CORE MODULE

Pre-Screening - Electronic Health Record (EHR)

Interview (Record) ID#: ___ ___ ___ ___ ___

Participant Identification: ___ ___ ___ ___ ___ ___ ___

Site 2☐Boston 3☐Little Rock 5☐Minneapolis 7☐ Philadelphia

Name of the child: _____

Is the child a boy or girl? 1☐Boy 2☐Girl

What is the child's date of birth?

____ ____/ ____ ____ / ____ ____ ____ ____ 99☐ DK/Refused 66☐ TBD

Type of visit

1☐Acute/walk-in
2☐Standard/Scheduled/Well Child
3☐ Emergency Room
4☐Other *(please specify)* : _____

[NR] Weight: ___ ___. ___ ___lb/kg 99☐ DK/Refused 66☐ TBD

[NR] Height: ___ ___ ___. ___ ___in/cm 99☐ DK/Refused 66☐ TBD

1☐ Recumbent 2☐Standing

[NR] Admission*:* 1☐YES 2☐NO 99☐DK/Refused 66☐TBD

Is there a reason for INELIGIBILITY at this point?

1☐ NO, caregiver is eligible –continue with interview.
2☐ Language of interviewer & caregiver are different –*(please, specify):*
3☐ Interviewed less than six months ago

[NR] Language of interview:

1☐ English 2☐ Spanish

[NR] Screening Status 1☐ Patient Unavailable

PROGRAMMING NOTE: *Q1 and Q2 will be auto populated in REDCap, from information in the pre-screening section*

Screening Questions

1. Is the child a boy or a girl? 1☐Boy 2☐Girl

Name of the child _____

2. What is the child's date of birth? ____ ____/ ____ ____ / ____ ____ ____ ____
(MM) (DD) (YYYY)

3. How are you related to this child?

1☐Mother [BIOLOGIC]

2☐Father [BIOLOGIC]

4☐Adoptive mother/father

5☐Foster mother/father

6☐Grandmother/grandfather

7☐Aunt/uncle

8☐Other relative *(including godparents)*

3☐Other *(please specify)*:_____

	YES	NO
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?]*	1☐	2☐**NOT ELIGIBLE if 'NO'**
5. Do you live in the same household as this child?	1☐	2☐**NOT ELIGIBLE if 'NO'**
6. Do you live in this state?	1☐	2☐**NOT ELIGIBLE if 'NO'**

Question 7 and 8 to be completed by interviewer for all subjects

7. [*INTERVIEWER*: *Is there any other reason for ineligibility*?] [TO BE COMPLETED FOR ALL SUBJECTS]

1☐ YES**[IF YES END INTERVIEW]**
2☐ NO

Please specify the reason for ineligibility:

8. Did caregiver agree to be interviewed? 1☐ YES 2☐ NO [**IF NO END INTERVIEW**]

SECTION B – 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.*]

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

___ ___ ___ ___ year
99☐ DK/Refused
66☐ TBD

*[**SKIP** to Q2 if interviewing biologic mother **IF** Section A Q3 = answer 1; any other answer continue to Q1a]*

a. What year were you born? [***INTERVIEWER***: *If not interviewing biologic mother ask this for all other primary caregivers]*

___ ___ ___ ___ year
99☐ DK/Refused
66☐ TBD

2. What is the zip code where you/ live now? ___ ___ ___ ___ ___
99☐ DK/Refused
66☐ TBD

3. In which country was this child born?

1☐ USA	7☐ Haiti	16☐ Trinidad	10☐ Other (*please specify*)_____
2☐ Puerto Rico	8☐ Mexico	13☐ Honduras	99☐ DK/Refused
3☐ Cape Verde	9☐ Somalia	17☐ Vietnam	66☐ TBD
4☐ Dominican Republic	11☐ American born overseas	14☐ Jamaica	
5☐ El Salvador	15☐ Nigeria	18☐ Marshall Islands	

4. In which country [were you/was the child's *BIOLOGIC* mother] born?

1☐ USA [SKIP to Q6]	7☐ Haiti	16☐ Trinidad	10☐ Other (*please specify*)_____
2☐ Puerto Rico	8☐ Mexico	13☐ Honduras	99☐ DK/Refused

3☐ Cape Verde	9☐ Somalia	17☐ Vietnam	66☐ TBD
4☐ Dominican Republic	11☐ American born overseas	14☐ Jamaica	
5☐ El Salvador	15☐ Nigeria	18☐ Marshall Islands	

5. What year did [you/the child's *BIOLOGIC* mother] arrive in the U.S.?

___ ___ ___ ___ year

99☐ DK/Refused

66☐ TBD

☐ ☐

6. a) [Do you/Does the child's *BIOLOGIC* mother] consider [yourself/herself] to be Hispanic, Latina or Spanish? [***PROMPT****: Are your origins in the Dominican Republic, Puerto Rico, Mexico, Central or South America, or Spain?)*

1☐ YES

2☐ NO

99☐ DK/Refused

66☐ TBD

b) Which of the following best describes [your/the child's *BIOLOGIC* mother's] race? You may choose more than one.

		1YES	2NO	99DK/ Refused	66TBD
a.	Asian or Pacific Islander	☐	☐	☐	☐
b.	Black or African American	☐	☐	☐	☐
c.	Somali	☐	☐	☐	☐
d.	White or Caucasian	☐	☐	☐	☐
e.	American Indian or Native American	☐	☐	☐	☐
f.	Brazilian	☐	☐	☐	☐
g.	Cape Verdean	☐	☐	☐	☐
h.	Haitian	☐	☐	☐	☐
i.	Jamaican or West Indian	☐	☐	☐	☐
j.	Other(please specify)_____	☐	☐	☐	☐

7. In which country [was the child's other parent/were you] born?
*[**INTERVIEWER:** If speaking with a caregiver other than the biologic mother, say 'you'.]*

1□ USA [SKIP TO Q8]	7□ Haiti	16□ Trinidad	10□ Other(*please specify*)_____
2□ Puerto Rico	8□ Mexico	13□ Honduras	99□ DK/Refused
3□ Cape Verde	9□ Somalia	17□ Vietnam	66□ TBD
4□ Dominican Republic	11□ American born overseas	14□ Jamaica	
5□ El Salvador	15□ Nigeria	18□ Marshall Islands	

7a. What year did you arrive in the U.S.? [*INTERVIEWER*: *If not interviewing biologic mother ask this for all other primary caregivers]*
___ ___ ___ ___ year
99□ DK/Refused
66□ TBD □ □

PROGRAMMING NOTE: IF Spanish is selected, in "Language of Interview", **THEN** respondent is asked, "Do you speak a language other than "Spanish" at home?" and answer option 1 for Q8a should be English.

8. Do you speak a language other than English at home?

1□ YES 2□ NO [**SKIP to Q9**] 99□ DK/Refused [**SKIP to Q9**] 66□ TBD

a. What is this language? [***PROMPT***: *For example: Spanish, Haitian Creole, Somali etc.]:*

1□ Spanish
2□ Somali
3□ Portuguese
4□ Haitian Creole
6□ Cape Verdean Creole
7□ Other *(please specify)*:_____
99□ DK/Refused
66□ TBD

b. How well do you speak English?

1□ Very well
2□ Well
3□ Not well
4□ Not at all
99□ DK/Refused
66□TBD

9. Which of the following best describes your marital status?

1□ Single (*living alone*)
2□ Married
3□ Separated/Divorced/Widowed
6□ Cohabitation *(living together)*
99□ DK/Refused
66□ TBD

10. What sex were you assigned at birth, on your original birth certificate?

1□Male
2□Female
99□DK/Refused
66o TBD

11. How do you describe your gender identity?

1□Male
2□Female
3□Transgender
4□Do not identify as female, male or transgender: _____
99 DK/Refused
66 TBD

12. Do you think of yourself as? Check all that apply

1□ Straight
2□ Gay or lesbian [***PROMPT***: *Attraction towards people of the same gender]*
3□ Bisexual
4□ Transgender, transsexual, or gender non-conforming
99□ DK/Refused
66□ TBD

13. Which of the following best describes your level of education? ***[INTERVIEWER****: Note that "some college" includes caregivers currently enrolled in undergraduate or technical education.]*

2□ Some high school or less
3□ High school graduate or GED

4☐ Technical school or some college

5☐ College graduate

6☐ Master's level or higher

99☐ DK/Refused

66☐ TBD

SECTION C – Child Health

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

1. **How much did this child weigh at birth? ____ lb ____ oz**

   99☐ DK/Refused 66☐ TBD

2. **At how many weeks of pregnancy was the child born? _____ weeks.**
   *[**PROMPT**: How close to [his/her] due date?(Full Term = 40 weeks)]*

   99☐ DK/Refused 66☐ TBD

3. **Was the child ever breastfed?** *[**PROMPT**: Or provided breast milk including via bottle, cup or G tube?*

   1☐ YES, previously

   2☐ NO [**SKIP to Q5**]

   3☐ Still breastfeeds/receives breast milk

   99☐ DK/Refused [**SKIP to Q5**]

   66☐ TBD

4. **[***If YES***] For how many <u>months</u> was your child breastfed or provided breast milk?**
   *[**PROMPT**: Including via bottle, cup or G tube?]* **_____ months**

   *[**INTERVIEWER:** If still breastfeeding or < 1 month or DK/TBD please leave field blank and answer multiple choice below]*

   1☐ *Still Breastfeeding*

   2☐ *<1 month*

   9☐ *DK/Refused*

   66☐ *TBD*

5. **In general, would you say the child's health is …?**

1☐ Excellent 3☐ Fair 9☐ DK/Refused

2☐ Good 4☐ Poor 66☐ 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]*

99☐ DK/Refused 66☐ TBD

PROGRAMMING NOTE*: IF *child is <4 months on the date of interview **SKIP** to Section D-Child Development Q11*.

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

1☐ Excellent 3☐ Fair 99☐ DK/Refused

2☐ Good 4☐ Poor 66☐ TBD

SECTION D – Child Development (4-48 Months)

*[**INTERVIEWER**: SKIP to Q11 if child is < 4 months old on the date of interview]*

1. **Please list any concerns about your child's learning, development and behavior.** *[Write notes in section below to record specific concerns]*

Concerns:_____

_____

_____

1☐YES, caregiver lists concerns. 99☐DK /Refused

2☐NO, caregiver does not list any concerns 66☐TBD

Now I am going to read you specific concerns caregivers may or may not have regarding their child's development. For each statement, please answer, *yes, no, a little*, or *I don't know*: [*INTERVIEWER*] Before question 6, repeat response level to interviewee: "Remember, for each statement, please answer *yes, no, a little*, or *I don't know*"

Do you have any concerns about how your child:

	1 Yes	2 No	3 A Little	99 DK/Refused	66 TBD
2. talks and makes speech sounds?					

3. understands what you say?					
4. uses his or her hands and fingers to do things?					
5. uses his or her arms and legs?					
6. behaves?					
7. gets along with others?					
8. is learning to do things for himself/herself?					
9. is learning preschool or school skills?					

