



National Survey of Children's Health (NSCH), 2003

Guide to Topics & Questions Asked

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 – 11** of the survey. Source: 2003 National Survey of Children's Health

SECTION 1: Initial Demographics

1. Child's sex (S1Q01)
2. Respondent's relationship to the child (S1Q02)
3. Number of people (children and adults) living in household (S1Q05)
4. Highest educational level attained by anyone in household (S1Q05A)
5. Primary language spoken in home (S1Q06)

SECTION 2: Child's Health and Functional Status

1. In general, how would you describe [CHILD's NAME]'s health? (S2Q01)
2. How tall is [CHILD's NAME]? (S2Q02)
3. How much does [CHILD's NAME] weigh? (S2Q03)
4. Does [CHILD's NAME] currently need or use medicine prescribed by a doctor, other than vitamins? (S2Q04 – S2Q06)
5. 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? (S2Q07 – S2Q09)
6. 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? (S2Q10 – S2Q12)
7. Does [CHILD's NAME] need or get special therapy, such as physical, occupational, or speech therapy? (S2Q13 – S2Q15)
8. Does [CHILD's NAME] have any kind of emotional, developmental, or behavioral problem for which he/she needs treatment or counseling? (S2Q16 – S2Q17)

If YES to any of items 4 – 8 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 at least 12 months?
9. Has a doctor, health professional, teacher, or school official ever told you [CHILD's NAME] has a learning disability? (S2Q18 – ages 3-17 only)

SECTION 2: Child's Health and Functional Status (continued)

10. Has a doctor or health professional ever told you that [CHILD's NAME] has any of the following conditions? **(S2Q19 – S2Q37)** *Asked for ages 2-17 only
- | | |
|---|---|
| a. Asthma | e. Behavior or conduct problems* |
| a. Hearing problems or vision problems that cannot be corrected with glasses or contacts* | f. Bone, joint, or muscle problems |
| b. Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is ADD or ADHD* | g. Diabetes |
| c. Depression or anxiety problems* | h. Autism |
| | i. Any developmental delay or physical impairment |
11. The next set of questions asks about conditions that [CHILD's NAME] may have had over the past 12 months. During the past 12 months, have you been told by a doctor or other health professional that [CHILD's NAME] had any of the following conditions? **(S2Q38 – S2Q44)** **Asked for ages 3-17 only
- Hay fever or any kind of respiratory allergy
 - Any kind of food or digestive allergy
 - Eczema or any kind of skin allergy
 - Frequent or severe headaches, including migraines**
 - Stuttering, stammering, or other speech problems**
 - Three or more ear infections**
12. You said that [CHILD's NAME] has or has had [*insert name(s) of conditions from above with YES responses*]. Would you describe his/her health condition(s) as minor, moderate, or severe? **(S2Q47)**
13. Does [CHILD's NAME] still have asthma? **(S2Q49 – only children with YES to ever told have asthma)**
- Would you describe the health difficulties caused by his/her asthma as minor, moderate, or severe? **(S2Q50)**
 - Overall, would you say his/her asthma puts a burden on your family a great deal, a medium amount, a little, or not at all? **(S2Q51)**
14. How long since he/she last took asthma medication? **(S2Q52)**
15. During the past 12 months, has [CHILD's NAME] had an episode of asthma or an asthma attack? **(S2Q52A)**
16. During the past 12 months, has [CHILD's NAME] stayed overnight in a hospital because of his/her asthma? **(S2Q53)**
17. How would you describe the condition of [CHILD's NAME]'s teeth: excellent, very good, fair, poor? **(S2Q54 – ages 1-17 only)**
18. What specific problems does [CHILD's NAME] have with his/her teeth? **(S2Q55 INDEX)**
19. About how long has it been since he/she last saw a dentist? **(S2Q56)**
20. Overall, do you think that [CHILD's NAME] has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people? **(S2Q59 – ages 3-17 only)**
- Would you describe these difficulties as minor, moderate, or severe? **(S2Q60)**
 - Overall, would you say that [CHILD's NAME]'s mental and emotional health puts a burden on your family a great deal, a medium amount, a little, or not at all? **(S2Q61)**
21. Earlier, you said that [CHILD's NAME] had Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is ADD or ADHD. Is [CHILD's NAME] currently taking medication for ADD or ADHD? **(S2Q62 – only children with YES to ever told have ADD/ADHD)**

