

[www.childhealthdata.org](http://www.childhealthdata.org)

# National Survey of Children's Health (NSCH), 2011/12

## Guide to Topics & Questions Asked

NOTE: Telephones are dialed at random to identify households with one or more children under 18 years old. The interviewer asks to speak to the parent or guardian who knows the most about the child's or children's health and health care. If he or she is not available, multiple call back attempts are made to reach them.

±Denotes that survey item is new to the 2011/12 NSCH.

\*\*Denotes that original version of the variable is not released publicly. Variable may be recoded or omitted in public use data files.

### Initial Screening and Sampling

The interviewer begins by asking how many children live in the household and the age of each person under 18 years old living in the household. (S\_UNDR18)\*\*

*After the initial screening is completed, a single child is randomly selected from households with one or more children, ages 0-17.*

The selected child is the subject of the National Survey of Children's Health Interview questions asked in **Sections 1 – 12** of the survey.

### SECTION 1: Initial Demographics

1. Child's sex (K1Q01)
2. Respondent's relationship to the child (K1Q02)\*\*
3. What is the primary language spoken in your home? (K1Q03)\*\*

### SECTION 2: Child's Health and Functional Status

1. In general, how would you describe [CHILD'S NAME] health? (K2Q01)
2. How would you describe the condition of [CHILD'S NAME] teeth? (K2Q01\_D)
3. How tall is [CHILD'S NAME] now? (K2Q02)
4. How much does [CHILD'S NAME] weigh now? (K2Q03)
5. What was [CHILD'S NAME] birth weight? (K2Q04)

6. Was [CHILD'S NAME] born premature? **(K2Q05) ±**
7. Does [CHILD'S NAME] currently need or use medicine prescribed by a doctor, other than vitamins? **(K2Q10-K2Q12)**
8. Does [CHILD'S NAME] need or use more medical care, mental health, or educational services than is usual for most children of the same age? **(K2Q13-K2Q15)**
9. Is [CHILD'S NAME] limited or prevented in any way in (his/her) ability to do the things most children of the same age can do? **(K2Q16-K2Q18)**
10. Does [CHILD'S NAME] need or get special therapy, such as physical, occupational, or speech therapy? **(K2Q19-K2Q21)**
11. Does [CHILD'S NAME] have any kind of emotional, developmental, or behavioral problem for which (he/she) needs treatment or counseling? **(K2Q22-K2Q23)**

*If YES to any of the above items 7-11 above, two follow up questions are asked:*

- Is this because of a medical, behavioral, or other health condition?
  - Has this condition lasted or is it expected to last for 12 months or longer?
12. Has a doctor, health care provider, teacher, or school official ever told you [CHILD'S NAME] has a learning disability? **(K2Q30A) (ages 3-17 years)**
    - Does [CHILD'S NAME] currently have a learning disability? **(K2Q30B)**
    - Would you describe (his/her) learning disability as mild, moderate, or severe? **(K2Q30C)**
  13. For each condition, please tell me if a doctor or other health care provider ever told you that [CHILD'S NAME] had the condition, even if (he/she) does not have the condition now. Has a doctor or health professional ever told you that [CHILD'S NAME] has any of the following conditions?

Ages 2-17

Ages 0-17

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>- Attention Deficit Disorder or Attention Deficit Hyperactive Disorder * <b>(K2Q31A)</b> <ul style="list-style-type: none"> <li>- Is [CHILD'S NAME] currently taking medication for ADD or ADHD? <b>(K2Q31D)</b></li> </ul> </li> <li>- Depression <b>(K2Q32A)</b></li> <li>- Anxiety Problems <b>(K2Q33A)</b></li> <li>- Behavior or conduct problems <b>(K2Q34A)</b></li> <li>- Autism, Asperger's Disorder, pervasive development disorder, or other autism spectrum disorder <b>(K2Q35A)</b></li> <li>- Any developmental delay <b>(K2Q36A)</b></li> <li>- Intellectual disability or mental retardation <b>(K2Q60A) ±</b></li> <li>- Cerebral palsy <b>(K2Q61A) ±</b> <ul style="list-style-type: none"> <li>- How would you describe (his/her) ability to walk? <b>(K2Q61C)</b></li> </ul> </li> <li>- Speech or other language problems <b>(K2Q37A)</b></li> <li>- Tourette Syndrome <b>(K2Q38A)</b></li> </ul> | <ul style="list-style-type: none"> <li>- Asthma <b>(K2Q40A)</b></li> <li>- Diabetes <b>(K2Q41A)</b></li> <li>- Epilepsy or seizure disorder <b>(K2Q42A)</b></li> <li>- Hearing problems <b>(K2Q43A)</b></li> <li>- Vision problems that cannot be corrected with standard glasses or contact lenses? <b>(K2Q44A)</b></li> <li>- Bone, joint, or muscle problems <b>(K2Q45A)</b></li> <li>- A brain injury or concussion <b>(K2Q46A)</b></li> </ul> |
|---|--|

