

CHILDREN'S HEALTHWATCH SURVEY REV 1-13-10

INCOMPLETE? Yes No

Reviewed? Yes No

Interview ID#: _____

Date of interview: ____/____/____

Medical Record #: _____

Interviewer's Initials: _____

Weight: ____ . ____ KG, DK=99.99, TBD=66.66

Dehydration: Yes No Unknown TBD

Height: ____ . ____ CM, DK=999.99, TBD=666.66

Admission: Yes No Unknown TBD

Recumbent Standing

Diagnosis-ADMITTED CHILDREN ONLY: _____

Site Baltimore Boston Little Rock Minneapolis Philadelphia

code: 66=TBD

SECTION A: (DCC: S1)

SCREENING

Hello. My name is _____. I work in the Pediatrics Department on a project monitoring the health of children and their families at our hospital/clinic. We are interviewing parents of all children 36 months of age or under who come to the ER/clinic. While you are waiting to be seen by the ER/clinic staff do you have a few minutes to participate in an interview? ***If parent refuses, thank them for their time. If parent agrees continue relaying below information.***

The survey may take 10-20 minutes to complete. Because a number of factors influence childhood health I will ask you a variety of questions about your home and family. [Site specific: I will also ask if I can measure your child's length/height.] In addition, I will request your permission to access your child's medical chart. The information in this survey is confidential and voluntary and will not be shared with anyone outside of our research staff. We will report only summary results of the study. There will be no results released that would allow anyone to identify you or your child. You can stop the survey at any time and you don't have to answer any questions you do not want to answer. If you decide not to participate in this survey your care will not be affected in any way now or in the future. Upon completion of the survey you will receive a [describe gift or compensation that will be received]. Do you have any questions? ***If more information is desired;*** This survey asks parents questions about their and the child's health, the child's home, family food and nutrition, and if the family receives any federal or state assistance.

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

Name of the child _____

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

3. How are you related to this child?

Mother [biologic] Father [biologic] Other _____

adoptive mother/father Foster mother/father Grandmother/grandfather Aunt/uncle

Other relative (including godparents)

3a. INTERVIEWER: Choose one. Caregiver's gender: Female Male

	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?]	<input type="checkbox"/>	<input type="checkbox"/>	NOT ELIGIBLE if 'NO'

5. Do you live in the same household as this child?	<input type="checkbox"/>	<input type="checkbox"/>	NOT ELIGIBLE if 'NO'
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6. Do you live in this state?	<input type="checkbox"/>	<input type="checkbox"/>	NOT ELIGIBLE if 'NO'
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QUESTIONS 7-9 TO BE COMPLETED BY INTERVIEWER FOR ALL SUBJECTS

7. Reasons for ineligibility, if applicable: [If any of below (Q7: 1-6) are checked, skip to Q9].

- | | |
|---|--|
| <input type="checkbox"/> Language of caregiver and interviewer different: _____ | <input type="checkbox"/> No knowledge of Household |
| <input type="checkbox"/> Interviewed less than six months ago | <input type="checkbox"/> Household from out-of-state |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Not primary caregiver |

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8. Did parent agree to be interviewed? ₁ Yes ₂ No **END INTERVIEW IF 'NO'**

9. Type of visit

₁ Acute/walk-in

₃ ER

₂ Standard/Scheduled/Well Child

₄ Other _____

SECTION B: (DCC: S15) DEVELOPMENTAL QUESTIONS (PEDS) for 4 months – 36 months old

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

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

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

Concerns: _____

₁ Yes, caregiver lists concerns. ₂ No, caregiver does not list any concerns. ₉ DK/Refused ₆₆ TBD

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

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

₁ Yes ₂ No ₃ A little ₉ DK/Refused ₆₆ TBD

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

₁ Yes ₂ No ₃ A little ₉ DK/Refused ₆₆ TBD

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

₁ Yes ₂ No ₃ A little ₉ DK/Refused ₆₆ TBD

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

₁ Yes ₂ No ₃ A little ₉ DK/Refused ₆₆ TBD

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

₁ Yes ₂ No ₃ A little ₉ DK/Refused ₆₆ TBD

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

₁ Yes ₂ No ₃ A little ₉ DK/Refused ₆₆ TBD

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

₁ Yes ₂ No ₃ A little ₉ DK/Refused ₆₆ TBD

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

₁ Yes ₂ No ₃ A little ₉ DK/Refused ₆₆ TBD

10. Please list any other concerns:

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. ₉ DK/Refused ₆₆ TBD

11. Is your child currently enrolled in an Early Intervention Program?

₁ Yes [Skip to Section C]

₂ No

₉ DK/refused ₆₆ TBD

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11a. Would you like information about Early Intervention options in this area? [Prompt: Early intervention programs work with infants and toddlers who have developmental delays or are at risk for such delays. Early Intervention assists children from birth up to age three.]

- ₁ Yes
 ₂ No
 ₉ DK/refused
 ₆₆ TBD

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

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

SECTION C: (DCC: S2)

DEMOGRAPHICS

The following questions are about the people that care for this child. For some questions, it is important for us to know only about the child's biologic mother. [Interviewer: If the words 'biologic mother' are in brackets, it means we are interested in information about the biologic mother only.]

1a. What year were [you/the child's biologic mother] born? _____ CODE: 9999 = DK/Refused
 Year 6666 = TBD

Skip to Q2 if interviewing biologic mother.

