

































































2 = not selected

1 = selected

Skip if SC\_AGE\_YEARS>=2 or SC\_AGE\_LT10=1 or K6Q12=2

---

**K6Q14A - Words and Phrases Concerns (T1)**

---

Header: Did the questionnaire ask about your concerns or observations about: Select ALL that apply.

Words and phrases (fill with SC\_NAME) uses and understands?

2 = not selected

1 = selected

Skip if SC\_AGE\_YEARS<2 or K6Q12=2

---

**K6Q14B - Behaves and Gets Along Concerns (T1)**

---

Header: Did the questionnaire ask about your concerns or observations about: Select ALL that apply.

How (fill with SC\_NAME) behaves and gets along with you and others?

2 = not selected

1 = selected

Skip if SC\_AGE\_YEARS<2 or K6Q12=2

---

**K4Q01 - Place Usually Goes Sick (T1 T2 T3)**

---

Is there a place that (fill with SC\_NAME) USUALLY goes when he or she is sick or you or another caregiver needs advice about his or her health?

1 = Yes

2 = No

---

**K4Q02\_R - Place Usually Goes Sick - Where (T1 T2 T3)**

---

Where does (fill with SC\_NAME) USUALLY go?

Mark ONE only.

1 = Doctor's Office

2 = Hospital Emergency Room

3 = Hospital Outpatient Department

4 = Clinic or Health Center

5 = Retail Store Clinic or "Minute Clinic"

6 = School (Nurse's Office, Athletic Trainer's Office)

7 = Some other place

Skip if K4Q01 = 2

---

**USUALGO - Place Usually Goes Routine Preventive Care (T1 T2 T3)**

---

Is there a place that (fill with SC\_NAME) USUALLY goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?

1 = Yes

2 = No

---

**USUALSICK - Place Usually Goes Routine Same As Sick (T1 T2 T3)**

---

Is that the same place where (fill with SC\_NAME) goes when he or she is sick?

1 = Yes

2 = No

Skip if USUALGO = 2

---

**K4Q31\_R - Vision Tested (T1 T2 T3)**

---

Has (fill with SC\_NAME) EVER had his or her vision tested with pictures, shapes, or letters?

1 = Yes

2 = No

---

**K4Q32X01 - Vision Tested - Eye Doctor or Eye Specialist (T1 T2 T3)**

---

What kind of place or places did (fill with SC\_NAME) have his or her vision tested?

Select ALL that apply.

2 = not selected

1 = selected

Skip if K4Q31\_R = 2

---

**K4Q32X02 - Vision Tested - Pediatrician or General Doctor (T1 T2 T3)**

---

What kind of place or places did (fill with SC\_NAME) have his or her vision tested?

2 = not selected

1 = selected

Skip if K4Q31\_R = 2

---

**K4Q32X03 - Vision Tested - Clinic or Health Center (T1 T2 T3)**

---

What kind of place or places did (fill with SC\_NAME) have his or her vision tested?

2 = not selected

1 = selected

Skip if K4Q31\_R = 2

---

**K4Q32X04 - Vision Tested - School (T1 T2 T3)**

---

What kind of place or places did (fill with SC\_NAME) have his or her vision tested?

2 = not selected

1 = selected

Skip if K4Q31\_R = 2

---

**K4Q32X05 - Vision Tested - Other (T1 T2 T3)**

---

What kind of place or places did (fill with SC\_NAME) have his or her vision tested?

2 = not selected

1 = selected

Skip if K4Q31\_R = 2

---

**K4Q30\_R - Dental Provider Visit (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) see a dentist or other oral health care provider for any kind of dental or oral health care?

1 = Yes, saw a dentist

2 = Yes, saw other oral health care provider

3 = No

---

**DENTISTVISIT - Dental Provider Visit - How Many Visits (T1 T2 T3)**

---

Did (fill with SC\_NAME) see a dentist or other oral health care provider for preventive dental care, such as check-ups and dental cleanings, dental sealants, or fluoride treatments?

1 = No preventive visits in past 12 months

2 = Yes, 1 visit

3 = Yes, 2 or more visits

Skip if K4Q30\_R=3

---

**DENTALSERV1 - Dental Service - Check-up (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC\_NAME) receive?  
Select ALL that apply.

2 = not selected

1 = selected

Skip if K4Q30\_R=3 or DENTISTVISIT=1

---

**DENTALSERV2 - Dental Service - Cleaning (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC\_NAME) receive?

2 = not selected

1 = selected

Skip if K4Q30\_R=3 or DENTISTVISIT=1

---

**DENTALSERV3 - Dental Service - Instructions on Toothbrushing (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC\_NAME) receive?

2 = not selected

1 = selected

Skip if K4Q30\_R=3 or DENTISTVISIT=1

---

**DENTALSERV4 - Dental Service - X-Rays (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC\_NAME) receive?



2 = not selected

1 = selected

Skip if K4Q30\_R=3 or DENTISTVISIT=1

---

**DENTALSERV5 - Dental Service - Fluoride Treatment (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC\_NAME) receive?

2 = not selected

1 = selected

Skip if K4Q30\_R=3 or DENTISTVISIT=1

---

**DENTALSERV6 - Dental Service - Sealant (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC\_NAME) receive?

2 = not selected

1 = selected

Skip if K4Q30\_R=3 or DENTISTVISIT=1

---

**DENTALSERV7 - Dental Service - Don't Know (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC\_NAME) receive?

2 = not selected

1 = selected

Skip if K4Q30\_R=3 or DENTISTVISIT=1

---

**K4Q22\_R - Mental Health Professional Treatment (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, has (fill with SC\_NAME) received any treatment or counseling from a mental health professional?

Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

1 = Yes

2 = No, but this child needed to see a mental health professional

3 = No, this child did not need to see a mental health professional

---

**TREATNEED - Mental Health Professional Treatment - Problem (T1 T2 T3)**

---

How much of a problem was it to get the mental health treatment or counseling that (fill with SC\_NAME) needed?

1 = Not a problem

2 = Small problem

3 = Big problem

Skip if K4Q22\_R=3

---

**K4Q23 - Emotions Concentration Behavior Medication (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, has (fill with SC\_NAME) taken any medication because of difficulties with his or her emotions, concentration, or behavior?

1 = Yes

2 = No

---

**K4Q24\_R - Specialist Visit (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) see a specialist other than a mental health professional?

