A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.
Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey.

We now have some follow-up questions to ask about:

These questions will collect more detailed information on various aspects of this child’s health including his or her health status, visits to health care providers, health care costs, and health insurance coverage.

We have selected only one child per household in an effort to minimize the amount of time necessary to complete the follow-up questions.

The survey should be completed by an adult who is familiar with this child’s health and health care.

Your participation is important. Thank you.

### A. This Child’s Health

**A1** In general, how would you describe this child’s health (the one named above)?

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

**A2** How would you describe the condition of this child’s teeth?

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

### A3 How well do each of the following phrases describe this child?**

<table>
<thead>
<tr>
<th>Phrases</th>
<th>Definitely true</th>
<th>Somewhat true</th>
<th>Not true</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. This child shows interest and curiosity in learning new things</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. This child works to finish tasks he or she starts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. This child stays calm and in control when faced with a challenge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. This child cares about doing well in school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. This child does all required homework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. This child is bullied, picked on, or excluded by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. This child bullies others, picks on them, or excludes them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. This child argues too much</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### A4 DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?

<table>
<thead>
<tr>
<th>Phrases</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Breathing or other respiratory problems (such as wheezing or shortness of breath)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Eating or swallowing because of a health condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Repeated or chronic physical pain, including headaches or other back or body pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Toothaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Bleeding gums</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Decayed teeth or cavities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### A5 Does this child have any of the following?

<table>
<thead>
<tr>
<th>Phrases</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Serious difficulty walking or climbing stairs</td>
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<td></td>
</tr>
<tr>
<td>c. Difficulty dressing or bathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Deafness or problems with hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Blindness or problems with seeing, even when wearing glasses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Has a doctor or other health care provider EVER told you that this child has...

<table>
<thead>
<tr>
<th>A6</th>
<th>Allergies (including food, drug, insect, or other)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A7</th>
<th>Arthritis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A8</th>
<th>Asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A9</th>
<th>Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A10</th>
<th>Brain Injury, Concussion or Head Injury?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
</tr>
</tbody>
</table>

### (Has a doctor or other health care provider EVER told you that this child has...) (Has a doctor or other health care provider EVER told you that this child has...)

<table>
<thead>
<tr>
<th>A11</th>
<th>Cerebral Palsy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>A12</th>
<th>Cystic Fibrosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A13</th>
<th>Diabetes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A14</th>
<th>Down Syndrome?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A15</th>
<th>Epilepsy or Seizure Disorder?</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes/No]</td>
<td>![Yes/No]</td>
</tr>
<tr>
<td><img src="#" alt="If yes, does this child CURRENTLY have the condition?" /></td>
<td>![Yes/No] ![Yes/No]</td>
</tr>
<tr>
<td>![If yes, is it:]</td>
<td>![Mild/Moderate/Severe]</td>
</tr>
<tr>
<td>Condition</td>
<td>A16</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Heart Condition?</td>
<td>No</td>
</tr>
<tr>
<td>Frequent or Severe Headaches, including Migraine?</td>
<td>No</td>
</tr>
<tr>
<td>Tourette Syndrome?</td>
<td>No</td>
</tr>
<tr>
<td>Anxiety Problems?</td>
<td>No</td>
</tr>
<tr>
<td>Depression?</td>
<td>No</td>
</tr>
<tr>
<td>Other Genetic or Inherited Condition?</td>
<td>No</td>
</tr>
<tr>
<td>Behavioral or Conduct Problems?</td>
<td>No</td>
</tr>
<tr>
<td>Substance Abuse Disorder?</td>
<td>No</td>
</tr>
<tr>
<td>Developmental Delay?</td>
<td>No</td>
</tr>
<tr>
<td>Intellectual Disability (also known as Mental Retardation)?</td>
<td>No</td>
</tr>
<tr>
<td>Speech or Other Language Disorder?</td>
<td>No</td>
</tr>
<tr>
<td>Learning Disability?</td>
<td>No</td>
</tr>
</tbody>
</table>

(Has a doctor or other health care provider EVER told you that this child has...)