1b. What year were you born? (for non-biologic primary caregivers only) _____ CODE: 9999 = DK/Refused
 Year 6666 = TBD

2. What is the zip code where [you/the child's primary caregiver] live now? _____ CODE:
 99999 =DK/Refused 66666=TBD

3. Where was the child born?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ₁ USA | <input type="checkbox"/> ₄ Dom Rep | <input type="checkbox"/> ₇ Haiti | <input type="checkbox"/> ₁₀ Other _____ |
| <input type="checkbox"/> ₂ Puerto Rico | <input type="checkbox"/> ₅ El Salvador | <input type="checkbox"/> ₈ Mexico | <input type="checkbox"/> ₉₉ DK/Refused |
| <input type="checkbox"/> ₃ Cape Verde | <input type="checkbox"/> ₆ Guatemala | <input type="checkbox"/> ₉ Somalia | <input type="checkbox"/> ₆₆ TBD |

4. Where [were you/was the child's biologic mother] born?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ₁ USA [Skip to Q6a] | <input type="checkbox"/> ₄ Dom Rep | <input type="checkbox"/> ₇ Haiti | <input type="checkbox"/> ₁₀ Other _____ |
| <input type="checkbox"/> ₂ Puerto Rico [Skip to Q6a] | <input type="checkbox"/> ₅ El Salvador | <input type="checkbox"/> ₈ Mexico | <input type="checkbox"/> ₉₉ DK/Refused |
| <input type="checkbox"/> ₃ Cape Verde | <input type="checkbox"/> ₆ Guatemala | <input type="checkbox"/> ₉ Somalia | <input type="checkbox"/> ₆₆ TBD |
| <input type="checkbox"/> ₁₁ American born overseas | <input type="checkbox"/> ₁₂ Ecuador | <input type="checkbox"/> ₁₃ Honduras | <input type="checkbox"/> ₁₄ Jamaica |
| <input type="checkbox"/> ₁₅ Nigeria | <input type="checkbox"/> ₁₆ Trinidad | <input type="checkbox"/> ₁₇ Vietnam | |

5. What year did [you/the child's biologic mother] arrive in the U.S.? _____
 CODE: 9999 = "DK/Refused" 6666=TBD YYYYY

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

- ₁ Yes
 ₂ No
 ₉ DK/Refused
 ₆₆ TBD

6b. Which of the following best describes [your/the child's biologic mother's] race or ethnicity? You may choose more than one.

- | | Yes | No | DK/Refused | TBD |
|----------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| a. Asian | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₆₆ |

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- | | | | | |
|--|----------------------------|----------------------------|----------------------------|-----------------------------|
| b. Black or African American | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 66 <input type="checkbox"/> |
| c. Somali | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 66 <input type="checkbox"/> |
| d. White or Caucasian | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 66 <input type="checkbox"/> |
| e. Other | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 66 <input type="checkbox"/> |
| f. American Indian or Native American | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 66 <input type="checkbox"/> |
| g. Cape Verdean | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 66 <input type="checkbox"/> |
| h. Haitian | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 66 <input type="checkbox"/> |
| i. Jamaican or West Indian | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 66 <input type="checkbox"/> |

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

- | | | |
|------------------------------------|---|---------------------------------------|
| 1 <input type="checkbox"/> Single | 3 <input type="checkbox"/> Separated/Divorced/Widowed | 9 <input type="checkbox"/> DK/Refused |
| 2 <input type="checkbox"/> Married | 4 <input type="checkbox"/> Cohabitation (living together) | 66 <input type="checkbox"/> TBD |

8. Which of the following best describes your level of education?

- | | |
|---|--|
| 1 <input type="checkbox"/> Some high school or less | 4 <input type="checkbox"/> College graduate |
| 2 <input type="checkbox"/> High school graduate or GED | 5 <input type="checkbox"/> Master's level or higher |
| 3 <input type="checkbox"/> Technical school or some college | 9 <input type="checkbox"/> DK/Refused 66 <input type="checkbox"/> TBD |

SECTION D: (DCC: S14)

EMPLOYMENT QUESTIONS

The next set of questions are about [your/the child's caregiver's] employment status.

1. [Are you/Is the child's caregiver] employed, even if only temporarily, on official leave or on Maternity Leave?

[PROMPT: Some examples of official leave are Family Medical Leave Act (FMLA), workman's compensation, or temporary disability] If so, how many jobs [do you/does s/he] have?

[If not working indicate "0" jobs, then, skip to Q8. If DK/Refused code=99; TBD=66] _____ # Job(s)

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

_____ Hours

[If works sporadically code=77, If on Maternity Leave code=88, If DK/Refused code=99; TBD=66]

OPTION #1: IF CAREGIVER WORKING

3. Including the current job, how many paying jobs [have you/has the child's caregiver] had since [name of current month] of last year?

If DK/Refused code=99; TBD=66 _____ # Job(s)

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

Hourly Worker: \$ _____ / hr *CODE: 999.99 = DK/Refused; 666.66=TBD*

Salaried Worker: Or _____ / week *CODE: 99,999.99 = DK/Refused; 66,666.66=TBD*

Or \$ _____ / month *CODE: 99,999.99 = DK/Refused; 66,666.66=TBD*

Or \$ _____ / year *CODE: 999,999.99 = DK/Refused; 666,666.66=TBD*

4. How long have you been working at [this job/the job you have held the longest]?

_____ years _____ months

CODE: 99 year = DK/Refused 99 months = DK/Refused; 66 year = TBD, 66 months = TBD

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5. (Blank)

6. Since [name of current month] of last year, [have your/has the child's caregiver's] 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 Q11]
- 3 No change [Skip to Q12]
- 9 DK/Refused [Skip to Q12]
- 2 Increased [Skip to Q12]
- 4 Stopped working [Skip to Q11]
- 66 TBD

7. (Blank)

OPTION #2: IF CAREGIVER NOT WORKING

8. Since [name current month] of last year [have you /has the child's caregiver] been employed?

- 1 Yes
- 2 No [Skip to Q12]
- 9 DK/Refused [Skip to Q12]
- 66 TBD

9. When did [your/the child's caregiver's] job end? _____ / _____

CODE: 99/9999 = "DK/Refused" 66/6666 = TBD

[Interviewer: If more than one job ended simultaneously, ask question for job where more hours worked]

10. For how long had [you/the child's caregiver] been working at this job? _____ years _____ months

CODE: 99 year = DK/Refused 99 months = DK/Refused 66 year = TBD 66 months = TBD

11. What is the main reason [your/the child's caregiver's] hours decreased or [you/the child's caregiver] stopped working? [Interviewer: You may mark more than one]