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

1 = Yes

2 = No, but this child needed to see a specialist

3 = No, this child did not need to see a specialist

---

**K4Q26 - Specialist Visit - Problem (T1 T2 T3)**

---

How much of a problem was it to get the specialist care that (fill with SC\_NAME) needed?

1 = Not a problem

2 = Small problem

3 = Big problem

Skip if K4Q24\_R=3

---

**ALTHEALTH - Alternative Health Care (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) use any type of alternative health care or treatment?

Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.

1 = Yes

2 = No

---

**K4Q27 - Needed Health Care Not Received (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, was there any time when (fill with SC\_NAME) needed health care but it was not received?

By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.

1 = Yes

2 = No

---

**K4Q28X01 - Needed Health Care Not Received - Medical Care (T1 T2 T3)**

---

Which type of care was not received?

Select ALL that apply.

2 = not selected

1 = selected

Skip if K4Q27=2

---

**K4Q28X02 - Needed Health Care Not Received - Dental Care (T1 T2 T3)**

---

Which type of care was not received?

2 = not selected

1 = selected

Skip if K4Q27=2

---

**K4Q28X03 - Needed Health Care Not Received - Vision Care (T1 T2 T3)**

---

Which type of care was not received?

2 = not selected

1 = selected

Skip if K4Q27=2

---

**K4Q28X\_EAR - Needed Health Care Not Received - Hearing Care (T1 T2 T3)**

---

Which type of care was not received?

2 = not selected

1 = selected

Skip if K4Q27=2

---

**K4Q28X04 - Needed Health Care Not Received - Mental Health Services (T1 T2 T3)**

---

Which type of care was not received?

2 = not selected

1 = selected

Skip if K4Q27=2

---

**K4Q28X05 - Needed Health Care Not Received - Other (T1 T2 T3)**

---

Which type of care was not received?

2 = not selected

1 = selected

Skip if K4Q27=2

---

**NOTEIG - Needed Health Care Not Received Due to - Not Eligible (T1 T2 T3)**

---

Header: Which of the following contributed to (fill with SC\_NAME) not receiving needed health services:

(fill with SC\_NAME) was not eligible for the services?

1 = Yes

2 = No

Skip if K4Q27=2

---

**AVAILABLE - Needed Health Care Not Received Due to - Not Available (T1 T2 T3)**

---

Header: Which of the following contributed to (fill with SC\_NAME) not receiving needed health services:

The services (fill with SC\_NAME) needed were not available in your area?

1 = Yes

2 = No

Skip if K4Q27=2

---

**APPOINTMENT - Needed Health Care Not Received Due to - Getting Appointment (T1 T2 T3)**

---

Header: Which of the following contributed to (fill with SC\_NAME) not receiving needed health services:

There were problems getting an appointment when (fill with SC\_NAME) needed one?

1 = Yes

2 = No

Skip if K4Q27=2

---

**TRANSPORTCC - Needed Health Care Not Received Due to - Getting Transportation (T1 T2 T3)**

---

Header: Which of the following contributed to (fill with SC\_NAME) not receiving needed health services:

There were problems with getting transportation or child care?

1 = Yes

2 = No

Skip if K4Q27=2

---

**NOTOPEN - Needed Health Care Not Received Due to - Office Not Open (T1 T2 T3)**

---

Header: Which of the following contributed to (fill with SC\_NAME) not receiving needed health services:

The (clinic/doctor's) office wasn't open when (fill with SC\_NAME) needed care?

1 = Yes

2 = No

Skip if K4Q27=2

---

**ISSUECOST - Needed Health Care Not Received Due to - Cost (T1 T2 T3)**

---

Header: Which of the following contributed to (fill with SC\_NAME) not receiving needed health services:

There were issues related to cost?

1 = Yes

2 = No

Skip if K4Q27=2

---

**C4Q04 - Frustrated In Efforts to Get Service (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for  
(fill with SC\_NAME)?

1 = Never

2 = Sometimes

3 = Usually

4 = Always

---

**HOSPITALER - Hospital Emergency Room Visits (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, how many times did (fill with SC\_NAME) visit a hospital  
emergency room?

1 = No visits

2 = 1 visit

3 = 2 or more visits

---

**K6Q15 - Special Education Plan (T1 T2 T3)**

---

Has (fill with SC\_NAME) EVER had a special education or early intervention plan?

Children receiving these services often have an Individualized Family Service Plan or Individualized  
Education Plan.

1 = Yes

2 = No

---

**SESPLANR - Special Education Plan - Age in Years (T1 T2 T3)**

---

How old was (fill with SC\_NAME) at the time of the FIRST plan?

[0...16]

Skip if K6Q15=2

---

**SESPLANMO - Special Education Plan - Age in Months (T1 T2 T3)**

---

How old was (fill with SC\_NAME) at the time of the FIRST plan?

[0...11]

Skip if K6Q15=2

---

**SESCURRVC - Special Education Plan - Currently (T1 T2 T3)**

---

Is (fill with SC\_NAME) CURRENTLY receiving services under one of these plans?

1 = Yes

2 = No

Skip if K6Q15=2

---

**K4Q36 - Received Special Services (T1 T2 T3)**

---

Has (fill with SC\_NAME) EVER received special services to meet his or her developmental needs  
such as speech, occupational, or behavioral therapy?

1 = Yes

2 = No

---

**K4Q37 - Received Special Services - Age in Years (T1 T2 T3)**

---

How old was (fill with SC\_NAME) when he or she began receiving these special services?

[0...16]

Skip if K4Q36=2

---

**SPCSERVMO - Received Special Services - Age in Months (T1 T2 T3)**

---

How old was (fill with SC\_NAME) when he or she began receiving these special services?

[0...11]

Skip if K4Q36=2

---

**K4Q38 - Received Special Services - Currently (T1 T2 T3)**

---

Is (fill with SC\_NAME) CURRENTLY receiving these special services?

1 = Yes

2 = No

Skip if K4Q36=2

---

**K4Q04\_R - Personal Doctor or Nurse - One or More (T1 T2 T3)**

---

Do you have one or more persons you think of as (fill with SC\_NAME)'s personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

1 = Yes, one person

2 = Yes, more than one person

3 = No

---

**K5Q10 - Need a Referral (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) need a referral to see any doctors or receive any services?

1 = Yes

2 = No

---

**K5Q11 - Need a Referral - Problem (T1 T2 T3)**

---

How much of a problem was it to get referrals?

- 1 = Not a problem
  - 2 = Small problem
  - 3 = Big problem
- Skip if S4Q01=2

---

**K5Q40 - How Often - Spend Enough Time (T1 T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC\_NAME)'s doctors or other health care providers:

Spend enough time with (fill with SC\_NAME)?

