

FINAL: 2013 CHILDREN'S HEALTHWATCH SURVEY

Interview Status:

a Complete b Incomplete c Not eligible d Refusal
 e Patient unavailable

Date of interview: ___/___/___

Interviewer's Initials: ___

Interview ID#: _____

Admission: a Yes b No xx DK/Refused zz TBD

Medical Record #: _____

Dehydration: a Yes b No xx DK/Refused zz TBD

Weight: ___ . ___ KG DK=xx.xx, TBD=zz.zz

Height: ___ . ___ CM DK=xxx.xx, TBD=zzz.zz

a Recumbent b Standing

Site 1 Baltimore 2 Boston 3 Little Rock 5 Minneapolis 7 Philadelphia

SECTION A: SCREENING

Hello. My name is _____ and I work for Children's HealthWatch, a research project taking place in five US cities to understand the connections between public policies, economic conditions, and young children's health and well-being. While you are waiting to be seen by the ER/clinic staff do you have a few minutes to participate in an interview? [*If caregiver refuses, thank them for their time. If caregiver agrees continue relaying below information.*]

We interview caregivers of children in Boston, Baltimore, Philadelphia, Little Rock and Minneapolis. Caregivers are asked to participate in an interview while their child is seen in the pediatric Emergency Department (ED)/primary care clinic. We focus on very young children because changes in government programs and policies today may impact their growth, health and learning. Our research explores how changes in government-funded family safety net programs and changes in the economy affect the nutrition and health of very young children and their families. More information about our work and all of our publications is available at www.childrenshealthwatch.org.

Data that we gather from you and others will be stored to help answer important questions about how policies are affecting children over time. The study involves a one-time survey which takes up to 30 minutes. During the survey, I will read the questions to you. I will ask you about your child's health and learning, and your experiences with healthcare, housing, childcare, utilities, and food. The questions are the same for every participant. If you do not want to answer a question, you do not have to. In addition, I will request your permission to access your child's medical chart. If you return to the Emergency Department in six months, you can participate in the survey again, and we will ask for your consent again.

After you take part in the survey, your answers will be stored with others in a secure manner. The data we collect from you and other people who participate in the survey is analyzed in combination with the larger group. Over time, researchers will use the data to answer questions about child health in the United States. [MA, MD, MN, PA: You may be contacted in the future to be informed of other research opportunities.] Upon completion of the survey you will receive a [describe gift or compensation that will be received]. Do you have any questions?

1. Is the child a boy or a girl? a Boy b Girl

Name of the child _____

2. What is the child's date of birth? ___/___/___

3. How are you related to this child?

a Mother [biologic] b Father [biologic] c Other _____
 d Adoptive mother/father e Foster mother/father f Grandmother/grandfather
 g Aunt/uncle h Other relative (including godparents)

3a. INTERVIEWER: Do NOT ask of caregiver - choose one (for e-interview skips only).

Caregiver's gender: a Male b Female

4. Are you this child's primary caregiver?

[PROMPT: Do you have legal custody of the child or are you responsible for the child's well-being?]

Yes No
 a b NOT ELIGIBLE if 'NO'

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5. Do you live in the same household as this child? a b NOT ELIGIBLE if 'NO'
6. Do you live in this state? a b NOT ELIGIBLE if 'NO'

QUESTIONS 7-9 TO BE COMPLETED BY INTERVIEWER FOR ALL SUBJECTS

7. Reasons for ineligibility, if applicable: [If any of below (Q7: 1-6) are checked, skip to Q9].
- a Language of caregiver & interviewer different –specify: _____ c No knowledge of Household
- b Interviewed less than six months ago d Household from out-of-state
- f Not primary caregiver e Other _____
8. Did parent agree to be interviewed? a Yes b No END INTERVIEW IF 'NO'
9. Type of visit
- a Acute/walk-in c ER
- b Standard/Scheduled/Well Child d Other _____

SECTION B: DEVELOPMENTAL QUESTIONS (PEDS) for 4 months – 48 months old

[Interviewer: SKIP TO Q11 IF CHILD IS LESS THAN 4 MONTHS OLD]

The first questions are about specific concerns you may or may not have about your child's learning and behavior.

1. Please list any concerns about your child's learning, development and behavior.

Concerns: _____

a Yes, caregiver lists concerns. b No, caregiver does not list any concerns. xx DK/Refused zz TBD

[Interviewer: WRITE NOTES IN SECTION NOTES TO RECORD ANY SPECIFIC CONCERNS.]

2. Do you have any concerns about how your child talks and makes speech sounds?

a Yes b No c A little xx DK/Refused zz TBD

3. Do you have any concerns about how your child understands what you say?

a Yes b No c A little xx DK/Refused zz TBD

4. Do you have any concerns about how your child uses his or her hands and fingers to do things?

a Yes b No c A little xx DK/Refused zz TBD

5. Do you have any concerns about how your child uses his or her arms and legs?

a Yes b No c A little xx DK/Refused zz TBD

6. Do you have any concerns about how your child behaves?

a Yes b No c A little xx DK/Refused zz TBD

7. Do you have any concerns about how your child gets along with others?

a Yes b No c A little xx DK/Refused zz TBD

8. Do you have any concerns about how your child is learning to do things for himself/herself?

a Yes b No c A little xx DK/Refused zz TBD

9. Do you have any concerns about how your child is learning preschool or school skills?

a Yes b No c A little xx DK/Refused zz TBD

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10. Please list any other concerns:

Concerns: _____

- a Yes, caregiver lists other developmental concerns. b No, caregiver does not list other developmental concerns
 c Caregiver lists only acute health concerns, not developmental concerns. xx DK/Refused
 zz TBD

11. Has your child ever been referred to or enrolled in Early Intervention or another intervention program for language, motor skills, or behavior?

- a Currently in EI/Currently in other intervention program [**Skip to Section C**]
 b In EI in the past/In other intervention program in the past [**Skip to Section C**]
 c Referred to EI but never enrolled [**Skip to Section C**]
 d No xx DK/refused zz TBD

11a. Would you like information about developmental intervention options (such as Early Intervention) in this area? [*Prompt: Early intervention programs work with infants and toddlers who have developmental delays or are at risk for such delays. Other programs serve young children who have developmental delays or are at risk for such delays but are beyond the age limits for Early Intervention*]

- a Yes b No xx DK/refused zz TBD

INTERVIEWER: Questions that may be predictors of developmental delay are:

*Ages 4-17 months: Questions 1, 2, 7 and 10.
 Ages 18 months-35 months: Questions 1, 2, 3 and 10
 Age 36-48 months: Questions 1, 2, 3, 5 and 10*

SECTION C: DEMOGRAPHICS

The following questions are about the people that care for this child. [*INTERVIEWER: If the words 'BIOLOGIC MOTHER' are in brackets, it means we are interested in information about the biologic mother only.*]

1a. What year were [you/the child's BIOLOGIC mother] born? _____

CODE: xxxx = DK/Refused zzzz = TBD **Year**
 Skip to Q2 if interviewing biologic mother.