*If YES to any of the conditions above (K2Q31A-K2Q46A), two follow up questions are asked:*

- Does [CHILD'S NAME] currently have condition? **(K2Q31B – K2Q46B)**
- Would you describe (his/her) condition as mild, moderate, or severe? **(K2Q31C – K2Q46C)**

*If YES to any of the following conditions: ADD/ADHD, Depression, Anxiety Problems, Behavior/Conduct Problems, Autism or ASD, Developmental Delay, Intellectual Disability or Mental Retardation, Cerebral Palsy, Speech Problems, or Tourette Syndrome (K2Q31A, K2Q34A-K2Q43A, K2Q45A-K2Q61A), one follow up question is asked:*

- How old was [CHILD'S NAME] when you were first told by a doctor or other health care provider that (he/she) had [CONDITION]? **(NEW4Q31, NEW4Q34-NEW4Q43, NEW4Q45-NEW4Q61) ±** *If YES to item K2Q35A above, four follow up questions are asked:*
  - What type of doctor or other health care provider first told you that [CHILD'S NAME] had autism or ASD? **(K2Q35D) ±**
  - To the best of your knowledge, did [CHILD'S NAME] ever have autism or ASD? **(K2Q35E) ±**

- Reasons why [CHILD'S NAME] may no longer have autism or ASD **(K2Q35F)** ±
  - *Do any of the following apply? Response Options:*
    - *Treatment helped condition go away*
    - *Condition seemed to go away on its own*
    - *Behaviors or symptoms changed*
    - *A doctor or health care provider changed the diagnosis*
  - Other reason(s)? *(Verbatim response recorded)* **(K2Q35G)** ±
- Reasons why a doctor, health care provider, or school professional may have told you that [CHILD'S NAME] had a condition that (he/she) never had **(K2Q35H)** ±
  - *Do any of the following apply? Response Options:*
    - *With more information, the diagnosis changed*
    - *The diagnosis was given so [CHILD'S NAME] could receive needed services*
    - *You disagree with the doctor or other health provider about their opinion that [CHILD'S NAME] has autism or ASD*
  - Other reason(s)? *(Verbatim response recorded)* **(K2Q35J)** ±

### **SECTION 3: Health Insurance Coverage**

1. Does [CHILD'S NAME] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid? **(K3Q01)**
  - If YES, [Is that coverage/Is (he/she) insured by] Medicaid or the Children's Health Insurance Program, CHIP? **(K3Q02)**
  - If YES, During the past 12 months, was there any time when (he/she) was not covered by ANY health insurance? **(K3Q03)**
  - If NO, During the past 12 months, was there any time when (he/she) had health care coverage? **(K3Q04)**
2. The next four questions are asked for insured children only.
  - Does [CHILD'S NAME] health insurance offer benefits or cover services that meet (his/her) needs? **(K3Q20)**
  - Does [CHILD'S NAME] health insurance allow (him/her) to see the health care providers (he/she) needs? **(K3Q22)**
  - Not including health insurance premiums or costs that are covered by insurance, do you pay any money for [CHILD'S NAME] health care? **(K3Q21A)**
    - How often are these costs reasonable? **(K3Q21B)**
3. In the past 12 months, did your family have problems paying or were unable to pay any of [CHILD'S NAME]'s medical bills? **(K3Q25)** ±
4. During the past 12 months, how often have you been frustrated in your efforts to obtain health care services for [CHILD'S NAME]? **(C4Q04)** ±