10. Please list any other concerns:

_____

_____

1☐ YES, caregiver lists other developmental concerns
2☐ NO, caregiver does not list other developmental concerns
3☐ Caregiver lists only acute health concerns, not developmental concerns.
99☐ DK/Refused
66☐ TBD

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

1☐ Currently in EI/Currently in other intervention program
2☐ In EI in the past/In other intervention program in the past
3☐ Referred to EI but never enrolled
4☐ NO
99☐ DK/refused
66☐ TBD

SECTION E – Children with Special Health Care Needs Screener

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.

1. **Does your child currently need or use medicine prescribed by a doctor, nurse or other health provider, other than vitamins?** [***PROMPT****: For example, does your child have an inhaler, an EpiPen or other special medicines?*]

   1☐ YES 2☐ NO **[SKIP to Q2]** 99☐ DK/refused **[SKIP to Q2]** 66☐ TBD

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

      1☐ YES 2☐ NO **[SKIP to Q2]** 99☐ DK/refused **[SKIP to Q2]** 66☐ TBD

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

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

2. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age? *[**PROMPT**: For example, visits with a specialist or extra follow up visits with a doctor for a G tube.]*

1☐ YES 2☐ NO **[SKIP to Q3]** 99☐ DK/refused **[SKIP to Q3]** 66☐ TBD

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

1☐ YES 2☐ NO **[SKIP to Q3]** 99☐ DK/refused**] [SKIP to Q3]** 66☐ TBD

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

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

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

1☐ YES 2☐ NO **[SKIP to Q4]** 99☐ DK/refused **[SKIP to Q4]** 66☐ TBD

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

1☐ YES 2☐ NO **[SKIP to Q4]** 99☐ DK/refused **[SKIP to Q4]** 66☐ TBD

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

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

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

1☐ YES 2☐ NO **[SKIP to Q5]** 99☐ DK/refused **[SKIP to Q5]** 66☐ TBD

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

1☐ YES 2☐ NO **[SKIP to Q5]** 99☐ DK/refused **[SKIP to Q5]** 66☐ TBD

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

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

5. **Does your child have any kind of emotional, developmental, or behavioral problems for which he/she needs treatment or counseling?** *[**PROMPT**: For example, do you get help in order to assist you with the behavior of your child?]*

1☐ YES 2☐ NO **[SKIP to Q6]** 99☐ DK/refused **[SKIP to Q6]** 66☐ TBD

   a. **Has [his/her] emotional, developmental, or behavioral problem lasted or is it expected to last at least 12 months?**

   1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

6. **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?**

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

PROGRAMMING NOTE: ***IF*** *Q1b, Q2b, Q3b, Q4b, or Q5a is* ***YES*** *or* ***TBD*** *then continue. Otherwise, SKIP to Section F.*

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 [CHILD NAME] had the condition, even if [he/she] does not have the condition now.

7. Has a doctor or other health care provider ever told you that [CHILD NAME] had…)

	1**YES**	2**NO**	99**DK/ Refused**	66**TBD**
a. any developmental delay?	1☐	2☐	99☐	66☐
b. speech or language problems?	1☐	2☐	99☐	66☐
c. asthma?	1☐	2☐	99☐	66☐
d. any other chronic lung disease, such as BPD?	1☐	2☐	99☐	66☐
e. food allergies?	1☐	2☐	99☐	66☐
f. other *(please specify)*	1☐	2☐	99☐	66☐

SECTION F – Health Insurance and Access to Care

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

1. **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 1 or 2)]*

1☐ Medicaid/S-CHIP/State Medicaid *[**INTERVIEWER**: Use the name of your state-specific Medicaid plan]*

2☐ Other public insurance/Free Care

3☐ No insurance/Pay out of pocket

4☐ Private insurance *(from employer or purchased directly)*

5☐ Private insurance *(through government subsidy, e.g. Medicaid funds)*

6☐ Tricare/military insurance

7☐ Other *(please specify)* _____

99☐ DK/Refused

66☐ TBD

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

1☐ YES 2☐NO 99☐DK/Refused 66☐TBD

3. **What type of health insurance do you have? (You may choose more than one**.)
*[**INTERVIEWER**: If caregiver has more than one type of health insurance, including public insurance, mark relevant public insurance (option 1 or 2)]*

1☐ Medicaid/S-CHIP/State Medicaid

*[**INTERVIEWER**: Use the name of your state-specific Medicaid plan]*

2☐ Other public insurance/Free Care

3☐ No insurance/Pay out of pocket

4☐ Private insurance *(from employer or purchased directly)*

5☐ Private insurance *(through government subsidy, e.g. Medicaid funds)*

6☐ Tricare/military insurance

7☐ Other *(please specify)* _____

99☐ DK/Refused

66☐ TBD

The following questions are about your <u>HOUSEHOLD'S</u> health insurance and prescription coverage since [CURRENT MONTH] of last year.

4. Was there any time when you or another household member other than [CHILD NAME] needed a <u>prescription medicine or medical care,</u> but were unable to get it because [you/the family] couldn't afford it?

1☐ YES 2☐ NO to both **[SKIP to Q5]** 99☐ DK/refused **[SKIP to Q5]** 66☐ TBD

4a. If yes, please specify:

1☐ Prescription medicine

2☐ Medical care

3☐ Both

99☐ DK/Refused

66☐ TBD

5. **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].*

1☐ For your rent/mortgage?

2☐ For your utility bills *(not phone)*?

3☐ For food?

4☐ For child care?

5☐ For other medical bills?

6☐ For car-related expenses *(insurance, loan, gas, repairs)*?

7☐ For phone bills?

8☐ None of these

10☐ Other *(please specify)*_____

99☐ DK/Refused

66☐ TBD

6. Since [CURRENT MONTH] of last year, was there any time when you or another household member other than [CHILD NAME] needed <u>dental care,</u> but were unable to get it because [you/the family] couldn't afford it?

1☐ YES 2☐ NO 99☐ DK/Refused 66☐ TBD

SECTION G – Caregiver Health

The next few questions are about your health:

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

1☐ Excellent 3☐ Fair 99☐ DK/Refused

2☐ Good 4☐ Poor 66☐ TBD

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

1☐ Excellent 3☐ Fair 99☐ DK/Refused

2☐ Good 4☐ Poor 66☐ TBD

3. Over the past 2 weeks, how often have you been bothered by the following problems? For each statement please tell me if it was: not at all, several days, more than half of the days, or nearly every day.

	Not at all	Several days	More than half of the days	Nearly every day	DK/ Refused	TBD
a. Feeling nervous, anxious, or on edge	0☐	1☐	2☐	3☐	99☐	66☐
b. Not being able to stop or control worrying	0☐	1☐	2☐	3☐	99☐	66☐
c. Little interest or pleasure in doing things	0☐	1☐	2☐	3☐	99☐	66☐
d. Feeling down, depressed or hopeless	0☐	1☐	2☐	3☐	99☐	66☐

PROGRAMMING NOTE*: SKIP *Q4 & Q5 if the caregiver is* ***NOT*** *a BIOLOGIC parent of the child and continue to next section.*

4. How tall are you? [BIOLOGIC parent only] __ ___ feet __ ___ inches/ ___ ___ ___ cm

99☐ DK/Refused 66☐ TBD

5. How much do you weigh? [BIOLOGIC parent only] ***[INTERVIEWER****: If mother is pregnant, ask for her usual weight when not pregnant].*___ ___ ___pounds/ ___ ___ ___kilos

99☐ DK/Refused 66☐ TBD

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

6. Did [you/the BIOLOGIC mother] smoke at any time while [you were/she was] pregnant with this child? [*INTERVIEWER*: *If the words 'BIOLOGIC mother' are in brackets, it means we are interested in information about the biologic mother only.]*

1☐ YES 2☐ NO 99☐ DK/Refused 66☐ TBD

7. Including yourself, how many people in your household smoke cigarettes or use any other tobacco products? ____ ____

99☐ DK/Refused 66☐ TBD

We are trying to understand whether having a parent who has been in jail or prison impacts families like yours with young children. You could help by sharing your answers to these questions which we ask everyone we interview. [***INTERVIEWER****: If the words 'BIOLOGIC mother' are in brackets, it means we are interested in information about the biologic mother only.* Household refers to people with whom the caregiver lives and shares financial resources.

PROGRAMMING NOTE*:* *For foster parents **only** always **SKIP** to next section; all other caregiver relationships continue. .*

8. **[Have you/Has the BIOLOGIC mother] ever been held in jail or prison, or detained by ICE? Check all that apply**

1 ☐ YES, in jail or prison 3 YES, detained by ICE 2NO **[SKIP to Q7]**
99 ☐ DK/Refused **[SKIP to Q7]** 66☐ TBD

6a. If yes, during which of the following periods of time [were you/was the BIOLOGIC mother] held in jail or prison, or detained by ICE? Check all that apply

1☐ During [your/the BIOLOGIC mother's] pregnancy with this child

2☐ Since this child was born

3☐ Before pregnancy with this child

99☐ DK/Refused

66☐ TBD

9. **[Have you/Has the child's other caregiver] ever been held in jail or prison, or detained by ICE? Check all that apply**

1☐ YES, in jail or prison

3 YES, detained by ICE

2☐ NO

99☐ DK/Refused **[]**

66☐ TBD

9a. If yes, during which of the following periods of time were you or the child's other parent/caregiver held in jail or prison, or detained by ICE? (*Check all that apply)*

1☐ During the biologic mother's pregnancy with this child

2☐ Since this child was born

3☐ Before pregnancy with this child

99☐ DK/Refused

66☐ TBD

SECTION H – Food Security

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 [CURRENT MONTH].

1. **[We/ I] worried <u>whether our food would run out</u> before [we/I] got money to buy more**

   1☐ Often True 2☐ Sometimes True 3☐ Never True 99☐ DK/Refused 66☐ TBD

2. **The <u>food that [we/I] bought just didn't last</u> and [we/I] didn't have money to get more**

   1☐ Often True 2☐ Sometimes True 3☐ Never True 99☐ DK/Refused 66☐ TBD

3. **[We/I] <u>couldn't afford</u> to eat balanced meals** *[**PROMPT**: Varied, nutritious meals]*

   1☐ Often True 2☐ Sometimes True 3☐ Never True 99☐ DK/Refused 66☐ TBD

4. **[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]*

   1☐ Often True 2☐ Sometimes True 3☐ Never True 99☐ DK/Refused 66☐ TBD

5. **[We/I] couldn't feed [my/our child/children] a <u>balanced meal</u> because [we/I] couldn't afford that.** *[**PROMPT**: Varied, nutritious meals]*

   1☐ Often True 2☐ Sometimes True 3☐ Never True 99☐ DK/Refused 66☐ TBD

PROGRAMMING NOTE: *(Screener for Stage 2)* ***IF*** *Q1-Q5 = "often true" or "sometimes true"* ***THEN*** *continue with Q6 below; Otherwise* ***SKIP*** *to next Section I.*

6. **[My/Our] [child was/children were] <u>not eating enough</u> because there wasn't enough money for food.**

   1☐ Often True 2☐ Sometimes True 3☐ Never True 99☐ DK/Refused 66☐ TBD

7. **Since last [CURRENT MONTH], did [you/ 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?**

   1☐ YES 2☐ NO **[SKIP to Q8]** 99☐ DK/refused**[SKIP to Q8]** 66☐ TBD

   7a. <u>How often</u> did this happen?

   1☐ Almost every month 2☐ Some months but not every month

   3☐ Only 1 or 2 months 99☐ DK/refused 66☐ TBD

8. 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?