- 1 Not satisfied with job/offered another job
- 8 pregnancy/ maternity leave
- 15 employer sold business
- 2 laid off
- 9 unsatisfactory hours/pay
- 16 other _____
- 3 job was temporary/seasonal
- 10 child's illness/injury
- 17 Hours increased at another job
- 4 transportation/too far
- 11 illness/injury of other family member
- 18 Business is slow
- 5 discharged/fired
- 12 own illness/injury
- 19 Move/Related to a move
- 6 school /training
- 13 employer bankrupt
- 20 Stay at home
- 7 childcare problems
- 14 other personal obligations
- 99 DK/Refused 66 TBD
- 21 Immigration Issues

12. Since [name of current month] of last year, did [you/the child's caregiver] receive any state unemployment benefits? 1 Yes 2 No 9 DK/Refused 66 TBD

13. INCLUDING [yourself/the child's caregiver], how many people are employed in the household?

[PROMPT: Don't forget to include yourself] If DK/Refused code=99 If TBD code = 66
_____ # adults

14. Moneywise, which of the following best describes your situation since [current month] of last year?

- 1 Much better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 9 DK/refused 66 TBD

SECTION E: (DCC: S3) CHILD'S HEALTH HISTORY & INSURANCE COVERAGE

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

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

CODE: 99lbs 99oz = "DK/Refused" 66lbs 66oz = TBD

2. At how many weeks of pregnancy was the child born? _____ weeks

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CODE: 99 = "DK/Refused" 66 = TBD

[PROMPT: How close to [his/her] due date?]

[Note: Full Term = 40 weeks]

3. [Was] the child ever breastfed? [PROMPT: Or provided breast milk?]

1 Yes

3 Still breastfeeds/receives breast milk [Skip to 4a]

2 No [Skip to Q5]

9 DK/Refused [Skip to Q5]

66 TBD

4. How long did you feed any breast milk to your baby? _____ months

CODE: 77 = "Still Breastfeeding" 88 = <1 month 99 = "DK/Refused" 66=TBD

4a. How old was your baby when s/he first received anything other than breast milk?

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

CODE: 77 = Never (exclusively breastfeeding) 88 = <1 month 99= "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: Do not include time spent in hospital if child born prematurely] CODE: 99="DK/Refused" 66 = TBD

7. Where do you usually take the child for well-baby care?

1 Hospital clinic/Neighborhood or Community Health Center

5 Other _____

2 Private Doctor's Office or HMO

6 Doesn't go to one place most often

3 Emergency Room

9 DK/Refused

7 Does not receive medical care

66 TBD

8 New baby (hasn't yet decided)

8. (Blank)

9. At any time since [name of current month] of last year did you change the place(s) where you usually take your child for health care?

1 Yes [Continue to Q9a]

2 No [Skip to Q10]

9 DK/Refused [Skip to Q10]

66 TBD

9a. Was this change for a reason related to health insurance?

1 Yes

2 No

9 DK/Refused

66 TBD

This next section asks about your child's and your household's health insurance and prescription coverage. First I am going to ask you about your child.

10. What type of health insurance does the child have?

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- | | |
|--|--|
| 1 <input type="checkbox"/> Medicaid/S-CHIP/State Medicaid
<i>[Interviewer: Use the name of your state-specific Medicaid plan]</i> | 4 <input type="checkbox"/> Private insurance (from employer or purchased directly) |
| 2 <input type="checkbox"/> Other public insurance/Free Care | 5 <input type="checkbox"/> Other _____ |
| 3 <input type="checkbox"/> No insurance/Pay out of pocket | 6 <input type="checkbox"/> Tricare/military insurance |
| | 9 <input type="checkbox"/> DK/Refused |
| | 66 <input type="checkbox"/> TBD |

10a. Which of the following options best describes the child's insurance coverage since [name of current month] of last year...

- | | |
|--|--|
| 1 <input type="checkbox"/> Loss of insurance coverage | 5 <input type="checkbox"/> Got health insurance that s/he didn't have before |
| 2 <input type="checkbox"/> Change in insurance coverage, but no loss of coverage | 6 <input type="checkbox"/> Has not yet applied for insurance/pending (newborn child) |
| 3 <input type="checkbox"/> No change in insurance coverage | 7 <input type="checkbox"/> No coverage in the past year here [Skip to Q12] |
| 4 <input type="checkbox"/> Other _____ | 8 <input type="checkbox"/> Lost and regained health insurance |
| 9 <input type="checkbox"/> DK/Refused | 66 <input type="checkbox"/> TBD |

11. Since [name of current month] of last year, were you unable to get insurance for [child's name]?

- 1 Yes [**Continue to Q12**] 2 No [**Skip to Q13**] 9 DK/Refused [**Skip to Q13**] 66 TBD

12. Why didn't your child have health insurance? Was it because:

- 1 You couldn't afford the premium? 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/No knowledge of the process
- 7 Other _____
- 8 Newborn baby
- 10 Pending
- 11 Ineligible
- 12 Cut-off
- 9 DK/Refused
- 66 TBD

13. Since [name of current month] of last year, has there been any change in what [you are/the child's caregiver is] required to pay for the child's insurance, either in the premium or the co-payment for health visits? *Prompt: The premium is the amount of money you have to pay each month. The co-payment is the amount you pay at the doctor's office.*

- | | | |
|---|--|---------------------------------------|
| 1 <input type="checkbox"/> Increase in insurance cost | 3 <input type="checkbox"/> No change in insurance cost | 9 <input type="checkbox"/> DK/Refused |
| 2 <input type="checkbox"/> Decrease in insurance cost | 4 <input type="checkbox"/> Other _____ | 66 <input type="checkbox"/> TBD |
| 5 <input type="checkbox"/> Pays out of pocket | | |

14. Since [name of current month] of last year, has there been any change in the co-payment that [you are/the child's caregiver is] required to pay for the child's prescription medications? *Prompt: The prescription copayment is the amount you pay at the pharmacy.*

- | | |
|---|--|
| 1 <input type="checkbox"/> Increase in co-payment for medications | 3 <input type="checkbox"/> No change in co-payment for medications |
| 2 <input type="checkbox"/> Decrease in co-payment for medications | 4 <input type="checkbox"/> Other _____ |

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5 Pays out of pocket

9 DK/Refused

66 TBD

15. Since [name of current month] of last year, was there any time when [child's name] needed a *prescription medicine*, but was unable to get it because [you/the family] couldn't afford it?