- 1 = Always
  - 2 = Usually
  - 3 = Sometimes
  - 4 = Never
- Skip if S4Q01=2

---

**K5Q41 - How Often - Listen Carefully (T1 T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC\_NAME)'s doctors or other health care providers:

Listen carefully to you?

- 1 = Always
  - 2 = Usually
  - 3 = Sometimes
  - 4 = Never
- Skip if S4Q01=2

---

**K5Q42 - How Often - Show Sensitivity (T1 T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC\_NAME)'s doctors or other health care providers:

Show sensitivity to your family's values and customs?

- 1 = Always
  - 2 = Usually
  - 3 = Sometimes
  - 4 = Never
- Skip if S4Q01=2

---

**K5Q43 - How Often - Provide Specific Information (T1 T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC\_NAME)'s doctors or other health care providers:

Provide the specific information you needed concerning (fill with SC\_NAME)?

- 1 = Always
  - 2 = Usually
  - 3 = Sometimes
  - 4 = Never
- Skip if S4Q01=2

---

**K5Q44 - How Often - Feel Like a Partner (T1 T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC\_NAME)'s doctors or other health care providers:

Help you feel like a partner in (fill with SC\_NAME)'s care?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if S4Q01=2

---

**DECISIONS - Health Care Services Treatment Decisions (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, were any decisions needed about (fill with SC\_NAME)'s health care services or treatment, such as whether to start or stop a prescription or therapy services, get a referral to a specialist, or have a medical procedure?

1 = Yes

2 = No

Skip if S4Q01=2

---

**DISCUSOPT - How Often - Discussed Range of Options (T1 T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC\_NAME)'s doctors or other health care providers:

Discuss with you the range of options to consider for his or her health care or treatment?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if DECISIONS=2 or S4Q01=2

---

**RAISECONC - How Often - Easy to Raise Concerns or Disagree (T1 T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC\_NAME)'s doctors or other health care providers:

Make it easy for you to raise concerns or disagree with recommendations for (fill with SC\_NAME)'s health care?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if DECISIONS=2 or S4Q01=2

---

**BESTFORCHILD - How Often - Work to Decide Together Treatment (T1 T2 T3)**

---



Header: DURING THE PAST 12 MONTHS, how often did (fill with SC\_NAME)'s doctors or other health care providers:

Work with you to decide together which health care and treatment choices would be best for (fill with SC\_NAME)?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if DECISIONS=2 or S4Q01=2

---

**K5Q20\_R - Arrange Or Coordinate Care Among Doctors (T1 T2 T3)**

---

Does anyone help you arrange or coordinate (fill with SC\_NAME)'s care among the different doctors or services that (fill with SC\_NAME) uses?

1 = Yes

2 = No

3 = Did not see more than one health care provider in past 12 months

Skip if S4Q01=2

---

**K5Q21 - Arrange Or Coordinate Care Extra Help (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating (fill with SC\_NAME)'s care among the different health care providers or services?

1 = Yes

2 = No

Skip if K5Q20\_R = 3 or S4Q01=2

---

**K5Q22 - Arrange Or Coordinate As Much Help As Wanted (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating (fill with SC\_NAME)'s health care?

1 = Usually

2 = Sometimes

3 = Never

Skip if K5Q21 in (2, .L)

---

**K5Q30 - Communication Satisfaction Among Doctors (T1 T2 T3)**

---

Overall, how satisfied are you with the communication among (fill with SC\_NAME)'s doctors and other health care providers?

1 = Very Satisfied

2 = Somewhat satisfied

3 = Somewhat dissatisfied

4 = Very dissatisfied

Skip if K5Q20\_R = 3 or S4Q01=2

---

**K5Q31\_R - Communication with School, Child Care, Special Education Program (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, did (fill with SC\_NAME)'s health care provider communicate with this child's school, child care provider, or special education program?

1 = Yes

2 = No

3 = Did not need health care provider to communicate with these providers

Skip if S4Q01=2

---

**K5Q32 - Communication Satisfaction with School, Child Care, Special Education Program (T1 T2 T3)**

---

Overall, how satisfied are you with the health care provider's communication with the school, child care provider, or special education program?

1 = Very Satisfied

2 = Somewhat satisfied

3 = Somewhat dissatisfied

4 = Very dissatisfied

Skip if K5Q31 in (2,3) or S4Q01=2

---

**TREATCHILD - Doctors Treat Only Children (T3)**

---

Do any of (fill with SC\_NAME)'s doctors or other health care providers treat only children?

1 = Yes

2 = No

---

**TREATADULT - Talked About Child Seeing Doctors Who Treat Adults (T3)**

---

Have they talked with you about having (fill with SC\_NAME) eventually see doctors or other health care providers who treat adults?

1 = Yes

2 = No

Skip if TREATCHILD=2

---

**PLANFUTURE - Doctor Worked with Child to Plan For Future (T3)**

---

Header: Has (fill with SC\_NAME)'s doctor or other health care provider actively worked with (fill with SC\_NAME) to:

Think about and plan for his or her future.

For example, by taking time to discuss future plans about education, work, relationships, and development of independent living skills?

1 = Yes

2 = No

3 = Don't Know

---

**POSCHOICE - Doctor Worked with Child to Make Positive Choices (T3)**

---

Header: Has (fill with SC\_NAME)'s doctor or other health care provider actively worked with (fill with SC\_NAME) to:

Make positive choices about his or her health.

For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?

1 = Yes

2 = No

3 = Don't Know

---

**GAINSKILLS - Doctor Worked with Child to Gain Skills to Manage Health (T3)**

---

Header: Has (fill with SC\_NAME)'s doctor or other health care provider actively worked with (fill with SC\_NAME) to:

Gain skills to manage his or her health and health care.

For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need?

1 = Yes

2 = No

3 = Don't Know

---

**CHANGEAGE - Doctor Worked with Child to Understand Health Care Changes (T3)**

---

Header: Has (fill with SC\_NAME)'s doctor or other health care provider actively worked with (fill with SC\_NAME) to:

Understand the changes in health care that happen at age 18.

For example, by understanding changes in privacy, consent, access to information, or decision-making?

1 = Yes

2 = No

3 = Don't Know

---

**WRITEPLAN - Doctor Worked with You and Child To Create Written Plan (T3)**

---

Has (fill with SC\_NAME)'s doctors or other health care providers worked with you and (fill with SC\_NAME) to create a written plan to meet his or her health goals and needs?