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? **(S3Q01)**
 - Is he/she insured by Medicaid or the State Children's Health Insurance Program, S-CHIP? In this state, the program is sometimes called [*fill in Medicaid Name, S-CHIP Name*]. **(S3Q02)**
 - During the past 12 months, was there any time when he/she was not covered by ANY health insurance? **(S3Q04)**
2. During the past 12 months, has he/she had health insurance? **(S3Q05 – currently uninsured children only)**
3. Does [CHILD's NAME] have insurance that helps pay for any routine dental care including cleanings, X-rays, and examinations? **(S3Q03)**

SECTION 4: Health Care Access and Utilization

1. 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 care checkups, etc.? **(S4Q01)**
 - During the past 12 months, was there any time when he/she needed any kind of medical care? **(S4Q02 – children who did not get any medical care during past 12 months only)**
2. During the past 12 months, how many times did [CHILD's NAME] see a doctor, nurse, or other health care professional for preventive medical care such as a physical exam or well-child check up? **(S4Q03)**
3. During the past 12 months, how many times did [CHILD's NAME] go to a hospital emergency room about his/her health? **(S4Q04)**
 - Was this visit because of an accident, injury, or poisoning? **(S4Q04A)**
 - How many emergency room visits were because of an accident, injury, or poisoning? **(S4Q05)**
4. How many times during the past 12 months did he/she see a doctor, nurse, or other health professional for sick-child care? **(S4Q06)**
5. During the past 12 months, did [CHILD's NAME] receive all the medical care he/she needed? **(S4Q07)**
 - Why did [CHILD's NAME] not get all the medical care he/she needed? **(S4Q08 INDEX)**
6. During the past 12 months, did [CHILD's NAME] see a dentist for any routine preventive dental care, including checkups, screenings, and sealants? **(S4Q09 – ages 1-17 only)**
 - During the past 12 months, was there any time when [CHILD's NAME] needed routine dental care? **(S4Q10 – children who did not see a dentist during the past 12 months only)**
7. During the past 12 months, did he/she receive all the routine preventive dental care he/she needed? **(S4Q13)**
 - Why did [CHILD's NAME] not get all the dental care he/she needed? **(S4Q14 INDEX)**
8. During the past 12 months, did [CHILD's NAME] use any prescription medication? **(S4Q15)**
 - During the past 12 months, was there any time when [CHILD's NAME] needed prescription medication? **(S4Q16 – children who did not use any prescription medication during the past 12 months only)**

SECTION 4: Health Care Access and Utilization (*continued*)

9. During the past 12 months, did he/she receive all the prescription medication he/she needed? **(S4Q17)**
 - Why did [CHILD's NAME] not get all the prescription medication he/she needed? **(S4Q18 INDEX)**
10. During the past 12 months, did [CHILD's NAME] receive any mental health care or counseling? **(S4Q23)**

Only asked for children living in AK, AR, AZ, CA, CO, ID, MO, MT, NV, NM, OK, OR, SD, TX, UT, WA, WY:

11. Has [CHILD's NAME] ever received any hepatitis A vaccine shots? **(S4Q27 – ages 2-17 only)**
 - Please tell me how many hepatitis A vaccine shots [CHILD's NAME] has received. **(S4Q28)**
 - Where did he/she get his/her first hepatitis A vaccine shot? **(S4Q29)**
 - Has a doctor or health professional ever recommended that he/she be vaccinated for hepatitis A? **(S4Q30 – children who have not received hepatitis A vaccine only)**