Examples of educators are teachers and school nurses.
**A28** Has a doctor or other health care provider EVER told you that this child has...

Any Other Mental Health Condition?

- [ ] Yes
- [ ] No

➡️ If yes, specify:

[ ]

➡️ If yes, does this child CURRENTLY have the condition?

- [ ] Yes
- [ ] No

➡️ If yes, is it:

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**A29** Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger’s Disorder or Pervasive Developmental Disorder (PDD).

- [ ] Yes
- [ ] No ➡️ SKIP to question

➡️ If yes, does this child CURRENTLY have the condition?

- [ ] Yes
- [ ] No

➡️ If yes, is it:

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**A30** How old was this child when a doctor or other health care provider FIRST told you that he or she had Autism, ASD, Asperger’s Disorder or PDD?

- [ ] Age in years
- [ ] Don’t know

**A31** What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger’s Disorder or PDD? Mark ONE only.

- [ ] Primary Care Provider
- [ ] Specialist
- [ ] School Psychologist/Counselor
- [ ] Other Psychologist (Non-School)
- [ ] Psychiatrist
- [ ] Other, specify:

[ ]

- [ ] Don’t know

**A32** Is this child CURRENTLY taking medication for Autism, ASD, Asperger’s Disorder or PDD?

- [ ] Yes
- [ ] No

**A33** At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD, Asperger’s Disorder or PDD, such as training or an intervention that you or this child received to help with his or her behavior?

- [ ] Yes
- [ ] No

**A34** Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?

- [ ] Yes
- [ ] No ➡️ SKIP to question

➡️ If yes, does this child CURRENTLY have the condition?

- [ ] Yes
- [ ] No

➡️ If yes, is it:

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**A35** Is this child CURRENTLY taking medication for ADD or ADHD?

- [ ] Yes
- [ ] No

**A36** At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior?

- [ ] Yes
- [ ] No

**A37** DURING THE PAST 12 MONTHS, how often have this child’s health conditions or problems affected his or her ability to do things other children his or her age do?

- [ ] This child does not have any conditions ➡️ SKIP to question

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

**A38** To what extent do this child’s health conditions or problems affect his or her ability to do things?

- [ ] Very little
- [ ] Somewhat
- [ ] A great deal
**B. This Child as an Infant**

B1. Was this child born more than 3 weeks before his or her due date?

- [ ] Yes
- [ ] No

B2. How much did he or she weigh when born?

Answer in pounds and ounces OR kilograms and grams. Provide your best estimate.

- [ ] pounds AND [ ] ounces
- [ ] kilograms AND [ ] grams

B3. What was the age of the mother when this child was born?

[ ] Age in years

**C. Health Care Services**

C1. DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care?

- [ ] Yes
- [ ] No ➔ SKIP to question C4

C2. If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.

- [ ] 0 visits ➔ SKIP to question C4
- [ ] 1 visit
- [ ] 2 or more visits

C3. Thinking about the LAST TIME you took this child for a preventive check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.

- [ ] Less than 10 minutes
- [ ] 10-20 minutes
- [ ] More than 20 minutes

C4. What is this child’s CURRENT height?

- [ ] feet AND [ ] inches
- [ ] meters AND [ ] centimeters

C5. How much does this child CURRENTLY weigh?

- [ ] pounds
- [ ] kilograms

C6. Are you concerned about this child’s weight?

- [ ] Yes, it’s too high
- [ ] Yes, it’s too low
- [ ] No, I am not concerned
Is there a place that this child USUALLY goes when he or she is sick or you or another caregiver needs advice about his or her health?

☐ Yes
☐ No → **SKIP to question** C9

If yes, where does this child USUALLY go? **Mark ONE only.**

☐ Doctor’s Office
☐ Hospital Emergency Room
☐ Hospital Outpatient Department
☐ Clinic or Health Center
☐ Retail Store Clinic or “Minute Clinic”
☐ School (Nurse’s Office, Athletic Trainer’s Office)
☐ Some other place

Is there a place that this child USUALLY goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?