1b. What year were you born? (for all other primary caregivers) _____

CODE: xxxx = DK/Refused zzzz = TBD **Year**

2. What is the zip code where you/ live now? _____ CODE: xxxxx =DK/Refused zzzzz = TBD

3. Where was the child born?

- | | | | |
|---|---|--|--|
| a <input type="checkbox"/> USA | g <input type="checkbox"/> Haiti | m <input type="checkbox"/> Trinidad | xx <input type="checkbox"/> DK/Refused |
| b <input type="checkbox"/> Puerto Rico | h <input type="checkbox"/> Mexico | n <input type="checkbox"/> Honduras | zz <input type="checkbox"/> TBD |
| c <input type="checkbox"/> Cape Verde | i <input type="checkbox"/> Somalia | o <input type="checkbox"/> Vietnam | |
| d <input type="checkbox"/> Dominican Republic | j <input type="checkbox"/> American born overseas | p <input type="checkbox"/> Jamaica | |
| e <input type="checkbox"/> El Salvador | k <input type="checkbox"/> Nigeria | q <input type="checkbox"/> Other _____ | |

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9. Which of the following best describes your level of education? [Interviewer: "some college" includes caregivers currently enrolled in undergraduate or technical education.]

- a Some high school or less d College graduate
b High school graduate or GED e Master's level or higher
c Technical school or some college xx DK/Refused zz TBD

10. Do you consider yourself to be...

- a Heterosexual or straight? b Gay or lesbian? c Bisexual?
xx DK/Refused zz TBD

SECTION D: CHILD'S HEALTH HISTORY & INSURANCE COVERAGE

The next questions ask about the child's health history:

1. How much did this child weigh at birth? _____ lb _____ oz
CODE: xx lbs xx oz = "DK/Refused"; zz lbs zz oz=TBD

2. At how many weeks of pregnancy was the child born? _____ weeks
CODE: xx = "DK/Refused"; zz=TBD
[PROMPT: How close to [his/her] due date?] [Note: Full Term = 40 weeks]

3. Was the child ever breastfed? [PROMPT: Or provided breast milk?]
a Yes, previously c Still breastfeeds/receives breast milk [Skip to 4a]
b No [Skip to Q4a] xx DK/Refused [Skip to Q4a] zz TBD

4. How long did you feed any breast milk to your baby? _____ months
CODE: 77 = "Still Breastfeeding" 88 = <1 month xx = "DK/Refused" zz=TBD

4a. How old was your baby when s/he first received:
formula? _____ months
any other food or drink? _____ months
[PROMPT: For example, the first time you gave him/her water, juice, or cereal]
CODE: 77 = Never (exclusively breastfeeding) 88 = <1 month xx= "DK/Refused" zz=TBD

5. In general, would you say the child's health is ...?
a Excellent c Fair xx DK/Refused
b Good d Poor zz TBD

6. How many times has the child been admitted to the hospital, not including at birth? _____ #times
[Interviewer: Admission means admitted to the hospital or for observation. Do not include admissions connected to the current visit (e.g. the caregiver knows the child will be admitted for this visit). Do not include time spent in hospital if child born prematurely] CODE: xx = "DK/Refused" zz=TBD

Even very young children can have health problems, concerns, or conditions that may affect their behavior, learning, growth, or physical development. The next questions are about prescription medicines, medical and mental health care, limitations on your child's abilities, special therapies and counseling.

7. Does your child currently need or use medicine prescribed by a doctor, nurse or other health provider, other than vitamins?

- a Yes b No [skip to Q8] xx DK/refused [skip to Q8] zz TBD

[PROMPT: For example, does your child have an inhaler, an EpiPen or other special medicines?]

7a. Is [his/her] need for prescription medicine because of ANY medical, behavioral, or health condition?

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a Yes b No [skip to Q8] xx DK/refused [skip to Q8] zz TBD

7b. Is this a condition that has lasted or is expected to last 12 months or longer?

a Yes b No xx DK/refused zz TBD

8. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?

a Yes b No [skip to Q9] xx DK/refused [skip to Q9] zz TBD

[PROMPT: For example, visits with a specialist or extra follow-up visits with a doctor?]

8a. Is [his/her] need for medical care, mental health, or educational services because of ANY medical, behavioral or other health condition?

a Yes b No [skip to Q9] xx DK/refused [skip to Q9] zz TBD

8b. Is this a condition that has lasted or is expected to last 12 months or longer?

a Yes b No xx DK/refused zz TBD

9. Is your child limited or prevented in any way in [his/her] ability to do most things children of the same age can do?

a Yes b No [skip to Q10] xx DK/refused [skip to Q10] zz TBD

9a. Is [his/her] limitation because of ANY medical, behavioral or other health condition?

a Yes b No [skip to Q10] xx DK/refused [skip to Q10] zz TBD

9b. Is this a condition that has lasted or is expected to last 12 months or longer?

a Yes b No xx DK/refused zz TBD

10. Does your child need or get special therapy such as physical, occupational, or speech therapy, including Early Intervention?

a Yes b No [skip to Q11] xx DK/refused [skip to Q11] zz TBD

10a. Is [his/her] need for special therapy because of ANY medical, behavioral or other health condition?

a Yes b No [skip to Q11] xx DK/refused [skip to Q11] zz TBD

10b. Is this a condition that has lasted or is expected to last 12 months or longer?

a Yes b No xx DK/refused zz TBD

11. Does your child have any kind of emotional, developmental, or behavioral problems for which he/she needs treatment or counseling?

a Yes b No [skip to Q12] xx DK/refused [skip to Q12] zz TBD

[PROMPT: For example, do you get help in order to assist you with the behavior of your child?]

11a. Has [his/her] emotional, developmental, or behavioral problem lasted or is it expected to last for 12 months or longer?

a Yes b No xx DK/refused zz TBD

12. Are there any other children under age 18 in your household who have health problems, concerns, or conditions that affect their behavior, learning, growth, or physical development?

- a Yes b No xx DK/refused zz TBD

[Skip to Q14 if No to Qs 7, 8, 9, 10 and 11; OR if No to Qs 7b, 8b, 9b, 10b and 11a]

Now I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that [NAME] had the condition, even if [he/she] does not have the condition now.

13. Has a doctor or other health care provider ever told you that [NAME] had...

	Yes	No	DK/refused	TBD
a. ADHD or ADD [<i>PROMPT: Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder</i>]?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
b. Depression?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
c. Anxiety Problems?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
d. Behavior or conduct problems, such as oppositional defiant disorder or conduct disorder?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
e. Autism, Asperger's Disorder, pervasive developmental disorder or other autism spectrum disorder?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
f. Any developmental delay?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
g. Intellectual disability or mental retardation?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
h. Cerebral palsy?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
i. Speech or language problems?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
j. Asthma?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
k. Any other chronic lung disease, such as BPD?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
l. Diabetes?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
m. Epilepsy or seizure disorder?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
n. Hearing problems?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
o. Vision problems not corrected with standard glasses?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
p. Congenital heart disease?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
q. Bone, joint or muscle problems? [<i>PROMPT: Not including broken bones or torn muscles.</i>]	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
r. Brain injury?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
s. HIV/AIDS?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>

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- | | | | | |
|--|----------------------------|----------------------------|-----------------------------|-----------------------------|
| t. Sickle cell anemia? | a <input type="checkbox"/> | b <input type="checkbox"/> | xx <input type="checkbox"/> | zz <input type="checkbox"/> |
| u. Genetic syndromes, such as Down Syndrome or Fragile X? | a <input type="checkbox"/> | b <input type="checkbox"/> | xx <input type="checkbox"/> | zz <input type="checkbox"/> |
| v. Need for medical assistive device, such as trach, g-tube, shunt etc.?
[PROMPT: tracheostomy, gastrostomy tube, VP shunt] | a <input type="checkbox"/> | b <input type="checkbox"/> | xx <input type="checkbox"/> | zz <input type="checkbox"/> |
| w. Food Allergies? | a <input type="checkbox"/> | b <input type="checkbox"/> | xx <input type="checkbox"/> | zz <input type="checkbox"/> |
| x. Other: _____ | a <input type="checkbox"/> | b <input type="checkbox"/> | xx <input type="checkbox"/> | zz <input type="checkbox"/> |