SECTION 5: Medical Home

1. 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 assistant. Do you have one or more persons you think of as [CHILD's NAME]'s personal doctor or nurse? **(S5Q01)**
2. How often does [CHILD's NAME]'s personal doctor or nurse spend enough time with him/her? **(S5Q02)**
3. How often does [CHILD's NAME]'s personal doctor or nurse explain things in a way that you and [CHILD's NAME – ages 3-17 only] can understand? **(S5Q04)**
4. During the past 12 months, have you needed to call his/her personal doctor or nurse for help or advice over the phone? **(S5Q06)**
 - When you called [CHILD's NAME]'s personal doctor or nurse for help or advice over the phone, how often were you able to get the help or advice you needed for him/her? **(S5Q06A)**
5. During the past 12 months, has [CHILD's NAME] needed care right away from his/her personal doctor or nurse for an illness or injury? **(S5Q07)**
 - When [CHILD's NAME] needed care right away for an illness or injury, how often were you able to get this care from his/her personal doctor or nurse as soon as your wanted? **(S5Q07A)**
6. During the past 12 months, did [CHILD's NAME] visit his/her personal doctor or nurse for preventive care? **(S5Q08A)**
 - During the past 24 months, did he/she visit his/her personal doctor or nurse for preventive care? **(S5Q08B – children with no visit during past 12 months only)**
7. During the past 12 months, did [CHILD's NAME]'s personal doctor or nurse think that he/she needed to see any specialist doctor or doctors: **(S5Q09)**
 - How much of a problem, if any, was it to get the care from the specialist doctor or doctors? **(S5Q09A)**
 - Did [CHILD's NAME]'s personal doctor or nurse or someone from their office or clinic do anything to help you get the care from a specialist doctor or nurse? **(S5Q09B)**
 - How often did [CHILD's NAME]'s personal doctor or nurse talk with you about what happens during his/her visits to a specialist doctor or doctors? **(S5Q09C)**

SECTION 5: Medical Home (*continued*)

8. Children sometimes may need special services like physical therapy, medical equipment like wheelchairs, special education services, or counseling. During the past 12 months, did [CHILD's NAME] need any type of special services, equipment, or other care for his/her health? **(S5Q10)**
- How much of a problem, if any, did you have getting the special services, equipment, or other care he/she needed? **(S5Q10A)**
 - Did [CHILD's NAME]'s personal doctor or nurse or someone from their office or clinic do anything to help you get the special care or equipment that he/she needed? **(S5Q10B)**
 - How often did [CHILD's NAME]'s personal doctor or nurse talk with you about the special care or equipment that he/she gets? **(S5Q10C)**

Only asked for children living in households with primary language other than English:

9. An interpreter is someone who repeats what one person says in a language used by another person. During the past 12 months, did you or [CHILD's NAME – *ages 3-17 only*] need an interpreter to help speak with his/her doctors or nurses? **(S5Q13)**
- When you or [CHILD's NAME – *ages 3-17 only*] needed an interpreter, how often were you able to get someone other than a family member to help you speak with the doctors or nurses? **(S5Q13A)**

SECTION 6: Early Childhood (0-5 years)

1. Do you have any concerns about [CHILD's NAME]'s learning, development, or behavior? **(S6Q08)**
2. The next section asks about specific concerns some parents may have. Please tell me if you are currently concerned a lot, a little, or not at all about the following:

Children 4-9 months old only

- a. How [CHILD's NAME] makes speech sounds?
- b. How he/she understands what you say?
- c. How he/she uses his/her hands and fingers to do things?
- d. How he/she uses his/her arms and legs?

(S6Q09 – S6Q12)

Children 10-17 months old only

- a. How [CHILD's NAME] talks and makes speech sounds?
- b. How he/she understands what you say?
- c. How he/she uses his/her hands and fingers to do things?
- d. How he/she uses his/her arms and legs?
- e. How he/she behaves?
- f. How he/she gets along with others?
- g. How he/she is learning to do things for himself/herself?