☐ Yes
☐ No → **SKIP to question** C11

If yes, is this the same place this child goes when he or she is sick?

☐ Yes
☐ No

DURING THE PAST 2 YEARS, has this child had his or her vision tested with pictures, shapes, or letters?

☐ Yes
☐ No → **SKIP to question** C13

If yes, what kind of place or places did this child have his or her vision tested?

☐ Eye doctor or eye specialist (ophthalmologist, optometrist) office
☐ Pediatrician or other general doctor’s office
☐ Clinic or health center
☐ School
☐ Other, specify:  

DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care?

☐ Yes, saw a dentist
☐ Yes, saw other oral health care provider
☐ No → **SKIP to question** C16

If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?

☐ No preventive visits in the past 12 months → **SKIP to question** C16
☐ Yes, 1 visit
☐ Yes, 2 or more visits

If yes, DURING THE PAST 12 MONTHS, what preventive dental services did this child receive? **Mark ALL that apply.**

☐ Check-up
☐ Cleaning
☐ Instruction on tooth brushing and oral health care
☐ X-Rays
☐ Fluoride treatment
☐ Sealant (plastic coatings on back teeth)
☐ Don’t know

DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? **Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.**

☐ Yes
☐ No, but this child needed to see a mental health professional
☐ No, this child did not need to see a mental health professional → **SKIP to question** C18

How much of a problem was it to get the mental health treatment or counseling that this child needed?

☐ Not a problem
☐ Small problem
☐ Big problem
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>DURING THE PAST 12 MONTHS, has this child taken any medication because</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of difficulties with his or her emotions, concentration, or behavior?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
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<tr>
<td>□ No</td>
<td></td>
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<tr>
<td>DURING THE PAST 12 MONTHS, did this child see a specialist other than</td>
<td></td>
<td></td>
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<tr>
<td>a mental health professional?</td>
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<tr>
<td>Specialists are doctors like surgeons, heart doctors, allergy doctors,</td>
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<tr>
<td>skin doctors, and others who specialize in one area of health care.</td>
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<td></td>
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<tr>
<td>□ Yes</td>
<td></td>
<td></td>
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<tr>
<td>□ No, but this child needed to see a specialist ▸ SKIP to question C21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No, this child did not need to see a specialist ▸ SKIP to question C21</td>
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<td></td>
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<tr>
<td>How much of a problem was it to get the specialist care that this child</td>
<td></td>
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<tr>
<td>needed?</td>
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<td></td>
</tr>
<tr>
<td>□ Not a problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Small problem</td>
<td></td>
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<tr>
<td>□ Big problem</td>
<td></td>
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<tr>
<td>DURING THE PAST 12 MONTHS, did this child use any type of alternative</td>
<td></td>
<td></td>
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<tr>
<td>health care or treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative health care can include acupuncture, chiropractic care,</td>
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<td></td>
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<tr>
<td>relaxation therapies, herbal supplements, and others. Some therapies</td>
<td></td>
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<tr>
<td>involve seeing a health care provider, while others can be done on your</td>
<td></td>
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<tr>
<td>own.</td>
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<tr>
<td>□ Yes</td>
<td></td>
<td></td>
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<tr>
<td>□ No</td>
<td></td>
<td></td>
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<tr>
<td>DURING THE PAST 12 MONTHS, was there any time when this child needed</td>
<td></td>
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<tr>
<td>health care but it was not received? By health care, we mean medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>care as well as other kinds of care like dental care, vision care, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mental health services.</td>
<td></td>
<td></td>
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<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No ▸ SKIP to question C25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, which types of care were not received? Mark ALL that apply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Medical Care</td>
<td></td>
<td></td>
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<tr>
<td>□ Dental Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Vision Care</td>
<td></td>
<td></td>
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<tr>
<td>□ Hearing Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Mental Health Services</td>
<td></td>
<td></td>
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<tr>
<td>□ Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which of the following contributed to this child not receiving needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. This child was not eligible for the services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. The services this child needed were not available in your area?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. There were problems getting an appointment when this child needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>one?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. There were problems with getting transportation or child care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The (clinic/doctor’s) office wasn’t open when this child needed care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. There were issues related to cost?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, how often were you frustrated in your</td>
<td></td>
<td></td>
</tr>
<tr>
<td>efforts to get services for this child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Sometimes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Usually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Always</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, how many times did this child visit a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hospital emergency room?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 1 visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 2 or more visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has this child EVER had a special education or early intervention plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children receiving these services often have an Individualized Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Plan (IFSP) or Individualized Education Plan (IEP).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No ▸ SKIP to question C30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, how old was this child at the time of the FIRST plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Never years AND months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Sometimes years AND months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Usually years AND months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Always years AND months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this child CURRENTLY receiving services under one of these plans?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. Experience with This Child’s Health Care Providers