Now I'll ask a few questions about your child's oral health. [SKIP to Q19 if child is <4 months]

14. In general, how would you describe the health of your child's teeth and mouth?

- | | | |
|--------------------------------------|---------------------------------|--|
| a <input type="checkbox"/> Excellent | c <input type="checkbox"/> Fair | xx <input type="checkbox"/> DK/Refused |
| b <input type="checkbox"/> Good | d <input type="checkbox"/> Poor | zz <input type="checkbox"/> TBD |

15. Has [child's name] ever been to the dentist or been seen by a dental health provider?

- | | | | |
|--|---|--|---------------------------------|
| a <input type="checkbox"/> Yes [continue to Q16] | b <input type="checkbox"/> No [skip to Q17] | xx <input type="checkbox"/> DK/Refused [skip to Q17] | zz <input type="checkbox"/> TBD |
|--|---|--|---------------------------------|

16. Has [child's name] ever had any dental procedures, like having teeth pulled under anesthesia or having a cavity filled?

- | | | | |
|--------------------------------|-------------------------------|--|---------------------------------|
| a <input type="checkbox"/> Yes | b <input type="checkbox"/> No | xx <input type="checkbox"/> DK/Refused | zz <input type="checkbox"/> TBD |
|--------------------------------|-------------------------------|--|---------------------------------|

17. For many reasons people sometimes have difficulty getting dental care when they need it. Was there a time when [child's name] needed dental care but it was delayed or not received?

- | | | | |
|--------------------------------|---|--|---------------------------------|
| a <input type="checkbox"/> Yes | b <input type="checkbox"/> No [Skip to Q19] | xx <input type="checkbox"/> DK/Refused [Skip to Q19] | zz <input type="checkbox"/> TBD |
|--------------------------------|---|--|---------------------------------|

18. The last time your child could not get the dental care he/she needed, what was the main reason he/she couldn't get care?

- a No insurance
- b Problems with acceptance of dental insurance or insurance coverage
- c Unable to make an appointment because dentist/clinic doesn't see patients my child's age
- d Problems scheduling appointment/in-office waiting time too long/office hours inconvenient
- e No dentist in my area or didn't know where to go to get care
- f No way to get there/transportation issues
- g Couldn't afford co-pay
- h Speak a different language
- i Work or family commitments
- j Problem not serious enough
- k Don't like/trust/believe in dentists

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- Other reason _____
- xx DK/Refused
- zz TBD

**Now we are going to talk about your child's health insurance and prescription coverage.
First I am going to ask you about your child.**

19. What type of health insurance does the child have? [INTERVIEWER: if child has more than one type of health insurance, including public insurance, mark relevant public insurance (option a or b)]

- a Medicaid/S-CHIP/State Medicaid
[Interviewer: Use the name of your state-specific Medicaid plan]
- b Other public insurance/Free Care
- c No insurance/Pay out of pocket
- d Private insurance (from employer or purchased directly)
- e Tricare/military insurance
- f Other _____
- xx DK/Refused
- zz TBD

20. Which of the following options best describes the child's insurance coverage since [name of current month] of last year...

- a Loss of insurance coverage [Skip to Q21a]
- b Change in insurance coverage, but no loss of coverage [Skip to Q22a]
- c No change in insurance coverage [Skip to Q22a]
- d Got health insurance that s/he didn't have before [Skip to Q21a]
- xx DK/Refused
- zz TBD
- e Has not yet applied for insurance/pending (newborn child)
- f No coverage in the past year [Skip to Q22a]
- g Lost and regained health insurance [Skip to Q21a]
- h Other _____

21. Since [name of current month] of last year, was there ever a time when [your child/CHILD'S NAME] did not have health insurance?

- a Yes [Continue to Q21a]
- b No [Skip to Q22a]
- xx DK/Refused [Skip to Q22a]
- zz TBD

21a. What is the primary reason your child did not have health insurance? Was it because:

- a You couldn't afford the premium? The premium is the amount of money you have to pay each month.
- b You couldn't provide his/her birth certificate or other required documents?
- c [only for caregivers born outside of the USA] You were worried about your immigration status?
- d You found the enrollment process intimidating or too confusing?
- e You have had bad experiences with this or other government offices in the past?
- f You didn't know how/No knowledge of the process
- g Newborn baby
- h Pending
- j Ineligible
- i Cut-off
- k Other _____
- xx DK/Refused
- zz TBD

Now think about the time since [name of current month] of last year and all your child's health insurance and health care costs.

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22. Since [name of current month] of last year, has there been any change in what you are required to pay for....

22a. the child's insurance, either in premium or co-payment?

- a Yes b No [skip to Q23] xx DK/refused [skip to Q23] zz TBD

22b. Was that a(n):

- a Increase in insurance cost
 b Decrease in insurance cost
 c Other _____
 xx DK/Refused
 zz TBD

23. Since [name of current month] of last year, has there been any change in what you are required to pay for...

23a. the child's prescription medications?

- a Yes b No [skip to Q24] xx DK/Refused [skip to Q24] zz TBD

23b. Was that:

- a Increase in copayment for medications
 b Decrease in copayment for medications
 c Other _____
 xx DK/Refused
 zz TBD

24. Was there any time when [CHILD'S NAME] needed a *prescription medicine or medical care*, but was unable to get it because [you/the family] couldn't afford it?

- a Yes b No [skip to Q25] xx DK/Refused [skip to Q25] zz TBD

24a. If yes, specify:

- a Prescription medicine
 b Medical care
 c Both
 xx DK/Refused
 zz TBD

Now I have a few questions about your HOUSEHOLD'S health insurance and prescription coverage since [name of current month] of last year.

25. What type of health insurance do you have? You may choose more than one.

- | | |
|---|--|
| a <input type="checkbox"/> Medicaid/State Medicaid
<i>[Interviewer: Use the name of your state-specific Medicaid plan]</i> | e <input type="checkbox"/> Private insurance (from employer or purchased directly) |
| b <input type="checkbox"/> Medicare | f <input type="checkbox"/> Tricare/military insurance |
| c <input type="checkbox"/> Other public insurance/Free Care | g <input type="checkbox"/> Other _____ |
| d <input type="checkbox"/> No insurance /Pay out of pocket | xx <input type="checkbox"/> DK/Refused |
| | zz <input type="checkbox"/> TBD |

26. Was there any time when you or another household member other than [child's name] needed a *prescription medicine or medical care*, but were unable to get it because [you/the family] couldn't afford it?