## SECTION 4: Health Access and Utilization

1. Is there a place that [CHILD'S NAME] USUALLY goes when (he/she) is sick or you need advice about (his/her) health? **(K4Q01)**
  - Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place? **(K4Q02)**
2. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as [CHILD'S NAME] personal doctor or nurse? **(K4Q04)**
3. During the past 12 months, did [CHILD'S NAME] see a doctor, nurse, or other health care professional for any kind of medical care including sick-child care, well-child checkups, physical exams, and hospitalizations? **(S4Q01) ±**
4. During the past 12 months, how many times did [CHILD'S NAME] see a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child checkup? **(K4Q20)**
5. During the past 12 months, did [CHILD'S NAME] see a dentist for any kind of dental care, including check-ups, dental cleanings, x-rays, or filling cavities? **(K4Q30) ±**
6. During the past 12 months, how many times did [CHILD'S NAME] see a dentist for preventive dental care, such as check-ups and dental cleanings? **(K4Q21)**
7. During the past 12 months, did [CHILD'S NAME] have a toothache, decayed teeth, or unfilled cavities? **(K4Q39)** *(ages 1-17 years)*
8. Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months has [CHILD'S NAME] received any treatment or counseling from a mental health professional? **(K4Q22)** *(ages 2-17 years)*
9. During the past 12 months, has [CHILD'S NAME] taken any medication because of difficulties with (his/her) emotions, concentration, or behavior? **(K4Q23)** *\*asked only for children who are not taking medication for ADD/ADHD*
10. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. During the past 12 months, did [CHILD'S NAME] see a specialist (other than a mental health professional)? **(K4Q24)**
  - If NO, During the past 12 months, did you or a doctor think that (he/she) needed to see a specialist? **(K4Q25)**
  - If YES, During the past 12 months, how much of a problem, if any, was it to get the care from the specialists that [CHILD'S NAME] needed? **(K4Q26)**
11. Has [CHILD'S NAME] [ever (0-5 years)/in the past two years (6-17 years)] had (his/her) vision tested with pictures, shapes, or letters? **(K4Q31) ±**
  - If YES, What kind of place did [CHILD'S NAME] have (his/her) vision tested? **(K4Q32) ±**
12. Sometimes people have difficulty getting health care when they need it. By health care, I mean medical care as well as other kinds of care like dental care, vision care and mental health services. During the past 12 months, was there any time when [CHILD'S NAME] needed health care but it was delayed or not received? **(K4Q27)**
  - If YES, What type of care was delayed or not received? **(K4Q28)**
13. Some new parents are helped by programs that send nurses, healthcare workers, social workers, or other professionals to their home to help prepare for the new baby or take care of the baby or mother. Between the time [you were (his/her) mother was] pregnant with [CHILD'S NAME] and up until the present day, did someone from such a program visit your home? **(K4Q35)**  
*± \*asked only for children 0-3 years old*
  - If YES, How many different professionals came to your home? **(K4Q35A) ±**
  - If YES, Please tell me if the [the professional / any of the professionals] who visited your home talked about parental concerns about their children and families **(K4Q35B) ±** *Response Options: (1) the care giver's emotional well-being; (2) smoking or alcohol use in the home; (3) building a close relationship with child; (4) the use of toys or activities for learning, growth and development; (5) how to make sure [CHILD'S NAME] is safe; (6) how to get needed health care; (7) other services that may help your family, such as public assistance or job training*
14. Earlier you told me that you had been told by a doctor or other health care provider that [CHILD'S NAME] had (a condition / conditions) that affected (his/her) learning or development. Has [CHILD'S NAME] ever received therapy services to meet (his/her) developmental needs, such as Early Intervention, occupational therapy, or behavioral therapy? **(K4Q36) ±** *\*asked only for children who have been diagnosed with autism/ASD etc. or Developmental Delay*
  - If YES, How old was [CHILD'S NAME] when (he/she) began receiving services? **(K4Q37) ±**
  - If YES, Is [CHILD'S NAME] currently receiving therapy services? **(K4Q38) ±**

## SECTION 5: Medical Home

1. During the past 12 months, did [CHILD'S NAME] need a referral to see any doctors or receive any services? **(K5Q10)**
  - Was getting referrals a big problem, small problem, or not a problem? **(K5Q11)**
2. Does anyone help you arrange or coordinate [CHILD'S NAME]'s care among the different doctors or services that (he/she) uses? **(K5Q20)** *\*asked for children who used more than two services*
3. During the past 12 months, have you felt that you could have used extra help arranging or coordinating [CHILD'S NAME]'s care among the different health care providers or services? **(K5Q21)** *\*asked for children who used more than two services*
  - If YES, during the past 12 months, how often did you get as much help as you wanted with arranging or coordinating [CHILD'S NAME]'s care? **(K5Q22)** *\*asked for children who used more than two services*
4. Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among [CHILD'S NAME]'s doctors and other health care providers? **(K5Q30)** *\*asked for children who used more than two services*
5. Do [CHILD'S NAME]'s doctor or other health care providers need to communicate with (his/her) child care providers, school, or other programs? **(K5Q31)**
  - Overall, are you very satisfied, somewhat satisfied, or very dissatisfied with that communication? **(K5Q32)**
6. During the past 12 months, how often did [CHILD'S NAME]'s doctors and other health care providers spend enough time with (him/her)? **(K5Q40)**
7. During the past 12 months, how often did [CHILD'S NAME]'s doctors and other health care providers listen carefully to you? **(K5Q41)**
8. When [CHILD'S NAME] is seen by doctors and other health care providers, how often are they sensitive to your family's values and customs? **(K5Q42)**
9. Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child now, and what to expect in the future. During the past 12 months, how often did you get the specific information you needed from [CHILD'S NAME]'s doctors and other health care providers? **(K5Q43)**
10. During the past 12 months, how often did [CHILD'S NAME]'s doctors or other health care providers help you feel like a partner in (his/her) care? **(K5Q44)**