D1 Do you have one or more persons you think of as this child’s personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child’s health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician’s assistant.

☐ Yes, one person
☐ Yes, more than one person
☐ No

D2 DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?

☐ Yes
☐ No → SKIP to question D4

D3 If yes, how much of a problem was it to get referrals?

☐ Not a problem
☐ Small problem
☐ Big problem

D4 Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise, SKIP to question E1.

DURING THE PAST 12 MONTHS, how often did this child’s doctors or other health care providers:

☐ a. Spend enough time with this child?
☐ b. Listen carefully to you?
☐ c. Show sensitivity to your family’s values and customs?
☐ d. Provide the specific information you needed concerning this child?
☐ e. Help you feel like a partner in this child’s care?

Always | Usually | Sometimes | Never
--- | --- | --- | ---
☐ | ☐ | ☐ | ☐
☐ | ☐ | ☐ | ☐
☐ | ☐ | ☐ | ☐
☐ | ☐ | ☐ | ☐
☐ | ☐ | ☐ | ☐

C30 Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

☐ Yes
☐ No → SKIP to question D1

C31 If yes, how old was this child when he or she began receiving these special services?

☐ Years AND ☐ Months

C32 Is this child CURRENTLY receiving these special services?

☐ Yes
☐ No
**D5** DURING THE PAST 12 MONTHS, were any decisions needed about this child’s health care services or treatment, such as whether to start or stop a prescription or therapy services, get a referral to a specialist, or have a medical procedure?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>SKIP to question</th>
</tr>
</thead>
</table>

**D6** If yes, DURING THE PAST 12 MONTHS, how often did this child’s doctors or other health care providers:

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
</table>

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

  b. Make it easy for you to raise concerns or disagree with recommendations for this child’s health care?

  c. Work with you to decide together which health care and treatment choices would be best for this child?

**D7** Does anyone help you arrange or coordinate this child’s care among the different doctors or services that this child uses?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>SKIP to question</th>
</tr>
</thead>
</table>

**D8** DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child’s care among the different health care providers or services?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>SKIP to question</th>
</tr>
</thead>
</table>

**D9** If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child’s health care?

<table>
<thead>
<tr>
<th></th>
<th>Usually</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
</table>

**D10** Overall, how satisfied are you with the communication among this child’s doctors and other health care providers?

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Somewhat satisfied</th>
<th>Somewhat dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
</table>

**D11** DURING THE PAST 12 MONTHS, did this child’s health care provider communicate with the child’s school, child care provider, or special education program?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>SKIP to question E1</th>
</tr>
</thead>
</table>

**E1** Did not need health care provider to communicate with these providers?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>SKIP to question</th>
</tr>
</thead>
</table>

**D12** If yes, overall, how satisfied are you with the health care provider’s communication with the school, child care provider, or special education program?

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Somewhat satisfied</th>
<th>Somewhat dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
</table>

**D13** DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child’s care among the different health care providers or services?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>SKIP to question</th>
</tr>
</thead>
</table>

**D14** If yes, how often did you get as much help as you wanted with arranging or coordinating this child’s health care?

