

CHILDREN'S HEALTHWATCH SURVEY

Interview ID#: _____

Date of interview: ___/___/___

Medical Record #: _____

Interviewer's Initials: _____

Weight: _____. ____ KG

Dehydration: Yes No Unknown

Height: _____. ____ CM

Admission: Yes No Unknown

Recumbent Standing

Diagnosis-ADMITTED CHILDREN ONLY: _____

Site Baltimore Boston Little Rock Los Angeles Minneapolis DC Philadelphia

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 under 36 months of age 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.] The information in this survey is confidential and voluntary and will not be shared with anyone outside of our research staff. If you prefer not to answer a question--just say so. If you decide not to participate in this survey your care will not be affected in any way. 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 _____

4. Are you this child's primary caretaker? Yes No

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

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

6. Do you live in this state? NOT ELIGIBLE if 'NO'

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

7. Reasons for ineligibility, if applicable: [If any of below (Q7: 1-5) 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 _____ |

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

9. Type of visit

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Acute/walk-in | <input type="checkbox"/> ER |
| <input type="checkbox"/> Standard/Scheduled/Well Child | <input type="checkbox"/> Other _____ |

CHILDREN'S HEALTHWATCH SURVEY

SECTION B: (DCC: S15) DEVELOPMENTAL QUESTIONS (PEDS) for 4 months – 3 years old

*[Interviewer: SKIP TO SECTION C, IF NOT INTERVIEWING THE PRIMARY CARETAKER.
SKIP TO SECTION C, IF CHILD IS LESS THAN 4 MONTHS OLD]*

The first questions are about your child's development.

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

Concerns: _____

Yes, caretaker lists concerns. No, caretaker does not list any concerns. DK/Refused

[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?

Yes No A little DK/Refused

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

Yes No A little DK/Refused

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

Yes No A little DK/Refused

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

Yes No A little DK/Refused

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

Yes No A little DK/Refused

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

Yes No A little DK/Refused

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

Yes No A little DK/Refused

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

Yes No A little DK/Refused

10. Please list any other concerns:

Concerns: _____

Yes, caretaker lists other developmental concerns. No, caretaker does not list other developmental concerns
 Caretaker lists only acute health concerns, not developmental concerns. DK/Refused

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

Yes [Skip to Section C] No DK/refused

11a. Would you like information about Early Intervention options in this area?

Yes No DK/refused

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

Ages 4-17 months: Questions 1, 2, 7 and 10.

Ages 18 months-3 years: Questions 1, 2, 3 and 10

CHILDREN'S HEALTHWATCH SURVEY

SECTION C: (DCC: S2)

DEMOGRAPHICS

The following questions are about [you/the child's primary caretaker]

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

Year

2. What is the zip code where you live now? _____ CODE: 99999 = "DK/Refused"

3. Where was the child born?

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

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

- | | | | |
|---|--|------------------------------------|---|
| 1 <input type="checkbox"/> USA [Skip to Q6] | 4 <input type="checkbox"/> Dom Rep | 7 <input type="checkbox"/> Haiti | 10 <input type="checkbox"/> Other _____ |
| 2 <input type="checkbox"/> Puerto Rico [Skip to Q6] | 5 <input type="checkbox"/> El Salvador | 8 <input type="checkbox"/> Mexico | 99 <input type="checkbox"/> DK/Refused |
| 3 <input type="checkbox"/> Cape Verde | 6 <input type="checkbox"/> Guatemala | 9 <input type="checkbox"/> Somalia | |

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

CODE: 9999 = "DK/Refused" YYYY

6. What do you consider [your/the child's caretaker's] race and ethnicity to be?

[Interviewer: You may mark more than one]

	Yes	No	DK/Refused
a. Asian	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Black or African American	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Hispanic or Latino (origins in Caribbean, Mexico, Central or South America)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d. White or Caucasian	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e. Other _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
f. American Indian or Native American	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

7. What is [your/the child's caretaker's] 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) | |

8. At this time what is the highest level of education [you have/the child's caretaker has] completed?

- | | |
|---|---|
| 1 <input type="checkbox"/> Some high school or grade school | 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 |

SECTION D: (DCC: S14)

EMPLOYMENT QUESTIONS

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

1. [Are you/Is the child's caretaker] 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] _____ # Job(s)