- a Yes b No to both [skip to Q27] xx DK/Refused [Skip to Q27] zz TBD

26a. If yes, specify:

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- a Prescription medicine
- b Medical care
- c Both
- xx DK/Refused
- zz TBD

[Interviewer:

ask 26b if participant answers yes to prescription medicine only in 26a

ask 26c if participant answers yes to medical care only in 26a

ask 26b AND 26c if participant answers yes to both in 26a]

26b. Of the household members who were unable to get PRESCRIPTION MEDICINE:

If DK/Refused code=xx If TBD code = zz

How many were people aged 17 and under? _____

How many were people aged 18 and over? _____

Were you one of these people? a Yes b No xx DK/Refused zz TBD

26c. Of the household members who were unable to get MEDICAL CARE:

If DK/Refused code=xx If TBD = zz

How many were people aged 17 and under? _____

How many were people aged 18 and over? _____

Were you one of these people? a Yes b No xx DK/Refused zz TBD

27. Has the cost of medical care or prescriptions for any household member ever made it extremely difficult for you to pay: [Interviewer: Check all applicable answers. If the answer to any item is no, leave box unchecked].

- | | |
|--|--|
| a <input type="checkbox"/> For your rent/mortgage? | f <input type="checkbox"/> For car-related expenses (insurance, loan, gas, repairs)? |
| b <input type="checkbox"/> For your utility bills (not phone)? | g <input type="checkbox"/> For phone bills? |
| c <input type="checkbox"/> For food? | h <input type="checkbox"/> None of these |
| d <input type="checkbox"/> For child care? | i <input type="checkbox"/> Other _____ |
| e <input type="checkbox"/> For other medical bills? | xx <input type="checkbox"/> DK/Refused |
| | zz <input type="checkbox"/> TBD |

28. Since [name of current month] of last year, was there any time when you or another household member other than [child's name] needed dental care, but were unable to get it because [you/the family] couldn't afford it?

a Yes [Continue to Q28a] b No [Skip to next section] xx DK/Refused [Skip to next section] zz TBD

28a. Of the household members who were unable to get DENTAL CARE:

If DK/Refused code=xx If TBD code = zz

How many were people aged 17 and under? _____

How many were people aged 18 and over? _____

Were you one of these people? a Yes b No xx DK/Refused zz TBD

SECTION E (1) CAREGIVER HEALTH QUESTIONS

[Interviewer: ALL caregivers answer Questions 1, 2 and 6-9. Questions 3-5 should be asked ONLY of the child's mother or female primary caregiver.]

The next few questions are about your health:

1. In general, would you say your own physical health is.....?

- | | | |
|--------------------------------------|---------------------------------|--|
| a <input type="checkbox"/> Excellent | c <input type="checkbox"/> Fair | xx <input type="checkbox"/> DK/Refused |
| b <input type="checkbox"/> Good | d <input type="checkbox"/> Poor | zz <input type="checkbox"/> TBD |

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2. In general, how would you describe the condition of your teeth and gums? Would you say...?

- a Excellent c Fair xx DK/Refused
 b Good d Poor zz TBD

[SKIP to Q6 if interviewing a MALE primary caregiver]

3a. Would you say that you have ever felt depressed?

- a Yes b No [Skip to Q4] xx DK/Refused [Skip to Q4] zz TBD

3b. How many times in the last week has this statement been true for you? I have felt depressed....

- a 0 days c 3-4 days xx DK/Refused
 b 1-2 days d 5-7 days zz TBD

4. In the past year, have you had 2 weeks or more during which you felt sad, blue or lost pleasure in things that you usually cared about or enjoyed?

- a Yes b No xx DK/Refused zz TBD

5. Have you had 2 or more years in your life when you felt sad most days, even if you felt okay sometimes?

- a Yes b No xx DK/Refused zz TBD

My next questions have to do with smoking and tobacco products, like cigarettes, cigars, cloves, chewing tobacco, snuff, electronic cigarettes or dip.

6. Have you smoked cigarettes or used any other tobacco products in the last 5 years?

- a Yes b No [Skip to Q9 if interviewing *BIOLOGIC* mother]
 xx DK/Refused [Skip to Q9 if interviewing *BIOLOGIC* mother] zz TBD

7. [Were you/was the *BIOLOGIC* mother] smoking or using any other tobacco products when [you/she] found out [you were/she was] pregnant with this child?

- a Yes b No [Skip to Q9] xx DK/Refused [Skip to Q9] zz TBD

8. [During your/the *BIOLOGIC* mother's] pregnancy did [you/she] smoke cigarettes or use any other tobacco products every day, some days or not at all?

- a every day b some days c not at all
 xx DK/refused zz TBD

9. [INTERVIEWER: If the answer is NO to Q6, do not say 'including yourself.'] [Including yourself,] how many people in your household smoke cigarettes or use any other tobacco products? ____

If DK/Refused code=xx; If TBD code=zz

SECTION E(2) BIOLOGIC CAREGIVER HEIGHT & WEIGHT

[SKIP Section E(2) if the caregiver is NOT a biologic parent of the child.]

These next two questions are about your height and weight.

10. How tall are you?

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10a. Child's biologic **mother/father:** height ___ feet ___ inches/ ___ cm

CODE: x feet xx inches xxx cm = DK/Refused

CODE: z feet zz inches zzz cm = TBD

11. How much do you weigh?

[Interviewer: If mother is pregnant, ask for her usual weight when not pregnant].

11a. Child's biologic **mother/father:** weight ___ pounds/ ___ kilos

CODE: xxx pounds/kilos = DK/Refused

CODE: zzz pounds/kilos = TBD

SECTION F: HOUSEHOLD FOOD SECURITY SCALE (USDA)

The next set of questions are about the food eaten in [your/the child's] household.

1. (Blank)

Now I'm going to read you several statements people have made about their food situation. For each one tell me which one is "often true," "sometimes true" or "never true" for the past 12 months that is since last [name of current month].

	Often True	Sometimes True	Never True	DK/ Refused	TBD
2. We (I) worried <u>whether our food would run out</u> before we (I) got money to buy more	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
3. The <u>food that we (I) bought just didn't last</u> and we (I) didn't have money to get more	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
4. We (I) <u>couldn't afford</u> to eat balanced meals [PROMPT: Varied, nutritious meals]	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
5. We (I) <u>relied on only a few kinds of low-cost foods</u> to feed [my/our child/children] because we (I) were running out of money to buy food. [PROMPT: Low cost foods with little variety]	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
6. We (I) <u>couldn't feed</u> [my/our child/children] a <u>balanced meal</u> because we (I) couldn't afford that. [PROMPT: Varied, nutritious meals]	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>

Screener for Stage 2: If "often true" or "sometimes true" is the response to any one of Questions 2-6, Then continue to Question 7; Otherwise skip to Section G.

	Often True	Sometimes True	Never True	DK/ Refused	TBD
7. [My/Our child was/children were] <u>not eating enough</u> because we (I) just couldn't afford enough food.	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
8. Since last (current month), did (you/you or other adults in your household) ever cut the <u>size of your meals or skip meals</u> because there wasn't enough money for food?					
a <input type="checkbox"/> Yes b <input type="checkbox"/> No [Skip to Q9] xx <input type="checkbox"/> DK/refused [Skip to Q9] zz <input type="checkbox"/> TBD					
8a. How often did this happen?					
a <input type="checkbox"/> Almost every month c <input type="checkbox"/> Only 1 or 2 months					
b <input type="checkbox"/> Some months but not every month xx <input type="checkbox"/> DK/refused zz <input type="checkbox"/> TBD					
9. Since last (current month), did you ever <u>eat less than you felt you should</u> because there wasn't enough money to buy food?	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK	zz <input type="checkbox"/> TBD	
10. Since last (current month), were you <u>ever hungry but didn't eat</u> because you couldn't afford enough food?	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK	zz <input type="checkbox"/> TBD	
11. Since last (current month), did you <u>lose weight</u> because you didn't have enough money for food?	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK	zz <input type="checkbox"/> TBD	

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3. During the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?