(S6Q13 – S6Q19)

Children 18 mos. to 5 yrs old only

- a. How [CHILD's NAME] talks and makes speech sounds?
- b. How he/she understands what you say?
- c. How he/she uses his/her hands and fingers to do things?
- d. How he/she uses his/her arms and legs?
- e. How he/she behaves?
- f. How he/she gets along with others?
- g. How he/she is learning to do things for himself/herself?
- h. How he/she is learning preschool or school skills?

(S6Q20 – S6Q27)

3. During the past 12 months, did [CHILD's NAME]'s doctors or other health care professionals ask if you have concerns about his/her learning, development, or behavior? **(S6Q28)**
4. During the past 12 months, did his/her doctors or other health care professionals give you specific information to address your concerns about his/her learning, development, or behavior? **(S6Q29 – *only children with YES to S6Q08 and/or "Concerned a lot" to any of S6Q09 – S6Q27*)**

SECTION 6: Early Childhood (*continued*)

5. During the past month, did [CHILD's NAME] regularly attend: **(S6Q48 - S6Q52)**
 - a. A child care center?
 - b. Family-based child care outside of your home?
 - c. Child care in your home provided by a nanny or relative other than a parent or guardian?
 - d. Nursery school, preschool, or kindergarten? (*ages 3-5 only*)
 - e. Head Start or Early Start program? (*ages 3-5 only*)
6. During the past month, how many times have you had to make different arrangements for child care at the last minute because your usual plans changed due to circumstances beyond your control? **(S6Q53)**
7. During the past 12 months, did you or anyone in your 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]? **(S6Q54)**
8. During the past 12 months, has [CHILD's NAME] been injured and required medical attention? **(S6Q55)**
 - Did the injury occur at home, child care, or some other place? **(S6Q56 INDEX)**
9. During the past 12 months, has [CHILD's NAME] been poisoned by accident and required medical attention? **(S6Q57)**
 - Did the poisoning occur at home, at child care, or some other place? **(S6Q58 INDEX)**
10. Was [CHILD's NAME] ever breastfed or fed breast milk? **(S6Q59)**
 - How old was he/she when he/she completely stopped breastfeeding or being fed breast milk? **(S6Q60)**
11. During the past week, how many days did you or family members read stories to [CHILD's NAME]? **(S6Q62)**

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

1. What kind of school is [CHILD's NAME] currently enrolled in? Is it a public school, private school, or home school? **(S7Q01 – S7Q01F)**
2. During the past 12 months, about how many days did [CHILD's NAME] miss school because of illness or injury? **(S7Q02)**
3. During the past 12 months, how many times has [CHILD's NAME]'s school contacted you or another adult in your household about any problems he/she is having with school? **(S7Q04)**
4. Since starting kindergarten, has [CHILD's NAME] repeated any grades? **(S7Q09)**
5. 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? **(S7Q10)**
6. During the past 12 months, did he/she participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Boy/Girl's Club? **(S7Q11)**
7. During the past 12 months, did he/she participate in any other organized events or activities? **(S7Q11A)**
8. During the past week, how many days did [CHILD's NAME] participate in clubs, organizations, or sports team? **(S7Q12)**
9. During the past 12 months, how often did you attend events or activities that [CHILD's NAME] and his/her friends participated in? **(S7Q13)**

SECTION 7: Middle Childhood and Adolescence (continued)