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

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

CHILDREN'S HEALTHWATCH SURVEY

OPTION #1: IF CARETAKER WORKING

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

_____ # Job(s)

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

Hourly Worker: \$ _____ / hr CODE: 999.99 = "DK/Refused"

Salaried Worker: Or _____ / week CODE: 99,999.99 = "DK/Refused"

Or \$ _____ / month CODE: 99,999.99 = "DK/Refused"

Or \$ _____ / year CODE: 999,999.99 = "DK/Refused"

4. How long have you been working at [this job/the job you have held the longest]? _____ #years
CODE: 00.5 = 0-5 months CODE: 00.8 = 6-11 months CODE: 99.9 = "DK/Refused"

5. (Blank)

6. Since last [name of current month], [have your/has the child's caretaker's] hours at any job changed?
[Interviewer: Ask question for job where more hours worked]

- 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]

7. (Blank)

OPTION #2: IF CARETAKER NOT WORKING

8. Since [name current month] of last year [have you /has the child's caretaker] been employed?
 ₁ Yes
 ₂ No [Skip to Q12]
 ₉ DK/Refused [Skip to Q12]

9. When did [your/the child's caretaker's] job end? _____ / _____
CODE: 99/9999 = "DK/Refused"

[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 caretaker] been working at this job? _____ # years
[Interviewer: Ask for job where more hours worked]

CODE: 00.5 "0-5 months" 00.8 = "6-11 months" 99.9 = "DK/Refused"

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

- | | | |
|--|--|---|
| <input type="checkbox"/> ₁ Not satisfied with job | <input type="checkbox"/> ₈ pregnancy/ maternity leave | <input type="checkbox"/> ₁₅ employer sold business |
| <input type="checkbox"/> ₂ laid off | <input type="checkbox"/> ₉ unsatisfactory hours/pay | <input type="checkbox"/> ₁₆ other _____ |
| <input type="checkbox"/> ₃ job was temporary/seasonal | <input type="checkbox"/> ₁₀ child's illness/injury | <input type="checkbox"/> ₁₇ Hours increased at another job |
| <input type="checkbox"/> ₄ offered another job | <input type="checkbox"/> ₁₁ illness/injury of other family member | <input type="checkbox"/> ₁₈ Business is slow |
| <input type="checkbox"/> ₅ discharged/fired | <input type="checkbox"/> ₁₂ own illness/injury | <input type="checkbox"/> ₁₉ Move/Related to a move |
| <input type="checkbox"/> ₆ school /training | <input type="checkbox"/> ₁₃ employer bankrupt | <input type="checkbox"/> ₉₉ DK/Refused |
| <input type="checkbox"/> ₇ childcare problems | <input type="checkbox"/> ₁₄ other personal obligations | |

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

CHILDREN'S HEALTHWATCH SURVEY

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?

- 1 Medicaid/S-CHIP/State Medicaid
[Interviewer: Use the name of your state-specific Medicaid plan]
- 2 Other public insurance/Free Care
- 3 No insurance/Pay out of pocket
- 4 Private insurance (from employer or purchased directly)
- 5 Other _____
- 9 DK/Refused

10a. With regard to the child's insurance coverage, which of the following options best describes the situation since [name of current month] of last year...

- 1 Loss of insurance coverage
- 2 Change in insurance coverage, but no loss of coverage
- 3 No change in insurance coverage
- 4 Other _____
- 5 Got health insurance that s/he didn't have before
- 6 Has not yet applied for insurance (newborn child)
- 7 No coverage in the past year here [**Skip to Q12**]
- 9 DK/Refused

11. Since last [name of current month], 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**]

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

- 1 You couldn't afford the premium? *Prompt: The premium is the amount of money you have to pay each month.*
- 2 You couldn't provide his/her birth certificate or other required documents?
- 3 [*only for caregivers born outside of the USA*] You were worried about your immigration status?
- 4 You found the enrollment process intimidating or too confusing?
- 5 You have had bad experiences with this or other government offices in the past?
- 6 You didn't know how/No knowledge of the process
- 7 Other _____
- 9 DK/Refused

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? *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 Increase in insurance cost 3 No change in insurance cost
- 2 Decrease in insurance cost 4 Other _____ 9 DK/Refused

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 Increase in co-payment for medications 3 No change in co-payment for medications
- 2 Decrease in co-payment for medications 4 Other _____ 9 DK/Refused

15. Since last [name of current month], 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

16. (Blank)