[Prompt: ...Because of economic difficulties?]

- a Yes b No xx DK/Refused zz TBD

4. [INTERVIEWER: : Skip for homeowners, Q2=yes]Are you temporarily living with other people even for a little while because of financial difficulties? *[INTERVIEWER: This question refers to the person staying with someone else temporarily, NOT to the owner/renter of the apartment who has someone staying with him/her.]*

- a Yes b No xx DK/Refused zz TBD

5. How many bedrooms are in this child's home?

_____ # bedrooms If DK/Refused code=xx If TBD = zz

6. How many places has the child lived since [name of current month] of last year?

_____ # of places *[If answer= 1, skip to Q8]* If DK/Refused code=xx If TBD = zz

7. The most recent time the child moved, which of the following was the most important reason for the move?

- a issues related to paying rent or mortgage
 b issues related to poor housing conditions

7a. (For positive answer to option b only)If you moved because of issues related to housing conditions, were problems with (check all that apply):

- a Utilities
 b Water/plumbing
 c Infestations
 d Mold/mildew
 e Property was condemned and you were forced to leave
 f Other: _____
 xx DK/Refused
 zz TBD

- c (renters) your landlord went into foreclosure / (homeowners) went through a foreclosure
 d you were evicted/wanted to avoid an eviction
 e Housing subsidy funding ran out/budget cuts
 f moved into shelter
 g moved out of shelter
 h you wanted to be closer to work/school/family
 i you wanted a bigger/nicer house
 j you wanted a safer neighborhood
 k a change in your family (new relationship, end of relationship)
 l Got own place to stay/wanted to have own place
 m Other: _____
 xx DK/Refused
 zz TBD

8. INCLUDING THIS CHILD, how many people ages 0-17 are in your [home/family]? _____ # people
If DK/Refused code=xx If TBD = zz

9. INCLUDING yourself, how many people 18 and over live in your [home/family]?
[Interviewer: If in shelter only include family unit] _____ # people

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If DK/Refused code=xx If TBD = zz

The next questions are about your current living situation.

IF OWNS OWN HOME OR IN ARMY BASE HOUSING, SHELTER, TRANSITIONAL LIVING SITUATION, TREATMENT FACILITY or other, SKIP TO Q15


10. Do you currently live in subsidized housing or public housing? *[Prompt: Do you receive government assistance to pay your rent?]* a Yes b No xx DK/Ref zz TBD
Skip to Q11 **Skip to Q11**

10a. Is the housing under your name? a Yes b No xx DK/Ref zz TBD
Skip to Q11 **Skip to Q11**

10b. Can you move with your subsidy to other housing of your choice? *[Prompt: Do you have Section 8, or a housing voucher?]* a Yes b No xx DK/Ref zz TBD
Skip to Q14 **Skip to Q14**

11. Have you applied for subsidized housing or some other type of public housing? a Yes b No xx DK/Ref zz TBD
Skip to Q14 **Skip to Q14**

12. Are [you/ the child's family] currently on a waiting list for Section 8 or some other type of housing that offers financial assistance? a Yes b No xx DK/Ref zz TBD
Skip to Q13 **Skip to Q13**

12a. Approximately, how long [have you/had you] been on a waiting list for housing?  **Skip to Q14**
[Interviewer: convert years to months] if TBD #months
=zzz if DK/Refused = xxx

13. Have you tried to get on a waiting list but couldn't? a Yes b No xx DK/Ref zz TBD

14. During the past 2 years have you had a housing voucher that was terminated? a Yes b No xx DK/Ref zz TBD

15. An eviction is when your landlord or a government or bank official forces you to move when you don't want to. In the past five years have you ever been evicted? a Yes b No xx DK/Ref zz TBD
[Prompt: A landlord or official might force you to move because you didn't pay your rent, because you damaged your property, or for any number of other reasons. Sometimes you receive a paper, or a paper is taped to your door, saying you have to move. Sometimes you go to court; other times you don't. Whatever the case, an eviction happens when you move out because a landlord or an official makes you.]
If yes continue to Q16 **If no skip to Q17** **If DK/Ref skip to Q17**

16. An eviction goes on your record if the landlord or an official carried out an eviction order against you in court and a commissioner or judge ruled in your landlord's favor. This can happen even if you do not show up for court. Did this eviction go on your record? a Yes b No xx DK/Ref zz TBD

These next questions will ask you about your housing since [you were/ the child's biological mother was] pregnant with this child, [CHILD'S NAME], and during [his/her] life so far. In the first set of questions, when we say homeless we mean living in a shelter, motel, temporary or transitional living situation, scattered site housing, or no steady place to sleep at night.

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17. [Were you/was the biological mother] ever homeless or did [you/the biological mother] live in a shelter when [you were/she was] pregnant? [INTERVIEWER: We are interested in whether the mother was homeless/in shelter with this child in utero.]

- a Yes b No xx DK/Refused zz TBD

18. Since [CHILD'S NAME] was born, has [s/he] ever been homeless or lived in a shelter?

- a Yes b No [Skip to Q19] xx DK/Refused [Skip to Q19] zz TBD

18a. For how many *total* months was this child homeless or living in a shelter? Was it for:

- a less than six months? c more than a year?
b 6-12 months? xx DK/Refused zz TBD

19. When [you were/she was] pregnant with [CHILD'S NAME] did [you/ the child's biological mother] ever live in subsidized, public or Section 8 housing? [INTERVIEWER: We are interested in whether the mother was in subsidized housing with this child in utero.]

- a Yes b No xx DK/Refused zz TBD

20. Since [CHILD'S NAME] was born, has [s/he] ever lived in subsidized, public or Section 8 housing?

- a Yes b No xx DK/Refused zz TBD

SECTION H: ENERGY QUESTIONS

Now I have some questions about your utilities.

IF LIVING IN SHELTER/HOMELESS OR OTHER TYPE OF INSTITUTION, SKIP TO Q4

1. Is the child's home heated by.....?

[Interviewer: We want primary energy source for household.]

- a Gas b Oil c Electric d Propane/kerosene
e Wood f Other _____ xx DK/Refused zz TBD

2. Is the child's home primarily cooled by...?

[Interviewer: We want primary cooling method.]

- a Central air system c Fans e Other _____
b Air conditioning (window units) d No cooling xx DK/Refused zz TBD

SKIP TO Q8, IF LIVES IN MILITARY BASE HOUSING; SKIP TO Q4, IF OWNS OWN HOME

3. Do you or does someone in your household pay for heat, electricity or water?

- a Yes – caregiver or someone in household b No [Skip to Q8]
xx DK/Refused [Skip to Q8] zz TBD

4. In the past year did the child's home receive energy assistance?

- a Yes b No xx DK/Refused zz TBD

5. Since [name of current month] of last year has the [gas/electric/oil] company sent you a letter threatening to shut off the [gas/electricity/oil] in the house for not paying bills?