## SECTION 6: Early Childhood (0–5 years) *\*questions asked for children ages 0-5 years only*

1. Do you have any concerns about [CHILD'S NAME] learning, development, or behavior? **(K6Q01)**
2. Are you concerned about how (he/she):
  - Talks and makes speech sounds? **(K6Q02)** *(ages 4 months – 5 years)*
  - Understands what you say? **(K6Q03)** *(ages 4 months – 5 years)*
  - Uses (his/her) hands and fingers to do things? **(K6Q04)** *(ages 4 months – 5 years)*
  - Uses (his/her) arms and legs? **(K6Q05)** *(ages 4 months – 5 years)*
  - Behaves? **(K6Q06)** *(ages 4 months – 5 years)*
  - Gets along with others? **(K6Q07)** *(ages 4 months – 5 years)*
  - Is learning to do things for (himself/herself) **(K6Q08)** *(ages 10 months to 5 years)*
  - Is learning pre-school or school skills? **(K6Q09)** *(ages 18 months - 5 years)*
3. During the past 12 months did [CHILD'S NAME]'s doctors or other health care providers ask if you have concerns about (his/her) learning, development, or behavior? **(K6Q10)** *\*asked for children who used at least one service in past year*
4. Sometimes a child's doctor or other health care providers will ask a parent to fill out a questionnaire at home or during their child's visit. During the past 12 months, did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about [CHILD'S NAME]'s development, communication, or social behaviors? **(K6Q12)** *(ages 10 months to 5 years)*
  - Did this questionnaire ask you about your concerns or observations about how [CHILD'S NAME] talks or makes speech sounds **(K6Q13A)** *(ages 10-23 months only)*
  - Did this questionnaire ask you about your concerns or observations about how [CHILD'S NAME] interacts with you and others? **(K6Q13B)** *(ages 10-23 months only)*
  - Did this questionnaire ask you about your concerns or observations about words and phrases [CHILD'S NAME] uses and understands? **(K6Q14A)** *(ages 24-71 months only)*
  - Did this questionnaire ask you about your concerns or observations about how [CHILD'S NAME] behaves and gets along

with you and others **(K6Q14B)** (ages 24-71 months only)

5. Does [CHILD'S NAME] have any developmental problems for which (he/she) has a written intervention plan called an Individual Family Services Plan (IFSP) or Individualized Education Program (IEP)? **(K6Q15)**
6. Does [CHILD'S NAME] receive care for at least 10 hours per week from someone not related to (him/her)? This could be a day care center, preschool, Head Start program, nanny, au pair, or any other non-relative. **(K6Q20)**
7. During the past 12 months, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for [CHILD'S NAME]? **(K6Q27)**
8. Was [CHILD'S NAME] ever breastfed or fed breast milk? **(K6Q40)**
  - If YES, how old was [CHILD'S NAME] when [he/she] completely stopped breastfeeding or being fed breast milk? **(K6Q41)**
  - If YES, how old was [CHILD'S NAME] when [he/she] was first fed formula? **(K6Q42)**
  - This next question is about the first thing [CHILD'S NAME] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [CHILD'S NAME] might have been given, even water. How old was [CHILD'S NAME] when [he/she] was first fed anything other than breast milk or formula? **(K6Q43)**
9. I am going to read a list of items that sometimes describe children. For each item, please tell me how often this was true for [CHILD'S NAME] during the past month:
  - (He/She) is affectionate and tender with you. **(K6Q70)** ± (ages 6 months – 5 years)
  - (He/She) bounces back quickly when things don't go (his/her) way. **(K6Q73)** ± (ages 6 months – 5 years)
  - (He/She) shows interest and curiosity in learning new things. **(K6Q71)** ± (ages 6 months – 5 years)
  - (He/She) smiles and laughs a lot. **(K6Q72)** ± (ages 6 months – 5 years)
10. On an average weekday, about how much time does [CHILD'S NAME] usually spend in front of a TV watching TV programs, videos, or playing video games? **(K6Q65A)**
11. On an average weekday, about how much time does [CHILD'S NAME] usually spend with computers, cell phones, handheld video games, and other electronic devices? **(K6Q65B)**
12. During the past week, how many days did you or other family members read to [CHILD'S NAME]? **(K6Q60)**
13. During the past week, how many days did you or other family members tell stories or sing songs to [CHILD'S NAME]? **(K6Q61)**
14. During the past week, how many days did [CHILD'S NAME] play with other children [his/her] age? **(K6Q63)**
15. During the past week, how many days did you or any family member take [CHILD'S NAME] on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings? **(K6Q64)**