1 Yes

2 No

9 DK/Refused

66 TBD

16. (Blank)

17. Since [name of current month] of last year was there any time when [child's name] needed *medical care*, but did not get it because [you/the family] couldn't afford it?

1 Yes

2 No

9 DK/Refused

66 TBD

Now I am going to ask you some questions about your household's health insurance and prescription coverage.

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

1 Yes [Continue to Q18a]

2 No [Skip to Q19]

9 DK/Refused [Skip to Q19] 66 TBD

18a. Of the household members who were unable to get prescription medicine:

If DK/Refused code=99 If TBD code = 66

How many were people aged 17 and under? _____

How many were people aged 18 and over? _____

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

1 Yes [Continue to Q19a]

2 No [Skip to Q20]

9 DK/Refused [Skip to Q20] 66 TBD

19a. Of the household members who were unable to get medical care:

If DK/Refused code=99 If TBD = 66

How many were people aged 17 and under? _____

How many were people aged 18 and over? _____

20. Has the cost of medical care or prescriptions for any household member ever stopped you from being able to pay: Interviewer: Check all applicable answers. If the answer to any item is no, leave box unchecked.

1 For your rent/mortgage?

4 For car-related expenses (insurance, loan, gas, repairs)?

2 For your utility bills (not phone)?

5 Other _____

7 For child care?

3 For food?

10 For other medical bills?

8 For phone bills?

6 None of these

66 TBD

9 DK/Refused

SECTION F (1) (DCC: S10) QUESTIONS

MATERNAL (FEMALE CAREGIVER) HEALTH

[Interviewer: SKIP to Question 6b, if not interviewing the child's mother or female primary caregiver. Questions 1-6a should be asked ONLY of the child's mother or female primary caregiver.]

The next few questions are about your health:

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

1 Excellent

3 Fair

9 DK/Refused

2 Good

4 Poor

66 TBD

2. Compared to one year ago, how would you rate your health in general now?

1 Much better

3 About the same

5 Much worse

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2 Somewhat better 4 Somewhat worse 9 DK/Refused 66 TBD

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

1 Yes 2 No [Skip to Q4] 9 DK/Refused [Skip to Q4] 66 TBD

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

1 0 days 3 3-4 days 9 DK/Refused
2 1-2 days 4 5-7 days 66 TBD

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

1 Yes 2 No 9 DK/Refused 66 TBD

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

1 Yes 2 No 9 DK/Refused 66 TBD

6. Since [current month] of last year have you smoked cigarettes?

1 Yes 2 No [Skip to Q6b] 9 DK/Refused [Skip to Q6b] 66 TBD

6a. On average, how many cigarettes do you currently smoke per day? _____

If DK/Refused code=99 If TBD code = 66

6b. [Including yourself,] how many people in your household smoke cigarettes? _____

[Interviewer: If the answer is no to question 6, do not say 'including yourself.']

If DK/Refused code=99 If TBD code = 66

SECTION F(2): (DCC: S10) PARENT HEIGHT AND WEIGHT

These next two questions are about [your/the child's *biologic* parents] height and weight.

7. How tall are [the child's *biologic* mother/father]?

7a. Child's **mother** height ___feet ___ inches/___ cm *CODE: 9 feet 99inches 999cm=DK/Refused*

7b. Child's **father** height ___feet ___ inches/___ cm *CODE: 6 feet 66 inches 666cm = TBD*

8. How much do [the child's *biologic* mother/father] weigh?

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

8a. Child's **mother** weight ___ pounds/___ kilos *CODE: 999 pounds/kilos=DK/Refused*

8b. Child's **father** weight ___ pounds/___ kilos *CODE: 6 feet 66 inches 666cm = TBD*

SECTION G: (DCC: S4 & S11) CHILD'S HOUSEHOLD

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

1. [Do you/Does the child] live in....?

- 1 an apartment
- 2 a house/townhouse/condo
- 3 a shelter/transitional living situation [Skip to Q8]
- 4 Other _____ [Skip to Q5]
- 5 residential treatment/supervised housing [Skip to Q8]
- 6 government housing (army, etc.) [Skip to Q5]
- 7 mobile home/trailer
- 8 room/rented room [Skip to Q3]
- 9 Car [Skip to Q5]
- 10 No steady place to sleep at night [Skip to Q8]
- 11 Hotel/motel [Skip to Q5]
- 12 _____

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9 DK/Refused

66 TBD

2. [Do you/Does the child's caregiver] own [your/their] own home? [PROMPT: Is the house under your/their name? OR Could you sell the home if you/s/he wanted to?]

1 Yes [Skip to Q4]

2 No

9 DK/Refused

66 TBD

3. (Blank)

4. How much [do you/the child's caregiver] pay out of pocket each month for [rent/mortgage], not including any amount paid by a government housing subsidy? [If response is 'however much I can afford,' prompt: On average, how much do you pay each month?]

CODE: \$9999 = DK/Refused \$6666 = TBD \$ _____

5. During the last 12 months, was there a time when [you were/the child's caregiver was] not able to pay the mortgage or rent on time? [Prompt: ...Because of economic difficulties?]

1 Yes

2 No

9 DK/Refused

66 TBD

6. [Are you/Is the child's caregiver] temporarily living with other people even for a little while because of financial difficulties? [INTERVIEWER: This question refers to the person staying with someone else temporarily, NOT to the owner/renter of the apartment who has someone staying with him/her.]