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a Yes b No xx DK/Refused zz TBD

6. Since [name of current month] of last year has the [gas/electric/oil] company [shut off/gas or oil company refused to deliver] the [gas/ electricity/ oil] for not paying bills?

a Yes b No xx DK/Refused zz TBD

7. Since [name of current month] of last year were there any days that the home was not [heated/cooled] because you couldn't pay the bills?

a Yes b No xx DK/Refused zz TBD

8. Since [name of current month] of last year have you ever used a cooking stove to heat the [house/apartment] because you couldn't pay the bills? [Not including a time the stove was used for heat during a power outage]

a Yes b No xx DK/Refused zz TBD

SECTION I. STATE OR FEDERAL ASSISTANCE

The next questions are about any state or federal program assistance that [your/the child's] household may receive. First I will ask you about your experience with WIC, then I will ask you about SNAP, the Supplemental Nutrition Assistance Program, formerly known as food stamps. Last, I will ask about cash assistance, also known as welfare.

1. Have you ever received WIC for yourself or for this child?

a Yes - currently [Skip to Q2a] b No c Yes - used to receive WIC but not now
 xx DK/refused [Skip to Q2a] zz TBD

2. What is the primary reason why you do not receive WIC for this child?

- | | |
|---|--|
| a <input type="checkbox"/> No transportation | i <input type="checkbox"/> WIC doesn't provide special formula/special needs |
| b <input type="checkbox"/> Moved | j <input type="checkbox"/> Didn't know could receive because of immigration status |
| c <input type="checkbox"/> No address/Live in a shelter | k <input type="checkbox"/> Child illness |
| d <input type="checkbox"/> WIC hours/Missed WIC appointment | l <input type="checkbox"/> Administrative problems |
| e <input type="checkbox"/> Did not re-certify | m <input type="checkbox"/> Misconception about rules |
| f <input type="checkbox"/> Don't know program | n <input type="checkbox"/> Don't want WIC/ Don't use the WIC food |
| g <input type="checkbox"/> New baby | o <input type="checkbox"/> Don't need WIC/ not income eligible |
| h <input type="checkbox"/> Bureaucratic Hassle | p <input type="checkbox"/> WIC pending/Plans to apply/Need to reapply |
| | q <input type="checkbox"/> Other _____ |
| | xx <input type="checkbox"/> DK/refused zz <input type="checkbox"/> TBD |

[IF NOT RECEIVING WIC NOW, SKIP TO Q2b]

2a. Have you received WIC for this child continuously (without interruption) since the child's birth?

a Yes b No xx DK/refused zz TBD

2b. Did [you/the child's biologic mother] receive WIC during [your/her] pregnancy with this child?

a Yes b No xx DK/refused zz TBD

3. Have you or the child ever received SNAP benefits? [INTERVIEWER: If child is covered under another family member's benefit (e.g. grandmother), mark as if caregiver receives (option c).]

- a No, never received SNAP
 b Received SNAP before, but not now

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3a. Around what date did you stop receiving SNAP benefits? _____ / _____

CODE: xx/xxxx = "DK/Refused"

Month/Year

CODE: xx/ appropriate year if don't know month.

CODE: zz/zzzz = TBD

- c Yes, presently receives SNAP /Application approved/Pending payment **[Skip to Q6]**
- d Has application pending/Has applied, but was denied/ Intends to apply **[Skip to Q9]**
- e Teen parent – receives SNAP on parents' benefit**[Skip to Q6]**
- xx DK/Refused **[Skip to Q9]**
- zz TBD

4. What is the reason why you do not receive SNAP benefits?

- a Not eligible because of income/SSI/Foster Care/Child Support **[Skip to Q9]**
- b Cut off SNAP /Stopped receiving SNAP benefit
- c Teen parent/Too young to be head of household for SNAP benefit **[Skip to Q9]**
- d Household size changed (leading to income increase)/Assets too high **[Skip to Q9]**
- e Immigration status reasons/Fear of ICE (USCIS) **[Skip to Q9]**
- f Personal reasons/stigma**[Skip to Q9]**
- g Bureaucratic hassle/treatment at SNAP office **[Skip to Q9]**
- h Reason related to a move **[Skip to Q9]**
- i Incarceration/legal issue **[Skip to Q9]**
- j Lost custody of child **[Skip to Q9]**
- k Don't know if eligible, Did not know about program **[Skip to Q9]**
- l Do not need SNAP **[Skip to Q9]**
- m Choose not to participate **[Skip to Q9]**
- n Other _____ **[Skip to Q9]**
- xx DK/Refused **[Skip to Q9]**
- zz TBD

5. Why were you cut off SNAP benefits?

- a Earnings increased **[Skip to Q9]**
- b Reported incorrect information/missed re-certification deadline **[Skip to Q9]**
- c Was cut off for immigration reason **[Skip to Q9]**
- d Employment changed **[Skip to Q9]**
- e Living with family **[Skip to Q9]**
- f Fraud **[Skip to Q9]**
- g Custody issue **[Skip to Q9]**
- h Incarceration/Legal issue **[Skip to Q9]**
- i Other _____ **[Skip to Q9]**
- xx DK/Refused **[Skip to Q9]**
- zz TBD

6. How much is your current monthly SNAP benefit?

[PROMPT: Is this the monthly amount?] \$ _____ CODE: xxxx = "DK/Refused" zzzz =TBD

FINAL: 2013 CHILDREN'S HEALTHWATCH SURVEY

- a. Personal reasons/stigma/
- b. Bureaucratic hassle/treatment at welfare office
- c. Immigration reasons
- d. Have/got a job (started a new job)/ earnings increased
- e. Family situation changed, others in household earn enough income/increase in other income/receive SSI
- f. Didn't want to use up time limit
- g. Reached time limit
- h. Got cut off, did not complete requirements, did not provide information to welfare office **GO TO Q13**
- i. Teen parent
- j. Not eligible
- k. Chose not to participate/ no need
- l. Family cap baby
- m. Misconception about rules
- n. Reason related to move
- o. Legal issues
- p. Lost custody (child with state or other parent)
- q. Will not fill out mandatory child support paperwork/Don't want to file for child support from father
- r. Other _____
- xx. DK/Refused
- zz. TBD

IF CHILD-ONLY CASE, SKIP TO Q15-- UNLESS YES TO OPTION G-- THEN CONTINUE TO Q13

IF ON WELFARE NOW SKIP TO Q14

IF NOT PRESENTLY ON WELFARE SKIP TO Q19-- UNLESS ANSWERED YES TO OPTION G-- THEN CONTINUE TO Q13

13. What was the reason you were cut off welfare? Was it because you....

- a. Missed re-certification deadline/did not fill out paperwork?
- b. Did not complete a work or job search requirement?
- c. MA ONLY: Did not provide documentation regarding the child's immunizations (shot-fare)?
- d. Did not complete school or living arrangement requirements for teen parents?
- e. A child in the household did not meet welfare's school attendance requirements (learn-fare)?
- f. Did not provide information/update welfare office ____
- g. No permanent address
- h. Will not fill out mandatory child support paperwork/Don't want to file for child support from father
- i. Other _____

FINAL: 2013 CHILDREN'S HEALTHWATCH SURVEY

IF ON WELFARE NOW, CONTINUE TO Q14 / IF NOT ON WELFARE

SKIP TO Q19

IF CHILD-ONLY CASE, SKIP TO Q15

14. Are you enrolled in work-fare, job training, job search, community service or school as a requirement of welfare? *[Prompt: You may choose more than one.]*

- a Yes – work-fare b Yes – job training
c Yes – job search d Yes – community service
e Yes – school f No
xx DK/Refused zz TBD

15. How much do you receive in one month from welfare, not including SNAP?

[Prompt: Is this the total amount of cash assistance, not SNAP, for one month?]

