

CHILDREN'S HEALTHWATCH SURVEY

INCOMPLETE? Yes No

Interview ID#: _____

Date of interview: ___/___/_____

Medical Record #: _____

Interviewer's Initials: _____

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

Admission: Yes No Unknown TBD

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

Dehydration: Yes No Unknown TBD

Recumbent Standing

Site 1 Baltimore 2 Boston 3 Little Rock 5 Minneapolis 7 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 want to understand the connections between public policies, economic conditions, and young children's health and well-being. We are interviewing parents of all children 48 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? a Boy b Girl

Name of the child _____

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

3. How are you related to this child?

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

- | | | | |
|--|----------------------------|----------------------------|----------------------|
| | Yes | No | |
| 4. Are you this child's primary caregiver?
<i>[PROMPT: Do you have legal custody of the child or are you responsible for the child's well-being?]</i> | <input type="checkbox"/> a | <input type="checkbox"/> b | NOT ELIGIBLE if 'NO' |
| 5. Do you live in the same household as this child? | <input type="checkbox"/> a | <input type="checkbox"/> b | NOT ELIGIBLE if 'NO' |
| 6. Do you live in this state? | <input type="checkbox"/> a | <input type="checkbox"/> b | NOT ELIGIBLE if 'NO' |

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

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

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

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

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c In EI in the past/In other intervention program in the past [**Skip to Section C**]

b No

xx DK/refused

zz TBD

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

a Yes

b No

xx DK/refused

zz TBD

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

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

Ages 18 months-35 months: Questions 1, 2, 3 and 10

Age 36-48 months: Questions 1, 2, 3, 5 and 10

SECTION C: (DCC: S2)

DEMOGRAPHICS

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

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

CODE: xxxx = DK/Refused zzzz = TBD

Year

Skip to Q2 if interviewing biologic mother.

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

CODE: xxxx = DK/Refused zzzz = TBD

Year

2. What is the zip code where [you/the child's primary caregiver] live now? _____ CODE:

xxxxx =DK/Refused zzzzz = TBD

3. Where was the child born?

a USA

d Dom Rep

g Haiti

j Other _____

b Puerto Rico

e El Salvador

h Mexico

xx DK/Refused

c Cape Verde

f Guatemala

i Somalia

zz TBD

k American born overseas

l Ecuador

m Honduras

n Jamaica

o Nigeria

p Trinidad

q Vietnam

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

a USA

d Dom Rep

g Haiti

j Other _____

b Puerto Rico

e El Salvador

h Mexico

xx DK/Refused

c Cape Verde

f Guatemala

i Somalia

zz TBD

k American born overseas

l Ecuador

m Honduras

n Jamaica

o Nigeria

p Trinidad

q Vietnam

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

CODE: xxxx =DK/Refused zzzzz = TBD

Year

6a. [Do you/Does the child's biologic mother] consider [yourself/herself] to be Hispanic, Latina or Spanish?

(Prompt: Are your origins in the Dominican Republic, Puerto Rico, Mexico, Central or South America, or Spain?)

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a Yes b No xx DK/Refused zz 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	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
b. Black or African American	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
c. Somali	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
d. White or Caucasian	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
e. Other _____	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
f. American Indian or Native American	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
g. Cape Verdean	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
h. Haitian	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
i. Jamaican or West Indian	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>

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

a Single (not living together) c Separated/Divorced/Widowed xx DK/Refused
 b Married d Cohabitation (living together) zz TBD

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

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

SECTION D: (DCC: S14)

EMPLOYMENT AND CHILDCARE 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 Q5. If DK/Refused code=xx; TBD=zz]

_____ # Job(s)

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

_____ Hours

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

OPTION #1: IF CAREGIVER WORKING

3. What is [your/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: xxx.xx = DK/Refused; zzz.zz=TBD

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

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

Or \$ _____ / year CODE: xxx,xxx.xx = DK/Refused; zz6,zz6.zz=TBD

4. 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]

a Decreased [Skip to Q6] c No change [Skip to Q7] xx DK/Refused [Skip to Q7]

