123** <WHITE>

11 (W9Q07)

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

- (1) MORE THAN \$30,000 SKIP TO **#12** W9Q07A
- (2) \$30,000..... SKIP TO **#123** <WHITE>
- (3) LESS THAN \$30,000 SKIP TO **#13** (W9Q07B)
- (6) DONT KNOW SKIP TO **#123** <WHITE>
- (7) REFUSED SKIP TO **#123** <WHITE>

12 (W9Q07A)

Was the total combined household income more or less than \$35,000?

- (1) MORE THAN \$35,000 SKIP TO **#15** <WHITE>
- (2) \$35,000..... SKIP TO **#123** <WHITE>
- (3) LESS THAN \$35,000 SKIP TO **#15** <WHITE>
- (6) DONT KNOW SKIP TO **#123** <WHITE>
- (7) REFUSED SKIP TO **#123** <WHITE>

13 (W9Q07B)

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

- (1) MORE THAN \$25,000 SKIP TO **#15** <WHITE>
- (2) \$25,000..... SKIP TO **#123** <WHITE>
- (3) LESS THAN \$25,000 SKIP TO **#15** <WHITE>
- (6) DONT KNOW SKIP TO **#123** <WHITE>
- (7) REFUSED..... SKIP TO **#123** <WHITE>

14 (W9Q08)

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

- (1) MORE THAN \$75,000 SKIP TO **#15** <WHITE>
- (2) \$75,000..... SKIP TO **#123** <WHITE>
- (3) LESS THAN \$75,000 SKIP TO **#15** <WHITE>
- (6) DONT KNOW SKIP TO **#123** <WHITE>
- (7) REFUSED SKIP TO **#123** <WHITE>

15

W9Q12 (CHECK_I12)

BASED ON THE RANGE ALREADY IDENTIFIED, THIS NEXT QUESTION WILL BE FILLED WITH A DOLLAR AMOUNT THAT FALLS WITHIN THE RANGE AND IS EQUIVALENT TO 50%, 100%, 133%, 150%, 185%, 200%, 300%, OR 400% OF THE FEDERAL POVERTY LEVEL BASED ON THE NUMBER OF FAMILY MEMBERS. IF THE RANGE IDENTIFIED IS NARROW ENOUGH THAT NONE OF THESE POVERTY LEVEL CUTOFFS FALL WITHIN THE RANGE, THEN SKIP TO #123. FOR A FEW RANGES, TWO ADDITIONAL QUESTIONS WILL BE NEEDED. REFER TO REFERENCE TABLES ON PAGE 127 FOR INCOME FILLS AND DETERMINATION OF HOUSEHOLD POVERTY LEVEL.

Would you say this income was above or below [\$REF] ?

- MORE THAN [\$REF]..... 1 [WHEN INDICATED, ASK #16]
- EXACTLY [\$REF] 2 [GO TO #123]
- LESS THAN [\$REF]. 3 [GO TO #123]
- DON'T KNOW 6 [GO TO #123]
- REFUSED... 7 [GO TO #123]

16

W9Q12a.

Would you say this income was above or below [\$REF] ?

- MORE THAN [\$REF]..... 1 [GO TO #123]
- EXACTLY [\$REF] 2 [GO TO #123]
- LESS THAN [\$REF]. 3 [GO TO #123]
- DON'T KNOW 6 [GO TO #123]
- REFUSED... 7 [GO TO #123]

123

(C11Q12)

Does (CHILD) receive SSI, that is Supplemental Security Income?

- (1) YES
- (2) No [SKIP to #125 C11Q11]
- (6) DON'T KNOW [SKIP to #125 C11Q11]
- (7) REFUSED THIS QUESTION [SKIP to #125 C11Q11]

124

(C11Q13)

Is this for a disability (he/she) has?

- (1) YES
- (2) No
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

125

(C11Q11)

(ASK ONLY IN HOUSEHOLDS WITH INCOME BELOW 200% POVERTY)

At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from a state or county welfare program, such as _____ [state TANF name]?

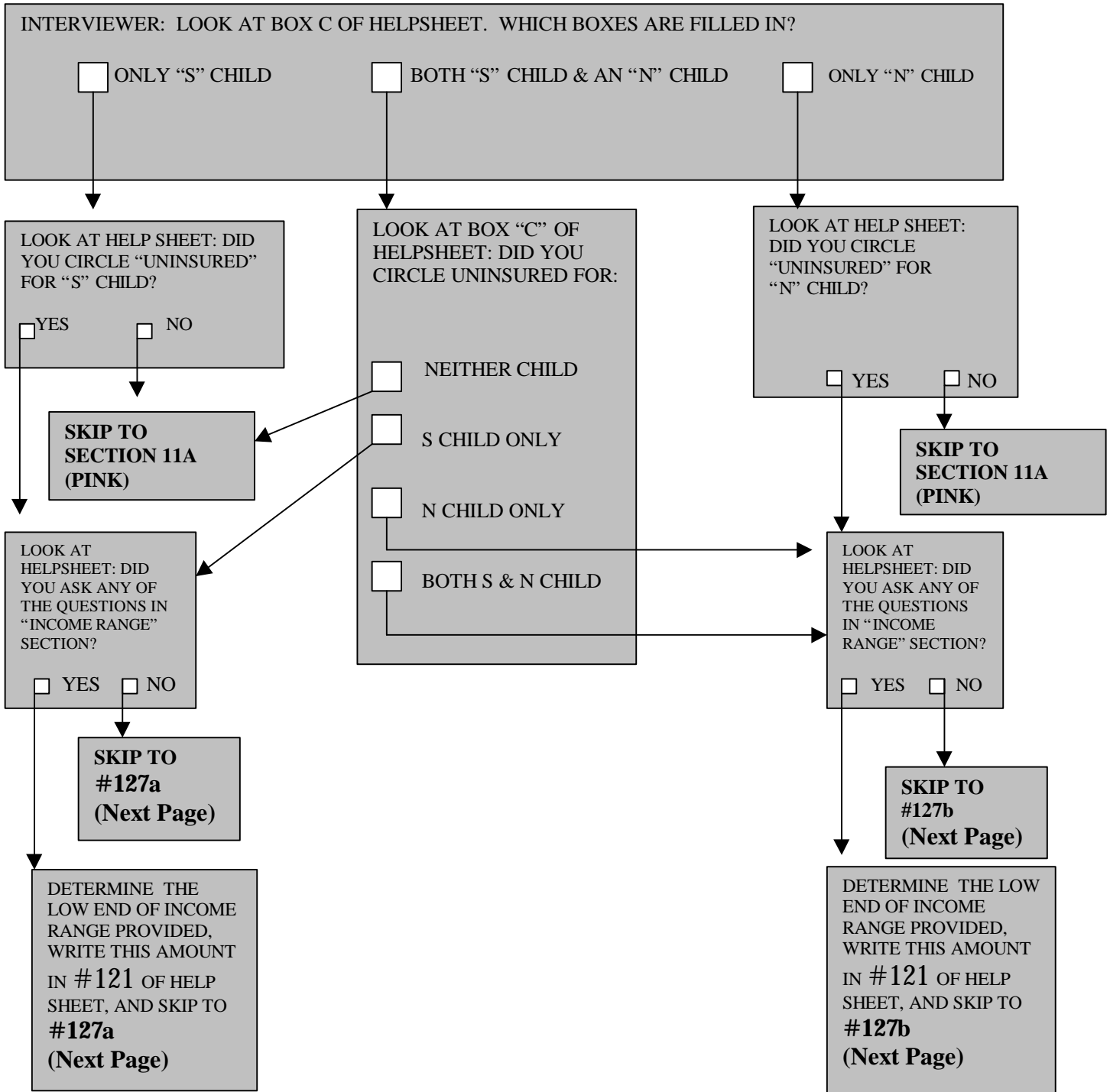
- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED



126

(NO DATA)

Please hold for just a moment while I determine which questions to ask for the final part of this interview.





127a (NO DATA)

FOLLOW THE GRID AND DIRECTIONS BELOW TO DETERMINE WHICH QUESTIONS TO ASK NEXT.

(1) LOOK AT HELPSHEET #120 TO DETERMINE THE NUMBER OF PEOPLE LIVING IN HOUSEHOLD.

(2) FIND THAT NUMBER ON THE GRID BELOW.

(3) FOLLOW THAT NUMBER

TO: Lower 48 Alaska Hawaii

(4) WRITE THE NUMBER HERE: _____

(5) IF THE NUMBER LISTED IN GRID GREATER THAN ANSWER **#121** ON HELPSHEET, **SKIP TO SECTION 12 (BROWN)**, IF NOT SKIPTO **SECTION 11A** (C11Q14) – (PINK).



127b (NO DATA)

FOLLOW THE GRID AND DIRECTIONS BELOW TO DETERMINE WHICH QUESTIONS TO ASK NEXT.

(1) LOOK AT HELPSHEET #120 TO DETERMINE THE NUMBER OF PEOPLE LIVING IN HOUSEHOLD.

(2) FIND THAT NUMBER ON THE GRID BELOW.

(3) FOLLOW THAT NUMBER

TO: Lower 48 Alaska Hawaii

(4) WRITE THE NUMBER HERE: _____

(5) IF THE NUMBER LISTED IN GRID GREATER THAN ANSWER **#121** ON HELPSHEET, **SKIP TO SECTION 13 (GREEN)**, IF NOT SKIP TO **SECTION 11A** (C11Q14) – (PINK).

2000 Poverty Levels¹			
# of People Living in the Household	<u>200% of Poverty Level</u>	<u>200% of Poverty Level</u>	<u>200% of Poverty Level</u>
	<i>LOWER 48 STATES (& Washington D.C.)</i>	<i>ALASKA</i>	<i>HAWAII</i>
2	22,500	28,120	25,860
3	28,300	35,380	32,540
4	34,100	42,640	39,220
5	39,900	49,900	45,900
6	45,700	57,160	52,580
7	51,500	64,420	59,260
8	57,300	71,680	65,940
9	63,100	78,940	73,200
10	68,900	86,200	79,880
11	74,700	93,460	86,560
12	80,500	100,720	93,240
13	86,300	107,980	99,920
14	92,100	115,240	106,600
15	97,900	122,500	113,280
16	103,700	129,760	119,960
17	109,500	137,020	126,640
18	115,300	144,280	133,320

¹ Poverty levels based on 2000 guidelines were used with 1999 income for interviews conducted from October 17, 2000 through December 31, 2000, and with 2000 income for interviews conducted from January 1, 2001 through February 26, 2001. Poverty levels based on 2001 guidelines and 2000 income were implemented on February 27, 2001.

2001 Poverty Levels			
# of People Living in the Household	<u>200% of Poverty Level</u>	<u>200% of Poverty Level</u>	<u>200% of Poverty Level</u>
	<i>LOWER 48 STATES (& Washington D.C.)</i>	<i>ALASKA</i>	<i>HAWAII</i>
2	23,220	29,020	26,720
3	29,260	36,580	33,660
4	35,300	44,140	40,600
5	41,340	51,700	47,540
6	47,380	59,260	54,480
7	53,420	66,820	61,420
8	59,460	74,380	68,360
9	65,500	81,940	75,300
10	71,540	89,500	82,240
11	77,580	97,060	89,180
12	83,620	104,620	96,120
13	89,660	112,180	103,060
14	95,700	119,740	110,000
15	101,740	127,300	116,940
16	107,780	134,860	123,880
17	113,820	142,420	130,820
18	119,860	149,980	137,760

Section 13. UTILIZATION AND BARRIERS TO CARE QUESTIONS FOR LOW-INCOME/UNINSURED CHILDREN WITHOUT SPECIAL HEALTH CARE NEEDS

128

(C13Q1)

Now I have some other questions about (“N” CHILD).

INTERVIEWER: IF CHILD IS 0-4 YEARS OLD, SKIP TO #129 (C13Q2)

During the past 12 months, that is since (**1 YEAR AGO TODAY**), about how many days did (“N” CHILD) miss school because of illness or injury?

- (1) NONE
- (2) DID NOT GO TO SCHOOL
- (3) HOME SCHOOLED
- (96) DON’T KNOW
- (97) REFUSED

129

(C13Q2)

Is there a place that (“N” CHILD) “usually” goes to if (**he/she**) is sick or you need advice about (**his/her**) health?