1 = Yes

2 = No

---

**PLANNEEDS - Plan Identify Specific Health Goals or Needs (T3)**

---

Does this plan identify specific health goals for (fill with SC\_NAME) and any health needs or problems (fill with SC\_NAME) may have and how to get these needs met?

1 = Yes

2 = No

Skip if WRITEPLAN=2

---

**RECEIVECOPY - Receive Written Copy of Plan (T3)**

---

Did you and (fill with SC\_NAME) receive a written copy of this plan of care?

1 = Yes

2 = No

Skip if WRITEPLAN=2

---

**PLANUTD - Plan Currently Up-To-Date (T3)**

---

Is this plan CURRENTLY up-to-date for (fill with SC\_NAME)?

1 = Yes

2 = No

Skip if WRITEPLAN=2

---

**HEALTHKNOW - How Child Will Be Insured as an Adult (T3)**

---

Eligibility for health insurance often changes in young adulthood. Do you know how (fill with SC\_NAME) will be insured as he or she becomes an adult?

1 = Yes

2 = No

---

**KEEPINSADULT - How to Obtain/Keep Health Insurance as Child Becomes Adult (T3)**

---

Has anyone discussed with you how to obtain or keep some type of health insurance coverage as (fill with SC\_NAME) becomes an adult?

1 = Yes

2 = No

Skip if HEALTHKNOW=1

---

**K3Q04\_R - Health Insurance Coverage - Past 12 Months (Use INSGAP) (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, was (fill with SC\_NAME) EVER covered by ANY kind of health insurance or health coverage plan?

1 = Yes, this child was covered all 12 months

2 = Yes, but this child had a gap in coverage

3 = No

---

**K12Q01\_A - Reason Not Covered - Change in Employer/Employment (T1 T2 T3)**

---

Header: Indicate whether any of the following is a reason (fill with SC\_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:

Change in employer or employment status

1 = Yes

2 = No

Skip if K3Q04\_R=1

---

**K12Q01\_B - Reason Not Covered - Cancellation Overdue Premiums (T1 T2 T3)**

---

Header: Indicate whether any of the following is a reason (fill with SC\_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:

Cancellation due to overdue premiums

1 = Yes

2 = No

Skip if K3Q04\_R=1

---

**K12Q01\_C - Reason Not Covered - Unaffordable (T1 T2 T3)**

---

Header: Indicate whether any of the following is a reason (fill with SC\_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:

Dropped coverage because it was unaffordable

1 = Yes

2 = No

Skip if K3Q04\_R=1

---

**K12Q01\_D - Reason Not Covered - Inadequate Benefits (T1 T2 T3)**

---

Header: Indicate whether any of the following is a reason (fill with SC\_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:

Dropped coverage because benefits were inadequate

1 = Yes

2 = No

Skip if K3Q04\_R=1

---

**K12Q01\_E - Reason Not Covered - Inadequate Providers (T1 T2 T3)**

---

Header: Indicate whether any of the following is a reason (fill with SC\_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:

Dropped coverage because choice of health care providers was inadequate

1 = Yes

2 = No

Skip if K3Q04\_R=1

---

**K12Q01\_F - Reason Not Covered - Application/Renewal Problems (T1 T2 T3)**

---

Header: Indicate whether any of the following is a reason (fill with SC\_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:

Problems with application or renewal process

1 = Yes

2 = No

Skip if K3Q04\_R=1

---

**K12Q01\_G - Reason Not Covered - Other (T1 T2 T3)**

---

Header: Indicate whether any of the following is a reason (fill with SC\_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:

Other - Please specify

1 = Yes

2 = No

Skip if K3Q04\_R=1

---

**CURRCOV - Health Insurance Coverage - Currently Covered (Use CURRINS) (T1 T2 T3)**

---

Is (fill with SC\_NAME) CURRENTLY covered by ANY kind of health insurance or health coverage plan?

1 = Yes

2 = No

---

**K12Q03 - Health Insurance - Current/Former Employer or Union (T1 T2 T3)**

---

Header: Is (fill with SC\_NAME) covered by any of the following types of health insurance or health coverage plans?

Insurance through a current or former employer or union

1 = Yes

2 = No

Skip if CURRCOV=2

---

**K12Q04 - Health Insurance - Insurance Company (T1 T2 T3)**

---

Header: Is (fill with SC\_NAME) covered by any of the following types of health insurance or health coverage plans?

Insurance purchased directly from an insurance company

1 = Yes

2 = No

Skip if CURRCOV=2

---

**K12Q12 - Health Insurance - Government Assistance Plan (T1 T2 T3)**

---

Header: Is (fill with SC\_NAME) covered by any of the following types of health insurance or health coverage plans?

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

1 = Yes

2 = No

Skip if CURRCOV=2

---

**TRICARE - Health Insurance - TRICARE (T1 T2 T3)**

---

Header: Is (fill with SC\_NAME) covered by any of the following types of health insurance or health coverage plans?

TRICARE or other military health care

1 = Yes

2 = No

Skip if CURRCOV=2

---

**K11Q03R - Health Insurance - Indian Health Service (T1 T2 T3)**

---

Header: Is (fill with SC\_NAME) covered by any of the following types of health insurance or health coverage plans?

Indian Health Service

1 = Yes

2 = No

Skip if CURRCOV=2

---

**HCCOVOTH - Health Insurance - Other (T1 T2 T3)**

---

Header: Is (fill with SC\_NAME) covered by any of the following types of health insurance or health coverage plans?

Other - Please specify

1 = Yes

2 = No

Skip if CURRCOV=2

---

**K3Q20 - Health Insurance - Benefits Cover Services (T1 T2 T3)**

---

How often does (fill with SC\_NAME)'s health insurance offer benefits or cover services that meet (fill with SC\_NAME)'s needs?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if CURRCOV=2

---

**K3Q22 - Health Insurance - Allow to See Provider (T1 T2 T3)**

---

How often does (fill with SC\_NAME)'s health insurance allow him or her to see the health care providers he or she needs?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if CURRCOV=2

---

**MENBEVCOV - Health Insurance - Cover Mental Behavioral Needs (T1 T2 T3)**

---

Thinking specifically about (fill with SC\_NAME)'s mental or behavioral health needs, how often does (fill with SC\_NAME)'s health insurance offer benefits or cover services that meet these needs?