<table>
<thead>
<tr>
<th></th>
<th>Usually</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
</table>
**E. This Child’s Health Insurance Coverage**

**E1**
DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan?

- [ ] Yes, this child was covered all 12 months → **SKIP to question** **E4**
- [ ] Yes, but this child had a gap in coverage
- [ ] No

**E2**
Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:

- [ ] a. Change in employer or employment status
- [ ] b. Cancellation due to overdue premiums
- [ ] c. Dropped coverage because it was unaffordable
- [ ] d. Dropped coverage because benefits were inadequate
- [ ] e. Dropped coverage because choice of health care providers was inadequate
- [ ] f. Problems with application or renewal process
- [ ] g. Other, specify:

**E3**
Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

- [ ] Yes
- [ ] No → **SKIP to question** **E4**

**E4**
Is this child covered by any of the following types of health insurance or health coverage plans?

- [ ] a. Insurance through a current or former employer or union
- [ ] b. Insurance purchased directly from an insurance company
- [ ] c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability
- [ ] d. TRICARE or other military health care
- [ ] e. Indian Health Service
- [ ] f. Other, specify:

**E5**
How often does this child’s health insurance offer benefits or cover services that meet this child’s needs?

- [ ] Always
- [ ] Usually
- [ ] Sometimes
- [ ] Never

**E6**
How often does this child’s health insurance allow him or her to see the health care providers he or she needs?

- [ ] Always
- [ ] Usually
- [ ] Sometimes
- [ ] Never

**E7**
Thinking specifically about this child’s mental or behavioral health needs, how often does this child’s health insurance offer benefits or cover services that meet these needs?

- [ ] This child does not use mental or behavioral health services
- [ ] Always
- [ ] Usually
- [ ] Sometimes
- [ ] Never
F. Providing for This Child’s Health

Including co-pays and amounts from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child’s medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

☐ $0 (No medical or health-related expenses) → SKIP to question
☐ $1-$249
☐ $250-$499
☐ $500-$999
☐ $1,000-$5,000
☐ More than $5,000

How often are these costs reasonable?

☐ Always
☐ Usually
☐ Sometimes
☐ Never

DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child’s medical or health care bills?

☐ Yes
☐ No

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

a. Stopped working because of this child’s health or health conditions?

☐ Yes ☐ No

b. Cut down on the hours you work because of this child’s health or health conditions?

☐ Yes ☐ No

c. Avoided changing jobs because of concerns about maintaining health insurance for this child?

☐ Yes ☐ No

IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed.

☐ This child does not need health care provided on a weekly basis
☐ No at home care was provided by me or other family members
☐ Less than 1 hour per week
☐ 1-4 hours per week
☐ 5-10 hours per week
☐ 11 or more hours per week

IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?

☐ This child does not need health care coordinated on a weekly basis
☐ No health or medical care was arranged or coordinated by me or other family members
☐ Less than 1 hour per week
☐ 1-4 hours per week
☐ 5-10 hours per week
☐ 11 or more hours per week

G. This Child’s Schooling and Activities

DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury?

☐ No missed school days
☐ 1-3 days
☐ 4-6 days
☐ 7-10 days
☐ 11 or more days

DURING THE PAST 12 MONTHS, how many times has this child’s school contacted you or another adult in your household about any problems he or she is having with school?

☐ No times
☐ 1 time
☐ 2 or more times
H. About You and This Child

H1 Was this child born in the United States?
- Yes → SKIP to question H3
- No

H2 If no, how long has this child been living in the United States?

H3 How many times has this child moved to a new address since he or she was born?

H4 How often does this child go to bed at about the same time on weeknights?
- Always
- Usually
- Sometimes
- Rarely
- Never

H5 DURING THE PAST WEEK, how many hours of sleep did this child get on an average weeknight?

INFORMATIONAL COPY
ON AN AVERAGE WEEKDAY, about how much time does this child usually spend in front of a TV watching TV programs, videos, or playing video games?

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

ON AN AVERAGE WEEKDAY, about how much time does this child usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork?

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

How well can you and this child share ideas or talk about things that really matter?

- Very well
- Somewhat well
- Not very well
- Not at all

How well do you think you are handling the day-to-day demands of raising children?