- | | |
|----------------------------------|-------------------------|
| (1) YES | [SKIP TO #130a (C13Q3)] |
| (2) THERE IS NO PLACE | [SKIP TO #131a (C13Q4)] |
| (3) THERE IS MORE THAN ONE PLACE | [SKIP TO #130b(C13Q3)] |
| (6) DON’T KNOW | [SKIP TO #131a (C13Q4)] |
| (7) REFUSED THIS QUESTION | [SKIP TO #131a (C13Q4)] |

130a

(C13Q3)

What kind of place is it? Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

- | | |
|---|---|
| (01) DOCTOR'S OFFICE (OR HMO) | [SKIP TO #131 (C13Q4)] |
| (02) HOSPITAL EMERGENCY ROOM | [SKIP TO #131 (C13Q4)] |
| (03) HOSPITAL OUTPATIENT DEPARTMENT | [SKIP TO #131 (C13Q4)] |
| (04) CLINIC OR HEALTH CENTER | [SKIP TO #131 (C13Q4)] |
| (05) SCHOOL (NURSE'S OFFICE,
ATHLETIC TRAINER'S OFFICE, ETC) | [SKIP TO #131 (C13Q4)] |
| (06) SOME OTHER PLACE _____ | [RECORD VERBATIM RESPONSE]
[SKIP TO #131 (C13Q4a)] |
| (07) DOES NOT GO TO ONE PLACE MOST OFTEN | [SKIP TO #131a (C13Q4a)] |
| (96) DON'T KNOW | [SKIP TO #131a (C13Q4a)] |
| (97) REFUSED THIS QUESTION | [SKIP TO #131a (C13Q4a)] |

130b

What kind of place does ("N" CHILD) go to most often? Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

- | | |
|---|---|
| (01) DOCTOR'S OFFICE (OR HMO) | [SKIP TO #131 (C13Q4)] |
| (02) HOSPITAL EMERGENCY ROOM | [SKIP TO #131 (C13Q4)] |
| (03) HOSPITAL OUTPATIENT DEPARTMENT | [SKIP TO #131 (C13Q4)] |
| (04) CLINIC OR HEALTH CENTER | [SKIP TO #131 (C13Q4)] |
| (05) SCHOOL (NURSE'S OFFICE,
ATHLETIC TRAINER'S OFFICE, ETC) | [SKIP TO #131 (C13Q4)] |
| (06) SOME OTHER PLACE _____ | [RECORD VERBATIM RESPONSE]
[SKIP TO #131 (C13Q4a)] |
| (07) DOES NOT GO TO ONE PLACE MOST OFTEN | [SKIP TO #131a (C13Q4a)] |
| (96) DON'T KNOW | [SKIP TO #131a (C13Q4a)] |
| (97) REFUSED THIS QUESTION | [SKIP TO #131a (C13Q4a)] |

131

(C13Q4)

Is that [PLACE SELECTED IN #130a/130b] the same place ("N" CHILD) usually goes when (he/she) needs routine preventive care, such as a physical examination or checkup?

- | | |
|---------------------------|--------------------------|
| (1) YES | [SKIP TO #131b (C13Q4B)] |
| (2) NO | |
| (6) DON'T KNOW | [SKIP TO #131b (C14Q4B)] |
| (7) REFUSED THIS QUESTION | [SKIP TO #131b (C14Q4B)] |

131a

(C13Q4A)

What kind of place does (“N” **CHILD**) USUALLY go to when (**he/she**) needs routine preventive care, such as a physical examination or check-up?

- (1) DOES NOT GET PREVENTIVE CARE ANYWHERE
- (2) DOCTOR’S OFFICE
- (3) HOSPITAL EMERGENCY ROOM
- (4) HOSPITAL OUTPATIENT DEPARTMENT
- (5) CLINIC OR HEALTH CENTER
- (6) SCHOOL (NURSE’S OFFICE, ATHLETIC TRAINER’S OFFICE, ETC.)
- (7) SOME OTHER PLACE _____ [RECORD VERB. RESPONSE]
- (8) DOES NOT GO TO ONE PLACE MOST OFTEN
- (96) DON’T KNOW
- (97) REFUSED THIS QUESTION

131b

(C13Q4B)

A personal doctor or nurse is the health provider who knows (“N” **CHILD**) best. Do you have one person that you think of as (“N” **CHILD**)’s personal doctor or nurse?

- | | |
|---------------------------|-------------------------|
| (1) YES | [SKIP TO #131c (C13Q4)] |
| (2) NO | [SKIP TO #132 (C13Q5)] |
| (6) DON’T KNOW | [SKIP TO #132 (C13Q5)] |
| (7) REFUSED THIS QUESTION | [SKIP TO #132 (C13Q5)] |

131c

(C13Q4C)

Is this person a general doctor, pediatrician, specialist, nurse practitioner, or physician’s assistant?

- (01) GENERAL DOCTOR (SUCH AS A DOCTOR IN GENERAL PRACTICE, FAMILY MEDICINE, INTERNAL MEDICINE)
- (02) PEDIATRICIAN
- (03) OTHER SPECIALIST (SUCH AS OB-GYN, SURGEONS, HEART DOCTORS, PSYCHIATRISTS, ALLERGY DOCTORS, SKIN DOCTORS, OBSTETRICIANS, OR GYNECOLOGISTS)
- (04) NURSE PRACTITIONER
- (05) PHYSICIAN’S ASSISTANT
- (06) OTHER _____ [RECORD VERB. RESPONSE]
- (96) DON’T KNOW
- (97) REFUSED

132

(C13Q5)

People often delay or do not get needed health care. By health care I mean medical care as well as other kinds of care like dental care, mental health services, physical, occupational or speech therapies, and special education services. In the past 12 months, have you delayed or gone without health care for ("**N**" **CHILD**)?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

HELP SCREEN: A parent that attempts to treat a child by themselves but then takes the child to a doctor should not be considered a delay in health care. FOR EXAMPLE A CHILD WITH A COUGH OR SORE THROAT WHO IS GIVEN COUGH SYRUP AT HOME, BUT THE COUGH SYRUP DOES NOT HELP OR WORK.

133INT

During the past 12 months, was there any time when (**N CHILD**) needed any of the following services:

<p style="text-align: center;">133a</p> <p>(c13Q06_01)</p> <p>During the past 12 months was there any time when (“N” CHILD) needed routine preventive care, such as a physical examination or well child check-up?</p> <p>(1) YES <input type="checkbox"/> →</p> <p>(2) NO (SKIP TO #134a)</p> <p>(6) DK (SKIP TO #134a)</p> <p>(7) REF (SKIP TO #134a)</p>	<p style="text-align: center;">133b</p> <p>(C13Q601A)</p> <p>Did (“N” CHILD) receive all the routine preventive care that (he/she) needed?</p> <p>(1) YES (SKIP TO #134a) <input type="checkbox"/> →</p> <p>(2) No <input type="checkbox"/> →</p> <p>(6) DK (SKIP TO #134a)</p> <p>(7) REF (SKIP TO #134a)</p>	<p style="text-align: center;">133c</p> <p>Why did (“N” CHILD) not receive all the routine preventive care (he/she) needed? (CIRCLE ALL THAT APPLY)</p> <p>(1) COST TOO MUCH</p> <p>(2) HEALTH PLAN PROBLEM</p> <p>(3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(4) NOT CONVENIENT TIMES</p> <p>(5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(6) OTHER _____</p> <p>(96) DON’T KNOW</p> <p>(97) REFUSED THIS QUESTION</p>
<p style="text-align: center;">134a</p> <p>(C13Q6_02)</p> <p>(During the past 12 months, was there any time when (“N” CHILD) needed) Care from a specialty doctor?</p> <p>(1) YES <input type="checkbox"/> →</p> <p>(2) NO (SKIP TO #135a)</p> <p>(6) DK (SKIP TO #135a)</p> <p>(7) REF (SKIP TO #135a)</p>	<p style="text-align: center;">134b</p> <p>(C13Q6_02A)</p> <p>Did (“N” CHILD) receive all the care from a specialty doctor that {he/she} needed?</p> <p>(1) YES (SKIP TO #135a) <input type="checkbox"/> →</p> <p>(2) No <input type="checkbox"/> →</p> <p>(6) DK (SKIP TO #135a)</p> <p>(7) REF (SKIP TO #135a)</p>	<p style="text-align: center;">134c</p> <p>(C13Q6_02A)</p> <p>Why did (“N” CHILD) not get the care from a specialty doctor that {he/she} needed? (CIRCLE ALL THAT APPLY)</p> <p>(1) COST TOO MUCH</p> <p>(2) HEALTH PLAN PROBLEM</p> <p>(3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(4) NOT CONVENIENT TIMES</p> <p>(5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(6) OTHER _____</p> <p>(96) DON’T KNOW</p> <p>(97) REFUSED THIS QUESTION</p>
<p>HELP SCREEN: SPECIALTY DOCTORS FOCUS ON ONE PART OF YOUR CHILD’S HEALTH. THESE INCLUDE CARDIOLOGISTS, EAR, NOSE AND THROAT DOCTORS, SURGEONS, ETC. EXAMPLE: PULMOLOGISTS WORK WITH BREATHING PROBLEMS LIKE ASTHMA.</p>		

<p style="text-align: center;">135a</p> <p>(C13Q6_03)</p> <p>(During the past 12 months was there any time when (“N”CHILD) needed) Dental care including check-ups?</p> <p>(1) YES <input checked="" type="checkbox"/> →</p> <p>(2) NO (SKIP TO #135.1a)</p> <p>(6) NO (SKIP TO #135.1a)</p> <p>(7) REF (SKIP TO #135.1a)</p>	<p style="text-align: center;">135b</p> <p>(C13Q6_03A)</p> <p>Did (“N” CHILD) receive all dental care that {he/she} needed?</p> <p>(1) YES (SKIP TO #135.1a)</p> <p>(2) No <input checked="" type="checkbox"/> →</p> <p>(6) DK (SKIP TO #135.1a)</p> <p>(7) REF (SKIP TO #135.1a)</p>	<p style="text-align: center;">135c</p> <p>(C13Q6_03A)</p> <p>Why did (“N” CHILD) not get the dental care that {he/she} needed?</p> <p>(CIRCLE ALL THAT APPLY)</p> <p>(1) COST TOO MUCH</p> <p>(2) HEALTH PLAN PROBLEM</p> <p>(3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(4) NOT CONVENIENT TIMES</p> <p>(5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(6) OTHER _____</p> <p>(96) DON’T KNOW</p> <p>(97) REFUSED THIS QUESTION</p>
<p style="text-align: center;">135.1a</p> <p>(C13Q6_04)</p> <p>(During the past 12 months) was there any time when (“N” CHILD) needed) Prescription medications?</p> <p>(1) YES <input checked="" type="checkbox"/> →</p> <p>(2) NO (SKIP TO #136a)</p> <p>(6) DK (SKIP TO #136a)</p> <p>(7) REF (SKIP TO #136a)</p>	<p style="text-align: center;">135.1b</p> <p>(C13Q6_04A)</p> <p>Did (“N” CHILD) receive all prescription medications {he/she} needed?</p> <p>(1) YES (SKIP TO #136a)</p> <p>(2) No <input checked="" type="checkbox"/> →</p> <p>(6) DK (SKIP TO #136a)</p> <p>(7) REF (SKIP TO #136a)</p>	<p style="text-align: center;">135.1c</p> <p>(C13Q6_04B)</p> <p>Why did (“N” CHILD) not get the prescription medications {he/she} needed?</p> <p>(CIRCLE ALL THAT APPLY)</p> <p>(1) COST TOO MUCH</p> <p>(2) HEALTH PLAN PROBLEM</p> <p>(3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(4) NOT CONVENIENT TIMES</p> <p>(5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(6) OTHER _____</p> <p>(96) DON’T KNOW</p> <p>(97) REFUSED THIS QUESTION</p>

<p style="text-align: center;">136a</p> <p>(C13Q6_05)</p> <p>(During the past 12 months was there any time when (“N” CHILD) needed) Physical, occupational or speech therapy?</p> <p>(1) YES \longrightarrow</p> <p>(2) NO (SKIP TO #137a)</p> <p>(6) DK (SKIP TO #137a)</p> <p>(7) REF (SKIP TO #137a)</p>	<p style="text-align: center;">136b</p> <p>(C13Q6_05A)</p> <p>Did (“N” CHILD) receive all the physical, occupational, or speech therapy that {he/she} needed?</p> <p>(1) YES (SKIP TO #137a)</p> <p>(2) No \longrightarrow</p> <p>(6) DK (SKIP TO #137a)</p> <p>(7) REF (SKIP TO #137a)</p>	<p style="text-align: center;">136c</p> <p>Why did (“N” CHILD) not get the physical, occupational, or speech therapy {he/she} needed?</p> <p>(CIRCLE ALL THAT APPLY)</p> <p>(1) COST TOO MUCH</p> <p>(2) HEALTH PLAN PROBLEM</p> <p>(3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(4) NOT CONVENIENT TIMES</p> <p>(5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(6) OTHER _____</p> <p>(96) DON’T KNOW</p> <p>(97) REFUSED THIS QUESTION</p>
<p style="text-align: center;">137a</p> <p>(C13Q06_06)</p> <p>(During the past 12 months, was there any time when (“N” CHILD) needed) Mental health care or counseling?</p> <p>(1) YES \longrightarrow</p> <p>(2) NO (SKIP TO #138a)</p> <p>(6) DK (SKIP TO #138a)</p> <p>(7) REF (SKIP TO #138a)</p>	<p style="text-align: center;">137b</p> <p>(C13Q06_06A)</p> <p>Did (“N” CHILD) receive all the mental health care or counseling that {he/she} needed?</p> <p>(1) YES (SKIP TO #138a)</p> <p>(2) No \longrightarrow</p> <p>(6) DK (SKIP TO #138a)</p> <p>(7) REF (SKIP TO #138a)</p>	<p style="text-align: center;">137c</p> <p>Why did (“N” CHILD) not get the mental health care or counseling {he/she} needed?</p> <p>(CIRCLE ALL THAT APPLY)</p> <p>(1) COST TOO MUCH</p> <p>(2) HEALTH PLAN PROBLEM</p> <p>(3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(4) NOT CONVENIENT TIMES</p> <p>(5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(6) OTHER _____</p> <p>(96) DON’T KNOW</p> <p>(97) REFUSED THIS QUESTION</p>