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

9. Since last [CURRENT MONTH], were you <u>ever hungry but didn't eat</u> because there wasn't enough money for food?

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

10. Since last [CURRENT MONTH], did you <u>lose weight</u> because you didn't have enough money for food?

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

11. Since last [CURRENT MONTH], did [you// other adult in your household] ever <u>not eat for a whole day</u> because there wasn't enough money for food?

1☐ YES

2☐ NO **[SKIP to screener for stage 3 box]**

99☐ DK/Refused **[SKIP to screener for stage 3 box]**

66☐ TBD

11a. How often did this happen?

1☐ Almost every month

2☐ Some months but not every month

3 Only 1 or 2 months

99☐ DK/refused

66☐ TBD

PROGRAMMING NOTES: *(Screener for Stage 3)* ***IF*** *Q6-Q11a = "yes", "almost/some months", "often" or "sometimes true"* ***THEN*** *continue with Q12 below; Otherwise,* ***SKIP*** *to next section.*

The next questions are about children living in the household who are under 18 years old.

12. Since last [CURRENT MONTH], did you ever cut the size of [your child's/any of the children's] meals because there wasn't enough money for food?

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

13. Since last [CURRENT MONTH], did [the child]/any of the children] ever <u>skip meals</u> because there wasn't enough money for food?

1☐ YES 2☐ NO [SKIP to Q14] 99☐ DK/refused **[SKIP to Q14]** 66☐ TBD

13a. How often did this happen?

1☐ Almost every month
2☐ Some months but not every month
3 ☐Only 1 or 2 months
99☐ DK/refused
66☐ TBD

14. Since last [CURRENT MONTH], [was your child/were your children] ever hungry because there wasn't enough money for food? 1☐ YES 2☐ NO
99☐ DK/refused 66☐ TBD

15. Since last [CURRENT MONTH], did [your child/any of the children] ever not eat for a whole day because there wasn't enough money for food?

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

SECTION I – Housing Stability

The next set of questions ask about [the child's/your] family and household.

1. Please tell me what type of housing [CHILD NAME] lives in. Does [CHILD NAME] live in…?

1☐ an apartment
2☐ a house/townhouse/condo
3☐ a shelter/transitional living situation **[CONTINUE to 1a]**
5☐ a residential treatment/supervised housing **[CONTINUE to 1a]**
6☐ government housing *(Military, etc.)* **[SKIP to Q4]**
7☐ Mobile home/trailer
8☐ room/rented room **[SKIP to Q3]**
10☐ car **[CONTINUE to 1a]**
11☐ no steady place to sleep at night **[CONTINUE to 1a]**
12☐ hotel/motel **[CONTINUE to 1a]**
4☐ Other (*please specify*) _____ **[SKIP to Q4]**
99☐ DK/Refused **[SKIP to Q4]**
66☐ TBD **[CONTINUE to 1a]**

1a. Have you lived in this situation for longer than since [CURRENT MONTH] of last year?

1☐ YES **[SKIP to Q6]**
2☐ NO **[SKIP to Q3]**
99☐ DK/refused **[SKIP to Q6]**
66☐ TBD **[SKIP to Q6]**

2. Do you own your own home? *[**PROMPT**: Is the house under your name? OR Could you sell the home if you wanted to?]*

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

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?]*

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

4. [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, <u>NOT</u> to the owner/renter of the apartment who has someone staying with him/her*]

1☐ YES

2☐ NO

99☐ DK/refused

66☐ TBD

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

***[INTERVIEWER:** If respondent is in a homeless situation this question refers to their current situation living with others.]*

99☐ DK/refused
66☐ TBD

6. How many places has the child lived since [CURRENT MONTH] of last year?

___ ___ # of places

99☐ DK/Refused
66☐ TBD

***7.* INCLUDING THIS CHILD, how many people ages 0-17 are in your [home/family]?** *[**PROMPT**: Please include in your household people with whom you live and share financial resources.]*

___ ___ # people

99☐ DK/Refused
66☐ TBD

8. **INCLUDING YOURSELF, how many people <u>18 and over</u> live in your [home/family]?** ***[PROMPT:*** *Please include in your household people with whom you live and share financial resources.****][INTERVIEWER:*** *If in living in shelter only include family unit****]***

___ ___ # people

99☐ DK/Refused
66☐ TBD

The next questions are about your current living situation.

9. 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? *[**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.]*

1☐ YES **[CONTINUE to Q10]**
2☐ NO **[SKIP to Q11]**
99☐ DK/refused **[SKIP to Q11]**
66☐ TBD **[CONTINUE to Q10]**

10. Did this eviction go on your record? [PROMPT: 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.]

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

PROGRAMMING NOTE*: IF *owns own home or in army base housing* ***SKIP*** *to Q16:* ***IF*** *lives in a shelter, transitional living situation, treatment facility or other****, SKIP*** *to Q12****.***

11. Do you <u>currently</u> live in subsidized housing or public housing? *[**PROMPT**: Do you receive government assistance to pay your rent?]*

1☐ YES 2☐ NO **[SKIP to Q12]** 99☐ DK/refused **[SKIP to Q12]** 66☐ TBD

11a. Is the housing under your name?

1☐ YES 2☐ NO **[SKIP to Q12]** 99☐ DK/refused **[SKIP to Q12]** 66☐ TBD

11b. Can you move with your subsidy to other housing of your choice? *[**PROMPT**: Do you have Section 8, or a housing voucher?]*

1☐YES **[SKIP to Q15]** 2☐NO 99o DK/Refused 66☐TBD

12. Have you applied for subsidized housing or some other type of public housing?

1□YES 2□NO **[SKIP to Q15]** 99o DK/Refused **[SKIP to Q15]** 66□TBD

13. Are [you/ the child's family] currently on a waiting list for Section 8 or some other type of housing that offers financial assistance?

1□YES 2□NO **[SKIP to Q14]** 99o DK/Refused **[SKIP to Q14]**66□TBD

13a. Approximately, how long [have you/had you] been on a waiting list for housing? (*Convert years to months)*

___ ___ ___ #months **[SKIP to Q15]**

99□ DK/Refused

66□ TBD

14. Have you tried to get on a waiting list but couldn't?

1□ YES 2□ NO 99□ DK/refused 66□ TBD

15. During the past 2 years, have you had a housing voucher that was terminated?

1□ YES 2□ NO 99□ DK/refused 66□ TBD

These next questions will ask you about your housing since [you were/ the child's BIOLOGIC mother was] pregnant with this child 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. [*INTERVIEWER*: ***If the words "BIOLOGIC mother" are in brackets, it means we are interested in information about the biologic mother only.]*

16. [Were you/was the BIOLOGIC mother] ever homeless or did [you/the BIOLOGIC 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]*

1□ YES 2□ NO [Skip to Q17] 99□ DK/refused[Skip to Q17] 66□ TBD

16a[IF Yes] : Was that in the last 12 months?

1□ YES 2□ NO 99□ DK/refused 66□ TBD

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

1□ YES 2□ NO **[SKIP to Q18]** 99□ DK/refused **[SKIP to Q18]** 66□ TBD

17a. If yes, for how many <u>total</u> months was this child homeless or living in a shelter? Was it for:

1☐ Less than six months?

2☐ 6-12 months?

3☐ More than a year?

99☐ DK/Refused

66☐ TBD

18. When [you were/she was] pregnant with [CHILD NAME] did [you/ the child's BIOLOGIC 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]*

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

SECTION J – Energy Security

PROGRAMMING NOTE: *IF living in shelter/homeless or other type of institution, **SKIP** to Q4.*

Now I have some questions about your utilities.

1. Is the child's home heated by…..? *[**INTERVIEWER**: We want primary energy source for household.]*

1☐Gas
2☐Oil
3☐Electric
5☐ Propane/kerosene
6☐ Wood
4☐ Other *(please specify)*_____
99o DK/Refused
66☐TBD

2. **Is the child's home primarily cooled by…?** *[**INTERVIEWER**: We want primary cooling method.]*

1☐Central air system
2☐Air conditioning *(window units)*
3☐ Fans
4☐No cooling
5☐Other *(please specify)*_____
99☐DK/Refused
66☐TBD

PROGRAMMING NOTE: *IF lives in military base housing, **SKIP** to Q8. **IF** owns own home skip to **Q4.***

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

1☐ YES 2☐ NO **[SKIP to Q8]** 99☐ DK/Refused **[SKIP to Q8]** 66☐ TBD

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

   1☐ YES 2☐ NO 99☐ DK/Refused 66☐ TBD

5. **Since [CURRENT MONTH] of last year has the [gas/electric/oil] company [threatened to shut off/gas or oil company threatened not to deliver] the [gas/ electricity/ oil] for not paying bills?**

   1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

6. **Since [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?**

   1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

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

   1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

8. **Since [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]*

   1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

9. **Since [CURRENT MONTH] of last year has the water utility sent you a letter threatening to shut off or refuse delivery of water in the house for not paying bills?**

   1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

SECTION K – Participation in Social Service Programs

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.
[*INTERVIEWER*: *If the words **'BIOLOGIC mother'** are in brackets, it means we are interested in information about the biologic mother only.]*

1. **Have you ever received WIC for yourself or for this child? If yes, are you currently receiving WIC?**

   1☐ YES, currently

2☐ NO

3☐ YES, used to receive WIC but not now

99☐ DK/refused

66☐ TBD

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

1☐ YES

2☐ NO

99☐ DK/refused

66☐ 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 the option that states "YES, presently receives SNAP".]*

1☐ NO, never received SNAP **[SKIP to Q4]**

2☐ Applied but was denied **[SKIP to Q4]**

3☐ Received SNAP before, but not now **[SKIP to Q4]**

4☐ YES, presently receives SNAP **[CONTINUE to 3a]**

5☐ Has application pending/Intends to apply **[SKIP to Q4]**

6☐ Teen parent – receives SNAP on parents' benefit **[SKIP to Q4]**

7☐ Application approved/Pending payment **[SKIP to Q4]**

99☐ DK/Refused **[SKIP to Q4]**

66☐ TBD

3a. How much is your current monthly SNAP benefit?*[**PROMPT**: Is this the monthly amount?]*

$___ ___ ___ ___

99☐ DK/Refused

66☐ TBD

4. Have you or the child ever received cash assistance/welfare, or [STATE PROGRAM NAME]?

1☐ YES

2☐ NO, I know about the program but have never received **[SKIP to Q5]**

3☐ NO, I don't know about the program/Don't know if eligible **[SKIP to Q5]**

99☐ DK/Refused **[SKIP to Q5]**

66☐ TBD

4a. *[If yes]* **Do both of you (you and your child) now receive [cash assistance/welfare] or just the child?** ***[INTERVIEWER****: If caregiver receives welfare for another child (not index child), answer as if it were the caregiver only. If child-only and another answer are true, mark relevant "CHILD-ONLY"]*

1☐ My child or I received cash assistance/welfare before, but not presently

2☐ Yes, I receive cash assistance/welfare now

3☐ Application approved - payment pending

4☐ I have application pending /Intend to apply

5☐ Have applied, but was denied

7☐ CHILD ONLY (*Caregiver not included on benefit*) - YES, I receive cash assistance/welfare now but only for my child(ren)/YES – my application approved-payment pending but only for my child(ren)

8☐ CHILD ONLY (*Caregiver not included on benefit*) – I have an application pending/ Intend to apply, but only for my child(ren)/I have applied only for my child(ren), but was denied

99☐ DK/Refused

66☐ TBD

5. Does anyone in the household receive SSI (disability)?

1☐ YES

2☐ NO **[SKIP to next section]**

99☐ DK/Refused **[SKIP to next section]**

66☐ TBD

5a. *[If yes]* **Who receives SSI** *(disability)***?**

1☐ YES, receive for self *(Caregiver)*

2☐ YES, receive for another child

3☐ YES, receive for this child

4☐ YES, receive for both caregiver & this child

5☐ YES, received by another household member

6☐ Pending, Approved for self or other child

7☐ Pending, Approved for this child

99☐ DK/refused

66☐ TBD

SECTION L – Employment

The next set of questions is about your employment status and child care for [CHILD NAME].