## **SECTION 7: Middle Childhood and Adolescence (6-17 years)** \*questions asked for children ages 6-17 only

1. What kind of school is [CHILD'S NAME] currently enrolled in? **(K7Q01)**
  - If NOT ENROLLED, at any time during the past 12 months, was [CHILD'S NAME] enrolled in a public school, a private school, or home school? **(K7Q01F)**
2. During the past 12 months, about how many days did [CHILD'S NAME] miss school because of illness or injury? **(K7Q02)**
3. During the past 12 months, how many times has [CHILD'S NAME] school contacted you or another adult in your household about any problems [he/she] is having with school? **(K7Q04)**
4. Since starting kindergarten, has [he/she] repeated any grades? **(K7Q05)**
  - If YES, which grade or grades did (he/she) repeat? **(K7Q05\_A)** ±
5. Does [CHILD'S NAME] have a health problem, condition, or disability for which [he/she] has a written intervention plan called an Individualized Education Program or IEP? **(K7Q11)**
6. During the past 12 months, was [CHILD'S NAME] on a sports team or did [he/she] take sports lessons after school or on weekends? **(K7Q30)**
7. During the past 12 months, did [CHILD'S NAME] participate in any clubs or organizations after school or on weekends? **(K7Q31)**

8. During the past 12 months, did [CHILD'S NAME] participate in any other organized activities or lessons, such as music, dance, language, or other arts? **(K7Q32)**
9. During the past 12 months, how often did you attend events or activities that [CHILD'S NAME] participated in? **(K7Q33)** *\*asked for children who participated in one or more extracurricular activities (K7Q30-K7Q32)*
10. Regarding [CHILD'S NAME]'s friends, would you say that you have met all, most, some or none of [his/her] friends? **(K7Q34)**
11. During the past 12 months, how often has [CHILD'S NAME] been involved in any type of community service or volunteer work at school, church, or in the community? Would you say once a week or more, a few times a month, a few times a year, or never? **(K7Q37)** *(ages 12-17 years only)*
12. During the past week, did [CHILD'S NAME] earn money from any work, including regular jobs as well as babysitting, cutting grass or other occasional work? **(K7Q38)** *(ages 12-17 years only)*
  - If YES, during the past week, how many hours did [CHILD'S NAME] work for pay? **(K7Q39)**
13. During the past week, on how many nights did [CHILD'S NAME] get enough sleep for a child [his/her] age? **(K7Q40)**
14. During the past week, on how many days did [CHILD'S NAME] exercise, play a sport, or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard? **(K7Q41)**
15. On an average weekday, about how much time does [CHILD'S NAME] usually spend reading for pleasure? **(K7Q50)**
16. On an average weekday, about how much time does [CHILD'S NAME] usually spend in front of a TV watching TV programs, videos, or playing video games? **(K7Q60A)**
17. On an average weekday, about how much time does [CHILD'S NAME] usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork? **(K7Q60B)**
18. Do you monitor the content of what [CHILD'S NAME] watches on TV, plays on the computer, or does on electronic devices? **(K7Q61)**
19. Do you limit the amount of time [CHILD'S NAME] spends watching TV, playing on the computer, or using electronic devices? **(K7Q61A)**
20. Does [CHILD'S NAME] have a TV, computer, or access to electronic devices in [his/her] bedroom? **(K7Q62)**

I am going to read a list of items that sometimes describe children. For each item, please tell me how often this was true for [CHILD'S NAME] during the past month:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>- [He/She] argues too much. <b>(K7Q70)</b></li> <li>- [He/She] bullies or is cruel or mean to others. <b>(K7Q71)</b></li> <li>- [He/She] is unhappy, sad, or depressed. <b>(K7Q79)</b></li> </ul> | <ul style="list-style-type: none"> <li>- [He/She] cares about doing well in school. <b>(K7Q82)</b></li> <li>- [He/She] does all required homework. <b>(K7Q83)</b></li> <li>- [He/She] finishes the tasks [he/she] starts and follows through with what [he/she] says [he'll/she'll] do. <b>(K7Q84)</b> ±</li> <li>- [He/She] stays calm and in control when faced with a challenge. <b>(K7Q85)</b> ±</li> <li>- [He/She] shows interest and curiosity in learning new things. <b>(K7Q86)</b> ±</li> </ul> |
|--|---|