1 Yes

2 No

9 DK/Refused

66 TBD

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

_____ # bedrooms

If DK/Refused code=99 If TBD = 66

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

_____ # of places

If DK/Refused code=99 If TBD = 66

9. INCLUDING THIS CHILD, how many people ages 0-17 are in your [home/family]?

_____ # people

If DK/Refused code=99 If TBD = 66

10. INCLUDING [yourself/the child's caregiver], How many people 18 and over live in your [home/family]?

[Interviewer: If in shelter only include family unit]

_____ # people

If DK/Refused code=99 If TBD = 66

11. (Blank)

The next questions are about your current living situation. Later, I'll ask you about your living situation since [you were/the child's biological mother was] pregnant with this child.

IF OWNS OWN HOME OR IN ARMY BASE HOUSING, SKIP TO Q18

SKIP to Q17 If living in SHELTER, TRANSITIONAL LIVING SITUATION, TREATMENT FACILITY or other

12. Do [you/the child's caregiver] <u>currently</u> live in subsidized housing or public housing? [Prompt: Do you receive government assistance to pay your rent?]	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK/Ref	66 <input type="checkbox"/> TBD
		Skip to Q13	Skip to Q13	

12a. Is the housing under [your/the child's caregiver's] name?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK/Ref	66 <input type="checkbox"/> TBD
		Skip to Q13	Skip to Q13	

12b. Can you move with your subsidy to other housing of your choice? [Prompt: Do you have Section 8, housing voucher or certificate?]	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK/Ref	66 <input type="checkbox"/> TBD
	Skip to Q17	Skip to Q17	Skip to Q17	

13. Have [you/the child's caregiver] applied for subsidized housing or some other type of public housing?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK/Ref	66 <input type="checkbox"/> TBD
		Skip to Q17	Skip to Q17	

14. 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 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK/Ref	66 <input type="checkbox"/> TBD
		Skip to Q15	Skip to Q15	

CHILDREN'S HEALTHWATCH SURVEY REV 1-13-10

14a. Approximately, how long [have you/had you] been on a waiting list for housing? [Interviewer: convert years to months] if TBD =666 9 DK/Ref 66 TBD

__ __ __ Skip to Q17
#months

Skip to Q17

15. Have you tried to get on a waiting list but couldn't? 9 DK/Ref 66 TBD

1 Yes 2 No
Skip to Q17

66 TBD

16. Do you presently have a section 8 voucher or other government housing voucher/certificate that pays part of your rent (other than public housing)? 9 DK/Ref 66 TBD

1 Yes 2 No

17. During the past 2 years have you had a housing voucher that expired or was terminated? 9 DK/Ref 66 TBD

1 Yes 2 No

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

18. Thinking back over [your/the child's biological mother's] pregnancy with this child, [were you/was the biological mother] ever homeless or did [you/the biological mother] live in a shelter during that time? [INTERVIEWER: We are interested in whether the mother was homeless/in shelter with this child in utero.]

1 Yes 2 No 9 DK/Refused 66 TBD

19. Let's talk now about the time since [CHILD'S NAME] was born. Thinking back over this child's life so far, has [s/he] ever been homeless or lived in a shelter?

1 Yes [Continue to Q19a] 2 No [Skip to Q20] 9 DK/Refused [Skip to Q20] 66 TBD

19a. For how many *total* months was this child homeless or living in a shelter? Was it for:

1 less than six months? 3 more than a year?
2 6-12 months? 9 DK/Refused
66 TBD

Now I'll ask you about your experience with subsidized housing when [you were/the child's biological mother was] pregnant with [CHILD's NAME].

20. Thinking back over [your/the child's biological mother's] pregnancy with this child, in that period, did [you/ the child's biological mother] ever live in subsidized, public or Section 8 housing? [INTERVIEWER: We are interested in whether the mother was in subsidized housing with this child in utero.]

1 Yes 2 No 9 DK/Refused 66 TBD

21. Let's talk now about the time since [CHILD'S NAME] was born. Thinking back over this child's life so far, has [s/he] ever lived in subsidized, public or Section 8 housing?

1 Yes [Continue to Q21a] 2 No [Skip to Section H]
9 DK/Refused [Skip to Section H] 66 TBD

21a. For how many *total* months did the child live in subsidized or Section 8 housing? Was it for:

1 less than six months? 3 more than a year?
2 6-12 months? 9 DK/Refused 66 TBD

SECTION H: (DCC: S12) ENERGY QUESTIONS

The following questions ask about your energy expenses and utilities.

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

1. [Is your/Is the caregiver's] home heated by.....?

CHILDREN'S HEALTHWATCH SURVEY REV 1-13-10

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

- 1 Gas 2 Oil 3 Electric 4 Other _____ 5 Propane 6 Wood
 9 DK/Refused 66 TBD

2. [Is your/Is the child's caregiver] home primarily cooled by...?

[Interviewer: We want primary cooling method.]

- 1 Central air system 3 Fans 5 Other _____
 2 Air conditioning (window units) 4 No cooling 9 DK/Refused
 66 TBD

SKIP TO Q9, IF LIVES IN ARMY BASE HOUSING; SKIP TO Q4, IF OWNS OWN HOME

3. Does your landlord pay for...? [Interviewer: choose all that apply]

- 1 Heat 3 Water 5 Landlord does not pay for any utilities.
 2 Electricity 4 Other _____ 9 DK/Refused 66 TBD

[PROMPT If no to all choices: So the landlord does not pay for any utilities?]