<p style="text-align: center;">138a</p> <p>(C13Q06_07)</p> <p>INTERVIEWER: IF AGE IS 0-7 YEARS OLD SKIP TO #139a</p> <p>(During the past 12 months, was there any time when (“N” CHILD) needed) Substance abuse treatment or counseling?</p> <p>(1) YES →</p> <p>(2) NO (SKIP TO #139a)</p> <p>(6) DK (SKIP TO #139a)</p> <p>(7) REF (SKIP TO #139a)</p>	<p style="text-align: center;">138b</p> <p>C13Q06_07A Did (“N” CHILD) receive all the substance abuse treatment or counseling that {he/she} needed?</p> <p>(1) YES (SKIP TO #139a)</p> <p>(2) No →</p> <p>(6) DK (SKIP TO #139a)</p> <p>(7) REF (SKIP TO #139a)</p>	<p style="text-align: center;">138c</p> <p>Why did (“N” CHILD) not get the substance abuse treatment or counseling {he/she} needed? (CHECK ALL THAT APPLY)</p> <p>(1) COST TOO MUCH</p> <p>(2) HEALTH PLAN PROBLEM</p> <p>(3) NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS</p> <p>(4) NOT CONVENIENT TIMES</p> <p>(5) DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE</p> <p>(6) OTHER _____</p> <p>(96) DON’T KNOW</p> <p>(97) REFUSED THIS QUESTION</p>
<p>HELP SCREEN: SOME RESPONDENTS WITH CHILDREN OLDER THAN 8 YEARS OF AGE MAY FIND THIS QUESTION INAPPROPRIATE. IF THIS OCCURS, TELL THE RESPONDENT: I understand this question may be more appropriate for older children but I am required to ask and read verbatim.</p>		
<p style="text-align: center;">139a</p> <p>(C13Q06_09)</p> <p>(During the past 12 months, was there any time when (“N” CHILD) needed) Eyeglasses or vision care?</p> <p>(1) YES →</p> <p>(2) NO (SKIP TO #140a)</p> <p>(6) DK (SKIP TO #140a)</p> <p>(7) REF (SKIP TO #140a)</p>	<p style="text-align: center;">139b</p> <p>(C13Q06_09A)</p> <p>Did (“N” CHILD) receive all the eyeglasses or vision care that {he/she} needed?</p> <p>(1) YES</p> <p>(2) No</p> <p>(6) DK</p> <p>(7) REF</p>	<p style="text-align: center;">oooooooo</p>

<p>140a</p> <p>(C13Q06_10)</p> <p>(During the past 12 months, was there any time when (“N” CHILD) needed) Hearing aids or hearing care?</p> <p>(1) YES →</p> <p>(2) NO (SKIP TO #141)</p> <p>(6) DK (SKIP TO #141)</p> <p>(7) REF (SKIP TO #141)</p>	<p>140b</p> <p>(C13Q06_10A)</p> <p>Did (“N” CHILD) receive all the hearing aids or hearing care that {he/she} needed?</p> <p>(1) YES</p> <p>(2) No</p> <p>(6) DK</p> <p>(7) REF</p>	<p>oooooooo</p>
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141 (C13Q7)

In the past 12 months, how many times did (“N” CHILD) visit a doctor or other health care provider? DO NOT count visits while staying overnight in a hospital.

- _____NUMBER OF VISITS
- (000) NO VISITS IN PAST 12 MONTHS
- (996) DON'T KNOW **[SKIP TO #143 (C13Q8)]**
- (997) REFUSED THIS QUESTION **[SKIP TO #143 (C13Q8)]**

142 (C13Q7A)

I have **[INSERT ANSWER FROM #141]** visits. Is that correct?

(1) YES

(2) NO **[SKIP BACK TO #141]**

143

(C13Q8)

The next question is about the amount of money paid during the past 12 months for (“N” CHILD)’s medical care. Please do not include health insurance premiums or cost that were or will be reimbursed by insurance or another source. But do include out-of-pocket payments for all types of health-related needs such as medications, special foods, adaptive clothing, durable equipment, home modification, and any kind of therapy. During the past 12 months, would you say that the family paid more than \$500, \$250-\$500, less than \$250, or nothing for (“N” CHILD)’s medical care?

- (1) More than \$500
- (2) \$250-\$500 [SKIP TO #145a (C13Q10)]
- (3) Less than \$250 [SKIP TO #145a (C13Q10)]
- (4) Nothing, \$0 [SKIP TO #145a (C13Q10)]
- (6) DON’T KNOW [SKIP TO #145a (C13Q10)]
- (7) REFUSED THIS QUESTION [SKIP TO #145a (C13Q10)]

HELP BOX: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION. BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

144

(C13Q9)

During the past 12 months would you say that the family paid \$500-\$1000, \$1000-\$5000, or more than \$5000 for (“N” CHILD)’s medical care?

- (1) More than \$5000
- (2) \$1001-\$5000
- (3) \$501-\$1000
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

145a

(C13Q10)

Has (“N” CHILD)’s health care caused financial problems for your family?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

145b

INTERVIEWER: IS THERE AN "S" CHILD IN THIS HOUSEHOLD?

- YES [SKIP TO #145c] NO [SKIP TO SECTION 12 (NEXT PAGE)]

145c

LOOK AT BOX "C" OF HELPSHEET: IS THE "S" CHILD INSURED?

- YES [SKIP TO SECT. 12 (NEXT SECTION) & ASK QUESTIONS FOR "N" CHILD]
- NO [SKIP TO SECTION 12A (ORANGE)]

Section 12. MEDICAID AND SCHIP KNOWLEDGE AND EXPERIENCE (Households with One Sampled Child)

146

(C12Q1)

Earlier, you told me that {CHILD} does not have health insurance. What is the main reason {CHILD} does not have health insurance now?

- (01) COSTS TOO MUCH
- (02) DON'T NEED INSURANCE/DON'T GET SICK
- (03) NO ONE IN FAMILY CURRENTLY EMPLOYED
- (04) CAN'T GET INSURANCE THROUGH EMPLOYER
- (05) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
- (06) INELIGIBLE DUE TO AGE / LEFT SCHOOL
- (07) INELIGIBLE DUE TO RULE VIOLATION
- (08) INELIGIBLE DUE TO INCREASE IN INCOME
- (09) INSURANCE ENDED AFTER PREGNANCY
- (10) USED UP AVAILABLE BENEFITS
- (11) DON'T KNOW HOW TO GET INSURANCE
- (12) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON'T KNOW [SKIP TO #148 (C12Q2)]
- (97) REFUSED [SKIP TO #148 (C12Q2)]

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

147

(C12Q1A)

Are there any other reasons? [CIRCLE ALL THAT APPLY]

- (1) COSTS TOO MUCH
- (2) DON'T NEED INSURANCE/DON'T GET SICK
- (3) NO ONE IN FAMILY CURRENTLY EMPLOYED
- (4) CAN'T GET INSURANCE THROUGH EMPLOYER
- (5) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
- (6) INELIGIBLE DUE TO AGE / LEFT SCHOOL
- (7) INELIGIBLE DUE TO RULE VIOLATION
- (8) INELIGIBLE DUE TO INCREASE IN INCOME
- (9) INSURANCE ENDED AFTER PREGNANCY
- (10) USED UP AVAILABLE BENEFITS
- (11) DON'T KNOW HOW TO GET INSURANCE
- (12) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.



148

(C12Q2)

Before today, had you ever heard of Medicaid {or _____ [state Medicaid name]}?

- (1) YES
- (2) No [SKIP TO #154 (C12Q3)]
- (6) DON'T KNOW [SKIP TO #154 (C12Q3)]
- (7) REFUSED THIS QUESTION [SKIP TO #154 (C12Q3)]

INTERVIEWER: MARK ANSWER TO THIS QUESTION IN SECTION A OF HELPSHEET. IF ANSWER TO THIS QUESTION WAS "YES," CIRCLE "HEARD OF MEDICAID" FOR THIS CHILD IN SECTION C OF HELPSHEET. IF ANSWER WAS "NO," "DON'T KNOW" OR "REFUSED," CIRCLE "HAVE NOT HEARD OF MEDICAID" FOR THIS CHILD IN SECTION C OF HELPSHEET.



149

(C12Q2a)

Based on what you know about Medicaid, {or _____ [state Medicaid name]}, how easy or difficult do you think it is to complete an application for this program? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

- (1) VERY EASY
- (2) SOMEWHAT EASY
- (3) SOMEWHAT DIFFICULT
- (4) VERY DIFFICULT
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



150

(C12Q2b)

Has (CHILD) ever been enrolled in Medicaid {or _____ [state Medicaid name]}?

- (1) YES [SKIP TO #152 (C12Q2D)]
- (2) No
- (6) DON'T KNOW
- (7) REFUSED



151

(C12Q2c)

Have you ever applied for Medicaid {or _____ [state Medicaid name]} for (CHILD)?

- (1) YES
- (2) NO [SKIP TO #154 (C12Q3)]
- (6) DON'T KNOW [SKIP TO #154 (C12Q3)]
- (7) REFUSED THIS QUESTION [SKIP TO #154 (C12Q3)]



152

(C12Q2d)

When was the last time that you applied for Medicaid {or _____ [state Medicaid name]} for (CHILD)?

[ENTER NUMBER] _____

153

(C12Q2d1) [MARK PERIOD]

- DAYS
- YEAR(S)
- WEEK(S)
- DON'T KNOW
- MONTH(S)
- REFUSED



154

INTERVIEWER: FOR EACH STATE, THE SCHIP PLAN CAN BE EITHER A MEDICAID EXPANSION PLAN OR A STAND-ALONE PLAN. THIS HOUSEHOLD LIVES IN A STATE WHERE:

- S-CHIP AND MEDICAID HAVE SAME NAME OR NO S-CHIP IN STATE. [SKIP TO #159c]
- S-CHIP AND MEDICAID DO NOT HAVE THE SAME NAME OR THERE IS S-CHIP IN THIS STATE



155

(C12Q3)

Before today, had you ever heard of _____ [state SCHIP name]?



- (1) YES
- (2) NO [SKIP TO #159C]
- (6) DON'T KNOW [SKIP TO #159C]
- (7) REFUSED THIS QUESTION [SKIP TO #159C]

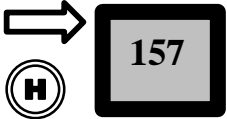
INTERVIEWER: MARK ANSWER TO THIS QUESTION IN SECTION A OF HELPSHEET. ALSO IF THE ANSWER TO THIS QUESTION WAS "YES," CIRCLE "HEARD OF S-CHIP" FOR THIS CHILD IN SECTION C OF HELPSHEET. IF ANSWER WAS "NO," "DON'T KNOW," OR "REFUSED," CIRCLE "HAVE NOT HEARD OF S-CHIP" FOR THIS CHILD IN SECTION C OF HELPSHEET.



(C12Q3a)

Based on what you know about _____ [*state SCHIP name*], how easy or difficult do you think it is to complete an application for this program? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

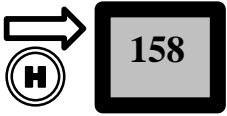
- (1) VERY EASY
- (2) SOMEWHAT EASY
- (3) SOMEWHAT DIFFICULT
- (4) VERY DIFFICULT
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



(C12Q3b)

Has (**CHILD**) ever been enrolled in _____ [*state SCHIP name*]?

- (1) YES [**SKIP TO #159a**]
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED



(C12Q3c)

Have you ever applied for _____ [*state SCHIP name*] for (**CHILD**)

- (1) YES
- (2) NO [**SKIP TO #159c**]
- (6) DON'T KNOW [**SKIP TO #159c**]
- (7) REFUSED [**SKIP TO #159c**]

159a

(C12Q3d)

When was the last time that you applied for _____ [*state SCHIP name*] for
(CHILD) ?

[ENTER NUMBER] _____

159b

(C12Q3d1)

[MARK PERIOD]

- DAYS YEAR(S)
- WEEK(S) DON'T KNOW
- MONTH(S) REFUSED

159c

(NO DATA)

INTERVIEWER: LOOK AT HELPSHEET. DID RESPONDENT ANSWER #148 "YES"?