- Very well
- Somewhat well
- Not very well
- Not at all

DURING THE PAST MONTH, how often have you felt:

a. That this child is much harder to care for than most children his or her age?
   - Never
   - Rarely
   - Sometimes
   - Usually
   - Always

b. That this child does things that really bother you a lot?
   - Never
   - Rarely
   - Sometimes
   - Usually
   - Always

c. Angry with this child?
   - Never
   - Rarely
   - Sometimes
   - Usually
   - Always

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

- Yes
- No → SKIP to question 11

If yes, did you receive emotional support from:

- Spouse?
- Other family member or close friend?
- Health care provider?
- Place of worship or religious leader?
- Support or advocacy group related to specific health condition?
- Peer support group?
- Counselor or other mental health professional?
- Other person, specify: ☐

INFORMATIONAL COPY
## I. About Your Family and Household

### 11. During the past week, on how many days did all the family members who live in the household eat a meal together?

- [ ] 0 days
- [ ] 1-3 days
- [ ] 4-6 days
- [ ] Every day

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

- [ ] Yes
- [ ] No → **Skip to question 14**

### 13. If yes, does anyone smoke inside your home?

- [ ] Yes
- [ ] No

### 14. When your family faces problems, how often are you likely to do each of the following?

<table>
<thead>
<tr>
<th>Action</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Talk together about what to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Work together to solve our problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Know we have strengths to draw on</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Stay hopeful even in difficult times</td>
<td></td>
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</tr>
</tbody>
</table>

### 15. Since this child was born, how often has it been very hard to get by on your family’s income – hard to cover the basics like food or housing?

- [ ] Never
- [ ] Rarely
- [ ] Somewhat often
- [ ] Very often

### 16. The next question is about whether you were able to afford the food you need. Which of these statements best describes the food situation in your household in the past 12 months?

- [ ] We could always afford to eat good nutritious meals.
- [ ] We could always afford enough to eat but not always the kinds of food we should eat.
- [ ] Sometimes we could not afford enough to eat.
- [ ] Often we could not afford enough to eat.

### 17. At any time during the past 12 months, even for one month, did anyone in your family receive:

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Assistance</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cash assistance from a government welfare program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Food Stamps or Supplemental Nutrition Assistance Program benefits (SNAP)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Free or reduced-cost breakfasts or lunches at school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Benefits from the Woman, Infants, and Children (WIC) Program?</td>
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<td></td>
</tr>
</tbody>
</table>

### 18. In your neighborhood, is/are there:

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Facility/Issue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sidewalks or walking paths?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. A park or playground?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. A recreation center, community center, or boys’ and girls’ club?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. A library or bookmobile?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Litter or garbage on the street or sidewalk?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Poorly kept or rundown housing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Vandalism such as broken windows or graffiti?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### To what extent do you agree with these statements about your neighborhood or community?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely agree</th>
<th>Somewhat agree</th>
<th>Somewhat disagree</th>
<th>Definitely disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. People in this neighborhood help each other out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. We watch out for each other’s children in this neighborhood</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>c. This child is safe in our neighborhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. When we encounter difficulties, we know where to go for help in our community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. This child is safe at school</td>
<td></td>
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</tbody>
</table>

### Other than you or other adults in your home, is there at least one other adult in this child’s school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance?

- **Yes**
- **No**

### The next questions are about events that may have happened during this child’s life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

To the best of your knowledge, has this child **EVER** experienced any of the following?

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent or guardian divorced or separated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Parent or guardian died</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Parent or guardian served time in jail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Saw or heard parents or adults slap, hit, kick, punch one another in the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Was a victim of violence or witnessed violence in neighborhood</td>
<td></td>
<td></td>
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<tr>
<td>f. Lived with anyone who was mentally ill, suicidal, or severely depressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Lived with anyone who had a problem with alcohol or drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Treated or judged unfairly because of his or her race or ethnic group</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Complete the questions for each of the two adults in the household who are this child’s primary caregivers. If there is just one adult, provide answers for that adult.