CHILDREN'S HEALTHWATCH SURVEY

17. Since last [name of current month] 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

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

18. Since last [name of current month], 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]

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

How many were people aged 17 and under? _____

How many were people aged 18 and over? _____

19. Since last [name of current month], 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]

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

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? ₅ Other _____
₃ For food? ₆ None of these ₉ DK/Refused

SECTION F (1) (DCC: S10)

MATERNAL HEALTH QUESTIONS

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

The next few questions are about your health:

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

- ₁ Excellent ₃ Fair
₂ Good ₄ Poor

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
₂ Somewhat better ₄ Somewhat worse ₉ DK/Refused

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

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

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

CHILDREN'S HEALTHWATCH SURVEY

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

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

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

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

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

6b. Including yourself, how many people in your household smoke cigarettes? ____

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

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

[Interviewer: ask these questions of the primary caregiver only]

7. How tall are [you/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 " "

8. How much do [you/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 " "

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 5 residential treatment/supervised housing [Skip to Q8]
- 2 a house/townhouse/condo 6 government housing (army, etc.) [Skip to Q5]
- 3 a shelter/transitional living situation [Skip to Q8] 7 mobile home/trailer
- 4 Other (car etc.) _____ [Skip to Q5] 8 room/rented room [Skip to Q3]
- 9 DK/Refused

2. [Do you/Does the child's caretaker] 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 Q5] 2 No 9 DK/Refused

3. [Are you/Is the child's caretaker] temporarily living with other people even for a little while because of economic 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

CHILDREN'S HEALTHWATCH SURVEY

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.]

Yes

No

DK/Refused

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?

Yes [Continue to Q19a]

No [Skip to Q20]

DK/Refused [Skip to Q20]

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

fewer than six months?

longer than a year?

6-12 months?

DK/Refused

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.]

Yes

No

DK/Refused

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?

Yes [Continue to Q21a]

No [Skip to Section H]

DK/Refused [Skip to Section H]

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

fewer than six months?

longer than a year?

6-12 months?

DK/Refused

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 caretaker's] home heated by.....?

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

Gas

Oil

Electric

Other _____

DK/Refused

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

[Interviewer: We want primary cooling method.]

Central air system

fans

Other _____

air conditioning (window units)

no cooling

DK/Refused

CHILDREN'S HEALTHWATCH SURVEY

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]

- Heat Water Landlord does not pay for any utilities.
 Electricity Other _____ DK/Refused

[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?

- Yes No DK/Refused

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

- Yes No DK/Refused

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?

- Yes No DK/Refused

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

- Yes No DK/Refused

8. (blank)

9. Since [name of current month] of last year [have you/has the primary caretaker] ever used a cooking stove to heat the [house/apartment] because [you/the primary caretaker] couldn't pay the bills?

- Yes No DK/Refused

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 last [name of current month].

	Often True	Sometimes True	Never True	DK/Refused
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"/>
3. The <u>food that we bought just didn't last</u> and we didn't have money to get more	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
4. We <u>couldn't afford</u> to eat balanced meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
5. We <u>relied on only a few kinds of low-cost foods</u> to feed [my/our child/children] because we were running out of money to buy food.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
6. We couldn't feed [my/our child/children] a <u>balanced meal</u> because we couldn't afford that.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>

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.

	Often True	Sometimes True	Never True	DK/Refused
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"/>
8. Since last (current month), did (you/you or other adults in your household) ever cut the <u>size of your meals or skip meals</u> because there wasn't enough money for food?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	[Skip to Q9]	<input type="checkbox"/> DK/refused [Skip to Q9]

CHILDREN'S HEALTHWATCH SURVEY

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

CODE: 97.0 = on welfare <1 year 99.9 = "DK/Refused" 77.7= child-only case ____ ____ . ____ #years

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]

- no previous times two times child-only case
 one time three times DK/refused

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

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

- | | | |
|--|------------------------------|-----------------------------|
| a. chose not to participate/ no need | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Personal reasons/stigma/bureaucratic hassle/treatment at welfare office | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. immigration reasons | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. got a job, earnings increased | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. family situation changed, others in household earn enough income/increase in other income/receive SSI | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. didn't want to use up time limit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. reached time limit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. got cut off, did not complete requirements, did not provide information to welfare office GO TO Q5 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Teen parent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. DK/Refused | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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 caretaker was] cut off welfare? Was it because you.... [Interviewer: Read each option aloud and indicate Yes/No]

- | | | |
|---|------------------------------|-----------------------------|
| a. Missed re-certification deadline/did not fill out paperwork? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Did not complete a work or job search requirement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. MA ONLY: Did not provide documentation regarding the child's immunizations (shot-fare)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Did not complete school or living arrangement requirements for teen parents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. A child in the household did not meet welfare's school attendance requirements (learn-fare)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. DK/Refused | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

- Yes No DK/Refused

7. Since last [name of current month] has the amount of the [benefit/cash assistance] increased, decreased or stayed the same?