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), workers' compensation, or temporary disability]*

   1☐ YES 2☐ NO **[SKIP to Q5]** 99☐ DK/refused **[SKIP to Q5]** 66☐ TBD

2. [IF caregiver employed] **How many hours [do you/does the child's caregiver] work per week?** *[**INTERVIEWER**: If works sporadically, on Maternity Leave, or DK/TBD please leave this field blank and answer multiple choice below]*

   ___ ___ Hours

   1☐ If works sporadically

   2☐ If on Maternity Leave

   99☐ DK/Refused

   66☐ TBD

3. [IF caregiver is employed] **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: $____ ____ ____.____ ____ / **hour**

   Salaried Worker: ____ ____, ____ ____ ____.____ ____ / **week**

   OR $____ ____, ____ ____ ____.____ ____ / **month**

   OR $____ ____ ____, ____ ____ ____.____ ____ / **year**

   99☐ DK/Refused 66☐ TBD

4. [IF caregiver is employed] **Since [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]*

   1☐ Decreased **[SKIP to Q6]** 2☐ Increased **[SKIP to Q7]**

3☐ No change **[SKIP to Q7]**
99☐ DK/Refused **[SKIP to Q7]**
4☐ Stopped working **[SKIP to Q6]**
66☐ TBD [SKIP to Q6]

5. [IF caregiver not employed or DK/Refused.] **Since [CURRENT MONTH] of last year have you been employed?**

1☐ YES 2☐ NO **[SKIP to Q8]** 99☐ DK/refused**[SKIP to Q8]** 66☐ TBD

6. [IF caregiver not employed of DK/Refused] **What is the main reason your hours decreased or you stopped working?** [***INTERVIEWER****: You may mark more than one*]

1☐ Not satisfied with job/offered another job
2☐ Laid off
3☐ Job was temporary/seasonal
4☐ Transportation/too far
5☐ Discharged/fired
6☐ School /training
7☐ Childcare problems
8☐ Pregnancy/ maternity leave
9☐ Chose to stay home with children
10☐ Unsatisfactory hours/pay
11☐ Child's illness/injury
12☐ Illness/injury of other family member
13☐ Own illness/injury
14☐ Employer bankrupt
15☐ Other personal obligations
16☐ Employer sold business
17☐ Immigration issues
18☐ Business is slow
19☐ Move/Related to a move
20☐ Hours increased at another job
21☐ Other *(please specify)*_____
99☐ DK/Refused
66☐ TBD

7. [For employed caregivers only (Q1 is (1)Yes or (66) TBD)] **Do you get paid sick days, Paid Time Off (PTO), or Earned Time (ET) at your job?**

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

8. Since [CURRENT MONTH] of last year, did you receive any state unemployment benefits?

1☐ YES

2☐ NO

3☐ YES, used to receive unemployment insurance but not now

99☐ DK/Refused

66☐ TBD

9. *[**INTERVIEWER**: For families living in shelter, include only those in immediate family unit]* **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.** *[**PROMPT**: Don't forget to include yourself]*

___ ___ # people

99☐ DK/Refused

66☐ TBD

10. [*INTERVIEWER*: *For families living in shelter, include only those in immediate family unit]* **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** (if necessary) – Your household includes all who live with you and share resources. We are interested in all the money you receive before taxes are taken out.]*

1☐ Less than $1000

2☐ $1000- $1999

3☐ $2,000 - $2,999

4☐ $3,000 - $3,999

5☐ $4,000 or more

99☐ DK/Refused

66☐ TBD

SECTION M – Early Education and Care

PROGRAMMING NOTE: IF response to Q1 = (4) Caregiver cares for child at home/Stay-at-home other/parent") OR (8) Caregiver brings child to work/school with them AND response to Q1a = (7) Caregiver cares for child at home/Stay-at-home mother/parent THEN SKIP randomization of M2 – Early Education and Care Module

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

1. **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 <u>most</u> often. A secondary arrangement can be recorded in Q1a.*

   1☐ Head Start/Early Head Start
   2☐ Child care center /preschool
   3☐ Family daycare provider *(caring for 2 or more children outside of your home)*
   4☐ Caregiver cares for child at home/Stay-at-home mother/ parent
   5☐ Relative who lives in your house
   6☐ Relative who lives in another house
   7☐ Non-relative such as a friend, neighbor, sitter, nanny
   8☐ Caregiver brings child to work or school with him/her
   9☐ Early Intervention Program
   10☐ Nursing Care
   11☐ Other (*please specify*) _____
   99☐ DK/refused [SKIP to Q2]
   66☐ TBD

   1a. What other child care arrangements do you use on a regular basis for [your/this] child in addition to your main arrangement? ***[PROMPT:*** *Choose all that apply]*

   1☐ a friend, babysitter, nanny or caregiver in your home
   2☐ a relative in your home
   3☐ a relative outside your home

4☐ other children in the family
5☐ child care center
6☐ family daycare provider
7☐ caregiver cares for child at home/Stay-at-home mother/ parent
8☐ Other *(please specify)* ____
9☐ none of the above
99☐ DK/Refused
66☐ TBD

PROGRAMMING NOTE: ***IF*** *both primary and secondary childcare options are that a caregiver cares for child at home****, THEN SKIP*** *to Q6. Specifically,* ***IF*** *Q1 is either (4) "Caregiver cares for child at home/stay-at-home mother/parent" or (8) "Caregiver brings child to work or school with them" AND Q1a is (7) "Caregiver cares for child at home/stay-at-home parent"* ***THEN SKIP*** *to Q6.*

2. Who provides the meals for [your/this] child when [she/he] is in the primary child care arrangement?

1☐ Parent provides meals
2☐ Child care provides meals
3☐ Both parent & childcare provide meals
4☐ No food is provided during child's time in care
99☐ DK/refused
66☐ TBD

3. How many hours per WEEK does the child spend in someone else's care while you are working or at school?

____ ____ ____hours
99☐ DK/Refused
66☐ TBD

4. 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.

1☐ YES 2☐ NO [SKIP to Q6] 99☐ DK/refused[SKIP to Q6] 66☐ TBD

~~5.~~ 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.]*

1☐ Government or sliding scale (*federal, state, or local government agency, or welfare office)*
2☐ Employer
3☐ Child's other parent *[**INTERVIEWER**: The parent not responding to the interview]*
4☐ Other relative or friend
5☐ I don't pay for childcare
6☐ Other *(please specify)* _____
99☐ DK/refused
66☐ TBD

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

1☐ YES
2☐ NO **[SKIP to next section]**
99☐ DK/refused **[SKIP to next section]**
66☐ TBD

6a. *[IF yes]* **Do problems getting child care mean that you…**
[***PROMPT**: You may choose more than one.]*

1☐Have had to quit or leave school/work/training program
2☐Have had to decrease work hours
3☐Could not increase work hours
4☐Are unable to find work
5☐Are unable to attend classes or training program
99o DK/refused
66o TBD

6b. What was the reason you had problems obtaining child care?
[***PROMPT**: You may choose more than one.]*

1☐Cost
2☐Location
3☐Transportation to/from childcare
4☐Acceptance of childcare subsidy or voucher
5☐Inability to match your work/school schedule needs
6☐ Reputation *(Quality)*

7 ☐ I do not trust other childcare providers

8 ☐ Child care hours

9 ☐ Other *(please specify)*_____

99 ☐ DK/refused

66 ☐ TBD

MODULE 1: NUTRITION

PROGRAMMING NOTE: SKIP Q3 if answer Q1 = (77) Never (exclusively breastfeeding)

PROGRAMMING NOTE: SKIP Qs 6,7,8 if answer Q1 AND Q2 = (77) Never (exclusively breastfeeding).

Now I am going to ask you about experiences with food.

1. **How old was your baby when [she/he] first received formula?**

___ ___ (*in months*)

77☐ Never (*exclusively breastfeeding*)

88☐ < 1 month

99☐ DK/Refused

66☐ TBT

2. **How old was your baby when (she/he) first received any other food or drink?**

___ ___ (*in months*)

*[**PROMPT:** For example, the first time you gave him/her water, juice, or cereal]*

77☐ Never (*exclusively breastfeeding*)

88☐ < 1 month

99☐ DK/Refused

66☐ TBT

3. **Do you add anything besides water to the formula?** *(Check all that apply)*

1☐ More water than recommended

2☐ Baby cereal

3☐ Sweetener/Sugar/Flavoring

4☐ No, never

5☐ Other (*please specify*):

99☐.DK/refused

66☐ TBD

4. Has a healthcare provider EVER told you that [CHILDNAME] has/had any of the following conditions? *(Check all that apply)*

1☐ Low Iron/Anemia
2☐ Underweight
3☐ Overweight or Obesity
4☐Other *(please specify)*
5☐ None of the above
99☐ DK/refused
66☐ TBD

5. Has [CHILDNAME] <u>EVER</u> used or taken any supplements? *(Check all that apply)*

1☐ Pediasure or other nutritional supplement
2☐ Iron
5☐ Vitamina D_3☐ Other (*please specify*)
4☐ No supplements
99☐. DK/refused
66☐ TBD

Now I would like to ask you about foods that [NAME] had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.

6. Yesterday during the day or at night, did [NAME] eat:

	Yes	No	DK/Refused	TBD
a. Any grains, roots and tubers, such as bread, rice, pasta, oats, porridge, cassava, yam, or white potato?				
b. Any legumes, nuts and seeds, such as beans, peas, lentils, peanut or peanut butter?				
c. Any infant formula, plain milk, plain yogurt, or cheese?				
d. Any beef, pork, chicken, pork, or organ meats, such as liver, fish or seafood?				
e. Any type of eggs?				
f. Any yellow, orange, or green fruits and vegetables, such as cantaloupe, mango, papaya, peach, or carrot, sweet potato, pumpkin, broccoli, kale, spinach?				
g. Any other fruits and vegetables, such as apple, banana, blueberry, grape, avocado, or beets, cauliflower, cucumber, tomato?				

h. Any sugary drinks, such as soda, 100% fruit juice, chocolate and other flavored milks, tea or coffee with sugar?				
i. Any sweet, salty, or fried foods such as candy, chocolate, ice cream, cake, pie, donut, cookie, chips, breakfast cereal, French fries, or instant noodles?				