5 = (fill with SC\_NAME) does not use mental or behavioral health services

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if CURRCOV=2

---

**HOWMUCH - How Much Medical Health Care - Past 12 Months (T1 T2 T3)**

---

Including co-pays and amounts from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for (fill with SC\_NAME) medical, health, dental, and vision care DURING THE PAST 12 MONTHS?

Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

1 = \$0 (No medical or health-related expenses)

2 = \$1-\$249

3 = \$250-\$499

4 = \$500-\$999

5 = \$1,000-\$5,000

6 = More than \$5,000

---

**K3Q21B - How Often Costs Reasonable (T1 T2 T3)**

---

How often are these costs reasonable?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if HOWMUCH = 1

---

**K3Q25 - Problems Paying for Medical or Health Care (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, did your family have problems paying for any of (fill with SC\_NAME)'s medical or health care bills?

1 = Yes

2 = No

---

**STOPWORK - Past 12 Months - Stopped Working because of Health Status (T1 T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, have you or other family members:

Stopped working because of (fill with SC\_NAME)'s health or health conditions?

1 = Yes

2 = No

---

**CUTHOURS - Past 12 Months -Cut Hours because of Health Conditions (T1 T2 T3)**

---



Header: DURING THE PAST 12 MONTHS, have you or other family members:  
Cut down on the hours you work because of (fill with SC\_NAME)'s health or health conditions?

- 1 = Yes
- 2 = No

---

**AVOIDCHG - Past 12 Months - Avoided Changing Jobs to Maintain Health Insurance (T1 T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, have you or other family members:  
Avoided changing jobs because of concerns about maintaining health insurance for (fill with SC\_NAME)?

- 1 = Yes
- 2 = No

---

**ATHOMEHC - Hours Spent Providing Home Health Care (T1 T2 T3)**

---

IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for (fill with SC\_NAME)?

Care might include changing bandages, or giving medication and therapies when needed.

- 6 = (fill with SC\_NAME) does not need health care provided on a weekly basis
- 1 = No at home care was provided by me or other family members
- 2 = Less than 1 hour per week
- 3 = 1-4 hours per week
- 4 = 5-10 hours per week
- 5 = 11 or more hours per week

---

**ARRANGEHC - Hours Spent Arranging Health Medical Care (T1 T2 T3)**

---

IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for (fill with SC\_NAME), such as making appointments or locating services?

- 6 = (fill with SC\_NAME) does not need health care provided on a weekly basis
- 1 = No health or medical care was arranged or coordinated by me or other family members
- 2 = Less than 1 hour per week
- 3 = 1-4 hours per week
- 4 = 5-10 hours per week
- 5 = 11 or more hours per week

---

**STARTSCHOOL - Has Child Started School (T1)**

---

Has (fill with SC\_NAME) started school?

Include homeschooling.

1 = Yes

2 = No

Skip if SC\_AGE\_YEARS<3

---

**K6Q08\_R - Learning to Do Things For Him or Herself (T1)**

---

How well is (fill with SC\_NAME) learning to do things for him or herself?

1 = Very well

2 = Somewhat

3 = Poorly

4 = Not at all

Skip if SC\_AGE\_YEARS<3

---

**CONFIDENT - Confident Ready for School (T1)**

---

How confident are you that (fill with SC\_NAME) is ready to be in school?

1 = Very confident

2 = Mostly confident

3 = Somewhat confident

4 = Not confident at all

Skip if SC\_AGE\_YEARS<3

---

**RECOGBEGIN - Recognize Beginning Sound of a Word (T1)**

---

How often can (fill with SC\_NAME) recognize the beginning sound of a word? For example, can (fill with SC\_NAME) tell you that the word "ball" starts with the "buh" sound?

1 = All of the time

2 = Most of the time

3 = Some of the time

4 = None of the time

Skip if SC\_AGE\_YEARS<3

---

**RECOGABC - Recognize Letters of Alphabet (T1)**

---

About how many letters of the alphabet can (fill with SC\_NAME) recognize?

1 = All of them

2 = Most of them

3 = Some of them

4 = None of them

Skip if SC\_AGE\_YEARS<3

---

**RHYMEWORD - Rhyme Words (T1)**

---

Can (fill with SC\_NAME) rhyme words?

1 = Yes

2 = No

Skip if SC\_AGE\_YEARS<3

---

**CLEAREXP - How Often - Explain Things Good Idea (T1)**

---

How often can (fill with SC\_NAME) explain things he or she has seen or done so that you get a very good idea what happened?

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = None of the time

Skip if SC\_AGE\_YEARS<3

---

**WRITENAME - How Often - Write First Name (T1)**

---

How often can (fill with SC\_NAME) write his or her first name, even if some of the letters aren't quite right or are backwards?

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = None of the time

Skip if SC\_AGE\_YEARS<3

---

**COUNTTO - Can Count How High (T1)**

---

How high can (fill with SC\_NAME) count?

- 1 = Not at all
- 2 = Up to five
- 3 = Up to ten
- 4 = Up to 20
- 5 = Up to 50
- 6 = Up to 100

Skip if SC\_AGE\_YEARS<3

---

**RECSHAPES - How Often - Identify Basic Shapes (T1)**

---

How often can (fill with SC\_NAME) identify basic shapes such as a triangle, circle, or square?

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = None of the time

Skip if SC\_AGE\_YEARS<3

---

**DISTRACTED - How Often - Easily Distracted (T1)**

---

How often is (fill with SC\_NAME) easily distracted?

- 1 = All of the time
  - 2 = Most of the time
  - 3 = Some of the time
  - 4 = None of the time
- Skip if SC\_AGE\_YEARS<3

---

**WORKTOFIN - How Often - Work Until Finished (T1)**

---

How often does (fill with SC\_NAME) keep working at something until he or she is finished?

- 1 = All of the time
  - 2 = Most of the time
  - 3 = Some of the time
  - 4 = None of the time
- Skip if SC\_AGE\_YEARS<3

---

**SIMPLEINST - How Often - Follow Instructions for Simple Task (T1)**

---

When he or she is paying attention, how often can (fill with SC\_NAME) follow instructions to complete a simple task?

- 1 = All of the time
  - 2 = Most of the time
  - 3 = Some of the time
  - 4 = None of the time
- Skip if SC\_AGE\_YEARS<3

---

**USEPENCIL - How Child Holds a Pencil (T1)**

---

When (fill with SC\_NAME) holds a pencil, does he or she use fingers to hold, or does he or she grip it in his or her fist?