IF HEAT & ELECTRICITY COVERED BY LANDLORD, SKIP TO Q9

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

- 1 Yes 2 No 9 DK/Refused 66 TBD

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

- 1 Yes 2 No 9 DK/Refused 66 TBD

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

- 1 Yes 2 No 9 DK/Refused 66 TBD

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

- 1 Yes 2 No 9 DK/Refused 66 TBD

8. (blank)

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

- 1 Yes 2 No 9 DK/Refused 66 TBD

SECTION I: (DCC: S5) HOUSEHOLD FOOD SECURITY SCALE (USDA)

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

1. (Blank)

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

	Often True	Sometimes True	Never True	DK/Refused	TBD
2. We worried <u>whether our food would run out</u> before we got money to buy more	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
3. The <u>food that we bought just didn't last</u> and we didn't have money to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>

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get more

4. We couldn't afford to eat balanced meals 1 2 3 9 66
5. We relied on only a few kinds of low-cost foods to feed [my/our child/children] because we were running out of money to buy food. 1 2 3 9 66
6. We couldn't feed [my/our child/children] a balanced meal because we couldn't afford that. 1 2 3 9 66

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

- | | Ofte
n
True | Some
times
True | Neve
r
True | DK/
Refuse
d | TBD |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 7. [My/Our child was/Children were] <u>not eating enough</u> because we just couldn't afford enough food. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 9 <input type="checkbox"/> | 66 <input type="checkbox"/> |

8. **Since last (current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- 1 Yes 2 No [Skip to Q9] 9 DK/refused [Skip to Q9] 66 TBD

8a. **How often did this happen?**

- | | |
|--|---|
| 1 <input type="checkbox"/> Almost every month | 3 <input type="checkbox"/> Only 1 or 2 months |
| 2 <input type="checkbox"/> Some months but not every month | 9 <input type="checkbox"/> DK/refused |
| | 66 <input type="checkbox"/> TBD |

9. Since last (current month), did you ever eat less than you felt you should because there wasn't enough money to buy food? 1 Yes 2 No 9 DK 66 TBD

10. Since last (current month), were you ever hungry but didn't eat because you couldn't afford enough food? 1 Yes 2 No 9 DK 66 TBD

11. Since last (current month), did you lose weight because you didn't have enough money for food? 1 Yes 2 No 9 DK 66 TBD

12. **Since last (current month), did (you/you/or other adult in your household) ever not eat for a whole day because there wasn't enough money for food?**

- 1 Yes 2 No Skip to **Screeener for Stage 3** box 9 DK/Refused Skip to **Screeener for Stage 3** box
66 TBD

12a. **How often did this happen?**

- | | |
|--|---|
| 1 <input type="checkbox"/> Almost every month | 3 <input type="checkbox"/> Only 1 or 2 months |
| 2 <input type="checkbox"/> Some months but not every month | 9 <input type="checkbox"/> DK/refused |
| | 66 <input type="checkbox"/> TBD |

Screeener for Stage 3: If "yes", or "almost/some months", "often" or "sometimes true" is chosen as a response to any one of Questions 7-12a, Then continue to Q13; Otherwise, skip to Section J.

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

13. 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 9 DK/refused 66 TBD

14. Since last (current month), did ([the child]/any of the children) ever skip meals because there wasn't enough money for food? 1 Yes 2 No [Skip to Q15] 9 DK/refused [Skip to Q15] 66 TBD

14a. **How often did this happen?**

- | | |
|---|---|
| 1 <input type="checkbox"/> Almost every month | 3 <input type="checkbox"/> Only 1 or 2 months |
|---|---|

CHILDREN'S HEALTHWATCH SURVEY REV 1-13-10

- ₂ Some months but not every month ₉ DK/refused
₆₆ TBD

- 15.** Since last (current month), (was your child/were your children) ever ₁ Yes ₂ No ₉ DK ₆₆ TBD
hungry but you just couldn't afford more food?
- 16.** Since last (current month), did (your child/any of the children) ever not eat ₁ Yes ₂ No ₉ DK ₆₆ TBD
for a whole day because there wasn't enough money for food?

SECTION J. (DCC: S6) STATE OR FEDERAL ASSISTANCE

The next questions are about any state or federal program assistance that [your/the child's] household may receive. First I will ask you about your experience with cash assistance, also known as welfare. I will ask you separately about SNAP, formerly known as the Food Stamp Program.

1. Have [you/the child's caregiver] or the child ever received [welfare/cash assistance]?

[Prompt: Do both of you [caregiver and child] now receive [welfare/cash assistance] 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 child-only.]

₁ No, have never received welfare **[Skip to Q4]**

₂ Received welfare before, but not presently

1a. Around what date did you stop receiving benefits? _____ / _____ **[Skip to Q3]**

CODE: 99/9999 = "DK/Refused"

Month/Year

If don't know month, CODE = 99/appropriate year.

CODE: 66/6666 = TBD

₃ Yes, Receive welfare now/Application approved-payment pending

₄ Has application pending/Has applied, but was denied/Intends to apply **[Skip to Q14]**

₅ Don't know about program/Don't know if eligible **[Skip to Q14]**

₆ CHILD ONLY - Yes, Receive welfare now/Application approved-payment pending

₇ CHILD ONLY - Has application pending/Has applied, but was denied/Intends to apply **[Skip to Q14]**

₉ DK/Refused **[Skip to Q14]**

₆₆ TBD

2. How long [have you/has the child's caregiver] or the child been receiving welfare?

CODE: 99 year99month = "DK/Refused" 77year77months = child-only case 66year66month = TBD

_____ years _____ months

3. Not including [your present welfare experience /the time that you just mentioned], how many other times as an adult have you been on welfare? *[Interviewer: Do not include present welfare use or time on welfare mentioned in Q1. Mark only one answer. If child-only and another answer are true, record adult experience.]*

₁ no previous times ₃ two times ₂ one time ₄ three times

or more ₉ DK/refused ₆₆ TBD

IF ON WELFARE NOW & FOR FIRST TIME, SKIP TO Q6

4. What [was/is] the reason why [you/the child's primary caregiver] [do not receive/stopped receiving] welfare?

- a. Chose not to participate/ no need
- b. Personal reasons/stigma/bureaucratic hassle/treatment at welfare office
- c. Immigration reasons
- d. Got a job (started a new job), earnings increased
- e. Family situation changed, others in household earn enough income/increase in other income/receive SSI

CHILDREN'S HEALTHWATCH SURVEY REV 1-13-10

- f. Didn't want to use up time limit
- g. Reached time limit
- h. Got cut off, did not complete requirements, did not provide information to welfare office **GO TO Q5**
- i. Teen parent
- j. Other _____
- k. DK/Refused
- l. TBD
- m. Lost custody (child with state or other parent)
- n. Family cap baby
- o. Not eligible
- p. Misconception about rules
- q. Reason related to move
- r. Legal issues