7. What is most challenging about helping [CHILDNAME] to eat <u>fruits and vegetables</u>? [*Check <u>only</u> one***]**

1☐ My child already eats fruits and vegetables [**SKIP to Q8**]

2☐ Too expensive

3☐ Stores have poor selection/quality

4☐ Not enough time to shop/prepare

5☐ Child/family does not like

6☐ Other (*please specify*)

99☐ DK/refused

66☐ TBD

8. What approaches would help [CHILDNAME] eat more fruits and vegetables?
***[INTERVIEWER**: Read each option. Check <u>only</u> one response (YES, NO, DK/Refused)in each row]*

		1=YES	2=NO	99=DK/ Refused	66=TBD
a.	More stores accept food stamps (SNAP)/WIC vouchers	☐	☐	☐	☐
b.	Free or low cost shuttle/transportation to local stores/markets	☐	☐	☐	☐
c.	Better variety/quality of fruits and vegetables where you shop	☐	☐	☐	☐
d.	Lower prices	☐	☐	☐	☐
e.	Learning about how to prepare fruits or vegetables	☐	☐	☐	☐
f.	Other *(please specify)*	☐	☐	☐	☐

The following questions are about your childhood experience with food between the ages of 0-18 years old. For each of the following, please indicate if this was often, sometimes, or never true for your family:

9. We worried <u>whether our food would run out</u> before we got money to buy more.

1☐ Often true

2☐ Sometimes true
3☐ Never true
99☐ DK/refused
66☐ TBD

10. The <u>food that we bought just didn't last</u>, and we didn't have money to get more

1☐ Often true
2☐ Sometimes true
3☐ Never true
99☐ DK/refused
66☐ TBD

MODULE 2: EARLY EDUCATION AND CHILDCARE

PROGRAMMING NOTE: IF response to CORE SECTION M Q1 = (4) Caregiver cares for child at home/Stay-at-home other/parent") OR (8) Caregiver brings child to work/school with them AND response to Q1a = (7) Caregiver cares for child at home/Stay-at-home mother/parent THEN SKIP randomization of M2 – Early Education and Care Module

Now I will ask you some questions about the childcare arrangement you have for your child.

1. What was most important to you in choosing a primary childcare arrangement?

1☐ Cost
2☐ Location *[**PROMPT**: Near home, work, or other place of interest/convenience*]
3☐ Transportation to/from childcare
4☐ Good reputation
5☐ Acceptance of childcare subsidy or voucher
6☐ Ability to match your work/school schedule needs
7☐ Other (*please specify*)
99☐ DK/Refuse
66☐ TBD

2. In general, how satisfied are you with your primary childcare arrangement?

1☐ Very satisfied
2☐ Satisfied
3☐ Dissatisfied
4☐ Very dissatisfied
99☐ DK/Refused
66☐ TBD

3. Are you considering changing your primary childcare?

1☐ YES 2☐ NO [**SKIP to Q5**] 99☐ DK/Refused [**SKIP to Q5**] 66☐ TBD

4. What makes changing childcare a challenge for you? (*Check all that apply)*

1☐ Cost
2☐ Location
3☐ Transportation to/from childcare
4☐ Acceptance of childcare subsidy or voucher
5☐ Inability to match your work/school schedule needs
6☐ I do not trust other childcare providers
7☐ Other (*please specify*)
99☐ DK/Refused
66☐ TBD

5. Do the hours [CHILD NAME] attend childcare match the hours you need to work/attend school?

1☐ YES
2☐ NO
3☐ Sometimes
99☐ DK/Refused
66☐ TBD

6. If you need additional childcare hours, how easy is it to find extra hours?

1☐ Fairly easy [**SKIP to Q8**]
2☐ Varies
3☐ Difficult
99☐ DK/Refused [**SKIP to Q8**]
66☐ TBD

7. What makes it hard to get the additional childcare hours you need? (*Check all that apply.)*

1☐ Matching work/school hours with childcare hours

2☐ Cost

3☐ No spaces available that meet your needs

4☐ Distance/transportation

5☐ Other (*please specify*)

99☐ DK/Refused

66☐ TBD

PROGRAMMING NOTE: SKIP 8b IF response to Q8a = $0 out-of-pocket for childcare

8. How much do you personally pay out-of-pocket for childcare, not including any assistance you receive from the government, relatives, friends, or employer?

a. $_____.___ 99☐DK/Refused [**SKIP *to Q12***] 66☐TBD

b. Is that per…

1☐Hour

2☐Day

3☐Week

4☐Month

5☐Other (*please specify*)

99☐ DK/Refused

66☐TBD

PROGRAMMING NOTE*: Questions 9 and 10 should only appear for those who said they did NOT have a subsidy for childcare – i.e. they answered something <u>other than</u> option #1 – "Government or Sliding Scale" for Q5 in Core Module Section M: Early Education and Care.*

9. Are you currently on a waiting list for a childcare subsidy?

1☐YES 2☐NO[**SKIP to Q10**] 99☐ DK/Refused [**SKIP to Q10**] 66☐ TBD

a. How long have you been on the waiting list for a childcare subsidy?

[***INTERVIEWER****: Convert years to months*]____ _____ **months**
[SKIP to Q11]

99☐DK/Refused 66☐TBD

10. Why don't you receive subsidized childcare? *[**INTERVIEWER:** This is asked of people **NOT** on waiting list or receiving subsidy*]

1☐Wait list closed

2☐Can't afford co-pays

3☐Not income eligible

4☐Not working/in training/education program

5☐Childcare hours do not match caregiver work/school schedule

6☐Hassle/too much trouble to apply

7☐Funding ran out/state budget cuts

8☐Can't afford transportation or no childcare available near home

9☐Preferred childcare is not certified to accept subsidy (*for example, relative, friend*)

10☐Chose to stay home with child

11☐Chose other childcare option for my child

12☐Intends to apply/application pending

13☐Don't know about program [**SKIP to Q12**]

14☐Don't want it

15☐Other (*please specify*)

99☐DK/Refused

66☐TBD

11. During the past two years have you had a childcare subsidy taken away?

1☐YES 2☐NO **[SKIP to Q12**] 99☐DK/Refused [**SKIP to Q12**] 66☐TBD

11a. Why was the childcare subsidy taken away?

1☐ Left welfare and priority status period ran out

2☐ Increase in income

3☐ Lost job/no longer working

4☐Not in/no longer in training or school

5☐Summer - no school

6☐ Funding ran out/state budget cuts

7☐Administrative problems

8☐Couldn't find appropriate/desired childcare

9☐Inconsistent work hours/not enough hours

10☐Could not afford co-pays

11☐ Need to reapply/missed re-certification deadline

12☐ Reported incorrect information

13☐ Other (*please specify*)

99☐ DK/Refused

66☐ TBD

PROGRAMMING NOTE: SKIP Q12-15 **IF** response to Q1 in Core Module Section M is Caregiver cares for child/stay-at-home mother/parent" OR "Caregiver brings child to work or school with him/her" OR "Relative who lives in your house" OR "Relative who lives in another house" OR "Non-relative such as friend, neighbor, sitter, nanny

Now, I am going to ask about the childcare provider you chose for your child

12. Does your childcare provider…? (*Check all that apply*.)

1☐ Set aside time for outdoor activity in a safe space

2☐ Plan lessons for childrens with age-appropriate toys and materials for children [***PROMPT****:such as skipping, jumping, stretching*]

3☐ Provide a toothbrush for your child, or require you to do so

4☐ Talk to the children about healthy foods [***PROMPT:*** *such as through songs or games*]

5☐ Allow screen time for children in their care

6☐ Provide a clean, child-friendly space for children

7☐ Provide you with written information about the rules and expectations they have while [**CHILDNAME**] is in their care?

99☐ DK/Refused

66☐ TBD

13. How would you rate your childcare provider's disciplinary strategies?

1☐ Severe/too strict

2☐ Appropriate/just right

3☐ Lenient/too mild

99☐ DK/Refused

66☐ TBD

14. Does [CHILDNAME]'s childcare setting offer you general information/support about…? *(Check all that apply.)*

1☐ Children's behavior and development

2☐ Children's nutrition

3☐ Child health topics, like oral health, lice, diarrhea, colds, fall prevention

4☐ Children's play activities

5☐ Children's learning process

6☐ Other (*please specify*)

99☐ DK/Refused

66☐ TBD

15. How involved are you with [CHILDNAME]'s childcare setting?

1 ☐ Not much beyond drop off and pick up

2☐ Somewhat involved. Talk to provider regularly and participate in special events)

3☐ Very involved. Talk to provider daily and help in childcare classroom activities

4☐ Other (*please specify*)

99☐ DK/Refused

66☐ TBD

MODULE 3: ACCESS TO PROGRAMS AND SERVICES

PROGRAMMING NOTE: For each of these programs, we want to auto populate from the Core Module (i.e. depending on the answers to participation questions in each specific program).

The next questions are about (your or your household's) experience accessing community, state, or federal assistance programs and healthcare services. These include programs or services that [your/the child's] household may currently receive or have previously received.

First, I will ask you about your experience with the WIC (Women, Infants, and Children) program:

***PROGRAMMING NOTE**: **IF** answer to program participation Q1 in Core Module Section K is (2) No (3) YES – used to receive but not now, or (66) TBD **THEN** ask Q1 below.*

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

1☐ No transportation

2☐ WIC does not provide special formula/special needs

3☐ Moved

4☐ Did not know could receive because of immigration status

5☐ No address/Live in a shelter

6☐ Child illness

7☐ WIC hours/Missed WIC appointment
8☐ Administrative problems
9☐ Did not re-certify
10☐ Does not know program
11☐ New baby
12☐ Bureaucratic Hassle
13☐ Misconception about rules
18☐ Does not want WIC/ Does not use the WIC food
14☐ Does not need WIC/ Not income eligible
15☐ WIC pending/Plans to apply/Need to reapply
16☐ Treatment by staff in WIC office
17☐ Other (*please specify*)

_____

99☐ DK/Refused
66☐ TBD

***PROGRAMMING NOTE**: **IF** answer to program participation Q1 in Core Module Section K is (1) YES – currently **THEN** ask Question 2 below.*

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

1☐ YES 2☐ NO 99☐ DK/Refused 66☐ TBD

Next, I will ask about your personal experience with the Supplemental Nutrition Assistance Program or SNAP.

***PROGRAMMING NOTE**: **IF** answer to program participation Q3 in Core Module Section K is (1) NO – never received SNAP; (2) Applied but denied; (3) Received SNAP before, but not now; **THEN** ask this Question 3 below:*

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

1☐Not eligible because of income/SSI/Foster Care/Child Support
2☐Cut off SNAP/Stopped receiving SNAP benefit [**CONTINUE to Q3a**]
3☐Teen parent/Too young to be head of household for SNAP benefit
4☐Household size changed (leading to income increase)/Assets too high
5☐Immigration status reasons/Fear of ICE (USCIS)
6☐Personal reasons/stigma
7☐Bureaucratic hassle/treatment at SNAP office
8☐SNAP office hours/Missed appointment
9☐Reason related to a move
10☐Incarceration/legal issue
11☐Lost custody of child

12☐Don't know if eligible, Did not know about program
13☐Do not need SNAP
14☐Choose not to participate
15☐Other (please specify)
99☐ DK/Refused
66☐ TBD

PROGRAMMING NOTE: IF *answer to Q3 above is (2)* Cut off SNAP/Stopped receiving SNAP benefit ***THEN*** *ask Question 3a below.*

3a. Why were you cut off SNAP benefits?