10. Regarding [CHILD's NAME]'s friends, would you say that you have met all of his/her friends, most of his/her friends, some of his/her friends, or none of his/her friends? **(S7Q14)**
11. Sometimes children spend time caring for themselves either at home or somewhere else without an adult or older child responsible for them. During the past week, did [CHILD's NAME] spend time caring for himself/herself for even a small amount of time? **(S7Q15 – ages 6-11 only)**
 - During the past week, how many hours did [CHILD's NAME] take care of himself/herself? **(S7Q16)**
12. During the past 12 months, has [CHILD's NAME] been involved in any type of community service or volunteer work at school, church, or in the community? **(S7Q17)**
13. During the past week, how many hours did [CHILD's NAME] work for pay? **(S7Q19 – ages 12-17 only)**
14. During the past week, how many nights did [CHILD's NAME] get enough sleep for a child his/her age? **(S7Q20)**
15. During the past week, on how many days did [CHILD's NAME] exercise or participate in physical activity for at least 20 minutes that made him/her sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities? **(S7Q21)**
16. During the past 12 months, has [CHILD's NAME] ridden a bike, scooter, skateboard, roller skates, or rollerblades? **(S7Q22)**
17. How often does [CHILD's NAME] wear a helmet when riding a bike, scooter, skateboard, roller skates, or rollerblades? **(S7Q23)**
18. On an average school day, about how much time does [CHILD's NAME] usually spend reading for pleasure? **(S7Q26)**
19. On an average school day, about how many hours does [CHILD's NAME] use a computer for purposes other than homework? **(S7Q27)**
20. On an average school day, about how many hours does [CHILD's NAME] usually watch TV, watch videos, or play video games? **(S7Q28)**
21. Are there family rules about what television programs he/she is allowed to watch? **(S7Q29)**
22. This next section asks about specific concerns you may have about [CHILD's NAME]. Please tell me if you are currently concerned a lot, a little, or not at all about the following: **(S7Q30 – S7Q40)**
 - a. [CHILD's NAME]'s achievement?
 - b. Having enough time with [CHILD's NAME]?
 - c. Your relationship with him/her?
 - d. His/her self-esteem?
 - e. How he/she copes with stressful things?
 - f. Learning difficulties?
 - g. Depression or anxiety?
 - h. Substance abuse?
 - i. Eating disorders?
 - j. Being “bullied” by classmates?
 - k. Violence in the home, school, or neighborhood?

SECTION 7: Middle Childhood and Adolescence (*continued*)

23. I am going to read a list of items that sometimes describe children. For each item, please tell me how often this is true for [CHILD's NAME] during the past month. Would you say never, sometimes, usually, or always? **(S7Q56 – S7Q63)**
- | | |
|--|--|
| a. Argues too much? | g. Tries to understand other people's feelings? |
| b. Bullies or is cruel or mean to others? | h. Tries to resolve conflicts with classmates, family, or friends? |
| c. Shows respect for teachers and neighbors? | i. Feels worthless or inferior? |
| d. Gets along well with other children? | j. Is unhappy, sad, or depressed? |
| e. Is disobedient? | k. Is withdrawn and does not get involved with others? |
| f. Is stubborn, sullen, or irritable? | |

SECTION 8: Family Functioning

1. During the past week, how many times 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? **(S8Q01 – ages 0-6 only)**
2. During the past week, on how many days did all the family members who live in the household eat a meal together? **(S8Q03)**
3. About how often does [CHILD's NAME] attend a religious service? **(S8Q02)**
4. Is your relationship with [CHILD's NAME] very close, somewhat close, not very close, not close at all? **(S8Q04 – ages 6-17 only)**
5. How well can you and [CHILD's NAME] share ideas or talk about things that really matter? **(S8Q05– ages 6-17 only)**
6. In general, how well do you feel you are coping with the day-to-day demands of parenthood? **(S8Q06)**
7. During the past month, how often have you felt [CHILD's NAME] is much harder to care for than most children his/her age? **(S8Q07)**
8. During the past month, how often have you felt he/she does things that really bother you a lot? **(S8Q08)**
9. During the past month, how often have you felt you are giving up more of your life to meet [CHILD's NAME]'s needs than you ever expected? **(S8Q09)**
10. During the past month, how often have you felt angry with him/her? **(S8Q10)**
11. Is there someone that you can turn to for day-to-day emotional help with parenthood/raising children? **(S8Q11)**
12. There are various ways that families deal with serious disagreements. When you have a serious disagreement with your household members, how often do you: **(S8Q12 - S8Q15)**
 - a. Just keep your opinions to yourself?
 - b. Discuss your disagreements calmly?
 - c. Argue heatedly or shout?
 - d. End up hitting or throwing things?