**ADULT 1 (Respondent)**

**J1** How are you related to this child?
- [ ] Biological or Adoptive Parent
- [ ] Step-parent
- [ ] Grandparent
- [ ] Foster Parent
- [ ] Aunt or Uncle
- [ ] Other: Relative
- [ ] Other: Non-Relative

**J2** What is your sex?
- [ ] Male
- [ ] Female

**J3** What is your age?

Age in years

**J4** Where were you born?
- [ ] In the United States ➔ SKIP to question J6
- [ ] Outside of the United States

**J5** When did you come to live in the United States?

Year

**J6** What is the highest grade or year of school you have completed? Mark ONE only:
- [ ] 8th grade or less
- [ ] 9th-12th grade; No diploma
- [ ] High School Graduate or GED Completed
- [ ] Completed a vocational, trade, or business school program
- [ ] Some College Credit, but no Degree
- [ ] Associate Degree (AA, AS)
- [ ] Bachelor’s Degree (BA, BS, AB)
- [ ] Master’s Degree (MA, MS, MSW, MBA)
- [ ] Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

**J7** What is your marital status?
- [ ] Married
- [ ] Not married, but living with a partner
- [ ] Never Married
- [ ] Divorced
- [ ] Separated
- [ ] Widowed

**J8** In general, how is your physical health?
- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

**J9** In general, how is your mental or emotional health?
- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

**J10** Were you employed at least 50 out of the past 52 weeks?
- [ ] Yes
- [ ] No
ADULT 2

J11 How is Adult 2 related to this child?
- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Aunt or Uncle
- Other: Relative
- Other: Non-Relative
- There is only one primary adult caregiver for this child → SKIP to question K1

J12 What is Adult 2’s sex?
- Male
- Female

J13 What is Adult 2’s age?
- Age in years

J14 Where was Adult 2 born?
- In the United States → SKIP to question J16
- Outside of the United States

J15 When did Adult 2 come to live in the United States?
- Year

J16 What is the highest grade or year of school Adult 2 has completed? Mark ONE only.
- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor’s Degree (BA, BS, AB)
- Master’s Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

J17 What is Adult 2’s marital status?
- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

J18 In general, how is Adult 2’s physical health?
- Excellent
- Very Good
- Good
- Fair
- Poor

J19 In general, how is Adult 2’s mental or emotional health?
- Excellent
- Very Good
- Good
- Fair
- Poor

J20 Was Adult 2 employed at least 50 out of the past 52 weeks?
- Yes
- No

K. Household Information

K1 How many people are living or staying at this address?
Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment.
- Number of people

K2 How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.
- Number of people
Income IN THE LAST CALENDAR YEAR (January 1 - December 31, 2015)

Mark (X) the “Yes” box for each type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the “No” box to show types of income NOT received.

a. Wages, salary, commissions, bonuses, or tips from all jobs?
   - [ ] Yes
   - [ ] No
   $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ Total Amount

b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships?
   - [ ] Yes
   - [ ] No
   $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ Total Amount

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts?
   - [ ] Yes
   - [ ] No
   $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ Total Amount

d. Social security or railroad retirement; retirement, survivor, or disability pensions?
   - [ ] Yes
   - [ ] No
   $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ Total Amount

e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office?
   - [ ] Yes
   - [ ] No
   $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ Total Amount

f. Any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony?
   - [ ] Yes
   - [ ] No
   $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ Total Amount

The following question is about your income and is very important. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

$\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ $\underline{\phantom{00000}}$ Total Amount
Thank you for your participation.

On behalf of the U.S. Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about this child and your family.

Your answers are important to us and will help researchers, policymakers, and family advocates to better understand the health and health care needs of children in our diverse population.

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, mail the questionnaire to:

U.S. Census Bureau
ATTN: DCB 60-A
1201 E. 10th Street
Jeffersonville, IN 47132-0001

You may also call 1-800-845-8241 to request a replacement envelope.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO_Paperwork@census.gov; use “Paperwork Project 0607-0990” as the subject.