- 1 = Uses fingers
  - 2 = Grips in fist
  - 3 = Cannot hold a pencil
- Skip if SC\_AGE\_YEARS<3

---

**PLAYWELL - How Often - Play Well with Others (T1)**

---

How often does (fill with SC\_NAME) play well with others?

- 1 = All of the time
  - 2 = Most of the time
  - 3 = Some of the time
  - 4 = None of the time
- Skip if SC\_AGE\_YEARS<3

---

**NEWACTIVITY - How Often - Become Angry or Anxious (T1)**

---

How often does (fill with SC\_NAME) become angry or anxious when going from one activity to another?

- 1 = All of the time
  - 2 = Most of the time
  - 3 = Some of the time
  - 4 = None of the time
- Skip if SC\_AGE\_YEARS<3

---

**HURTSAD - How Often - Show Concern (T1)**

---

How often does (fill with SC\_NAME) show concern when others are hurt or unhappy?

- 1 = All of the time
  - 2 = Most of the time
  - 3 = Some of the time
  - 4 = None of the time
- Skip if SC\_AGE\_YEARS<3

---

**CALMDOWN - How Often - Can Calm Down (T1)**

---

How often can (fill with SC\_NAME) calm down when excited or all wound up?

- 1 = All of the time
  - 2 = Most of the time
  - 3 = Some of the time
  - 4 = None of the time
- Skip if SC\_AGE\_YEARS<3

---

**TEMPER - How Often - Lose Control (T1)**

---

How often does (fill with SC\_NAME) lose control of his or her temper when things do not go his or her way?

- 1 = All of the time
  - 2 = Most of the time
  - 3 = Some of the time
  - 4 = None of the time
- Skip if SC\_AGE\_YEARS<3

---

**SITSTILL - How Often - Able to Sit Still (T1)**

---

Compared to other children his or her age, how often is (fill with SC\_NAME) able to sit still?

- 1 = All of the time
  - 2 = Most of the time
  - 3 = Some of the time
  - 4 = None of the time
- Skip if SC\_AGE\_YEARS<3

---

**EXPULSION - Asked To Keep Child Home (T1)**

---

IN THE PAST 12 MONTHS, were you ever asked to keep your child home from any child care or preschool because of their behavior (things like hitting, kicking, biting, tantrums or disobeying)?  
Mark one only.

- 1 = (Fill child's name) did not attend child care or preschool  
2 = No  
3 = Yes, I was told to pick up my child early on 1 or more days  
4 = Yes, I had to keep my child home for 1 full day or more  
5 = Yes, permanently I was told my child could no longer attend this child care center or preschool

Skip if SC\_AGE\_YEARS<3

---

**K7Q02R\_R - Days Child Missed School - Illness or Injury (T2 T3)**

---

DURING THE PAST 12 MONTHS, about how many days did (fill with SC\_NAME) miss school because of an illness or injury?

- 1 = No missed school days  
2 = 1 - 3 days  
3 = 4 - 6 days  
4 = 7 - 10 days  
5 = 11 or more days

---

**K7Q04R\_R - Times School Contacted Household About Problems (T2 T3)**

---

DURING THE PAST 12 MONTHS, how many times has (fill with SC\_NAME)'s school contacted you or another adult in your household about any problems he or she is having with school?

- 1 = No times  
2 = 1 time  
3 = 2 or more times

---

**REPEATED - Child Repeated Any Grades (T2 T3)**

---

SINCE STARTING KINDERGARTEN, has (fill with SC\_NAME) repeated any grades?

- 1 = Yes  
2 = No

---

**K7Q30 - Sports Team or Sports Lessons - Past 12 Months (T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) participate in:

A sports team or did he or she take sports lessons after school or on weekends?

- 1 = Yes  
2 = No

---

**K7Q31 - Clubs or Organizations - Past 12 Months (T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) participate in:

Any clubs or organizations after school or on weekends?

1 = Yes

2 = No

---

**K7Q32 - Organized Activities or Lessons - Past 12 Months (T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) participate in:

Any other organized activities or lessons, such as music, dance, language, or other arts?

1 = Yes

2 = No

---

**K7Q37 - Community Service or Volunteer Work - Past 12 Months (T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) participate in:

Any type of community service or volunteer work at school, church, or in the community?

1 = Yes

2 = No

---

**K7Q38 - Paid Work or Regular Job - Past 12 Months (T2 T3)**

---

Header: DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) participate in:

Any paid work including regular jobs as well as babysitting, cutting grass, or other occasional work?

1 = Yes

2 = No

---

**K7Q33 - How Often Attend Events or Activities (T2 T3)**

---

DURING THE PAST 12 MONTHS, how often did you attend events or activities that (fill with SC\_NAME) participated in?

1 = Always

2 = Usually

3 = Sometimes

4 = Rarely

5 = Never

---

**PHYSACTIV - Exercise, Play Sport, or Physical Activity for 60 Minutes (T2 T3)**

---

During the past week, on how many days did (fill with SC\_NAME) exercise, play a sport, or participate in physical activity for at least 6 minutes?

1 = 0 days

2 = 1 - 3 days

3 = 4 - 6 days

4 = Every day

---

**MAKEFRIEND - Difficulty Making or Keeping Friends (T1 T2 T3)**

---

Compared to other children his or her age, how much difficulty does (fill with SC\_NAME) have making or keeping friends?

1 = No difficulty

2 = A little difficulty

3 = A lot of difficulty

Skip if SC\_AGE\_YEARS<3

---

**BORNUSA - Born in the United States (T1 T2 T3)**

---

Was (fill with SC\_NAME) born in the United States?

1 = Yes

2 = No

---

**LIVEUSA\_YR - How Long Living in the United States - Years (T1 T2 T3)**

---

How long has (fill with SC\_NAME) been living in the United States?

[0...17]

Skip if BORNUSA=1

---

**LIVEUSA\_MO - How Long Living in the United States - Months (T1 T2 T3)**

---

How long has (fill with SC\_NAME) been living in the United States?

[0...11]

Skip if BORNUSA=1

---

**K11Q43R - How Many Times Moved to New Address (T1 T2 T3)**

---

How many times has (fill with SC\_NAME) moved to a new address since he or she was born?

[0...15]

---

**BEDTIME - How Often - Go to Bed at Same Time (T1 T2 T3)**

---

How often does (fill with SC\_NAME) go to bed at about the same time on weeknights?

1 = Always

2 = Usually

3 = Sometimes

4 = Rarely

5 = Never

---

**HOURSLEEP05 - Past Week - How Many Hours of Sleep Average (T1)**

---

DURING THE PAST WEEK, how many hours of sleep did (fill with SC\_NAME) get on an average day (count both nighttime sleep and naps)?