## **SECTION 8: Family Functioning**

1. About how often does [CHILD'S NAME] attend a religious service? **(K8Q12)**
2. During the past week, how many days did all the family members who live in the household eat a meal together? **(K8Q11)**
3. How well can you and [CHILD'S NAME] share ideas or talk about things that really matter? **(K8Q21)** *(ages 6-17 years)*
4. In general, how well do you feel you are coping with the day to day demands of (parenthood/raising children)? **(K8Q30)**
5. During the past month, how often have you felt [CHILD'S NAME] is much harder to care for than most children (his/her) age? **(K8Q31)**
6. During the past month, how often have you felt (he/she) does things that really bother you a lot? **(K8Q32)**
7. During the past month, how often have you felt angry with (him/her)? **(K8Q34)**
8. Is there someone that you can turn to for day-to-day emotional help with [parenthood/raising children]? **(K8Q35)**

## SECTION 9: Parental Health

1. Including the adults and all the children, how many people live in this household? **(K9Q00)\*\***
2. How old are you [MOTHER TYPE]? **(K9Q16)\*\* ±**
3. What is the age of the oldest adult living in the household? **(C10Q14)\*\* ±**
4. Earlier you told me you are [CHILD'S NAME] (Mother/Father). Are you [CHILD'S NAME] biological, adoptive, step, or foster (mother/father)? **(K9Q10)\*\***
5. Does [CHILD'S NAME] have any (other) parents, or people who act as (his/her) parents, living here? **(K9Q11)\*\***
  - What is their relationship to [CHILD'S NAME]? **(K9Q12)\*\***
6. Are you and [CHILD'S NAME] [FATHER TYPE] or [MOTHER TYPE] currently married or living together as partners? **(C10Q10)\*\***  
*\*asked for children who live in household with both mother and father type*
  - If NOT MARRIED, Are you [MOTHER TYPE] currently married, separated, divorced, widowed, or never married? **(C10Q10A)\*\*** *asked only when the respondent is the mother*
7. Would you say that your relationship is completely happy, very happy, fairly happy, or not too happy? **(K9Q18)**
8. Would you say that, in general, ([CHILD'S NAME] [MOTHER TYPE]/your) health is excellent, very good, good, fair, or poor? **(K9Q20)**
9. Would you say that, in general, ([CHILD'S NAME] [FATHER TYPE]/your) health is excellent, very good, good, fair, or poor? **(K9Q21)**
10. Would you say that, in general, ([CHILD'S NAME] [MOTHER TYPE]/your) mental and emotional health is excellent, very good, good, fair, or poor? **(K9Q23)**
11. Would you say that, in general, ([CHILD'S NAME] [FATHER TYPE]/your) mental and emotional health is excellent, very good, good, fair, or poor? **(K9Q24)**
12. Does anyone living in your household use cigarettes, cigars, or pipe tobacco? **(K9Q40)**
  - Does anyone smoke inside [CHILD'S NAME]'s home? **(K9Q41)**
13. Since [CHILD'S NAME] was born, how often has it been very hard to get by on your family's income – hard to cover the basics like food or housing? Would you say very often, somewhat often, often, rarely, or never? **(ACE1) ±**
14. Did [CHILD'S NAME] ever live with a parent or guardian who got divorced or separated after [CHILD'S NAME] was born? **(ACE3) ±**
15. Did [CHILD'S NAME] ever live with a parent or guardian who died? **(ACE4) ±**
16. Did [CHILD'S NAME] ever live with a parent or guardian who served time in jail or prison after [CHILD'S NAME] was born? **(ACE5) ±**
17. Did [CHILD'S NAME] ever see or hear any parents or adults in (his/her) home slap, hit, kick, punch, or beat each other up? **(ACE6) ±**
18. Was [CHILD'S NAME] ever the victim of violence or witness any violence in (his/her) neighborhood? **(ACE7) ±**
19. Did [CHILD'S NAME] ever live with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks? **(ACE8) ±**
20. Did [CHILD'S NAME] ever live with anyone who had a problem with alcohol or drugs? **(ACE9) ±**
21. Was [CHILD'S NAME] ever treated or judged unfairly because of (his/her) race or ethnic group? **(ACE10) ±**
  - During the past year, how often was [CHILD'S NAME] treated or judged unfairly? Would you say very often, somewhat often, rarely, or never? **(ACE11) ±**
22. Other than adults in your home or [CHILD'S NAME]'s parents, is there at least one other adult in [CHILD'S NAME]'s school, neighborhood, or community who knows [CHILD'S NAME] well and who (he/she) can rely on for advice or guidance? **(K9Q96)**  
*± (ages 0 – 6 years)*