\$ _____ CODE: xxxx = DK/Refused zzzz = TBD

IF CHILD-ONLY CASE, SKIP TO Q19

16. Is this child covered on the welfare benefit?

- a Yes **[Skip to Q18 (AR/MA)/ Q19 (PA, MN, MD)]** b No
xx DK/refused **[Skip to Q18 (AR/MA)/ Q19 (PA, MN, MD)]** zz TBD

17. What is the reason that this child is not covered by welfare? Is it because...

- a another pregnancy occurred while receiving welfare (family cap) g you don't need it financially
b s/he is supported by SSI/ foster care/child support h of the hassle factor/ don't want it
c s/he is not covered due to immigration status reasons i application is pending/intends to apply
d you haven't added child yet j Other _____
e s/he is supported by relative xx DK/refused
f s/he is ineligible zz TBD

SINGLE CHILD HOUSEHOLDS, SKIP TO Q19 / SKIP IF RECEIVING NO BENEFIT

18. QUESTION 18 FOR AR and MA ONLY Are there any other children of your own living in the household?

If so, are any of these other children not covered on your welfare benefit due to the [child exclusion /family cap] policy?

- a Yes b No xx DK/refused zz TBD

19. Does anyone in the household receive SSI-disability (SSDI)?

- a Yes b No **[Skip to Section J]** xx DK/refused **[Skip to Section J]** zz TBD

19a. If yes, who receives it? *[Interviewer: if a household member receives SSI and a benefit is pending for another household member, record current receipt of benefits]*

- a Yes, receive for self (caregiver) or other child e Pending, Approved for self or other child
b Yes, receive for this child f Pending, Approved for this child
c Yes, receive for both caregiver & this child zz TBD
d Yes, received by another household member xx DK/refused

SECTION J: EMPLOYMENT AND CHILD CARE QUESTIONS

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This is the next to last section. The next set of questions is about your employment status and child care for [NAME of CHILD].

1. Are you employed, even if only temporarily, on official leave or on Maternity Leave? [PROMPT: Some examples of official leave are Family Medical Leave Act (FMLA), workman's compensation, or temporary disability]

- a Yes b No xx DK/refused zz TBD

1a. If so, how many jobs do you have?

[If not working indicate "0" jobs, then, skip to Q5. If DK/Refused code=xx; TBD=zz]

_____ # Job(s)

2. How many hours [do you/does the child's caregiver] work per week?

_____ Hours

[If works sporadically code=77, If on Maternity Leave code=88, If DK/Refused code=xx; TBD=zz]

OPTION #1: IF CAREGIVER WORKING

3. What is your hourly rate of pay at the job where you work the most hours? [Interviewer: Ask for Pre-Tax rate/Gross Income and fill in ONLY ONE line:]

Hourly Worker: \$ _____ / hr CODE: xxx.xx = DK/Refused; zzz.zz=TBD

Salaried Worker: Or _____, _____ / week CODE: xx,xxx.xx = DK/Refused; zz,zzz.zz=TBD

Or \$ _____, _____ / month CODE: xx,xxx.xx = DK/Refused; zz,zzz.zz=TBD

Or \$ _____, _____ / year CODE: xxx,xxx.xx = DK/Refused; zzz,zzz.zz=TBD

4. Since [name of current month] of last year, have your hours at any job changed? [Interviewer: Ask question for job where more hours worked or, if more than one change has occurred in the last year, ask for most recent change in hours]

- a Decreased [Skip to Q6] c No change [Skip to Q7] xx DK/Refused [Skip to Q7]
 b Increased [Skip to Q7] d Stopped working [Skip to Q6] zz TBD

OPTION #2: IF CAREGIVER NOT WORKING

5. Since [name current month] of last year have you been employed?

- a Yes b No [Skip to Q7] xx DK/Refused [Skip to Q7] zz TBD

6. What is the main reason your hours decreased or you stopped working? [Interviewer: You may mark more than one]

- | | | |
|---|--|---|
| a <input type="checkbox"/> Not satisfied with job/offered another job | h <input type="checkbox"/> pregnancy/ maternity leave | o <input type="checkbox"/> other personal obligations |
| b <input type="checkbox"/> laid off | i <input type="checkbox"/> Chose to stay home with children | p <input type="checkbox"/> employer sold business |
| c <input type="checkbox"/> job was temporary/seasonal | j <input type="checkbox"/> unsatisfactory hours/pay | q <input type="checkbox"/> Immigration issues |
| d <input type="checkbox"/> transportation/too far | k <input type="checkbox"/> child's illness/injury | r <input type="checkbox"/> Hours increased at another job |
| e <input type="checkbox"/> discharged/fired | i <input type="checkbox"/> illness/injury of other family member | s <input type="checkbox"/> Business is slow |
| f <input type="checkbox"/> school /training | m <input type="checkbox"/> own illness/injury | t <input type="checkbox"/> Move/Related to a move |
| g <input type="checkbox"/> childcare problems | n <input type="checkbox"/> employer bankrupt | u <input type="checkbox"/> other _____ |
| | z <input type="checkbox"/> TBD | xx <input type="checkbox"/> DK/Refused |

7. [For employed caregivers only] How many paid sick days do you get per year, if any?

_____ days If DK/Refused code=xx; TBD=zz

8. Since [name of current month] of last year, did you receive any state unemployment benefits?

- a Yes b Yes - used to receive unemployment insurance but not now
 c No xx DK/Refused zz TBD

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9 INCLUDING yourself, how many people in your household ages 15 years or older are employed? By household I mean all of the people who usually live at the same address as this child. [Interviewer: *If in shelter only include family unit*] [PROMPT: *Don't forget to include yourself*] If DK/Refused code=xx If TBD code = zz

___ # people

10. Now I'd like to ask you a question about the money coming into your household, including money from jobs, pensions, unemployment insurance, cash benefits from assistance programs, alimony & child support. Do not include non-cash benefits like SNAP (food stamps). Please stop me when I reach your household's total income for last month. Was it...

[PROMPT as necessary – your household includes all who live with you and share resources. For families living in shelter, include only those in immediate family unit.]

- a Less than \$1000
- b \$1000- \$1999
- c \$2,000 - \$2,999
- d \$3,000 - \$3,999
- e \$4,000 or more
- xx DK/REFUSED
- zz TBD

11. Do you have an active:

- a. **checking account?** a Yes b No xx DK/Refused zz TBD
- b. **savings account?** a Yes b No xx DK/Refused zz TBD

[If yes to both skip to Q13]

12. [If no to Q11a OR 11b] -Which of the following are reasons why you do not have a checking or savings account? [INTERVIEWER: Mark all that apply.]

- a Do not have enough money to make it worthwhile
- b Do not like dealing with banks
- c Bank fees are too high
- d Inconvenient hours or location
- e Banks would not let me open an account
- f Do not want to share my personal information
- g Do not want an account because worried about my TANF/SNAP/other benefits
- h other: _____
- xx DK/Refused zz TBD

13. Please indicate if you have done any of the following in the past year. [INTERVIEWER; read each answer option and mark the answer]

- a. **Have you taken out a short term "payday" loan?** a Yes b No xx DK/Refused zz TBD
- b. **Have you gotten an advance on your tax refund? This is sometimes called a 'refund anticipation loan' or 'rapid refund'?** a Yes b No xx DK/Refused zz TBD
- c. **Have you used a pawn shop?** a Yes b No xx DK/Refused zz TBD
- d. **Have you used a rent-to-own store?** a Yes b No xx DK/Refused zz TBD
- e. **Have you used a check cashing service?** a Yes b No xx DK/Refused zz TBD

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The next questions are about who looks after [your/this] child during a typical week.