YES [SKIP TO #160] NO SKIP TO #159d

159d

INTERVIEWER: LOOK AT HELPSHEET. DID RESPONDENT ANSWER #155 "YES"?

YES [SKIP TO #160] NO SKIP TO SECTION 11A (PINK)



160

(C12Q4)

INTERVIEWER: LOOK AT SECTION “C” OF HELP SHEET.

IF “HEARD OF MEDICAID” IS CIRCLED READ “OPTION 1” FOR REST OF SECTION.

IF “HEARD OF SCHIP” IS CIRCLED READ “OPTION 2” FOR REST OF SECTION.

IF RESPONDENT HAS HEARD OF BOTH, READ BOTH OPTIONS.

Where did you first hear about...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (AND) SCHIP {or _____ [state SCHIP name]}?

- (01) RADIO, TV
- (02) NEWSPAPER, MAGAZINE
- (03) FLYER, POSTER
- (04) OUTREACH WORKER
- (05) WELFARE OFFICE/CASE WORKER
- (06) WIC
- (07) HEALTH CARE PROVIDER/CLINIC/HOSPITAL
- (08) CHILD’S SCHOOL
- (09) FRIEND OR FAMILY MEMBER
- (10) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON’T KNOW
- (97) REFUSED THIS QUESTION

HELP BOX:

- IF RESPONDENT HAS HEARD OF PROGRAM FROM MORE THAN ONE SOURCE, PROBE FOR WHERE THEY FIRST HEARD ABOUT IT. IF THEY CANNOT CHOOSE ONE SOURCE, CODE “DON’T KNOW”.
- THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT’S ANSWER. IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY “OTHER” RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.



161

(C12Q5)

Based on what you know about...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (AND) SCHIP {or _____ [state SCHIP name]}?

...do you think (CHILD) is eligible now?

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



162

(C12Q6)

If you were told that your (child was) eligible for...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (AND) SCHIP {or _____ [state SCHIP name]}?

...would you want to enroll (him/her)?

- (1) YES [SKIP TO #165]
- (2) NO
- (6) DON' T KNOW [SKIP TO #165]
- (7) REFUSED THIS QUESTION [SKIP TO #165]

 **163** (C12Q6A)

What is the main reason you would NOT want to enroll (**CHILD**) in ...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (OR) SCHIP {or _____ [state SCHIP name]}?

- (01) INSURANCE NOT NEEDED
- (02) COSTS TOO MUCH
- (03) DON'T LIKE PEOPLE AT APPLICATION OFFICE
- (04) DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN
- (05) HEARD BAD THINGS ABOUT PROGRAM
- (06) TAKES TOO MUCH TIME TO APPLY
- (07) DON'T WANT TO MEET PROGRAM REQUIREMENTS
- (08) DON'T WANT WELFARE/ PUBLIC ASSISTANCE
- (09) WORRIES ABOUT CITIZENSHIP
- (10) OTHER _____ [RECORD VERB. RESPONSE]
- (96) DON'T KNOW **[SKIP TO #165]**
- (97) REFUSED THIS QUESTION **[SKIP TO #165]**

HELPBOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS MPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

164

(C12Q6B)

Any other reasons? **[CIRCLE ALL THAT APPLY]**

- (01) INSURANCE NOT NEEDED
- (02) COSTS TOO MUCH
- (03) DON'T LIKE PEOPLE AT APPLICATION OFFICE
- (04) DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN
- (05) HEARD BAD THINGS ABOUT PROGRAM
- (06) TAKES TOO MUCH TIME TO APPLY
- (07) DON'T WANT TO MEET PROGRAM APPLICATION REQUIREMENTS
- (08) DON'T ACCEPT WELFARE/ DON'T WANT TO BE IN PUBLIC PROGRAM
- (09) WORRIES ABOUT CITIZENSHIP
- (10) OTHER _____ [RECORD VERBATIM RESPONSE]
- (11) NO OTHER REASONS
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

165

(NO DATA)

INTERVIEWER: WAS THE ANSWER TO EITHER #150 OR #157 "YES"?

YES [SKIP TO SECTION 11A (PINK)]

NO [CONTINUE]



166

(C12Q7)

Have you ever tried to enroll (**CHILD**) in...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (AND) SCHIP {or _____ [state SCHIP name]}

...but not made it through the whole process?

- (1) YES
- (2) NO **[SKIP TO SECTION 11A (PINK)]**
- (6) DON'T KNOW **[SKIP TO SECTION 11A (PINK)]**
- (7) REFUSED THIS QUESTION **[SKIP TO SECTION 11A (PINK)]**



167

(C12Q7A)

In which program did you attempt to enroll (**CHILD**)?

- (OPTION 1) (1) Medicaid {or _____[*state Medicaid name*]}
- (OPTION 2) (2) _____[*State SCHIP name*]
- (OPTION 1 & 2) (3) Both Medicaid {or _____[*state Medicaid name*] and _____[*state SCHIP name*]}
(6) DON'T KNOW
(7) REFUSED THIS QUESTION

168

(C12Q7B)

Why did you not finish the process to apply for [**this program/these programs**]?

- (01) TOO CONFUSING OR COMPLICATED
(02) TOO TIME CONSUMING; FORMS TOO LONG
(03) LANGUAGE/COMPREHENSION/LITERACY PROBLEMS
(04) COULDN'T GET TO APPLICATION OFFICE WHEN OPEN
(05) TRANSPORTATION PROBLEMS GETTING TO OFFICE
(06) COULDN'T GET THROUGH ON TELEPHONE
(07) DIDN'T HAVE ALL THE PAPERS NEEDED TO ENROLL
(08) PEOPLE AT APPLICATION OFFICE NOT HELPFUL
(09) TOLD CHILD INELIGIBLE B/C INCOME TOO HIGH
(10) QUESTIONS TOO PERSONAL
(11) DON'T LIKE DOCS/PROVIDERS IN PLAN
(12) GOT INSURANCE SOME OTHER WAY
(13) OTHER _____[RECORD VERBATIM RESPONSE]
(96) DON'T KNOW
(97) REFUSED THIS QUESTION

[SKIP TO SECTION 11A (PINK)]

Section 12A. MEDICAID AND SCHIP KNOWLEDGE AND EXPERIENCE (Households with Two Sampled Children)

146

(C12Q1_1)

Earlier, you told me that {"S" CHILD} does not have health insurance. What is the main reason {"S" CHILD} does not have health insurance now?

- (1) COSTS TOO MUCH
- (2) DON'T NEED INSURANCE/DON'T GET SICK
- (3) NO ONE IN FAMILY CURRENTLY EMPLOYED
- (4) CAN'T GET INSURANCE THROUGH EMPLOYER
- (5) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
- (6) INELIGIBLE DUE TO AGE / LEFT SCHOOL
- (7) INELIGIBLE DUE TO RULE VIOLATION
- (8) INELIGIBLE DUE TO INCREASE IN INCOME
- (9) INSURANCE ENDED AFTER PREGNANCY
- (10) USED UP AVAILABLE BENEFITS
- (11) DON'T KNOW HOW TO GET INSURANCE
- (12) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON'T KNOW [SKIP TO#148]
- (97) REFUSED THIS QUESTION [SKIP TO#148]

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

147

(C12Q1A1)

Are there any other reasons? **[CIRCLE ALL THAT APPLY]**

- (1) COSTS TOO MUCH
- (2) DON'T NEED INSURANCE/DON'T GET SICK
- (3) NO ONE IN FAMILY CURRENTLY EMPLOYED
- (4) CAN'T GET INSURANCE THROUGH EMPLOYER
- (5) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
- (6) INELIGIBLE DUE TO AGE / LEFT SCHOOL
- (7) INELIGIBLE DUE TO RULE VIOLATION
- (8) INELIGIBLE DUE TO INCREASE IN INCOME
- (9) INSURANCE ENDED AFTER PREGNANCY
- (10) USED UP AVAILABLE BENEFITS
- (11) DON'T KNOW HOW TO GET INSURANCE
- (12) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

148

(C12Q1_2)

Earlier, you told me that {"N" CHILD} does not have health insurance. What is the main reason {"N" CHILD} does not have health insurance now?

- (01) COSTS TOO MUCH
- (02) DON'T NEED INSURANCE/DON'T GET SICK
- (03) NO ONE IN FAMILY CURRENTLY EMPLOYED
- (04) CAN'T GET INSURANCE THROUGH EMPLOYER
- (05) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
- (06) INELIGIBLE DUE TO AGE / LEFT SCHOOL
- (07) INELIGIBLE DUE TO RULE VIOLATION
- (08) INELIGIBLE DUE TO INCREASE IN INCOME
- (09) INSURANCE ENDED AFTER PREGNANCY
- (10) USED UP AVAILABLE BENEFITS
- (11) DON'T KNOW HOW TO GET INSURANCE
- (12) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON'T KNOW **[SKIP TO #150]**
- (97) REFUSED THIS QUESTION **[SKIP TO #150]**

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

149

(C12Q1A2)

Are there any other reasons? **[CIRCLE ALL THAT APPLY]**

- (01) COSTS TOO MUCH
- (02) DON'T NEED INSURANCE/DON'T GET SICK
- (03) NO ONE IN FAMILY CURRENTLY EMPLOYED
- (04) CAN'T GET INSURANCE THROUGH EMPLOYER
- (05) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
- (06) INELIGIBLE DUE TO AGE / LEFT SCHOOL
- (07) INELIGIBLE DUE TO RULE VIOLATION
- (08) INELIGIBLE DUE TO INCREASE IN INCOME
- (09) INSURANCE ENDED AFTER PREGNANCY
- (10) USED UP AVAILABLE BENEFITS
- (11) DON'T KNOW HOW TO GET INSURANCE
- (12) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER.

IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.



150

(C12Q2)

Before today, had you ever heard of Medicaid {or _____ [*state Medicaid name*]}?

- (1) YES
- (2) NO **[SKIP TO #158 (C12Q3)]**
- (6) DON'T KNOW **[SKIP TO #158 (C12Q3)]**
- (7) REFUSED THIS QUESTION **[SKIP TO #158 (C12Q3)]**

INTERVIEWER: MARK ANSWER TO THIS QUESTION IN **SECTION A** OF HELPSHEET. IF ANSWER TO THIS QUESTION WAS "YES," CIRCLE "HEARD OF MEDICAID" FOR BOTH CHILDREN IN **SECTION C** OF HELPSHEET. IF ANSWER WAS "NO," "DON'T KNOW" OR "REFUSED," CIRCLE "HAVE NOT HEARD OF MEDICAID" FOR BOTH CHILDREN IN **SECTION C** OF HELPSHEET.



151

(C12Q2a)

Based on what you know about Medicaid, {or _____ [state Medicaid name]}, how easy or difficult do you think it is to complete an application for this program? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

- (1) VERY EASY
- (2) SOMEWHAT EASY
- (3) SOMEWHAT DIFFICULT
- (4) VERY DIFFICULT
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION



152

(C12Q2B1)



Has ("S" CHILD) ever been enrolled in Medicaid {or _____ [state Medicaid name]}?

- (1) YES **[SKIP TO #154 (C12Q2D1)]**
- (2) No
- (6) DON'T KNOW
- (7) REFUSED



153

(C12Q2C1)

Have you ever applied for Medicaid {or _____ [state Medicaid name]} for ("S" CHILD)?

- (1) YES
- (2) NO **[SKIP TO #155 (C12Q2B2)]**
- (6) DON'T KNOW **[SKIP TO #155 (C12Q2B2)]**
- (7) REFUSED THIS QUESTION **[SKIP TO #155 (C12Q2B2)]**



154

(C12Q2D1)

When was the last time that you applied for Medicaid {or _____ [state Medicaid name] for (“S” CHILD)?

[ENTER NUMBER] _____

154a

(C12Q2D1_1)

[MARK PERIOD]

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> DAYS | <input type="checkbox"/> YEAR(S) |
| <input type="checkbox"/> WEEK(S) | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> MONTH(S) | <input type="checkbox"/> REFUSED |



155

(C12Q2B2)



Has (“N” CHILD) ever been enrolled in Medicaid {or _____ [state Medicaid name]}?

- | | |
|----------------|--------------------------|
| (1) YES | [SKIP TO #157 (C12Q2D2)] |
| (2) NO | |
| (6) DON'T KNOW | |
| (7) REFUSED | |



156

(C12Q2C2)

Have you ever applied for Medicaid {or _____ [state Medicaid name]} for (“N” CHILD)?

- | | |
|---------------------------|------------------------|
| (1) YES | |
| (2) NO | [SKIP TO #158 (C12Q3)] |
| (6) DON'T KNOW | [SKIP TO #158 (C12Q3)] |
| (7) REFUSED THIS QUESTION | [SKIP TO #158 (C12Q3)] |



157

(C12Q2D2)

When was the last time that you applied for Medicaid {or _____ [state Medicaid name]} for (“N” CHILD)?