## **SECTION 10: Neighborhood and Community Characteristics**

1. Please tell me if the following places and things are available to children in your neighborhood, even if [CHILD'S NAME] does not actually use them:
  - Sidewalks or walking paths? **(K10Q11)**
  - A park or playground area? **(K10Q12)**
  - A recreation center, community center, or boys' or girls' club? **(K10Q13)**
  - A library or bookmobile? **(K10Q14)**
2. In your neighborhood, is there litter or garbage on the street or sidewalk? **(K10Q20)**
3. How about poorly kept or rundown housing? **(K10Q22)**
4. How about vandalism such as broken windows or graffiti? **(K10Q23)**
5. Now, for the next four questions, I am going to ask you how much you agree or disagree with each of these statements about your neighborhood or community:
  - "People in this neighborhood help each other out." **(K10Q30)**
  - "We watch out for each other's children in this neighborhood." **(K10Q31)**
  - "There are people I can count on in this neighborhood." **(K10Q32)**
  - "If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child." **(K10Q34)**
6. How often do you feel [CHILD'S NAME] is safe in your community or neighborhood? **(K10Q40)**
7. How often do you feel (he/she) is safe at school? **(K10Q41)**

## **SECTION 11: Additional Demographics**

1. Is [CHILD'S NAME] of Hispanic, Latino or Spanish origin? **(K11Q01)**
2. Is [CHILD'S NAME] White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander? **(K11Q02)\*\***
3. At any time during the past 12 months, did [CHILD'S NAME] receive services from any Indian Health Service hospital or clinic? **(K11Q03)** *\*asked only for American Indian or Alaska Native children*
4. What is the highest grade or year of school ( [MOTHER TYPE/FATHER TYPE/OTHER] ) has completed? **(K11Q20-K11Q21)\*\***
5. Thinking back to who you lived with when you were about 13 years old, what was the highest grade or year of school completed by your mother, father, or main guardian? If you lived with more than one parent or guardian, please tell me about the one who had the most education? **(K11Q22A)\*\* ±**
6. Was [CHILD/ CHILD'S MOTHER/ CHILD'S FATHER] born in the United States? **(K11Q30-K11Q33)**
  - How long has [CHILD/ CHILD'S MOTHER/ CHILD'S FATHER] been in the United States? **(K11Q34A-K11Q37A)**
7. How many times has [CHILD'S NAME] ever moved to a new address? **(K11Q43)**
8. Was anyone in the household employed at least 50 weeks out of the 52 weeks? **(K11Q50)**
9. Do you own or rent your home? **(C10Q41)**
10. 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 a county welfare program? **(K11Q60)**
11. During the past 12 months, did ([CHILD'S NAME]/any child in the household) receive Food Stamps or Supplemental Nutrition Assistance Program benefits? **(K11Q61)**
12. During the past 12 months, did ([CHILD'S NAME]/any child in the household) receive free or reduced-cost breakfasts or lunches at school? **(K11Q62)**
13. Does anyone who lives in the household currently receive benefits from the Women, Infants, and Children (WIC) Program? **(S9Q34) ±**

**SECTION 12: Additional Health Insurance Questions** ± \*questions asked for children 0-17 who are currently uninsured and family income is less than 400% of the federal poverty level.