1☐ Earnings increased
2☐ Reported incorrect information/missed re-certification deadline
3☐ Was cut off for immigration reason
4☐ Employment changed
5☐ Living with family
6☐ Fraud
7☐ Custody issue
8☐ Incarceration/Legal issue
9☐ Other *(please specify)*
_____
99☐ DK/Refused
66☐ TBD

PROGRAMMING NOTE: IF *answer to program participation Q3 in Core Module Section K is (4)* YES, *presently receives SNAP; or (6) teen parent – receives SNAP on parents' benefit* ***THEN*** *ask Question 4 below*

4. Since [CURRENT MONTH] of last year has your SNAP benefit amount changed?
*[**INTERVIEWER**: If more than one answer applies, ask for <u>MOST</u> recent change]*

1☐ Increased **[CONTINUE to Q4a]**
2☐ Decreased **[CONTINUE to Q4a]**
3☐ No change **[SKIP to Q5]**
99☐ DK/Refused **[SKIP to Q5]**
66☐ TBD

PROGRAMMING NOTE: IF *answer to Question 4 above is (1) Increased or (2) Decreased* ***THEN*** *ask Question 4a below.*

4a. Why did the amount of your SNAP benefits change? Was it because…

1☐ Earnings changed/welfare benefit changed

2☐ Cost of living increase/State funds decreased

3☐ Moved/Rent changed/Live in shelter

4☐ Change in child support/ Receive SSI or Foster care pay

5☐ New baby/Change in household size

6☐ Stimulus package/ARRA

7☐ Reported incorrect information /Missed deadline

8☐ Immigration status of household member

9☐ Lost cash assistance/welfare

10☐ Administrative/computer problems

11☐ Other (please specify)

_____

99☐ DK/Refused

66☐ TBD

5. Since [CURRENT MONTH] of last year, have you ever used a Food Pantry/Soup Kitchen or received a food donation? If so, how often did this happen?

1☐ NO, never

2☐ Almost every month

3☐ Some months but not every month

4☐ Only 1 or 2 months

99☐ DK/Refused

66☐ TBD

These next questions are about the cash assistance program known as Temporary Assistance for Needy Families (TANF), also known as welfare or in [Insert state name] known as [*INSERT NAME OF STATE PROGRAM*].

PROGRAMMING NOTE: IF *answer to program participation Q4a in Core Module Section K is (2)* YES, *I receive cash assistance/welfare now; or (7) CHILD ONLY – YES, I receive cash assistance/welfare now but only for my child(ren)/YES- my application approved-payment pending but only for my child(ren),* ***THEN*** *ask Q6 below.*

6. **How long have you or the child been receiving cash assistance/welfare?** [***INTERVIEWER:*** *Round to nearest whole years and months OR code below]*

__ __ years __ __ months 77☐ CHILD ONLY 99☐ DK/Refused 66☐ TBD

PROGRAMMING NOTE*: **IF** answer to program participation Q4 (have you or child ever received welfare) in Core Module Section K is (2) No, I know about the program but neither my child nor I have ever received welfare, OR if answer to program participation Q4a is (1) My child or I received cash assistance/welfare before, BUT NOT presently; or (66) TBD* ***THEN*** *ask Q7 below.*

7. What [was/is] the MAIN reason why you [do not receive/stopped receiving] cash assistance/welfare?

1☐ Personal reasons/stigma

2☐ Bureaucratic hassle/treatment at welfare office

3☐ Immigration reasons

4☐ Have/Got a job (started a new job)/ earnings increased

5☐ Family situation changed, others in household earn enough income/increase in other income/receive SSI

6☐ Didn't want to use up time limit

7☐ Reached time limit

8☐ Got cut off, did not complete requirements, did not provide information to welfare office **[CONTINUE to Q7a]**

9☐ Teen parent

10☐ Not eligible

11☐ Chose not to participate/no need

12☐ *[AR only]* Family cap baby *(reached limit of children covered by the benefit)*

13☐ Misconception about rules

14☐ Reason related to move

15☐ Legal issues

16☐ Lost custody (child with state or other parent)

17☐ Will not fill out mandatory child support paperwork/ Don't want to file for child support from father

18☐Welfare office hours/Missed appointment

19☐ Other (*please specify*)

99☐ DK/Refused
66☐ TBD

PROGRAMMING NOTE: IF *answer to Question 7 above is (8) Got cut off, did not complete requirements, did not provide information to welfare office* ***THEN*** *ask this Q7a below.*

7a. What was the reason you were cut off welfare? Was it because you….

1☐ Missed re-certification deadline/did not fill out paperwork?

2☐ Did not complete a work or job search requirement?

3☐ [*Massachusetts only]* Did not provide documentation regarding the child's immunizations (shot-fare)?

4☐ Did not complete school or living arrangement requirements for teen parents?

5☐ A child in the household did not meet welfare's school attendance requirements (learn-fare)?

6☐ Did not provide information/update welfare office

7☐ No permanent address

8☐ Will not fill out mandatory child support paperwork/Don't want to file for child support from father

9☐ Other (please specify)_____

99☐ DK/Refused

66☐ TBD

PROGRAMMING NOTE: IF *answer to program participation Q4a in Core Module Section K is (2)* YES, *I receive cash assistance/welfare now; (3) Application approved—payment pending; or (66) TBD* ***THEN*** *ask Question 8 below.*

8. Are you enrolled in workfare, job training, job search, community service or educational program as a requirement of welfare? ***[PROMPT:*** *You may choose more than one****]***

1☐ YES – workfare
2☐ YES – job training
3☐ YES – job search
4☐ YES – community service
5☐ YES – school/educational program
6☐ NO
99☐ DK/Refused
66☐ TBD

PROGRAMMING NOTE: IF *answer to program participation Q4a in Core Module Section K is (2) YES, I receive cash assistance/welfare now or (7) CHILD ONLY – YES, I receive cash assistance now but only for my child(ren)/Yes-- my application approved-payment pending but only for my child(ren); or (66)TBD* ***THEN*** *ask Q9 below.*

9. How much do you receive in one month from welfare, <u>NOT</u> including SNAP? *[**PROMPT**: Is this the total amount of cash assistance, without SNAP, for one month?]*

$__ __ __ __ 99☐*DK/refused* 66☐*TBD*

***PROGRAMMING NOTE**: **IF** answer to program participation Q4a in Core Module Section K is CHILD ONLY case (answers 7 or 8), **THEN SKIP** to Q12. **IF** answer to program participation Q4a in Core Module Section K is (2) YES, I receive cash assistance/welfare now or (66) TBD then **CONTINUE** to Q10. Otherwise, **SKIP** to Q12 <u>unless</u> site is Arkansas **THEN SKIP** to Q11.*

10. Is this child covered on the welfare benefit?

1☐YES [**SKIP to Q11 (AR)/Q12 (PA, MN, MD)]**
2☐NO **[SKIP to Q10a]**
99☐DK/refused **[SKIP to Q11 (AR)/Q12 (PA, MN, MD)]**
66☐TBD

10 What is the reason that this child is NOT covered by welfare? Is it because…

1☐ another pregnancy occurred while receiving welfare (family cap)
2☐ s/he is supported by SSI/foster care/child support
3☐ s/he is not covered due to immigration status reasons
4☐ you haven't added child yet
5☐ s/he is supported by relative

6□ [she/he] is ineligible
7□ you don't need it financially
8□ of the hassle factor/don't want it
9□ application is pending/intends to apply
10□ Other (*please specify*)
99□ DK/Refused
66□ TBD

PROGRAMMING NOTE: *Q11 below is for AR <u>only</u>.* ***IF*** *answer to number of children in household in Q7 in Core Module Section I* is 1 (single child household) **SKIP** to Q12.

11. 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?

1□YES 2□NO99 □ DK/Refused 66□ TBD

Now we are going to talk about [CHILD NAME] health insurance and prescription coverage.

12.Since [CURRENT MONTH] of last year, was there ever a time when [CHILDNAME] did <u>NOT</u> have health insurance?

1□ YES **[CONTINUE to Q12a]**
2□ NO [**SKIP to Q13**]
99□ DK/Refused [**SKIP to Q13**]
66□ TBD

12a. What was the primary reason your child did not have health insurance? Was it because…

1□ you couldn't afford the premium? [**PROMPT:** The premium is the amount of money you have to pay each month.]
2□ you couldn't provide his/her birth certificate or other required documents?
3□**[ONLY *for caregivers born outside of the USA*]** you were worried about your immigration status?
4□ you found the enrollment process intimidating or too confusing?
5□ you have had bad experiences with this or other government offices in the past?
6□ you didn't know how OR had any knowledge of the process?
7□ your child is a newborn baby?
8□ it is pending?
9□ child is ineligible?
10□ child was cut-off?
11□ Other? (*please specify*) _____
99□DK/Refused
66□TBD

Now think about the health insurance and health care costs you have had for your child in the last twelve months.

13. Since [CURRENT MONTH] of last year, has there been any change in what you are required to pay for the child's insurance, either in premium or co-payment?

1☐ YES **[CONTINUE to Q13a]**
2☐ NO **[SKIP to Q14]**
99☐ DK/Refused **[SKIP to Q14]**
66☐ TBD

13a. Was that a(n):

1☐ Increase in insurance cost
2☐ Decrease in insurance cost
3☐ Other *(please specify*) _____
99☐ DK/Refused
66☐ TBD

14. Since [CURRENT MONTH] of last year, has there been any change in what you are required to pay for the child's prescription medications?

1☐ YES [**CONTINUE to Q14a]**
2☐ NO **[SKIP to Q15]**
99☐ DK/refused **[SKIP to Q15]**
66☐ TBD

14a. Was that a(n):

1☐ Increase in copayment for medications
2☐ Decrease in copayment for medications
3☐ Other (*please specify*) _____
99☐ DK/Refused
66☐ TBD

PROGRAMMING NOTE: *Q15 below is only for those who answer "YES" to Core Module Section F, Q2.*

15. You told us earlier that your child at some point in the past needed prescription medicine or medical care, but you were unable to get it because [you/the family] couldn't afford it. What specifically [were you/was the family] unable to afford?

1☐ Prescription medicine
2☐ Medical care
3☐ Both
99☐ DK/Refused
66☐ TBD

Next, these questions are about your child's oral health needs.

16. Has [CHILD NAME] ever been to the dentist or been seen by a dental health provider?

1□ YES **[CONTINUE to Q17]**
2□ NO **[SKIP to Q18]**
99 □ DK/Refused **[SKIP to Q18]**
66□ TBD

17. Has [CHILD NAME] ever had any dental procedures, like having teeth pulled under anesthesia or having a cavity filled?

1□YES 2□NO 9□DK/Refused 66□TBD

18. For many reasons people sometimes have difficulty getting dental care when they need it. Was there a time when [CHILD NAME] needed dental care but it was delayed or not received?

1□ YES [**CONTINUE to Q18a**]
2□ NO**[SKIP to Q19]**
99□ DK/refused **[SKIP to Q19]**
66□ TBD

18a.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?