[ENTER NUMBER] _____

157A

(C12Q2d1) [MARK PERIOD]

- DAYS YEAR(S)
- WEEK(S) DON'T KNOW
- MONTH(S) REFUSED



158

INTERVIEWER: FOR EACH STATE, THE SCHIP PLAN CAN BE EITHER A MEDICAID EXPANSION PLAN OR A STAND-ALONE PLAN. THIS HOUSEHOLD LIVES IN A STATE WHERE:

- S-CHIP AND MEDICAID HAVE SAME NAME OR NO S-CHIP IN STATE. [SKIP TO #165b]
- S-CHIP AND MEDICAID DO NOT HAVE THE SAME NAME OR THERE IS S-CHIP IN THIS STATE



158a

(C12Q3)

Before today, had you ever heard of _____ [state SCHIP name]?

- (1) YES
- (2) NO [SKIP TO #165b]
- (6) DON'T KNOW [SKIP TO #165b]
- (7) REFUSED THIS QUESTION [SKIP TO #165b]

INTERVIEWER: MARK ANSWER TO THIS QUESTION IN SECTION A OF HELPSHEET. ALSO IF THE ANSWER TO THIS QUESTION WAS “YES,” CIRCLE “HEARD OF S-CHIP” FOR BOTH CHILDREN IN SECTION C OF HELPSHEET. IF ANSWER WAS “NO,” “DON'T KNOW” OR “REFUSED,” CIRCLE “HAVE NOT HEARD OF S-CHIP” FOR BOTH CHILDREN IN SECTION C OF HELPSHEET.

➔ **159** (C12Q3A)

Based on what you know about _____ [state SCHIP name], how easy or difficult do you think it is to complete an application for this program? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

- (1) Very easy
- (2) Somewhat easy
- (3) Somewhat difficult
- (4) Very difficult
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

➔ **H** **160** (C12Q3B1)

Has ("S" CHILD) ever been enrolled in _____ [state SCHIP name]?

- (1) YES [SKIP TO #162 (C4Q3D_1)]
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

➔ **161** (C12Q3C_1)

Have you ever applied for _____ [state SCHIP name] for ("S" CHILD.)?

- (1) YES
- (2) NO [SKIP TO #163]
- (6) DON'T KNOW [SKIP TO #163]
- (7) REFUSED THIS QUESTION [SKIP TO #163]



162

(C12Q3D_1)

When was the last time that you applied for _____ [state SCHIP name] for (“S” CHILD)?

[ENTER NUMBER] _____

162A

(C12Q3d1)

[MARK PERIOD]

- DAYS YEAR(S)
- WEEK(S) DON’T KNOW
- MONTH(S) REFUSED



163

(C12Q3B2)

Has (“N” CHILD) ever been enrolled in _____ [state SCHIP name]?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

[SKIP TO #165 (C12Q3D_2)]



164

(C12Q3C_2)

Have you ever applied for _____ [state SCHIP name] for (“N” CHILD.)?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION

[SKIP TO #165b (C12Q4)]

[SKIP TO #165b (C12Q4)]

[SKIP TO #165b (C12Q4)]



165

(C12Q3D_2)

When was the last time that you applied for _____ *[STATE SCHIP NAME]* for
("N"CHILD)?

[ENTER NUMBER] _____

165A

(C12Q3D1_2)

[MARK PERIOD]

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> DAYS | <input type="checkbox"/> YEAR(S) |
| <input type="checkbox"/> WEEK(S) | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> MONTH(S) | <input type="checkbox"/> REFUSED |

165b

(NO DATA)

INTERVIEWER: LOOK AT HELPSHEET. DID RESPONDENT ANSWER #152 "YES"? YES [SKIP TO #166] NO [SKIP TO #165c]
--

165c

INTERVIEWER: LOOK AT HELPSHEET. DID RESPONDENT ANSWER #158a "YES"? YES [SKIP TO #166] NO [SKIP TO SECTION 11A (PINK)]
--



166

(C12Q4)

INTERVIEWER: LOOK AT SECTION C OF HELP SHEET.

IF “HEARD OF MEDICAID” IS CIRCLED READ “OPTION 1” FOR REST OF SECTION.

IF “HEARD OF SCHIP” IS CIRCLED READ “OPTION 2” FOR REST OF SECTION.

IF RESPONDENT HAS HEARD OF BOTH, READ BOTH OPTIONS.

Where did you first hear about...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (AND) SCHIP {or _____ [state SCHIP name]}?

- (01) RADIO, TV
- (02) NEWSPAPER, MAGAZINE
- (03) FLYER, POSTER
- (04) OUTREACH WORKER
- (05) WELFARE OFFICE/CASE WORKER
- (06) WIC
- (07) HEALTH CARE PROVIDER/CLINIC/HOSPITAL
- (08) CHILD’S SCHOOL
- (09) FRIEND OR FAMILY MEMBER
- (10) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON’T KNOW
- (97) REFUSED THIS QUESTION

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT’S ANSWER. IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY “OTHER” RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.



167

(C12Q5_1)

Based on what you know about...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (AND) SCHIP {or _____ [state SCHIP name]}?

...do you think (“S” CHILD) is eligible now?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION



168

(C12Q5_2)

Based on what you know about...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (AND) SCHIP {or _____ [state SCHIP name]}?

...do you think (“N” CHILD) is eligible now?

- (1) YES
- (2) NO
- (6) DON’T KNOW
- (7) REFUSED THIS QUESTION



169

(C12Q6)

If you were told that (“S” CHILD) OR (“N” CHILD) were eligible for...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (AND) SCHIP {or _____ [state SCHIP name]}?

...would you want to enroll (him/her/them)?

- | | |
|---------------------------|--------------------------|
| (1) YES | [SKIP TO #172] |
| (2) NO | [SKIP TO #170 (C12Q6A)] |
| (6) DON' T KNOW | [SKIP TO #172 (C12Q7_1)] |
| (7) REFUSED THIS QUESTION | [SKIP TO #172(C12Q7_1)] |

HELP BOX: A RESPONDENT MAY ANSWER THIS QUESTION WITH “I’M NOT SURE”, OR “MAYBE”. IF THIS OCCURS, CODE ANSWER AS “DON’T KNOW”.



What is the main reason you would NOT want to enroll (“S” CHILD) OR (“N” CHILD) in..

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (OR) SCHIP {or _____ [state SCHIP name]}?

- (01) INSURANCE NOT NEEDED
- (02) COSTS TOO MUCH
- (03) DON'T LIKE PEOPLE AT APPLICATION OFFICE
- (04) DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN
- (05) HEARD BAD THINGS ABOUT PROGRAM
- (06) TAKES TOO MUCH TIME TO APPLY
- (07) DON'T WANT TO MEET PROGRAM REQUIREMENTS
- (08) DON'T WANT WELFARE/ PUBLIC ASSISTANCE
- (09) WORRIES ABOUT CITIZENSHIP
- (10) OTHER _____ [RECORD VERBATIM RESPONSE]

(96) DON'T KNOW [SKIP TO #172 (C12Q7_1)]

(97) REFUSED THIS QUESTION [SKIP TO #172 (C12Q7_1)]

HELPBOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS MPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

171

(C12Q6B)

Any other reasons? **[CIRCLE ALL THAT APPLY]**

- (01) INSURANCE NOT NEEDED
- (02) COSTS TOO MUCH
- (03) DON'T LIKE PEOPLE AT APPLICATION OFFICE
- (04) DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN
- (05) HEARD BAD THINGS ABOUT PROGRAM
- (06) TAKES TOO MUCH TIME TO APPLY
- (07) DON'T WANT TO MEET PROGRAM APPLICATION REQUIREMENTS
- (08) DON'T ACCEPT WELFARE/ DON'T WANT TO BE IN PUBLIC PROGRAM
- (09) WORRIES ABOUT CITIZENSHIP
- (10) OTHER _____ [RECORD VERBATIM RESPONSE]
- (11) NO OTHER REASONS
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

HELP BOX: THE LIST OF CHOICES SHOULD NOT BE READ TO THE RESPONDENT. INDIVIDUAL ANSWER CHOICES MAY BE REPEATED BACK TO THE RESPONDENT IF YOU ARE CONFIRMING THE RESPONDENT'S ANSWER. IT IS IMPORTANT THAT A CONCERTED EFFORT IS MADE TO FIND THE APPROPRIATE ANSWER FOR THIS QUESTION. TOO MANY "OTHER" RESPONSES WILL MAKE IT DIFFICULT TO ANALYZE THE DATA.

172

(NO DATA)

INTERVIEWER: WAS THE ANSWER TO #152 OR #160 "YES"?

- YES [SKIP TO #175]** **NO [CONTINUE]**



173

(C12Q7_1)

Have you ever tried to enroll (“S” CHILD) in...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (OR) SCHIP {or _____ [state SCHIP name]}?

...but not made it through the whole process?

- (1) YES
- (2) NO [SKIP TO #175]
- (6) DON'T KNOW [SKIP TO #175]
- (7) REFUSED THIS QUESTION [SKIP TO #175]



174

(C12Q7A_1)

In which program did you attempt to enroll (“S” CHILD,)?

- (OPTION 1)** (1) Medicaid {or _____ [state Medicaid name]}
- (OPTION 2)** (2) _____ [State SCHIP name]
- (OPTION 1 & 2)** (3) Both Medicaid {or _____ [state Medicaid name] and _____ [state SCHIP name]}
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

174b (C12Q7B_2)

Why did you not finish the process to apply for **[this program/these programs]**?

- (1) TOO CONFUSING OR COMPLICATED
- (2) TOO TIME CONSUMING; FORMS TOO LONG
- (3) LANGUAGE/COMPREHENSION/LITERACY PROBLEMS
- (4) COULDN'T GET TO APPLICATION OFFICE WHEN OPEN
- (5) TRANSPORTATION PROBLEMS GETTING TO OFFICE
- (6) COULDN'T GET THROUGH ON TELEPHONE
- (7) DIDN'T HAVE ALL THE PAPERS NEEDED TO ENROLL
- (8) PEOPLE AT APPLICATION OFFICE NOT HELPFUL
- (9) TOLD CHILD INELIGIBLE B/C INCOME TOO HIGH
- (10) QUESTIONS TOO PERSONAL
- (11) DON'T LIKE DOCS/PROVIDERS IN PLAN
- (12) GOT INSURANCE SOME OTHER WAY
- (13) OTHER _____ [RECORD VERBATIM RESPONSE]
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

175 (NO DATA)

INTERVIEWER: WAS THE ANSWER TO #155 OR #163 "YES"?

YES [SKIP TO SECTION 11A (PINK)] NO [CONTINUE]

➔ **176** (C12Q7_2)

Have you ever tried to enroll ("N" CHILD) in ...

OPTION 1: Medicaid {or _____ [state Medicaid name]}

OPTION 2: (OR) SCHIP {or _____ [state SCHIP name]}?

...but not made it through the whole process?

- (1) YES
- (2) NO [SKIP TO #179 (C11Q14)]
- (6) DON'T KNOW [SKIP TO #179 (C11Q14)]
- (7) REFUSED THIS QUESTION [SKIP TO #179 (C11Q14)]



177

(C12Q7A_2)

In which program did you attempt to enroll (“N” CHILD)?

- (OPTION 1) (1) Medicaid {or _____[*state Medicaid name*]}
- (OPTION 2) (2) _____[*State SCHIP name*]
- (OPTION 1 & 2) (3) Both Medicaid {or _____[*state Medicaid name*] and _____[*state SCHIP name*]}
 - (6) DON'T KNOW
 - (7) REFUSED THIS QUESTION

178

(C12Q7B_2)

Why did you not finish the process to apply for [this program/these programs]?

- (1) TOO CONFUSING OR COMPLICATED
- (2) TOO TIME CONSUMING; FORMS TOO LONG
- (3) LANGUAGE/COMPREHENSION/LITERACY PROBLEMS
- (4) COULDN'T GET TO APPLICATION OFFICE WHEN OPEN
- (5) TRANSPORTATION PROBLEMS GETTING TO OFFICE
- (6) COULDN'T GET THROUGH ON TELEPHONE
- (7) DIDN'T HAVE ALL THE PAPERS NEEDED TO ENROLL
- (8) PEOPLE AT APPLICATION OFFICE NOT HELPFUL
- (9) TOLD CHILD INELIGIBLE B/C INCOME TOO HIGH
- (10) QUESTIONS TOO PERSONAL
- (11) DON'T LIKE DOCS/PROVIDERS IN PLAN
- (12) GOT INSURANCE SOME OTHER WAY
- (13) OTHER _____[RECORDVERBATIM RESPONSE]
- (96) DON'T KNOW
- (97) REFUSED THIS QUESTION

SECTION 11A. TELEPHONE LINE AND HOUSEHOLD INFORMATION

179

INTERVIEWER: LOOK ON FACESHEET. WHAT IS WRITTEN AFTER "TELEPHONE LINE/HH INFORMATION?" YES [SKIP TO #188] NO [SKIP TO #179a]

179a

(C11Q14)

The next questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to {AREA CODE AND TELEPHONE NUMBER CALLED}?