1. What is the main reason [CHILD'S NAME] does not have health insurance now? **(K12Q01)**
  2. About how long has it been since [CHILD'S NAME] last had any kind of health insurance? **(K12Q02)**  
IF child has been insured in the past or respondent answered DK/REF, two follow up question are asked
    - Has [CHILD'S NAME] ever been covered by health insurance that was provided through:  
an employer/union ? **(K12Q03)**  
an insurance company? **(K12Q04)**
  3. Before today, had you ever heard of Medicaid/CHIP? **(K12Q11/K12Q21)**  
IF NO to (K12Q11 OR K12Q21), skip to #7 (K12Q30)  
IF NO to (K12Q11 AND K12Q21) skip to #12 (K12Q40)
  4. Has [CHILD'S NAME] ever been enrolled in Medicaid/CHIP? **(K12Q12/K12Q22)**  
IF YES to (K12Q12/K12Q22), two follow up question are asked
    - When was the last time [CHILD'S NAME] was enrolled in Medicaid/CHIP? **(K12Q13/K12Q23)**
    - What is the main reason that [CHILD'S NAME] enrollment ended? **(K12Q14/K12Q24)**
      - IF NO or DK/REF, have you ever applied for Medicaid/CHIP? **(K12Q15/K12Q25)**  
IF YES to (K12Q15/K12Q25), two follow up question are asked:
        - When was the last time that you applied? **(K12Q16/K12Q26)**
        - What is the reason that you were unable to enroll [CHILD'S NAME] in Medicaid/CHIP? **(K12Q17/K12Q27)**
  5. K12Q21-K12Q24 ONLY IF respondent's state uses different names for their Medicaid and CHIP programs: Before today, had you ever heard of [STATE CHIP NAME]? **(K12Q21)**  
IF NO to (K12Q21), but respondent has heard of Medicaid (YES to K12Q11), skip to #7 (K12Q30)  
IF respondent has not heard of CHIP and Medicaid (NO to K12Q11 and K12Q21) skip to #12 (K12Q40)
  6. IF YES to (K12Q21), has [CHILD'S NAME] ever been enrolled in [STATE CHIP NAME]? (K12Q22)  
IF YES to (K12Q22), two follow up question are asked:
    - When was the last time [CHILD'S NAME] was enrolled in [STATE CHIP NAME]? (K12Q23)
    - What is the main reason that [CHILD'S NAME] enrolment ended? (K12Q24)IF NO or DK to (K12Q22), have you ever applied for [STATE CHIP NAME]? (K12Q25)  
IF YES to (K12Q25), two follow up questions are asked:
    - When was the last time that you applied? **(K12Q26)**
    - What is the reason that you were unable to enroll [CHILD'S NAME] in [STATE CHIP NAME]? **(K12Q27)**
- K12Q30-K12Q37 ONLY IF respondent has heard of either Medicaid or CHIP (YES to K12Q11 or K12Q21):
7. If you wanted to get more information about [either Medicaid or STATE CHIP NAME], do you know where to go to get that information? **(K12Q30)**
  8. If you wanted to enroll [CHILD'S NAME] in [either Medicaid or STATE CHIP NAME], do you know how to do that? **(K12Q31)**
  9. Based on what you know about Medicaid/CHIP, how easy or difficult do you think it is to...**(K12Q32/K12Q33)**
    - re-enroll [*IF child has ever been enrolled in Medicaid*] or complete an application [*IF respondent has heard of Medicaid and child has never been enrolled*]?
  10. Based on what you know about [either Medicaid or STATE CHIP NAME], do you think [CHILD'S NAME] is eligible now? **(K12Q34)**
  11. If you were told that [CHILD'S NAME] was eligible for [either Medicaid or STATE CHIP NAME], would you want to enroll him/her? **(K12Q35)**
    - *IF NO to K12Q35*, what is the main reason you would NOT want to enroll [CHILD'S NAME]? **(K12Q36)**
    - *IF YES to K12Q35 and NO to K12Q34*, what is the main reason you think [CHILD'S NAME] is not eligible for [either Medicaid or STATE CHIP NAME]? **(K12Q38)**
    - *IF YES to (K12Q34 AND K12Q35)*, what is the main reason [CHILD'S NAME] is not enrolled? **(K12Q37)**
  12. At this time, does [MOTHER TYPE/FATHER TYPE/OTHER] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or Medicare? **(K12Q40/K12Q50/K12Q60)**  
*IF YES to (K12Q40/50/60)*, is that health insurance provided through [her/his/your] current employer, former employer, union, or some other source? **(K12Q41/K12Q51/K12Q61)**  
IF NO to (K12Q40/50/60), skip to #13 (K12Q42/52/62)
  13. At this time is [MOTHER TYPE/FATHER TYPE/OTHER] eligible for health insurance through [her/his/your] current employer or union? **(K12Q42/K12Q52/K12Q62)**  
IF NO or RF, skip to next section

K12Q43/53/63 - K12Q47/57/67 ONLY IF respondent's health insurance is provided by (or available through) their employer and/or union :

14. Does this [employer/union] offer health insurance that could help pay for doctor visits and hospital stays for [CHILD'S NAME]? **(K12Q43/K12Q53/K12Q63)**

IF NO or DK, skip to #17 (K12Q46/56/66)

K12Q44/54/64 - K12Q45/55/65 ONLY IF employer /union health insurance covers child (K12Q43):

15. If [CHILD'S NAME] was covered by insurance provided through this [employer/union], would this [employer/union] pay for all, some, or none of (his/her) health insurance premium? **(K12Q44/K12Q54/K12Q64)**

16. What is the main reason that [CHILD'S NAME] is not covered by insurance provided through this [employer/union]? **(K12Q45/K12Q55/K12Q65)**

K12Q46/56/66 - K12Q47/57/67 ONLY IF respondent uses insurance offered through her/his employer:

17. Would you say that the total number of persons who work for this employer is above or below 100?

**(K12Q46/K12Q56/K12Q66)**

- *IF response is under 100*, is the total number of persons who work for [your/her] employer above or below 50?

**(K12Q47/K12Q57/K12Q67)**