SECTION 9: Parental Health

1. Earlier you told me that you are [CHILD'S NAME]'s mother/father. Are you [CHILD'S NAME]'s biological, adoptive, step, or foster mother/father? **(S9Q00)**
2. Other than yourself, does [CHILD'S NAME] have any (other) parents, or people who act as his/her parents living here? **(S9Q01)**
 - What is their relationship to [CHILD'S NAME]? **(S9Q02 INDEX)**
3. Does [CHILD'S NAME] have any (other) parents, or people who act as his/her parents who do not live at this address? **(S9Q03)**
 - What is their relationship to [CHILD'S NAME]? **(S9Q04 INDEX)**
4. During the past 12 months, how often has [CHILD'S NAME] seen his/her biological mother/father? **(S9Q05-S9Q05A)**
5. Would you say that in general [CHILD'S NAME]'s mother/father's [*your health – if respondent is the mother/father*] health is excellent, very good, good, fair, or poor? **(S9Q08 – S9Q10)**
6. Would you say that in general [CHILD'S NAME]'s mother/father's [*your mental and emotional health – if respondent is the mother/father*] mental and emotional health is excellent, very good, good, fair, or poor? **(S9Q18 – S9Q20)**
7. During the past month, did [CHILD'S NAME]'s mother/father/you regularly exercise or play sports hard enough to make him/her/you breathe hard, make his/her/your heart beat fast, or make her/him/you sweat for 20 minutes or more? **(S9Q15 – S9Q15B)**
8. Does/do [CHILD'S NAME]'s mother/father/you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? **(S9Q15C – S9Q15E)**
9. Does anyone in the household use cigarettes, cigars, or pipe tobacco? **(S9Q11B)**

SECTION 10: Neighborhood Characteristics

1. Now, for the next five questions, I am going to ask you how much you agree or disagree with each of these statements about your neighborhood or community: **(S10Q01 – S10Q05)**
 - a. People in this neighborhood help each other out.
 - b. We watch out for each other's children in this neighborhood.
 - c. There are people I can count on in this neighborhood.
 - d. There are people in this neighborhood who might be a bad influence on my child/children.
 - e. If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.
2. How often do you feel [CHILD'S NAME] is safe in your community or neighborhood? **(S10Q06)**
3. How often do you feel he/she is safe at school? **(S10Q07 – ages 6-17 only)**
4. How often do you feel he/she is safe at home? **(S10Q08)**

SECTION 11: Additional Demographics

1. Is [CHILD's NAME] of Hispanic or Latino origin? **(S11Q01)**
2. Please choose one or more of the following categories to describe [CHILD's NAME]'s race. White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander. **(S11Q02 INDEX)**
3. Was/were [CHILD's NAME]'s mother/father/you born in the United States? **(S11Q03 – S11Q04)**
 - How long has/have mother/father/you been in the United States? **(S11Q05A – S11Q05D)**
4. Was [CHILD's NAME] born in the United States? **(S11Q05)**
 - How long has [CHILD's NAME] been in the United States? **(S11Q05E)**
5. How many times has [CHILD's NAME] ever moved to a new address? **(S11Q06)**
6. Was anyone in the household employed at least 50 weeks out of the past 52 weeks? **(S11Q08)**
7. Household income **(C11Q01 – W9Q12A)**

Only asked for households with incomes less than 300% of Federal Poverty Level:
8. 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]? **(C11Q11)**

Only asked for households with incomes less than 300% of Federal Poverty Level:
9. During the past 12 months, did [CHILD's NAME / any child in the household] receive Food Stamps? **(C11Q11A)**

Only asked for households with incomes less than 300% of Federal Poverty Level:
10. During the past 12 months, did [CHILD's NAME / any child in the household] receive free or reduced-cost breakfasts or lunches at school? **(C11Q11B)**

Only asked for households with incomes less than 300% of Federal Poverty Level:
11. Does anyone who lives in the household currently receive benefits from the Women, Infants, and Children (WIC) Program? **(S9Q34)**
12. Number of telephone lines in household and zip code. **(C11Q14 – C11Q22)**
 - *This information is used to weight the sample mathematically so that it more accurately represents all families, including those without telephones.*