- (1) YES
- (2) No [SKIP TO #185 (C11Q20)]
- (6) DON'T KNOW [SKIP TO #185 (C11Q20)]
- (7) REFUSED THIS QUESTION [SKIP TO #185 (C11Q20)]

180

C11Q15 (FAM.110)

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

- (1) Home only
- (2) Business only [SKIP TO #182 (C11Q17)]
- (3) Both home and business
- (6) DON'T KNOW [SKIP TO #185 (C11Q17)]
- (7) REFUSED THIS QUESTION [SKIP TO #185 (C11Q17)]

181

(C11Q16)

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

- (1) YES
- (2) NO
- (6) DON'T KNOW
- (7) REFUSED THIS QUESTION

182

(C11Q17)

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

(1) YES

(2) NO

[SKIP TO #185 (C11Q20)]

(6) DON'T KNOW

[SKIP TO #185 (C11Q20)]

(7) REFUSED THIS QUESTION

[SKIP TO #185 (C11Q20)]

183

(C11Q18)

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

(1) Home only

(2) Business only

[SKIP TO #185 (C11Q20)]

(3) Both home and business

(6) DON'T KNOW

[SKIP TO #185 (C11Q20)]

(7) REFUSED THIS QUESTION

[SKIP TO #185 (C11Q20)]

184

(C11Q19)

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

(1) YES

(2) NO

(6) DON'T KNOW

(7) REFUSED

185

(C11Q20)

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

(1) YES

(2) NO

[SKIP TO #187 (C11Q22)]

(6) DON'T KNOW

[SKIP TO #187 (C11Q22)]

(7) REFUSED

[SKIP TO #187 (C11Q22)]

186a

(C11Q21_A)

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

ENTER NUMBER _____

186b

(C11Q21)

 DAYS YEAR(S) WEEK(S) DON'T KNOW MONTH(S) REFUSED THIS QUESTION**187**

(C11Q22)

Please tell me your zip code.

_____ (00001-99995)

(99996) DON'T KNOW

(99997) REFUSED THIS QUESTION

188

(CWEND)

Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1-800-290-1296. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-223-8118. Thank you again.

[TERMINATE]

THE FOLLOWING PAGES CONTAIN TABLES FOR DETERMINING HOUSEHOLD POVERTY LEVEL AND THE LOGIC FOR ADMINISTERING QUESTIONS W9Q12 AND W9Q12a

A. Tables to Determine Poverty Levels¹

Poverty Ranges Based on Total Family Members 48 Contiguous States + District of Columbia Year 2000 Guidelines																
Family Size	AA	50%	A	100%	B	133%	C	150%	D	185%	E	200%	F	300%	G	400%
2		\$5,625		\$11,250		\$14,963		\$16,875		\$20,813		\$22,500		\$33,750		\$45,000
3		\$7,075		\$14,150		\$18,820		\$21,225		\$26,178		\$28,300		\$42,450		\$56,600
4		\$8,525		\$17,050		\$22,677		\$25,575		\$31,543		\$34,100		\$51,150		\$68,200
5		\$9,975		\$19,950		\$26,534		\$29,925		\$36,908		\$39,900		\$59,850		\$79,800
6		\$11,425		\$22,850		\$30,391		\$34,275		\$42,273		\$45,700		\$68,500		\$91,400
7		\$12,875		\$25,750		\$34,248		\$38,625		\$47,638		\$51,500		\$77,250		\$103,000
8		\$14,325		\$28,650		\$38,105		\$42,975		\$53,003		\$57,300		\$85,950		\$114,600
9		\$15,775		\$31,550		\$41,962		\$47,325		\$58,368		\$63,100		\$94,650		\$126,200
10		\$17,225		\$34,450		\$45,819		\$51,675		\$63,733		\$68,900		\$103,350		\$137,800
11		\$18,675		\$37,350		\$49,676		\$56,025		\$69,098		\$74,700		\$112,050		\$149,400
12		\$20,125		\$40,250		\$53,533		\$60,375		\$74,463		\$80,500		\$120,750		\$161,000
13		\$21,575		\$43,150		\$57,390		\$64,725		\$79,828		\$86,300		\$129,450		\$172,600
14		\$23,025		\$46,050		\$61,247		\$69,075		\$85,193		\$92,100		\$138,150		\$184,200
15		\$24,475		\$48,950		\$65,104		\$73,425		\$90,558		\$97,900		\$146,850		\$195,800
16		\$25,925		\$51,850		\$68,961		\$77,775		\$95,923		\$103,700		\$155,550		\$207,400
17		\$27,375		\$54,750		\$72,818		\$82,125		\$101,288		\$109,500		\$164,250		\$219,000
18		\$28,825		\$57,650		\$76,675		\$86,475		\$106,653		\$115,300		\$172,950		\$230,600

¹ Year 2000 guidelines were used with 1999 income for interviews conducted from October 17, 2000 through December 31, 2000, and with 2000 income for interviews conducted from January 1, 2001 through February 26, 2001. Year 2001 guidelines were implemented on February 27, 2001.

**Poverty Ranges Based on Total Family Members, Alaska
Year 2000 Guidelines**

Family Size	AA	50%	A	100%	B	133%	C	150%	D	185%	E	200%	F	300%	G	400%
2		\$7,030		\$14,060		\$18,700		\$21,090		\$26,011		\$28,120		\$42,180		\$56,240
3		\$8,845		\$17,690		\$23,528		\$26,535		\$32,727		\$35,380		\$53,070		\$70,760
4		\$10,660		\$21,320		\$28,356		\$31,980		\$39,442		\$42,640		\$63,960		\$85,280
5		\$12,475		\$24,950		\$33,184		\$37,425		\$46,158		\$49,900		\$74,850		\$99,800
6		\$14,290		\$28,580		\$38,011		\$42,870		\$52,873		\$57,160		\$85,740		\$114,320
7		\$16,105		\$32,210		\$42,839		\$48,315		\$59,589		\$64,420		\$96,630		\$128,840
8		\$17,920		\$35,840		\$47,667		\$53,760		\$66,304		\$71,680		\$107,520		\$143,360
9		\$19,735		\$39,470		\$52,495		\$59,205		\$73,020		\$78,940		\$118,410		\$157,880
10		\$21,550		\$43,100		\$57,323		\$64,650		\$79,735		\$86,200		\$129,300		\$172,400
11		\$23,365		\$46,730		\$62,151		\$70,095		\$86,451		\$93,460		\$140,190		\$186,920
12		\$25,180		\$50,360		\$66,979		\$75,540		\$93,166		\$100,720		\$151,080		\$201,440
13		\$26,995		\$53,990		\$71,807		\$80,985		\$99,882		\$107,980		\$161,970		\$215,960
14		\$28,810		\$57,620		\$76,635		\$86,430		\$106,597		\$115,240		\$172,860		\$230,480
15		\$30,625		\$61,250		\$81,463		\$91,875		\$113,313		\$122,500		\$183,750		\$245,000
16		\$32,440		\$64,880		\$86,290		\$97,320		\$120,028		\$129,760		\$194,640		\$259,520
17		\$34,255		\$68,510		\$91,118		\$102,765		\$126,744		\$137,020		\$205,530		\$274,040
18		\$36,070		\$72,140		\$95,946		\$108,210		\$133,459		\$144,280		\$216,420		\$288,560

**Poverty Ranges Based on Total Family Members, Hawaii
Year 2000 Guidelines**

Family Size	AA	50%	A	100%	B	133%	C	150%	D	185%	E	200%	F	300%	G	400%
2		\$6,465		\$12,930		\$17,197		\$19,395		\$23,921		\$25,860		\$38,790		\$51,720
3		\$8,135		\$16,270		\$21,639		\$24,405		\$30,100		\$32,540		\$48,810		\$65,080
4		\$9,805		\$19,610		\$26,081		\$29,415		\$36,279		\$39,220		\$58,830		\$78,440
5		\$11,475		\$22,950		\$30,524		\$34,425		\$42,458		\$45,900		\$68,850		\$91,800
6		\$13,145		\$26,290		\$34,966		\$39,435		\$48,637		\$52,580		\$78,870		\$105,160
7		\$14,815		\$29,630		\$39,408		\$44,445		\$54,816		\$59,260		\$88,890		\$118,520
8		\$16,485		\$32,970		\$43,850		\$49,455		\$60,995		\$65,940		\$98,910		\$131,880
9		\$18,300		\$36,600		\$48,678		\$54,900		\$67,710		\$73,200		\$109,800		\$146,400
10		\$19,970		\$39,940		\$53,120		\$59,910		\$73,889		\$79,880		\$119,820		\$159,760
11		\$21,640		\$43,280		\$57,562		\$64,920		\$80,068		\$86,560		\$129,840		\$173,120
12		\$23,310		\$46,620		\$62,005		\$69,930		\$86,247		\$93,240		\$139,860		\$186,480
13		\$24,980		\$49,960		\$66,447		\$74,940		\$92,426		\$99,920		\$149,880		\$199,840
14		\$26,650		\$53,300		\$70,889		\$79,950		\$98,605		\$106,600		\$159,900		\$213,200
15		\$28,320		\$56,640		\$75,331		\$84,960		\$104,784		\$113,280		\$169,920		\$226,560
16		\$29,990		\$59,980		\$79,773		\$89,970		\$110,963		\$119,960		\$179,940		\$239,920
17		\$31,660		\$63,320		\$84,216		\$94,980		\$117,142		\$126,640		\$189,960		\$253,280
18		\$33,330		\$66,660		\$88,658		\$99,990		\$123,321		\$133,320		\$199,980		\$266,640

**Poverty Ranges Based on Total Family Members
48 Contiguous States + District of Columbia
Year 2001 Guidelines for 2000 Income**

Family Size	AA	50%	A	100%	B	133%	C	150%	D	185%	E	200%	F	300%	G	400%
2		\$5,805		\$11,610		\$15,441		\$17,415		\$21,479		\$23,220		\$34,830		\$46,440
3		\$7,315		\$14,630		\$19,458		\$21,945		\$27,066		\$29,260		\$43,890		\$58,520
4		\$8,825		\$17,650		\$23,475		\$26,475		\$32,653		\$35,300		\$52,950		\$70,600
5		\$10,335		\$20,670		\$27,491		\$31,005		\$38,240		\$41,340		\$62,010		\$82,680
6		\$11,845		\$23,690		\$31,508		\$35,535		\$43,827		\$47,380		\$71,070		\$94,760
7		\$13,355		\$26,710		\$35,524		\$40,065		\$49,414		\$53,420		\$80,130		\$106,840
8		\$14,865		\$29,730		\$39,541		\$44,595		\$55,001		\$59,460		\$89,190		\$118,920
9		\$16,375		\$32,750		\$43,558		\$49,125		\$60,588		\$65,500		\$98,250		\$131,000
10		\$17,885		\$35,770		\$47,574		\$53,655		\$66,175		\$71,540		\$107,310		\$143,080
11		\$19,395		\$38,790		\$51,591		\$58,185		\$71,762		\$77,580		\$116,370		\$155,160
12		\$20,905		\$41,810		\$55,607		\$62,715		\$77,349		\$83,620		\$125,430		\$167,240
13		\$22,415		\$44,830		\$59,624		\$67,245		\$82,936		\$89,660		\$134,490		\$179,320
14		\$23,925		\$47,850		\$63,641		\$71,775		\$88,523		\$95,700		\$143,550		\$191,400
15		\$25,435		\$50,870		\$67,657		\$76,305		\$94,110		\$101,740		\$152,610		\$203,480
16		\$26,945		\$53,890		\$71,674		\$80,835		\$99,697		\$107,780		\$161,670		\$215,560
17		\$28,455		\$56,910		\$75,690		\$85,365		\$105,284		\$113,820		\$170,730		\$227,640
18		\$29,965		\$59,930		\$79,707		\$89,895		\$110,871		\$119,860		\$179,790		\$239,720