1□ No insurance
2□ Problems with acceptance of dental insurance or insurance coverage
3□ Unable to make an appointment because dentist/clinic doesn't see patients my child's age
4□ Problems scheduling appointment/in- office waiting time too long/office hours inconvenient
5□ No dentist in my area or didn't know where to go to get care
6□ No way to get there/transportation issues
7□ Couldn't afford co-pay
8□ Speak a different language
10□ Work or family commitments
11□ Problem not serious enough
12□ Don't like/trust/believe in dentists
13□ Other (*please specify*)
99□ DK/Refused
66□ TBD

These next questions are about accessing treatment and counseling for problems with emotions, nerves or mental health.

19. DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health? ...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

20. DURING THE PAST 12 MONTHS, have any of your children seen or talked to any of the following health care providers about their health? ...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

21. DURING THE PAST 12 MONTHS, was there any time when you needed mental health care or counseling**, but didn't get it because you couldn't afford it?**

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

22. DURING THE PAST 12 MONTHS, was there any time when your children needed any of the following, but didn't get it because you couldn't afford it? (Mental health care or counseling)

1☐ YES 2☐ NO 99☐ DK/refused 66☐ TBD

MODULE 4: IMMIGRATION

This next section is about your personal immigration experience. The information that you share with us is CONFIDENTIAL and we will not report it in any way that can identify you or your family. We will analyze and report the data only as part of the larger group of people who have answered these questions.

PROGRAMMING NOTE: IF answer to Q4 in Section B of Core Module a caregiver reports being born outside of the U.S. **THEN** ask these questions

PROGRAMMING NOTE: ASK all immigrant participants questions Q1 through Q9 and Q16, Q17. **AND IF** immigrant participants arrived in the US when they were 13 or older, they will additionally answer Q10 to Q15.

1. Why did you migrate to this country? (*Choose all that apply.)*

1 □ Due to lack of employment, search for employment
2 □ For political reasons
3 □ For religious reasons
4 □ For the possibility of a better future
5 □ For family reasons
6 □ For fear of my [and/or]) my family's safety
7 □ For education
8 □ For better health/healthcare
9 □ Other (*please specify*)
_____
99 □ DK/Refused
66 □ TBD

2. Did you leave your home country with others? ***[PROMPT:*** *For example, with family. Choose all that apply]*

1 □ YES, came with family
2 □ YES, came with others I didn't know before
3 □ YES, came with others I knew
4 □ NO – came on my own
99 □ DK/Refused
66 □ TBD

3. Do you send money to your home country?

1□ YES [**CONTINUE to Q4**]
2□ NO [**SKIP to Q**5]
99□ DK/Refused [**SKIP to Q5]**
66□ TBD

4. [*IF YES***] How often do you send money to your home country?**

1□ Two or more times per month
2□ Once per month
3□ Every other month
4□ Every three months
66□ TBD
5□ Once a year
6□ When I can
99□ DK/Refused

Now we have some questions about your experiences with the healthcare system. The last time you or your child saw a doctor.

5. **Did you have a hard time understanding the doctor or nurse*****?*** ***[PROMPT:*** *due to language]*

1□ YES, and I did need help with translation
3□ YES, but I did not need help with translation
(SKIP to Q7) 2□ NO
99□ DK/Refused
66□ TBD

6. Who was the person who helped you understand the doctor or nurse? Check all that apply

1□ Minor child (*under age 18*)
2□ An adult family member or friend
3□ Professional interpreter (*either in person and/or on the telephone*)

4☐ Medical staff (including nurses/doctors)

5☐ Non-medical office staff or someone else

7☐ Did not have someone to help

99☐ DK/Refused

66☐ TBD

The next couple of questions ask about your experience accessing public insurance <u>for yourself</u>.

7. **Regardless of your current health insurance status, have you ever tried to enroll in or buy insurance in your state or through [*NAME OF STATE PROGRAM*]?**
[***INTERVIEWER:*** *Replace with local term; this question refers to the caregiver]*

1☐ YES (**SKIP to Q10**) 2☐ NO 99☐ DK/Refused 66☐ TBD

PROGRAMMING NOTE: IF response to Q8 above is <u>NO</u> **THEN** ask Q9 below

8. What was the main reason you did not sign up for health insurance through [NAME OF STATE PROGRAM? *[INTERVIEWER:* *Replace with local term; this question refers to the caregiver]*

1☐ Already have insurance

2☐ Do not qualify

3☐ Don't know if I am eligible for it

4☐ Concerned about my citizenship status

5☐ Too expensive

6☐ Too complicated or confusing

7☐ Don't want to buy it

8☐ Satisfied with current coverage

9☐ I am healthy and do not need insurance

10☐ Do not trust the program/government

11☐ Other (*please specify*:_____)

99☐ DK/Refused

66☐ TBD

Next we would like to know your opinion about the US environment for immigrants these days.

9. Do you feel there is definitely, somewhat, or no anti-immigrant environment today?

1☐ Definitely anti- immigrant environment

2☐ Somewhat anti-immigrant environment

3☐ No anti-immigrant environment

99☐ DK/Refused

66☐ TBD

We hear a lot these days about people getting questions about their immigration status just because of how they look or how they talk. For some people, this has changed how they go about their daily life. I am going to read a list of common things people do. For each one, please tell me if you have ever avoided it because you do not want to be bothered or asked about your U.S. citizenship status.

10. Have you ever avoided any of the following because you don't want to be asked about your U.S. citizenship status?

		1 YES	2 NO	99 DK/ Refused	77 Does not apply	66 TBD
a.	Talking with school teachers or school officials					
b.	Talking to police or reporting a crime					
c.	Renewing or applying for a driver's license					
d.	Applying for or staying enrolled in public assistance, like SNAP					
e.	Applying for or staying enrolled in health insurance					
f.	Accessing assistance programs such as a food pantry/shelf/cupboard, backpack program, soup kitchen					
g.	Visiting a doctor or clinic					
h.	Using transportation like the bus, train, subway, or airplane					

The following questions ask about the stress you may feel in certain situations. Please tell me whether in the past <u>12 months</u> if any of the following situations has caused you: no stress, a little stress, moderate stress, a lot of stress, severe stress or if this does not apply to you.

		1 No stress	2 A little stress	3 Moderate stress	4 A lot of stress	5 Severe stress	6 Does not apply	99 DK/Refused	66 TBD

11	**I have been questioned about my legal status.**	☐	☐	☐	☐	☐	☐	☐	☐
12	**I thought I could be deported if I went to social/government agency.**	☐	☐	☐	☐	☐	☐	☐	☐
13	**Documentation problems keep my family and me from getting the health care we need.**	☐	☐	☐	☐	☐	☐	☐	☐
14	**Documentation problems keep my family and me from getting the food that we need.**	☐	☐	☐	☐	☐	☐	☐	☐
15	**Documentation problems keep my family and me from getting the child-care we need.**	☐	☐	☐	☐	☐	☐	☐	☐

This last section will ask about your personal and social experiences.

16. In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen or read?

1☐ Only English (it is my native language)

4☐ Only English (although not my native language)

2☐ Both English and other languages

3☐ Only other languages

99☐ DK/Refused

66☐ TBD

17. I am going to read a list of community resources, groups, and associations. Please tell me if you participate in any of the following… (*Choose all that apply)*
*[**INTERVIEWER**: This question refers to the caregiver.]*

1☐ Organizations assisting immigrants

2☐ Sporting associations and clubs

3☐ Educational groups

4☐ Cultural groups

5☐ Religious groups *[**PROMPT:** We are referring to whether you participate in the life of a religious group not whether you are personally religious.]*

6☐ Support groups related to your job (*trade unions*)

7☐ Worker Rights Organizations

8☐ Neighborhood groups (*neighborhood councils or community centers*)

9☐ Other social groups

10☐ None of the above

99☐ DK/Refused

66☐ TBD

MODULE 5: FINANCIAL WELL-BEING

Financial Hardships

Financial Well-being information can be difficult to share. The information you share with us will not be reported in any way that would identify you or your household. It helps us better understand the financial responsibilities of families.

Now I'm going to read you some statements. Please tell me how well these statements describe you or your situation – for example completely, very well, somewhat, very little or not at all.

1. **Because of my money situation, I feel like I will never have the things I want in life.**

1☐ Completely
2☐ Very well
3☐ Somewhat
4☐ Very little
5☐ Not at all
99☐ DK/Refused
66☐ TBD

2. **I am just getting by financially.**

1☐ Completely
2☐ Very well
3☐ Somewhat
4☐ Very little
5☐ Not at all
99☐ DK/Refused
66☐ TBD

3. **I am concerned that the money I have or will save won't last.**

1☐ Completely
2☐ Very well
3☐ Somewhat
4☐ Very little
5☐ Not at all
99☐ DK/Refused
66☐ TBD

Now please tell me how often the following statements apply to you – for example, always, often, sometimes, rarely, never.

4. **I have money left over at the end of the month**

1☐ Always
2☐ Often

3☐ Sometimes
4☐ Rarely
5☐ Never
99☐ DK/Refused
66☐ TBD

5. My finances control my life

1☐ Always
2☐ Often
3☐ Sometimes
4☐ Rarely
5☐ Never
99☐ DK/Refused
66☐ TBD

Employment

Next, we have some questions about your employment.

1. Which of the following describe(s) your current employment or work status? Check all that apply.

1☐ Work full-time for someone else *(an employer or the military)*

2☐ Work part-time for someone else *(an employer or the military)*

3☐ Work for yourself *(self-employed)* or as a sole-proprietor *(business owner)*

4☐ Work as a consultant/contractor *(such as rideshare driver, dog walkers and other "gig" jobs)*

5☐ Homemaker **[SKIP to Q4]**

6☐ Full-time student **[SKIP to Q4]**

7☐ Permanently sick, disabled or unable to work **[SKIP to Q4]**

8☐ Unemployed or temporarily laid off **[SKIP to Q4]**

9☐ Retired **[SKIP to Q4]**

99☐ DK/Refused

66☐ TBD

2. Thinking about your main job, do you normally start and end around the same time each day that you work? *[**PROMPT**: Or does it vary from week-to-week?]*

1☐ Normally work the same hours **[SKIP to Q4]**

2☐ Schedule varies, primarily at my request **[SKIP to Q4]**

3☐ Schedule varies, primarily based on my employer's needs

99☐ DK/Refused

66☐ TBD

3. Approximately, how far in advance does your employer usually tell you the hours that you will need to work on any given day?

1☐ One day or less in advance *(including on call)*

2☐ 2 to 3 days in advance

3☐ 4 to 6 days in advance

4☐ 1 to 2 weeks in advance

5☐ 2 to 4 weeks in advance

6☐ More than a month in advance

99☐ DK/Refused

66☐ TBD

4. In the past month, have you been paid for occasional work activities or side jobs?

1☐ YES 2☐ NO **[SKIP to Q5]**

99☐ DK/Refused **[SKIP to Q5]**

66☐ TBD

4aIn the past month, what is the main reason why you have engaged in occasional paid work activities or side jobs?