IF CHILD-ONLY CASE, SKIP TO Q7, unless YES TO OPTION H – THEN CONTINUE TO Q5

IF ON WELFARE NOW, SKIP TO Q6

IF NOT PRESENTLY ON WELFARE SKIP TO Q14—UNLESS ANSWERED “YES” to “H”, then go to 5

5. What was the reason [you were/the child's caregiver was] cut off welfare? Was it because you.... [Interviewer: Read each option aloud and indicate Yes/No]

	Yes	No	DK	TBD
a. Missed re-certification deadline/did not fill out paperwork?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
b. Did not complete a work or job search requirement?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
c. MA ONLY: Did not provide documentation regarding the child's immunizations (shot-fare)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
d. Did not complete school or living arrangement requirements for teen parents?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
e. A child in the household did not meet welfare's school attendance requirements (learn-fare)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
g. Other _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
o. Did not provide information/update welfare office	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
P. No permanent address	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
q. Will not fill out mandatory child support paperwork	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>

IF ON WELFARE NOW, CONTINUE TO Q6 / IF NOT ON WELFARE SKIP TO Q14

IF CHILD-ONLY CASE, SKIP TO Q7

6. Are you enrolled in work-fare, job training, community service or school as a requirement of welfare?

- 1 Yes 2 No 9 DK/Refused 66 TBD

7. Since [name of current month] of last year has the amount of the [benefit/cash assistance] changed?

[Interviewer: If more than one answer applies, ask for most recent change.]

- 1 Increased [Skip to Q9] 3 No change [Skip to Q9] 9 DK/refused [Skip to Q9]
 2 Decreased 4 On welfare for <30 days [Skip to Q9] 66 TBD

CHILDREN'S HEALTHWATCH SURVEY REV 1-13-10

8. Why did your benefit/cash assistance change? Was it because... <i>[Interviewer: This involves both sanction and non-sanction reductions]</i>	Yes	No	DK	TBD
a. You did not complete a work or job search requirement?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
b. You got a job or your earnings increased?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
c. You did not complete the school or living arrangement requirements for teen parents?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
d. A child in the household did not meet school attendance requirements (learn-fare)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
e. Your family situation changed/got married/household size changed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
f. You moved to less expensive housing/ Moved to a shelter?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
g. Other _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
h. Don't Know/Have no idea	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
t. Administrative problems (with caseworker/state error/paperwork)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
u. Did not provide information/update to welfare office	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
v. MA only: Did not provide immunization documents("shot-fare")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>
w. State welfare cuts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66 <input type="checkbox"/>

9. How much [do you/does the child's primary caregiver] receive in one month from welfare, not including food stamps?

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

\$ _____ *CODE: 9999= DK/Refused 6666=TBD*

IF CHILD-ONLY CASE, SKIP TO Q14

10. [Are you/Is the child's caregiver] listed on the welfare benefit?

1 Yes 2 No 9 DK/refused 66 TBD

11. Is this child covered on the welfare benefit?

1 Yes **[Skip to Q13]** 2 No 9 DK/refused **[Skip to Q13]** 66 TBD

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

- | | |
|--|---|
| 1 <input type="checkbox"/> another pregnancy occurred while receiving welfare (family cap) | 4 <input type="checkbox"/> Don't need it financially |
| 2 <input type="checkbox"/> supported by SSI/ foster care/child support | 5 <input type="checkbox"/> Hassle factor/ Don't want it |
| 3 <input type="checkbox"/> not covered due to immigration status reasons | 6 <input type="checkbox"/> Other _____ |
| 7 <input type="checkbox"/> haven't added child yet | 12 <input type="checkbox"/> Pending/intends to apply |
| 10 <input type="checkbox"/> Supported by relative | 9 <input type="checkbox"/> DK/refused |
| 11 <input type="checkbox"/> Ineligible | 66 <input type="checkbox"/> TBD |

SINGLE CHILD HOUSEHOLDS, SKIP TO Q14

13. QUESTION 13 FOR AR and MA ONLY Are there any other children of [your own/the child's caregiver's] living in the household? If so, are any of these other children not covered on [your/the child's caregiver's] welfare benefit due to the [child exclusion /family cap] policy?

1 Yes 2 No 9 DK/refused 66 TBD

14. [Are you/Is the child's caregiver's] or the child receiving SSI-disability? Who receives it, you or your child?

[Interviewer: If another adult household member receives SSI, mark answer #1.]

- | | |
|--|--|
| 1 <input type="checkbox"/> No, do not receive SSI-disability for self or child | 4 <input type="checkbox"/> Yes, receive for both caregiver & child |
| 2 <input type="checkbox"/> Yes, receive for self (caregiver) or other child | 5 <input type="checkbox"/> Pending, Approved for self or other child |
| 3 <input type="checkbox"/> Yes, receive for this child | 6 <input type="checkbox"/> Pending, Approved for this child |
| 9 <input type="checkbox"/> DK/refused | 66 <input type="checkbox"/> TBD |

CHILDREN'S HEALTHWATCH SURVEY REV 1-13-10

The next set of questions are about what used to be known as the Food Stamp Program, now called SNAP, the Supplemental Nutrition Assistance Program.

15. [Have you/Has the child's caregiver] or the child ever received SNAP benefits?

1 No, never received SNAP

2 Received SNAP before, but not now

15.a. Around what date did you stop receiving SNAP benefits? _____ / _____
Month/Year

CODE: 99/9999 = "DK/Refused"

CODE: 99/ appropriate year if don't know month.