**Poverty Ranges Based on Total Family Members, Alaska
Year 2001 Guidelines for 2000 Income**

Family Size	AA	50%	A	100%	B	133%	C	150%	D	185%	E	200%	F	300%	G	400%
2		\$7,255		\$14,510		\$19,298		\$21,765		\$26,844		\$29,020		\$43,530		\$58,040
3		\$9,145		\$18,290		\$24,326		\$27,435		\$33,837		\$36,580		\$54,870		\$73,160
4		\$11,035		\$22,070		\$29,353		\$33,105		\$40,830		\$44,140		\$66,210		\$88,280
5		\$12,925		\$25,850		\$34,381		\$38,775		\$47,823		\$51,700		\$77,550		\$103,400
6		\$14,815		\$29,630		\$39,408		\$44,445		\$54,816		\$59,260		\$88,890		\$118,520
7		\$16,705		\$33,410		\$44,435		\$50,115		\$61,809		\$66,820		\$100,230		\$133,640
8		\$18,595		\$37,190		\$49,463		\$55,785		\$68,802		\$74,380		\$111,570		\$148,760
9		\$20,485		\$40,970		\$54,490		\$61,455		\$75,795		\$81,940		\$122,910		\$163,880
10		\$22,375		\$44,750		\$59,518		\$67,125		\$82,788		\$89,500		\$134,250		\$179,000
11		\$24,265		\$48,530		\$64,545		\$72,795		\$89,781		\$97,060		\$145,590		\$194,120
12		\$26,155		\$52,310		\$69,572		\$78,465		\$96,774		\$104,620		\$156,930		\$209,240
13		\$28,045		\$56,090		\$74,600		\$84,135		\$103,767		\$112,180		\$168,270		\$224,360
14		\$29,935		\$59,870		\$79,627		\$89,805		\$110,760		\$119,740		\$179,610		\$239,480
15		\$31,825		\$63,650		\$84,655		\$95,475		\$117,753		\$127,300		\$190,950		\$254,600
16		\$33,715		\$67,430		\$89,682		\$101,145		\$124,746		\$134,860		\$202,290		\$269,720
17		\$35,605		\$71,210		\$94,709		\$106,815		\$131,739		\$142,420		\$213,630		\$284,840
18		\$37,495		\$74,990		\$99,737		\$112,485		\$138,732		\$149,980		\$224,970		\$299,960

**Poverty Ranges Based on Total Family Members, Hawaii
Year 2001 Guidelines for 2000 Income**

Family Size	AA	50%	A	100%	B	133%	C	150%	D	185%	E	200%	F	300%	G	400%
2		\$6,680		\$13,360		\$17,769		\$20,040		\$24,716		\$26,720		\$40,080		\$53,440
3		\$8,415		\$16,830		\$22,384		\$25,245		\$31,136		\$33,660		\$50,490		\$67,320
4		\$10,150		\$20,300		\$26,999		\$30,450		\$37,555		\$40,600		\$60,900		\$81,200
5		\$11,885		\$23,770		\$31,614		\$35,655		\$43,975		\$47,540		\$71,310		\$95,080
6		\$13,620		\$27,240		\$36,229		\$40,860		\$50,394		\$54,480		\$81,720		\$108,960
7		\$15,355		\$30,710		\$40,844		\$46,065		\$56,814		\$61,420		\$92,130		\$122,840
8		\$17,090		\$34,180		\$45,459		\$51,270		\$63,233		\$68,360		\$102,540		\$136,720
9		\$18,825		\$37,650		\$50,075		\$56,475		\$69,653		\$75,300		\$112,950		\$150,600
10		\$20,560		\$41,120		\$54,690		\$61,680		\$76,072		\$82,240		\$123,360		\$164,480
11		\$22,295		\$44,590		\$59,305		\$66,885		\$82,492		\$89,180		\$133,770		\$178,360
12		\$24,030		\$48,060		\$63,920		\$72,090		\$88,911		\$96,120		\$144,180		\$192,240
13		\$25,765		\$51,530		\$68,535		\$77,295		\$95,331		\$103,060		\$154,590		\$206,120
14		\$27,500		\$55,000		\$73,150		\$82,500		\$101,750		\$110,000		\$165,000		\$220,000
15		\$29,235		\$58,470		\$77,765		\$87,705		\$108,170		\$116,940		\$175,410		\$233,880
16		\$30,970		\$61,940		\$82,380		\$92,910		\$114,589		\$123,880		\$185,820		\$247,760
17		\$32,705		\$65,410		\$86,995		\$98,115		\$121,009		\$130,820		\$196,230		\$261,640
18		\$34,440		\$68,880		\$91,610		\$103,320		\$127,428		\$137,760		\$206,640		\$275,520

B. Tables with Reference Values for Questions W9Q12 and W9Q12a²

<p align="center">Decision Matrix for W9Q12 and W9Q12a 48 CONTIGUOUS STATES + DISTRICT OF COLUMBIA Year 1999 Guidelines</p>															
<p>Rules: Round to the nearest \$100 (or \$5,000 if income over \$75,000) When income is less than \$20,000, drop question if within \$500 of the nearest range border When income is greater than \$20,000, drop question if within \$900 of the nearest range border</p>															
	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
2	5,500 (AA/A)	A	11,100 (A/B)	B	16,600 (C/D)	D	22,100 (E/F)	F	33,200 (F/G)	G	G	H	H	H	H
3	6,900 (AA/A)	A	A	13,900 (A/B)	B	18,500 (B/C)	D	27,800 (E/F)	F	F	41,700 (F/G)	G	55,500 (G/H)	H	H
4	AA	8,400 (AA/A)	A	A	16,700 (A/B)	B	22,200 (B/C)	D	30,900/33,400 (D/E/F)	F	F	F	G	66,800 (G/H)	H
5	AA	AA	A	A	A	19,500 (A/B)	B	26,000 (B/C)	D	36,100/39,000 (D/E/F)	F	F	58,600 (F/G)	G	80,000 (G/H)
6	AA	AA	11,200 (AA/A)	A	A	A	22,300 (A/B)	B	33,500 (C/D)	D	41,300 (D/E)	F	F	67,000 (F/G)	90,000 (G/H)
7	AA	AA	AA	A	A	A	A	B	33,500 (B/C)	37,700 (C/D)	D	46,500 (D/E)	F	F	100,000 (G/H)
8	AA	AA	AA	14,000 (AA/A)	A	A	A	28,000 (A/B)	B	37,200 (B/C)	42,000 (C/D)	D	51,800 / 56,000 (D/E/F)	F	85,000 / 110,000 (F/G/H)
9	AA	AA	AA	AA	AA	A	A	A	B	B	41,000 (B/C)	46,200 (C/D)	57,000 (D/E)	61,600 (E/F)	90,000 / 125,000 (F/G/H)

² For questions W9Q12 and W9Q12a, reference values using 1999 guidelines were inadvertently used with 1999 income from October 17, 2000 through December 31, 2000, and with 2000 income from January 1, 2001 through February 26, 2001. Poverty levels reported in the data file will be corrected to reflect the correct 2000 guidelines for interviews conducted during these periods. However, the exact poverty level cannot be determined for 164 households (0.3%) because the 1999-guideline-based reference values do not perfectly map onto the 2000-guideline-based values. Reference values using 2001 guidelines with 2000 income were implemented on February 27, 2001.

Decision Matrix for W9Q12 and W9Q12a
48 CONTIGUOUS STATES + DISTRICT OF COLUMBIA
Year 1999 Guidelines
(Cont.)

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
10	AA	AA	AA	AA	16,800 (AA/A)	A	A	A	33,600 (A/B)	B	B	C	D	62,200 / 67,200 (D/E/F)	100,000 / 135,000 (F/G/H)
11	AA	AA	AA	AA	AA	18,200 (AA/A)	A	A	A	36,400 (A/B)	B	48,500 (B/C)	54,700 (C/D)	67,400/ 72,900 (D/E/F)	110,000/ 145,000 (E/F/G)
12	AA	AA	AA	AA	AA	AA	A	A	A	A	B	B	52,200/ 59,000 (B/C/D)	72,600 (D/E)	80,000/ 120,000 (E/F/G)
13	AA	AA	AA	AA	AA	AA	21,000 (AA/A)	A	A	A	42,100 (A/B)	B	56,000 (B/C)	63,200 (C/D)	85,000/ 125,000 (E/F/G)
14	AA	AA	AA	AA	AA	AA	22,500 (AA/A)	A	A	A	A	B	B	67,400 (C/D)	90,000/ 135,000 (E/F/G)
15	AA	AA	AA	AA	AA	AA	23,900 (AA/A)	A	A	A	A	47,700 (A/B)	B	63,400/ 71,600 (B/C/D)	95,000/ 145,000 (E/F/G)
16	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	B	67,200 (B/C)	100,000/ 150,000 (E/F/G)
17	AA	AA	AA	AA	AA	AA	AA	26,700 (A/AA)	A	A	A	A	53,400 (A/B)	71,000 (B/C)	105,000/ 160,000 (E/F/G)
18	AA	AA	AA	AA	AA	AA	AA	28,100 (A/AA)	A	A	A	A	56,200 (A/B)	B	110,000/ 170,000 (E/F/G)

Decision Matrix for W9Q12 and W9Q12a
ALASKA
Year 1999 Guidelines

Rules: Round to the nearest \$100 (or \$5,000 if income over \$75,000)
When income is less than \$20,000, drop question if within \$500 of the nearest range border
When income is greater than \$20,000, drop question if within \$900 of the nearest range border

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
2	6,900 (AA/A)	A	A	13,800 (A/B)	B	18,400 (B/C)	C	27,700 (E/F)	F	F	41,500 (F/G)	G	55,400 (G/H)	H	H
3	AA	8,700 (AA/A)	A	A	B	B	23,100 (B/C)	26,000 (C/D)	32,200 (D/E)	F	F	F	52,100 (F/G)	69,600 (G/H)	H
4	AA	AA	A	A	A	A	20,900 (A/B)	27,800 (B/C)	31,400 (C/D)	38,700 (D/E)	41,800 (E/F)	F	F	62,700 (F/G)	80,000 (G/H)
5	AA	AA	A	A	A	A	B	B	32,500 (B/C)	36,600 (C/D)	D	48,800 (E/F)	F	73,200 (F/G)	100,000 (G/H)
6	AA	AA	AA	14,000 (AA/A)	A	A	A	27,900 (A/B)	B	37,100 (B/C)	41,900 (C/D)	D	51,700/55,800 (D/E/F)	F	85,000/110,000 (F/G/H)
7	AA	AA	AA	AA	15,700 (AA/A)	A	A	A	31,400 (A/B)	B	41,800 (B/C)	47,100 (C/D)	58,200 (D/E)	62,800 (E/F)	95,000/125,000 (F/G/H)
8	AA	AA	AA	A	A	A	A	B	B	B	B	46,500 (B/C)	52,400 (C/D)	64,800/70,000 (D/E/F)	105,000/140,000 (F/G/H)
9	AA	AA	AA	AA	AA	19,200 (AA/A)	A	A	A	38,500 (A/B)	B	B	51,200/57,700 (B/C/D)	71,200 (D/E)	75,000/115,000 (E/F/G)
10	AA	AA	AA	AA	AA	AA	21,000 (AA/A)	A	A	A	42,000 (A/B)	B	55,900 (B/C)	63,000 (C/D)	85,000/125,000 (E/F/G)
11	AA	AA	AA	AA	AA	AA	22,800 (AA/A)	A	A	A	B	B	B	68,300 (C/D)	90,000/135,000 (E/F/G)
12	AA	AA	AA	AA	AA	AA	A	A	A	A	A	49,000 (A/B)	B	73,600/65,200 (B/C/D)	100,000/145,000 (E/F/G)
13	AA	AA	AA	AA	AA	AA	AA	26,300 (AA/A)	A	A	A	A	52,600 (A/B)	69,900 (B/C)	105,000/160,000 (E/F/G)

Decision Matrix for W9Q12 and W9Q12a
ALASKA
Year 1999 Guidelines
(Cont.)

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
14	AA	AA	AA	AA	AA	AA	AA	28,000 (AA/A)	A	A	A	A	56,100 (A/B)	B	110,000/170,000 (E/F/G)
15	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	B	B	B	120,000/180,000 (E/F/G)
16	AA	AA	AA	AA	AA	AA	AA	AA	31,600 (AA/A)	A	A	A	B	63,100 (A/B)	125,000/190,000 (E/F/G)
17	AA	AA	AA	AA	AA	AA	AA	AA	33,300 (AA/A)	A	A	A	A	66,600 (A/B)	135,000/200,000 (E/F/G)
18	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	A	70,200 (A/B)	140,000/210,000 (E/F/G)

**Decision Matrix for W9Q12 and W9Q12a
HAWAII
Year 1999 Guidelines**

Rules: Round to the nearest \$100 (or \$5,000 if income over \$75,000)
When income is less than \$20,000, drop question if within \$500 of the nearest range border
When income is greater than \$20,000, drop question if within \$900 of the nearest range border