1☐ To earn money as a primary source of income

2☐ To earn extra money on top of pay from a current job, retirement, pension, disability, or other regular source of income

3☐ To earn extra money to help family members

4☐ To maintain existing job-related skills

5☐ To acquire new job-related skills

6☐ To network/meet people

7☐ Just for fun (*as a hobby*)

99☐ DK/Refused

66☐ TBD

5. Which of the following best describes how your household's current income changes from month to month, if at all?

1☐ Not at all

2☐ Roughly the same each month

3☐ Roughly the same most months, but some unusually high or low months during the year

4☐ Often varies quite a bit from one month to the next

99☐ DK/Refused

66☐ TBD

6. For each of the following benefits that employers might offer, please indicate whether you have access to the benefit through your or your [spouse's/partner's/other's] current or former employer? *(Check all that apply)*

1☐ Health Insurance

2☐ 401(k) or Other Employer-Sponsored Retirement Savings Account

3☐ Tuition Reimbursement and/or Student Debt Repayment

4☐ Paid family leave

5☐ Emergency dependent care

6☐ Paid vacation, etc.

7☐ None of the above

99☐ DK/Refused

66☐ TBD

Financial Well-Being

Now we have some questions about your financial well-being.

1. **Do you have an active checking or savings account? [*INTERVIEWER*: *If needed, explain that we ask this question to understand if caregivers have access to non-predatory and affordable financial services, including checking and savings accounts.]*

   1☐ YES, checking only
   2☐ YES, savings only
   3☐ YES, both checking and savings
   4☐ NO, to all
   99☐ DK/Refused
   66☐ TBD

2. **Suppose that you have an emergency expense that costs $400. Based on your current financial situation, how would you pay for this expense? If you would use more than one method to cover this expense, please select all that apply.**

   1☐ Put it on my credit card and pay it off in full at the next statement
   2☐ Put it on my credit card and pay it off over time
   3☐ With the money currently in my checking/savings account or with cash
   4☐ Using money from a bank loan or line of credit
   5☐ By borrowing from a friend or family member
   6☐ Using a payday loan, deposit advance, or overdraft
   7☐ By selling something
   8☐ I would not be able to pay for the expense right now
   9☐ Other *(Please specify)*
   99☐ DK/Refused
   66☐ TBD

If you found yourself needing extra money to make ends meet, would the following statements and questions be true for you?

3. **My friends or family would lend me the money**

   1☐ YES, but I would have to repay them
   2☐ YES, but I would not have to repay them
   3☐ NO, they would not lend me money
   4☐ NO, I would not ask them
   99☐ DK/Refused
   66☐ TBD

4. **In the past 12 months, have you been contacted by a person or company trying to collect a past-due debt from you?** *[**PROMPT**: Include instances when you were contacted about debts that you believed you did not owe. Do not include instances when the person or company was trying to reach someone else.] (Check all that apply)*

1☐ YES, credit card debt
2☐ YES, medical debt
3☐ YES, student loan
4☐ YES, other debt
5☐ NO
99☐ DK/Refused
66☐ TBD

5. In the past 12 months, did you or any members of your household experience any of the following? (*Check all that apply)*

1☐ Lost a job

2☐ Was furloughed

3☐ Had work hours and/or pay reduced or a business I or someone in my household owned had financial difficulty

4☐ Received a foreclosure notice

5☐ Had a major car or home repair

6☐ Had a health emergency

7☐ Got a divorce or separation

8☐ Added a child to the household

9☐ Experienced the loss of primary breadwinner *(incarcerated, disabled, deported, died)*

10☐ Had a child start daycare or college

11☐ Provided unexpected financial support to a family member or friend

12☐ None of the above

99☐ DK/Refused

66☐ TBD

MODULE 6: EXPOSURES OF DISCRIMINATION, POSITIVE CHILDHOOD EXPERIENCES, AND ACES (Adverse Childhood Experiences)

Experience of Discrimination (EOD)

This next section is going to ask you about how you are treated. These questions ask about discrimination you may or may not have experienced at any time in your life. By discrimination, we mean if you have been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color. I will ask you if you have experienced discrimination in a particular setting in the

next questions. Based on your experience you can answer YES or NO. If YES, you can also answer how often you experienced it.

[INTERVIEWER: Focus of these questions is on discrimination experiences due to race or color, ONLY. Assure caregiver is answering with this focus.]	YES	NO	5 Does not apply	2 Once	3 2-3 times	4 4 or more times	99 DK/ Refused	66 TBD
1. Have you ever experienced discrimination at school?	☐	☐	☐					
a. How many times did this happen?				☐	☐	☐	☐	☐
2. Have you ever experienced discrimination while getting hired or getting a job?	☐	☐	☐					
a. How many times did this happen?				☐	☐	☐	☐	☐
3.Have you ever experienced discrimination while at work?	☐	☐	☐					
a. How many times did this happen?				☐	☐	☐	☐	☐
4. Have you ever experienced discrimination while getting housing?	☐	☐	☐					
a. How many times did this happen?				☐	☐	☐	☐	☐
5.Have you ever experienced discrimination while getting medical care?	☐	☐	☐					
a. How many times did this happen?				☐	☐	☐	☐	☐
6. Have you ever experienced discrimination while getting services in a store or restaurant?	☐	☐	☐					
a.How many times did this happen?				☐	☐	☐	☐	☐
7.Have you ever experienced discrimination while getting credit, bank loans, or a mortgage?	☐	☐	☐					
a.How many times did this happen?				☐	☐	☐	☐	☐
8.Have you ever experienced discrimination while on the street or in a public setting?	☐	☐	☐					
a.How many times did this happen?				☐	☐	☐	☐	☐
9.Have you ever experienced discrimination from the police or in the courts?	☐	☐	☐					
a.How many times did this happen?				☐	☐	☐	☐	☐
10.Have you ever experienced discrimination while applying for government assistance programs? [PROMPT: SNAP, WIC, Welfare, Medicaid, or Subsidized Housing?	☐	☐	☐					
a. How many times did this happen?				☐	☐	☐	☐	☐

Child's Future

Now we'd like to ask you a little bit about your child's future and your community.

1. **How far would you like [CHILDNAME] to go in school? Would you like him/her to:**

   1☐ Leave school before graduation
   2☐ Graduate from high school
   3☐ Get some college or other training
   4☐ Graduate college
   5☐ Take further training after college?
   99☐ DK/refused

   66☐ TBD

2. **Suppose that because of budget cuts, the city was going to close the local library branch close to your home. How likely is it that your neighbors would organize together to keep it open?**

   1☐ Very likely

   2☐ Likely
   3☐ Unlikely
   4☐ Very unlikely
   99☐ DK/refused

   66☐ TBD

3. **How comfortable do you feel walking alone or with your children in your neighborhood…**

	Very comfortable	Somewhat comfortable	Uncomfortable	DK/ Refused	TBD
a. **During the day?**	☐	☐	☐	☐	☐
b. **After dark?**	☐	☐	☐	☐	☐

4. **In your neighborhood, currently, how much of a problem are gunshots or shootings?**

   1☐ A big problem
   2☐ A small problem
   3☐ Not a problem
   99☐ DK/refused

   66☐ TBD

Positive Relationship Experiences & Community

I'm going to ask you about your family relationships now. These questions refer to the time before you were 18 years of age.

[INTERVIEWER: After reading each question say, "*Would you say…"]*	**1Never**	**2Rarely**	**3Sometimes**	**4Often**	**5Very Often**	**99DK/Refuse**	**66TBD**
1. How often did you feel your family stood by you during difficult times?	☐	☐	☐	☐	☐	☐	☐
2. How often did you feel that you were able to talk to your family about your feelings?	☐	☐	☐	☐	☐	☐	☐
3. For how much of your childhood was there an adult in your household who made you feel safe and protected?	☐	☐	☐	☐	☐	☐	☐

Now I'm going to ask you about your relationships with friends and other adults. These questions refer to the time before you were 18 years of age.

4. How often did you feel supported by your friends?	☐	☐	☐	☐	☐	☐	☐
5. How often were there at least two adults, other than your parents, who took a genuine and positive interest in you?	☐	☐	☐	☐	☐	☐	☐
6. How often did you enjoy participating in community traditions	☐	☐	☐	☐	☐	☐	☐
7. How often did you feel a sense of belonging in high school?	☐	☐	☐	☐	☐	☐	☐

Adverse Childhood Experiences (ACES)

PROGRAMMING NOTE: IF interviewee is NOT the BIOLOGIC mother, **SKIP** to next module. Starting with CHW 2.0-2020 version, the method of administration for ACES questions are now Verbal (via REDCap) for all sites including Philadelphia.

The next set of questions is about stressful events that you may or may not have experienced when you were younger *(from the ages of 0 to 18 years old)***.**

1YES	**2NO**	**99DK/ Refused**	**66TBD**

1. Did a parent or other adult in the household often or very often...swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?	☐	☐	☐	☐
2. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	☐	☐	☐	☐

MODULE 7: RESOURCES

Now I will read you a list of resources I can offer you. 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 all that apply)*

a.	List of resources in the community?	1☐ **YES**	2☐ **NO**
b.	Childcare for families without services?	1☐ **YES**	2☐ **NO**
c.	WIC?	1☐ **YES**	2☐ **NO**
d.	Utility Assistance?	1☐ **YES**	2☐ **NO**
e.	Domestic Violence?	1☐ **YES**	2☐ **NO**
f.	SNAP (*Supplemental Nutrition Assistance Program*)?	1☐ **YES**	2☐ **NO**
g.	Medical Insurance/Medical Care/Adult health insurance/care?	1☐ **YES**	2☐ **NO**
h.	Subsidized Housing?	1☐ **YES**	2☐ **NO**
i.	Women's Shelters/Homeless Shelters?	1☐ **YES**	2☐ **NO**
j.	Food banks/Food pantries/Soup Kitchens/Low-cost food?	1☐ **YES**	2☐ **NO**
k.	Employment Training Programs?	1☐ **YES**	2☐ **NO**
l.	Depression or mental health services?	1☐ **YES**	2☐ **NO**
m.	Interpreter Services?	1☐ **YES**	2☐ **NO**
n.	Social Worker/Social Services	1☐ **YES**	2☐ **NO**
o.	Legal Services/Advocacy for housing and eviction, child support, immigration issues?	1☐ **YES**	2☐ **NO**
p.	Nutrition information?	1☐ **YES**	2☐ **NO**
q.	Hospital services?	1☐ **YES**	2☐ **NO**
r.	Child Development Information?	1☐ **YES**	2☐ **NO**
s.	Welfare/Cash assistance/TANF?	1☐ **YES**	2☐ **NO**
t.	Smoking Cessation?	1☐ **YES**	2☐ **NO**
u.	Early Intervention Program?	1☐ **YES**	2☐ **NO**

v.	Other Education: ESL Programs/Tuition Assistance etc.?	1☐ **YES**	2☐ **NO**
w.	SSI?	1☐ **YES**	2☐ **NO**
x.	Dental insurance/dental care?	1☐ **YES**	2☐ **NO**
y.	Diapers?	1☐ **YES**	2☐ **NO**
z.	Would you like to talk with our Outreach Worker (*Site specific)?*	1☐ **YES**	2☐ **NO**
aa.	Discounted Clothing?	1☐ **YES**	2☐ **NO**
ab.	Re-Entry Assistance?	1☐ **YES**	2☐ **NO**
ac.	Immigration?	1☐ **YES**	2☐ **NO**
ad.	Personal Finance?	1☐ **YES**	2☐ **NO**
ae.	Senior Services?	1☐ **YES**	2☐ **NO**
af.	Other: _____	1☐ **YES**	2☐ **NO**