- 1 = Less than 7 hours
- 2 = 7 hours
- 3 = 8 hours
- 4 = 9 hours
- 5 = 10 hours
- 6 = 11 hours
- 7 = 12 or more hours

---

**HOURSLEEP - Past Week - How Many Hours of Sleep Average (T2 T3)**

---

DURING THE PAST WEEK, how many hours of sleep did (fill with SC\_NAME) get on an average weeknight?

- 1 = Less than 6 hours
- 2 = 6 hours
- 3 = 7 hours
- 4 = 8 hours
- 5 = 9 hours
- 6 = 10 hours
- 7 = 11 or more hours

---

**SLEEPPOS - Position Most Often Lay Your Baby Down to Sleep (T1)**

---

In which position do you most often lay (fill with SC\_NAME) down to sleep now?

Mark ONE only.

- 1 = On his or her side
  - 2 = On his or her back
  - 3 = On his or her stomach
- Skip if SC\_AGE\_YEARS>0

---

**K7Q60\_R - How Much Time Spent Watching TV (T1 T2 T3)**

---

ON AN AVERAGE WEEKDAY, about how much time does (fill with SC\_NAME) usually spend in front of a TV watching TV programs, videos, or playing video games?

- 1 = None
- 2 = Less than 1 hour
- 3 = 1 hour
- 4 = 2 hours
- 5 = 3 hours
- 6 = 4 or more hours

---

**K7Q91\_R - How Much Time Spent with Computers (T1 T2 T3)**

---

ON AN AVERAGE WEEKDAY, about how much time does (fill with SC\_NAME) usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork?

- 1 = None
- 2 = Less than 1 hour
- 3 = 1 hour
- 4 = 2 hours
- 5 = 3 hours
- 6 = 4 or more hours

---

**K6Q60\_R - How Many Days Read to Child (T1)**

---

DURING THE PAST WEEK, how many days did you or other family members read to (fill with SC\_NAME)?

- 1 = 0 days
- 2 = 1-3 days
- 3 = 4-6 days
- 4 = Every day

---

**K6Q61\_R - How Many Days Tell Stories or Sing to Child (T1)**

---

DURING THE PAST WEEK, how many days did you or other family members tell stories or sing songs to (fill with SC\_NAME)?

- 1 = 0 days
- 2 = 1-3 days
- 3 = 4-6 days
- 4 = Every day

---

**K8Q21 - Share Ideas or Talk About Things That Matter (T2 T3)**

---

How well can you and (fill with SC\_NAME) share ideas or talk about things that really matter?

- 1 = Very well
- 2 = Somewhat well
- 3 = Not very well
- 4 = Not at all

---

**K8Q30 - How Well Handling Demands of Raising Children (T1 T2 T3)**

---

In general, how well do you feel you are handling the day-to-day demands of raising children?

- 1 = Very well
- 2 = Somewhat well
- 3 = Not very well
- 4 = Not at all

---

**K8Q31 - How Often Have You Felt - Child Hard to Care For (T1 T2 T3)**

---

Header: During the past month, how often have you felt:

That (fill with SC\_NAME) is much harder to care for than most children his or her age?

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Usually
- 5 = Always

---

**K8Q32 - How Often Have You Felt - Child Really Bothers You (T1 T2 T3)**

---

Header: During the past month, how often have you felt:

That (fill with SC\_NAME) does things that really bother you a lot?

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Usually
- 5 = Always

---

**K8Q34 - How Often Have You Felt - Angry with Child (T1 T2 T3)**

---

Header: During the past month, how often have you felt:

Angry with (fill with SC\_NAME)?

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Usually
- 5 = Always

---

**K8Q35 - Someone to Turn To for Emotional Support (T1 T2 T3)**

---

DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- 1 = Yes
- 2 = No

---

**EMOSUPSP0 - Emotional Support - Spouse (T1 T2 T3)**

---

Header: Did you receive emotional support from:

Spouse?

- 1 = Yes
- 2 = No

Skip if K8Q35=2

---

**EMOSUPFAM - Emotional Support - Other Family or Friend (T1 T2 T3)**

---

Header: Did you receive emotional support from:

Family Member?

1 = Yes

2 = No

Skip if K8Q35=2

---

**EMOSUPHCP - Emotional Support - Health Care Provider (T1 T2 T3)**

---

Header: Did you receive emotional support from:

Health care provider?

1 = Yes

2 = No

Skip if K8Q35=2

---

**EMOSUPWOR - Emotional Support - Place of Worship (T1 T2 T3)**

---

Header: Did you receive emotional support from:

Place of worship or religious leader?

1 = Yes

2 = No

Skip if K8Q35=2

---

**EMOSUPADV - Emotional Support - Health Condition Support Group (T1 T2 T3)**

---

Header: Did you receive emotional support from:

Support or advocacy group related to specific health condition?

1 = Yes

2 = No

Skip if K8Q35=2

---

**EMOSUPPEER - Emotional Support - Peer Support Group (T1 T2 T3)**

---

Header: Did you receive emotional support from:

Peer support group?

1 = Yes

2 = No

Skip if K8Q35=2

---

**EMOSUPMHP - Emotional Support - Counselor (T1 T2 T3)**

---

Header: Did you receive emotional support from:

Counselor or other mental health professional?

1 = Yes

2 = No

Skip if K8Q35=2

---

**EMOSUPOTH - Emotional Support - Other (T1 T2 T3)**

---

Header: Did you receive emotional support from:

Other - Please specify

1 = Yes

2 = No

Skip if K8Q35=2

---

**K6Q20 - Receive Care From Others at Least 10 Hours Per Week (T1)**

---

Does (fill with SC\_NAME) receive care for at least 1 hours per week from someone other than his or her parent or guardian?

This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.

1 = Yes

2 = No

---

**K6Q27 - Job Change Because Problems with Child Care (T1)**

---

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 (fill with SC\_NAME)?

1 = Yes

2 = No

---

**K8Q11 - How Many Days - Family Eat Meal Together (T1 T2 T3)**

---

DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?

1 = 0 days

2 = 1-3 days

3 = 4-6 days

4 = Every day

---

**K9Q40 - Anyone in Household Use Cigarettes (T1 T2 T3)**

---

Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

1 = Yes

2 = No

---

**K9Q41 - Anyone Smoke Inside of Home (T1 T2 T3)**

---

Does anyone smoke inside your home?