14. Please tell me who looks after [your/this] child on a regular basis while you are working or at school. By regular basis, I mean at least ONCE A WEEK EACH WEEK during the PAST MONTH. [Interviewer: *If more than one arrangement was used on a regular basis, ask for the arrangement used most often.*]

- a Head Start/Early Head Start
- b Child care center /preschool
- c Family daycare provider (*caring for 2 or more children outside of your home*)
- d Caregiver cares for child at home/Stay-at-home mother/ parent [Skip to Q17]
- e Relative who lives in your house
- f Relative who lives in another house
- g Non-relative such as a friend, neighbor, sitter, nanny, etc
- h Caregiver brings child to work or school with him/her [Skip to Q17]
- i Early Intervention Program
- j Nursing Care
- k Other _____
- xx DK/refused [Skip to Q16]
- zz TBD

15. How many hours per WEEK does the child spend in someone else's care while you are working or at school?
 _____ hours CODE: xxx = "DK/Refused" zzz =TBD

16. Who provides the meals for [your/this] child when [s/he] is in this child care arrangement?

- a parent provides meals
- b child care provides meals
- c both parent & childcare provide meals
- d no food is provided during child's time in care
- xx DK/refused
- zz TBD

17. Do problems getting child care make it difficult for you to work or study?

- a Yes
- b No [Skip to Q18]
- xx DK/refused [Skip to Q18]
- zz TBD

17a. If yes, do problems getting child care mean that you are...

[Prompt: *You may choose more than one.*]

- a Unable to work /work more (additional) hours?
- b Unable to attend classes?
- c Other: _____
- d No
- xx DK/refused
- zz TBD

18. [Skip for caregivers who stay at home or take child to work] Does anyone help you pay for the cost of any child care arrangements for [your/this] child? By this I mean a government agency, an employer, a relative, a friend, a voucher, or a sliding-scale fee.

- a Yes
- b No [Skip to Q20]
- xx DK/refused [Skip to Q20]
- zz TBD

19. Who helps to pay for this child's/CHILD'S NAME'S child care or preschool?

[Interviewer: *If more than one source, ask for the one that made the most significant contribution.*]

- a Government or sliding scale (*federal, state, or local government agency, or welfare office*) [Skip to Q22]
- b Child's other parent [Interviewer: *the parent not responding to the interview*]
- c Other relative or friend
- d Employer
- e I don't pay for childcare
- f Other _____
- xx DK/refused
- zz TBD

20. Are you currently on a waiting list for a child care subsidy?

- a Yes b No [skip to 21] zz TBD xx DK/refused [skip to 21]

20a. (Subsidy only) Approximately how long have you been on the waiting list for a child care subsidy?

_____ months [Interviewer: convert years to months] [Skip to Q22]

Code: xx = DK/Refused, zz = TBD

21. Why don't you receive subsidized child care? [asked of people not on waiting list or receiving subsidy]

- a Waiting list closed
- b Can't afford co-pays
- c Not income eligible
- d Not working/in training/education program
- e Daycare hours do not match caregiver schedule/Shift hours too inconsistent
- f Hassle/administrative burden
- g Funding ran out/state budget cuts
- h Can't afford transportation or no childcare available near home
- i Preferred child care is not certified to accept subsidy (for example, relative, friend)
- j Chose to stay home with child
- k Intends to apply/application pending
- l Don't know about program [Skip to Section K]
- m Don't want it
- n Other _____
- xx DK/refused
- zz TBD

22. During the past two years have you had a child care subsidy taken away?

- a Yes b No [skip to Section K] xx DK/refused [skip to Section K] zz TBD

22a. Why was the child care subsidy taken away?

- a Left welfare and priority status period ran out
- b Increase in income
- c Lost job/no longer working
- d Summer—no school
- e Funding ran out/state budget cuts
- f Administrative problems
- g Couldn't find appropriate/desired childcare
- h Inconsistent work hours/not enough hours
- i Could not afford co-pays
- j Need to reapply/missed re-certification deadline
- k Reported incorrect information
- l Other _____
- zz TBD
- xx DK/refused

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SECTION K: RESOURCE INFORMATION

We're almost finished. Thank you very much for your time and participation. This last section is about resources and assistance that we can offer to you. I will read a list of resources families are often interested in receiving information about. As I read the list, feel free to say yes to any item you are interested in getting information about. *[Interviewer: If it is apparent that the family's needs constitute an imminent crisis, including a threat to life, notify the appropriate person in your clinic/ED.]*

1. Would you like any resource information regarding.....(read & check off list below)?:

a.	List of resources in the community	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Childcare for families without services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Utility Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	SNAP (Supplemental Nutrition Assistance Program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Medical Insurance/Medical Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Subsidized Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i.	Women's Shelters/Homeless Shelters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j.	Food banks/Food pantries/Soup Kitchens/Low-cost food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Employment Training Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l.	Depression or mental health services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m.	Interpreter Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n.	Social Worker/Social Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o.	Legal Services/Advocacy for housing and eviction, child support, immigration issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
p.	Nutrition information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
q.	Hospital services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
r.	Child Development Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
s.	Welfare/Cash assistance/TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No
t.	Smoking Cessation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
u.	Early Intervention Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v.	Other Education: ESL Programs/Tuition Assistance etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
w.	SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
x.	Dental insurance/dental care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
y.	Adult health insurance/care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
z.	Diapers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
aa.	Would you like to talk with our Outreach Worker (Site specific)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ab.	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION L: OUTREACH PROGRAM
SITE SPECIFIC

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REMEMBER TO ASK THIS IF PERTINENT TO FAMILY'S SITUATION!!!

[Interviewer: Ask these questions of each participant. Some families may not feel comfortable sharing information during the interview but will share with an outreach worker. Every family's experience is important – if they have a story to share, record it in B.]

A. Your experience is very important. The people who make policy decisions about families often like to hear about how programs affect families with children. Would you be willing to share your story with our team or person in the media?

a Yes b No

B. INTERVIEWER: Please briefly describe the family's experience (positive or negative) with public assistance programs or other relevant issues (for example, housing conditions, immigration, trade-offs forced by economic situation etc.).

C. Would you like to speak to an outreach worker? We have an outreach worker who specifically helps families that we come in contact with get the help or information they need. Would you like an outreach worker to contact you to assist you with your situation?

a Yes b No

D. INTERVIEWER: What specific information will the family need from the Outreach Worker?

Please make a note of the materials you have given to the family already. This will help the outreach worker to provide the best possible outreach information! If the family is not comfortable sharing with you what subject they would like to discuss with the Outreach Worker, do not push them to do so – just ensure that you have the appropriate contact information.

INTERVIEWER: If the family answers yes to A or C, please fill out sections E and F.

E. Name: _____

Address: _____

Phone1: _____

Phone2: _____

Email: _____

F. Best time to call? AM PM ANYTIME

Ok to leave a message? a

MRN: _____

INT. DATE: ____/____/____

INT. #: _____

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INTERVIEWER INITIALS _____

CAREGIVER SIGNATURE _____

GIFT CERTIFICATE # _____

Document Checklist

- HIPAA
- Eligibility Checklist
- Consent
- Consent Process Documentation
- Gift card (if not, allow e-version)