- Increased [Skip to Q9] Stayed the same [Skip to Q9]
 Decreased On welfare for <30 days [Skip to Q9] DK/refused [Skip to Q9]

CHILDREN'S HEALTHWATCH SURVEY

8. Why was it decreased? ...Was it because you...

[Interviewer: This involves both sanction and non-sanction reductions]

Yes No DK

- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| a. Did not complete a work or job search requirement? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| b. Did your earnings increase or did you get a job? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| c. Did not complete the school or living arrangement requirements for teen parents? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| d. The child in the household did not meet school attendance requirements (learn-fare)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| e. Family situation changed/got married/household size changed? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| f. Moved to less expensive housing/ Moved to a shelter? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| g. Other _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| h. Don't Know/Have no idea | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

9. How much [do you/does the child's primary caretaker] receive in one month from welfare?

[Prompt: Is this the total amount for one month?]

\$ _____ . _____ *CODE: 999.99 = "DK/Refused"*

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

- 1 Yes 2 No 9 DK/refused

11. Is this child covered on the welfare benefit?

- 1 Yes [Skip to Q13] 2 No 9 DK/refused [Skip to Q13]

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 _____ |
| | 9 <input type="checkbox"/> DK/refused |

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

- 1 Yes 2 No 9 DK/refused

14. [Are you/Is the child's caretaker'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 caretaker & child |
| 2 <input type="checkbox"/> Yes, receive for self (caretaker) 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 |

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 caretaker] or the child ever received SNAP benefits?

- 1 No, never received SNAP
 2 Yes, has received SNAP, but not now

15.a. Around what date did you stop receiving SNAP benefits? _____ / _____
CODE: 99/9999 = "DK/Refused" Month/Year

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

- 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]

CHILDREN'S HEALTHWATCH SURVEY

16. What is the reason why [you do not/the child's caretaker 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 [Skip to Q21]
- 9 Other _____ [Skip to Q21]
- 10 Personal reasons/stigma/bureaucratic hassle/treatment at welfare office [Skip to Q21]
- 14 Reason related to a move [Skip to Q21]
- 99 DK/Refused [Skip to Q21]

17. Why were [you/the child's caretaker] 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]
- 9 DK/Refused [Skip to Q21]

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: 999.9 = "DK/Refused"

19. Since [name of current month] of last year has the dollar amount of SNAP benefits changed?

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

20. Why did the amount of [your/the child's caretaker] SNAP benefits change?

- 1 Earnings changed/welfare benefit changed
- 2 Moved/Rent changed/Live in shelter
- 3 New baby/Change in household size
- 4 Reported incorrect information /Missed deadline
- 5 lost cash assistance/welfare
- 6 Cost of living increase/State funds decreased
- 7 Change in child support/ Receive SSI or Foster care pay
- 8 Other _____
- 9 Immigration status of household member
- 10 Administrative/computer problems
- 99 Don't Know

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

- 1 No, never
- 2 Almost every month
- 3 Some months but not every month
- 4 Only 1 or 2 months
- 9 DK/refused

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

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

CHILDREN'S HEALTHWATCH SURVEY

23. What is the primary reason why [you do/the child's caretaker 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 | 99 <input type="checkbox"/> DK/refused |
| 6 <input type="checkbox"/> No address/Live in a shelter | |

[IF NOT RECEIVING WIC NOW, SKIP TO Q23b]

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

- | | | |
|--------------------------------|-------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> DK/refused |
|--------------------------------|-------------------------------|---------------------------------------|

23b. Did [you/the child's mother] receive WIC during the pregnancy with this child?

- | | | |
|--------------------------------|-------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> DK/refused |
|--------------------------------|-------------------------------|---------------------------------------|

24. (blank)

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

25. Please tell me who looks after [your/this] child on a regular basis while you are working or at school. By regular basis, I mean at least ONCE A WEEK EACH WEEK during the PAST MONTH.