CODE:66/6666 = TBD

3 Yes, presently receives SNAP /Application approved/Pending payment [Skip to Q18]

4 Has application pending/Has applied, but was denied/ Intends to apply [Skip to Q21]

9 DK/Refused [Skip to Q21]

66 TBD

16. What is the reason why [you do not/the child's caregiver does not] receive SNAP benefits?

1 Do not need SNAP [Skip to Q21]

2 Choose not to participate [Skip to Q21]

3 Not eligible because of income/SSI/Foster Care/Child Support [Skip to Q21]

4 Cut off SNAP /Stopped receiving SNAP benefit

5 Don't know if eligible, Did not know about program [Skip to Q21]

6 Teen parent/Too young to be head of household for SNAP benefit [Skip to Q21]

7 Household size changed (leading to income increase)/Assets too high [Skip to Q21]

8 Do not receive due to immigration status reasons/Fear of INS (USCIS) [Skip to Q21]

9 Other _____ [Skip to Q21]

10 Personal reasons/stigma/bureaucratic hassle/treatment at SNAP office [Skip to Q21]

14 Reason related to a move [Skip to Q21]

15 Incarceration/legal issue [Skip to Q21]

16 Lost custody of child [Skip to Q21]

99 DK/Refused [Skip to Q21]

66 TBD

17. Why were [you/the child's caregiver] cut off SNAP benefits?

1 Earnings increased [Skip to Q21]

2 Reported incorrect information/missed re-certification deadline [Skip to Q21]

3 Was cut off for immigration reason [Skip to Q21]

4 Other _____ [Skip to Q21]

7 Employment changed [Skip to Q21]

10 Living with family [Skip to Q21]

11 Fraud [Skip to Q21]

12 Custody issue [Skip to Q21]

13 Legal issue [Skip to Q21]

9 DK/Refused [Skip to Q21]

66 TBD

18. Presently, what is the dollar value that this child's family receives in SNAP benefits per month?

[PROMPT: Is this the monthly amount?] \$ _____ CODE: 9999 = "DK/Refused" 6666 = TBD

19. Since [name of current month] of last year has the dollar amount of SNAP benefits changed? [Interviewer: If more than one answer applies, ask for most recent change.]

1 Increased 2 Decreased 3 No change [Skip to Q21] 9 DK/refused [Skip to Q21] 66 TBD

20. Why did the amount of [your/the child's caregiver] SNAP benefits change? Was it because...

- | | |
|--|--|
| 1 <input type="checkbox"/> Earnings changed/welfare benefit changed | 6 <input type="checkbox"/> Cost of living increase/State funds decreased |
| 2 <input type="checkbox"/> Moved/Rent changed/Live in shelter | 7 <input type="checkbox"/> Change in child support/ Receive SSI or Foster care pay |
| 3 <input type="checkbox"/> New baby/Change in household size | 8 <input type="checkbox"/> Other _____ |
| 4 <input type="checkbox"/> Reported incorrect information /Missed deadline | 9 <input type="checkbox"/> Immigration status of household member |
| 5 <input type="checkbox"/> Lost cash assistance/welfare | 10 <input type="checkbox"/> Administrative/computer problems |
| | 15 <input type="checkbox"/> Stimulus package |
| 99 <input type="checkbox"/> DK/Refused | 66 <input type="checkbox"/> TBD |

21. Since [name of current month] of last year, [have you/has the child's caregiver] ever used a Food Pantry/Soup Kitchen or received a food donation? If so, How often did this happen?

- | | | |
|---|--|---------------------------------------|
| 1 <input type="checkbox"/> No, never | 3 <input type="checkbox"/> Some months but not every month | 9 <input type="checkbox"/> DK/refused |
| 2 <input type="checkbox"/> Almost every month | 4 <input type="checkbox"/> Only 1 or 2 months | 66 <input type="checkbox"/> TBD |

22. [Do you/Does the child's caregiver] receive WIC for this child?

- 1 Yes [Skip to Q23a] 2 No 3 Used to receive WIC 9 DK/refused [Skip to Q23a]
66 TBD

23. What is the primary reason why [you do/the child's caregiver does] not receive WIC for this child?

- | | |
|--|---|
| 1 <input type="checkbox"/> Don't want WIC/ Don't use the WIC food/Hassle | 7 <input type="checkbox"/> WIC hours/Missed WIC appointment |
| 2 <input type="checkbox"/> Don't need WIC/ not income eligible | 8 <input type="checkbox"/> WIC doesn't provide special formula/special needs |
| 3 <input type="checkbox"/> WIC pending/Plans to apply/Need to reapply | 9 <input type="checkbox"/> Other _____ |
| 4 <input type="checkbox"/> No transportation | 18 <input type="checkbox"/> Didn't know could receive because of immigration status |
| 5 <input type="checkbox"/> Moved | 19 <input type="checkbox"/> Child illness |
| 6 <input type="checkbox"/> No address/Live in a shelter | 23 <input type="checkbox"/> Administrative problems |
| 20 <input type="checkbox"/> Did not re-certify | 24 <input type="checkbox"/> Misconception about rules |
| 21 <input type="checkbox"/> Don't know program | 99 <input type="checkbox"/> DK/refused |
| 22 <input type="checkbox"/> New baby | 66 <input type="checkbox"/> TBD |

[IF NOT RECEIVING WIC NOW, SKIP TO Q23b]

23a. Have [you/the child's caregiver] received WIC for this child continuously (without interruption) since the child's birth?

- 1 Yes 2 No 9 DK/refused 66 TBD

CHILDREN'S HEALTHWATCH SURVEY REV 1-13-10

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

[Interviewer: If family could benefit from outreach services or has a particularly difficult situation please proceed with the following questions.]

A. Your experience is very important. The people who make policy decisions about families often like to hear about how people are doing. Would you be willing to share your story with a reporter or person in the media?

1 Yes 2 No

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

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

1 Yes 2 No

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

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

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

E. Name: _____

Address: _____

Phone1: _____

Phone2: _____

F. Best time to call? AM PM

Ok to leave a message? 1

MRN: _____

INT. DATE: ____/____/____

INT. #: _____

GIFT CERTIFICATE # _____

CHILDREN'S HEALTHWATCH SURVEY REV 1-13-10

INTERVIEWER INITIALS _____

CAREGIVER SIGNATURE _____

Document Checklist

- HIPAA
- Eligibility Checklist
- Consent
- Consent Process Documentation