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
2	6,400 (AA/A)	A	A	A	16,900 (B/C)	19,100 (C/D)	23,500 (D/E)	E	F	38,200 (F/G)	G	H	50,900 (G/H)	H	H
3	AA	8,000 (AA/A)	A	A	16,000 (A/B)	B	21,200/24,000 (B/C/D)	D	31,900 (E/F)	F	F	47,900 (F/G)	G	63,900 (G/H)	H
4	AA	AA	A	A	A	19,200 (A/B)	B	28,800 (C/D)	C	38,400 (E/F)	F	F	57,600 (F/G)	G	75,000 (G/H)
5	AA	AA	11,200 (AA/A)	A	A	A	22,500 (A/B)	C	33,700 (C/D)	D	41,500 (D/E)	E	F	67,400 (F/G)	90,000 (G/H)
6	AA	AA	AA	AA	A	A	A	B	C	38,500 (C/D)	D	47,500 (D/E)	51,400 (E/F)	F	75,000/105,000 (G/H)
7	AA	AA	AA	14,500 (AA/A)	A	A	A	28,900 (A/B)	B	38,500 (B/C)	43,400 (C/D)	D	53,500/57,900 (D/E/F)	F	85,000/115,000 (F/G/H)
8	AA	AA	AA	A	16,100 (AA/A)	A	A	B	32,200 (A/B)	B	42,800 (B/C)	48,300 (C/D)	D	64,300 (E/F)	95,000/130,000 (F/G/H)
9	AA	AA	AA	AA	AA	AA	A	A	A	A	B	47,100 (B/C)	53,100 (C/D)	65,500/70,800 (D/E/F)	105,000/140,000 (F/G/H)
10	AA	AA	AA	AA	AA	19,300 (AA/A)	A	A	A	38,700 (A/B)	B	B	51,400/58,000 (B/C/D)	71,500 (D/E)	75,000/115,000 (E/F/G)
11	AA	AA	AA	AA	AA	AA	20,900 (AA/A)	A	A	A	41,900 (A/B)	B	55,700 (B/C)	62,800 (C/D)	85,000/125,000 (E/F/G)
12	AA	AA	AA	AA	AA	AA	22,600 (AA/A)	A	A	A	A	A	B	67,700 (C/D)	90,000/135,000 (E/F/G)

**Decision Matrix for W9Q12 and W9Q12a
HAWAII
Year 1999 Guidelines
(Cont.)**

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
13	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	48,400 (A/B)	B	64,300/72,600 (B/C/D)	95,000/145,000 (E/F/G)
14	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	B	51,600 (A/B)	68,600 (B/C)	105,000/155,000 (E/F/G)
15	AA	AA	AA	AA	AA	AA	AA	27,400 (AA/A)	A	A	A	B	54,900 (A/B)	73,000 (B/C)	100,000/165,000 (E/F/G)
16	AA	AA	AA	AA	AA	AA	AA	29,000 (AA/A)	A	A	A	A	58,100 (A/B)	B	115,000/175,000 (E/F/G)
17	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	A	61,300 (A/B)	125,000/185,000 (E/F/G)
18	AA	AA	AA	AA	AA	AA	AA	AA	32,300 (AA/A)	A	A	A	A	64,600 (A/B)	130,000/195,000 (E/F/G)

Decision Matrix for W9Q12 and W9Q12a
48 CONTIGUOUS STATES + DISTRICT OF COLUMBIA
Year 2001 Guidelines for 2000 Income

Rules: Round to the nearest \$100 (or \$5,000 if income over \$75,000)
When income is less than \$20,000, drop question if within \$500 of the nearest range border
When income is greater than \$20,000, drop question if within \$900 of the nearest range border

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
2	5,800 (AA/A)	A	11,600 (A/B)	B	C	D	21,500 / 23,200 (D/E/F)	F	F	G	G	46,400 (G/H)	H	H	H
3	AA	A	A	A	B	B	21,900 (C/D)	27,100 (D/E)	F	F	43,900 (F/G)	G	58,500 (G/H)	H	H
4	AA	8,800 (AA/A)	A	A	A	B	23,500 (B/C)	26,500 (C/D)	32,700 (D/E)	F	F	F	53,000 (F/G)	70,600 (G/H)	H
5	AA	AA	A	A	A	A	B	27,500 (B/C)	31,000 (C/D)	38,200 (D/E)	41,300 (E/F)	F	F	62,000 (F/G)	85,000 (G/H)
6	AA	AA	11,800 (AA/A)	A	A	A	23,700 (A/B)	B	31,500 (B/C)	D	43,800 (D/E)	47,400 (E/F)	F	71,100 (F/G)	95,000 (G/H)
7	AA	AA	AA	13,400 (AA/A)	A	A	A	26,700 (A/B)	B	C	D	D	53,400 (E/F)	F	80,000 / 105,000 (F/G/H)
8	AA	AA	AA	AA	A	A	A	A	B	B	C	D	55,000 (D/E)	F	90,000/ 120,000 (F/G/H)
9	AA	AA	AA	AA	16,400 (AA/A)	A	A	A	32,800 (A/B)	B	43,600 (B/C)	C	D	65,500 (E/F)	100,000/ 130,000 (F/G/H)
10	AA	AA	AA	AA	AA	A	A	A	A	B	B	47,600 (B/C)	53,700 (C/D)	66,200 / 71,500 (D/E/F)	105,000/ 145,000 (F/G/H)
11	AA	AA	AA	AA	AA	19,400 (AA/A)	A	A	A	38,800 (A/B)	B	B	51,600 / 58,200 (B/C/D)	71,800 (D/E)	80,000/ 115,000 (E/F/G)
12	AA	AA	AA	AA	AA	AA	A	A	A	A	41,800 (A/B)	B	55,600 (B/C)	62,700 (C/D)	85,000/ 125,000 (E/F/G)

Decision Matrix for W9Q12 and W9Q12a
48 CONTIGUOUS STATES + DISTRICT OF COLUMBIA
Year 2001 Guidelines for 2000 Income
(Cont.)

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
13	AA	AA	AA	AA	AA	AA	22,400 (AA/A)	A	A	A	A	B	B	67,200 (C/D)	90,000/135,000 (E/F/G)
14	AA	AA	AA	AA	AA	AA	23,900 (AA/A)	A	A	A	A	47,900 (A/B)	B	63,600 / 71,800 (B/C/D)	95,000/145,000 (E/F/G)
15	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	A	B	67,700 (B/C)	100,000/155,000 (E/F/G)
16	AA	AA	AA	AA	AA	AA	AA	26,900 (AA/A)	A	A	A	A	53,900 (A/B)	71,700 (B/C)	110,000/160,000 (E/F/G)
17	AA	AA	AA	AA	AA	AA	AA	28,500 (AA/A)	A	A	A	A	56,900 (A/B)	B	115,000/170,000 (E/F/G)
18	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	A	B	120,000/180,000 (E/F/G)

**Decision Matrix for W9Q12 and W9Q12a
ALASKA
Year 2001 Guidelines for 2000 Income**

Rules: Round to the nearest \$100 (or \$5,000 if income over \$75,000)
When income is less than \$20,000, drop question if within \$500 of the nearest range border
When income is greater than \$20,000, drop question if within \$900 of the nearest range border

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
2	AA	A	A	A	B	19,300 (B/C)	21,800 (C/D)	26,800 / 29,000 (D/E/F)	F	F	43,500 (F/G)	G	58,000 (G/H)	H	H
3	AA	9,100 (AA/A)	A	A	A	18,300 (A/B)	B	27,400 (C/D)	33,800 (D/E)	36,600 (E/F)	F	F	54,900 (F/G)	73,200 (G/H)	H
4	AA	AA	11,000 (AA/A)	A	A	A	22,100 (A/B)	B	33,100 (C/D)	D	E	F	F	66,200 (F/G)	90,000 (G/H)
5	AA	AA	AA	A	A	A	A	B	B	38,800 (C/D)	D	47,800 (D/E)	51,700 (E/F)	F	80,000 / 105,000 (F/G/H)
6	AA	AA	AA	AA	A	A	A	A	B	B	C	D	54,800 (D/E)	F	90,000 / 120,000 (F/G/H)
7	AA	AA	AA	AA	16,700 (AA/A)	A	A	A	33,400 (A/B)	B	B	C	C	61,800 / 66,800 (D/E/F)	100,000 / 135,000 (F/G/H)
8	AA	AA	AA	AA	AA	18,600 (AA/A)	A	A	A	37,200 (A/B)	B	B	55,800 (C/D)	68,800 (D/E)	110,000 / 150,000 (F/G/H)
9	AA	AA	AA	AA	AA	AA	A	A	A	A	41,000 (A/B)	B	54,500 (B/C)	61,500 (C/D)	80,000 / 125,000 (E/F/G)
10	AA	AA	AA	AA	AA	AA	22,400 (AA/A)	A	A	A	A	B	B	67,100 (C/D)	90,000 / 135,000 (E/F/G)
11	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	48,500 (A/B)	B	64,500 / 72,800 (B/C/D)	95,000 / 145,000 (E/F/G)
12	AA	AA	AA	AA	AA	AA	AA	26,200 (AA/A)	A	A	A	A	52,300 (A/B)	69,600 (B/C)	105,000 / 155,000 (E/F/G)

**Decision Matrix for W9Q12 and W9Q12a
ALASKA
Year 2001 Guidelines for 2000 Income
(Cont.)**

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
13	AA	AA	AA	AA	AA	AA	AA	28,000 (AA/A)	A	A	A	A	56,100 (A/B)	B	110,000/ 170,000 (E/F/G)
14	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	A	B	120,000/ 180,000 (E/F/G)
15	AA	AA	AA	AA	AA	AA	AA	AA	31,800 (AA/A)	A	A	A	A	63,700 (A/B)	130,000/ 190,000 (E/F/G)
16	AA	AA	AA	AA	AA	AA	AA	AA	33,700 (AA/A)	A	A	A	A	67,400 (A/B)	135,000/ 200,000 (E/F/G)
17	AA	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	71,200 (A/B)	140,000/ 215,000 (E/F/G)
18	AA	AA	AA	AA	AA	AA	AA	AA	AA	37,500 (AA/A)	A	A	A	A	150,000/ 225,000 (E/F/G)

**Decision Matrix for W9Q12 and W9Q12a
HAWAII
Year 2001 Guidelines for 2000 Income**

Rules: Round to the nearest \$100 (or \$5,000 if income over \$75,000)
When income is less than \$20,000, drop question if within \$500 of the nearest range border
When income is greater than \$20,000, drop question if within \$900 of the nearest range border

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
2	6,700 (AA/A)	A	A	13,400 (A/B)	B	C	D	26,700 (E/F)	F	F	G	G	53,400 (G/H)	H	H
3	AA	8,400 (AA/A)	A	A	16,800 (A/B)	B	22,400 (B/C)	D	31,100 / 33,700 (D/E/F)	F	F	F	G	67,300 (G/H)	H
4	AA	AA	A	A	A	A	B	27,000 (B/C)	D	37,600 (D/E)	F	F	F	G	80,000 (G/H)
5	AA	AA	11,900 (AA/A)	A	A	A	23,800 (A/B)	B	31,600 (B/C)	D	44,000 (D/E)	47,500 (E/F)	F	71,300 (F/G)	95,000 (G/H)
6	AA	AA	AA	13,600 (AA/A)	A	A	A	27,200 (A/B)	B	36,200 (B/C)	D	D	54,500 (E/F)	F	80,000 / 110,000 (F/G/H)
7	AA	AA	AA	AA	A	A	A	A	B	B	C	46,100 (C/D)	56,800 (D/E)	61,400 (E/F)	90,000 / 125,000 (F/G/H)
8	AA	AA	AA	AA	AA	A	A	A	A	B	B	C	51,300 (C/D)	63,200 / 68,400 (D/E/F)	105,000 / 135,000 (F/G/H)
9	AA	AA	AA	AA	AA	18,800 (AA/A)	A	A	A	37,700 (A/B)	B	B	56,500 (C/D)	69,700 (D/E)	115,000 / 150,000 (F/G/H)
10	AA	AA	AA	AA	AA	AA	A	A	A	A	41,100 (A/B)	B	54,700 (B/C)	61,700 (C/D)	80,000 / 125,000 (E/F/G)
11	AA	AA	AA	AA	AA	AA	22,300 (AA/A)	A	A	A	A	B	B	66,900 (C/D)	90,000 / 135,000 (E/F/G)
12	AA	AA	AA	AA	AA	AA	24,000 (AA/A)	A	A	A	A	48,100 (A/B)	B	63,900 / 72,100 (B/C/D)	95,000 / 145,000 (E/F/G)

**Decision Matrix for W9Q12 and W9Q12a
HAWAII
Year 2001 Guidelines for 2000 Income
(Cont.)**

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
Family Size	<7,500	7,500-10,000	10,000-12,500	12,500-15,000	15,000-17,500	17,500-20,000	20,000-25,000	25,000-30,000	30,000-35,000	35,000-40,000	40,000-45,000	45,000-50,000	50,000-60,000	60,000-75,000	75,000+
13	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	A	51,500 (A/B)	68,500 (B/C)	105,000/155,000 (E/F/G)
14	AA	AA	AA	AA	AA	AA	AA	27,500 (AA/A)	A	A	A	A	55,000 (A/B)	73,200 (B/C)	110,000/165,000 (E/F/G)
15	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	58,500 (A/B)	B	115,000/175,000 (E/F/G)
16	AA	AA	AA	AA	AA	AA	AA	AA	31,000 (AA/A)	A	A	A	A	61,900 (A/B)	125,000/185,000 (E/F/G)
17	AA	AA	AA	AA	AA	AA	AA	AA	32,700 (AA/A)	A	A	A	A	65,400 (A/B)	130,000/200,000 (E/F/G)
18	AA	AA	AA	AA	AA	AA	AA	AA	AA	A	A	A	A	68,900 (A/B)	140,000/205,000 (E/F/G)