[Interviewer: If more than one arrangement was used on a regular basis, ask for the arrangement used most often.]

- | | |
|--|---|
| 1 <input type="checkbox"/> Child care center or day care center | 6 <input type="checkbox"/> Head start program |
| 2 <input type="checkbox"/> Family daycare provider (<i>caring for 2 or more children outside of your home</i>) | 7 <input type="checkbox"/> Caregiver brings child to work or school with them
[Skip to Q31] |
| 3 <input type="checkbox"/> Relative who lives in your house | 8 <input type="checkbox"/> Caregiver cares for child at home/Stay-at-home mother/parent [Skip to Q31] |
| 4 <input type="checkbox"/> Relative who lives in another house | 9 <input type="checkbox"/> Other _____ |
| 5 <input type="checkbox"/> Non-relative such as a friend, neighbor, sitter, nanny, etc | 99 <input type="checkbox"/> DK/refused |

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

_____ hours CODE: 99 = "DK/Refused"

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

- | | | |
|---------------------------------------|---|---------------------------------------|
| 1 <input type="checkbox"/> parent | 3 <input type="checkbox"/> both parents & childcare provide meals | 9 <input type="checkbox"/> DK/refused |
| 2 <input type="checkbox"/> child care | 4 <input type="checkbox"/> no food is provided | |

28. How much do [you/the child's caregiver] or [your/their] family pay per week for this child's care while [you/the child's caregiver] are working or at school? [PROMPT: Is this per week....and for this child only?]

\$ _____ . _____ CODE: 999.99 = "DK/Refused"

29. Does anyone help you pay for the cost of any child care arrangements for [your/this] child? By this I mean a government agency, an employer, a relative, a friend, a voucher, or a sliding-scale fee.

- | | | |
|--------------------------------|---|---|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No [Skip to Q31] | 9 <input type="checkbox"/> DK/refused [Skip to Q31] |
|--------------------------------|---|---|

CHILDREN'S HEALTHWATCH SURVEY

30. Who or what agency helped pay for this arrangement?

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

- 1 Government (federal, state, or local government agency, or welfare office) [Skip to Q32]
- 2 Employer
- 3 Child's other parent *[Interviewer: the parent not responding to the interview]*
- 4 Relative
- 5 Friend
- 6 Other _____
- 9 DK/refused

31. Are [you/the child's caregiver] currently on a waiting list for...

- 1 child care
- 2 a child care voucher
- 3 both child care and a child care voucher
- 4 No, not on either waiting list
- 9 DK/refused

32. Are [you/the child's caregiver] not able to work more hours or at all because of problems getting child care?

- 1 Yes
- 2 No
- 9 DK/refused

SECTION K: (DCC: S8)

RESOURCE INFORMATION

We're almost finished. Thank you very much for your time and participation. This next section is about resources and assistance that we can offer to you. I will read a list of resources families are often interested in receiving information about. As I read the list, feel free to say yes to any item you are interested in getting information about.

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

a.	List of resources in the community	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
b.	Childcare for families without services	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
c.	WIC	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
d.	Utility Assistance	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
e.	Domestic Violence	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
f.	SNAP (Supplemental Nutrition Assistance Program)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
g.	Medical Insurance	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
h.	Subsidized Housing	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
i.	Women's Shelters/Homeless Shelters	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
j.	Food banks/Food pantries/ Soup Kitchens	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
k.	Employment Training Programs	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
l.	Depression or mental health services	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
m.	Interpreter Services	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
n.	Social Worker/Social Services for crisis type issues	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
o.	Legal Services/Advocacy for housing, child support, immigration crisis type issues	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
p.	Nutrition information	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
q.	Hospital services	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
r.	Child Development Information	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
s.	Would you like to talk with our Outreach worker (Site specific)?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
t.	Other _____	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

CHILDREN'S HEALTHWATCH SURVEY

SECTION L:

OUTREACH PROGRAM
SITE SPECIFIC

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. Would you like any resource information? 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

C. Name: _____

Address: _____

Phone1: _____

Phone2: _____

D. Best time to call? AM PM

E. 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!

F. INTERVIEWER: Please document family's story here if it has public policy implications

MRN: _____

INT. DATE: ____/____/____

INT. INIT. _____

INT. #: _____

GIFT CERTIFICATE # _____

INTERVIEWERS INITIALS _____

CARETAKER SIGNATURE _____