1 = Yes

2 = No

Skip if K9Q40=2

---

**TALKABOUT - Facing Problems - How Often Talk Together (T1 T2 T3)**

---

Header: When your family faces problems, how often are you likely to do each of the following?

Talk together about what to do

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = None of the time

---

**WKOTOSOLVE - Facing Problems - How Often Work Together (T1 T2 T3)**

---

Header: When your family faces problems, how often are you likely to do each of the following?

Work together to solve our problems

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = None of the time

---

**STRENGTHS - Facing Problems - How Often Draw on Strengths (T1 T2 T3)**

---

Header: When your family faces problems, how often are you likely to do each of the following?

Know we have strengths to draw on

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = None of the time

---

**HOPEFUL - Facing Problems - How Often Stay Hopeful (T1 T2 T3)**

---

Header: When your family faces problems, how often are you likely to do each of the following?

Stay hopeful even in difficult times

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = None of the time

---

**ACE1 - Hard to Cover Basics Like Food or Housing (T1 T2 T3)**

---

SINCE (fill with SC\_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?

- 1 = Never
- 2 = Rarely
- 3 = Somewhat often
- 4 = Very often

---

**FOODSIT - Food Situation In Household - Past 12 Months (T1 T2 T3)**

---

The next question is about whether you were able to afford the food you need. Which of these statements best describes the food situation in your household IN THE PAST 12 MONTHS?

- 1 = We could always afford to eat good nutritious meals.
- 2 = We could always afford enough to eat but not always the kinds of food we should eat.
- 3 = Sometimes we could not afford enough to eat.
- 4 = Often we could not afford enough to eat.

---

**K11Q60 - Cash Assistance from Government - Past 12 Months (T1 T2 T3)**

---

Header: At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:

Cash assistance from a government welfare program?

- 1 = Yes
- 2 = No

---

**K11Q61 - Food Stamps - Past 12 Months (T1 T2 T3)**

---

Header: At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:

Food Stamps or Supplemental Nutrition Assistance Program benefits?

- 1 = Yes
- 2 = No

---

**K11Q62 - Free or Reduced Cost Meals - Past 12 Months (T1 T2 T3)**

---

Header: At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:

Free or reduced-cost breakfasts or lunches at school?

- 1 = Yes
- 2 = No

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**S9Q34 - WIC Benefits - Past 12 Months (T1 T2 T3)**

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Header: At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:

Benefits from the Women, Infants, and Children (WIC) Program?

1 = Yes

2 = No

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**K10Q11 - Neighborhood - Sidewalks or Walking Paths (T1 T2 T3)**

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Header: In your neighborhood, is/are there:

Sidewalks or walking paths?

1 = Yes

2 = No

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**K10Q12 - Neighborhood - Park or Playground (T1 T2 T3)**

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Header: In your neighborhood, is/are there:

A park or playground?

1 = Yes

2 = No

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**K10Q13 - Neighborhood - Recreation Center (T1 T2 T3)**

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Header: In your neighborhood, is/are there:

A recreation center, community center, or boys' and girls' club?

1 = Yes

2 = No

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**K10Q14 - Neighborhood - Library or Bookmobile (T1 T2 T3)**

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Header: In your neighborhood, is/are there:

A library or bookmobile?

1 = Yes

2 = No

---

**K10Q20 - Neighborhood - Litter or Garbage (T1 T2 T3)**

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Header: In your neighborhood, is/are there:

Litter or garbage on the street or sidewalk?

1 = Yes

2 = No

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**K10Q22 - Neighborhood - Poorly Kept or Rundown Housing (T1 T2 T3)**

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Header: In your neighborhood, is/are there:

Poorly kept or rundown housing?

1 = Yes

2 = No

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**K10Q23 - Neighborhood - Vandalism (T1 T2 T3)**

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Header: In your neighborhood, is/are there:

Vandalism such as broken windows or graffiti?

1 = Yes

2 = No

---

**K10Q30 - People In Neighborhood Help Each Other Out (T1 T2 T3)**

---

Header: To what extent do you agree with these statements about your neighborhood or community?

People in this neighborhood help each other out

1 = Definitely agree

2 = Somewhat agree

3 = Somewhat disagree

4 = Definitely disagree

---

**K10Q31 - Watch Out for Other's Children (T1 T2 T3)**

---

Header: To what extent do you agree with these statements about your neighborhood or community?

We watch out for each other's children in this neighborhood

1 = Definitely agree

2 = Somewhat agree

3 = Somewhat disagree

4 = Definitely disagree

---

**K10Q40\_R - Child is Safe In Neighborhood (T1 T2 T3)**

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Header: To what extent do you agree with these statements about your neighborhood or community?

This child is safe in our neighborhood

1 = Definitely agree

2 = Somewhat agree

3 = Somewhat disagree

4 = Definitely disagree

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**GOFORHELP - Know Where to Go For Help (T1 T2 T3)**

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**CURRINS - Health Insurance Coverage - Currently Covered (T1 T2 T3)**

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- 1 = Currently insured (does not include Indian Health Service or a religious health share)
- 2 = Currently uninsured, or only insured through Indian Health Service or a religious health share

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**INSTYPE - Insurance Type (Revised) (T1 T2 T3)**

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- 1 = Public only [government assistance]
- 2 = Private only [privately purchased, including through ACA marketplace, through employer, or TRICARE]
- 3 = Private and public
- 4 = Insurance type unspecified
- 5 = Not insured, or only insured through Indian Health Service or a religious health share

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**INSGAP - Health Insurance Coverage - Past 12 Months (T1 T2 T3)**

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- 1 = Insured all 12 months
- 2 = Insured during the past 12 months but with gaps in coverage
- 3 = No coverage past 12 months

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**HHSIZE\_IF - Imputation Flag for HHSIZE\_I (T1 T2 T3)**

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- 1 = Imputed value

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**SC\_SEX\_IF - Imputation Flag for SC\_SEX (S1)**

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- 1 = Imputed value

---

**SC\_RACE\_R\_IF - Imputation Flag for SC\_RACE\_R (S1)**

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- 1 = Imputed value

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**SC\_HISPANIC\_R\_IF - Imputation Flag for SC\_HISPANIC\_R (S1)**

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- 1 = Imputed value

---

**A1\_GRADE\_IF - Imputation Flag for A1\_GRADE\_I (T1 T2 T3)**

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- 1 = Imputed value

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**FPL\_IF - Imputation Flag for FPL (T1 T2 T3)**

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- 1 = Imputed value