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b Increased [Skip to Q7] d Stopped working [Skip to Q6] zz TBD [Skip to Q6]

OPTION #2: IF CAREGIVER NOT WORKING

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

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

6. 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]

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

7. Since [name of current month] of last year, did [you/the child's caregiver] receive any state unemployment benefits?

a Yes b No xx DK/Refused zz TBD

8. INCLUDING [yourself/the child's caregiver], how many people in your household ages 15 years or older are employed? By household I mean all of the people who usually live at the same address as this child.

[Interviewer: If in shelter only include family unit] [PROMPT: Don't forget to include yourself] If DK/Refused code=xx If TBD code = zz ____ # people

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

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

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

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

- | | |
|---|--|
| a <input type="checkbox"/> Child care center or day care center | g <input type="checkbox"/> Caregiver brings child to work or school with him/her [Skip to Q13] |
| b <input type="checkbox"/> Family daycare provider (caring for 2 or more children outside of your home) | h <input type="checkbox"/> Caregiver cares for child at home/Stay-at-home mother/ parent [Skip to Q13] |
| c <input type="checkbox"/> Relative who lives in your house | i <input type="checkbox"/> Other _____ |
| d <input type="checkbox"/> Relative who lives in another house | j <input type="checkbox"/> Early Intervention Program |
| e <input type="checkbox"/> Non-relative such as a friend, neighbor, | k <input type="checkbox"/> Nursing Care |

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- h Can't afford transportation or no childcare available near home
- i Preferred child care is not certified to accept subsidy (for example, relative, friend)
- j Don't know about program **[Skip to Section E]**
- k Don't want it
- l Other _____
- xx DK/refused
- zz TBD

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

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

18a. Why was the childcare subsidy taken away?

- a Left welfare and priority status period ran out
- b Increase in income
- c Lost job
- d Summer—no school
- e Funding ran out/state budget cuts
- f Need to reapply/missed re-certification deadline
- g Reported incorrect information
- h Could not afford co-pays
- i Other _____
- zz TBD
- xx DK/refused

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: xx lbs xx oz = "DK/Refused"; zz lbs zz oz=TBD

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

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

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

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

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

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a Excellent

c Fair

xx DK/Refused

b Good

d Poor

zz TBD

6. How many times has the child been admitted to the hospital, not including at birth? _____ #times

[Interviewer: Admission means admitted to the hospital or for observation on the day of the interview after the interview in the ED or clinic. The admission must be an extension of the original visit to the ER. Do not include time spent in hospital if child born prematurely] CODE: xx = "DK/Refused" zz=TBD

[SKIP to Q13 if child is <4 months]

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

a Excellent

c Fair

xx DK/Refused

b Good

d Poor

zz TBD

8. Do you brush your child's teeth or help him/her brush?

a Yes b No [skip to Q9] c My child brushes his/her own teeth xx DK/Refused [skip to Q9]

zz TBD

8a. How old was your child when you started brushing his/her teeth?

a before age 1

b 1-<2 years of age

c 2-<3 years of age

d 3- <4 years of age

xx DK/Refused

zz TBD

8b. How often do you brush your child's teeth or help him/her brush?

a Less than once a day

b Once a day

c More than once a day

xx DK/Refused

zz TBD

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

a Yes [continue to Q10]

b No [skip to Q11]

xx DK/Refused [skip to Q11]

zz TBD

10. Has [child's name] ever had any dental procedures or teeth pulled under anesthesia?

a Yes

b No

xx DK/Refused

zz TBD

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

a Yes

b No [Skip to Q13]

xx DK/Refused [Skip to Q13]

zz TB

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

a No insurance

b Problems with acceptance of dental insurance or insurance coverage

c Unable to make an appointment because dentist/clinic doesn't see patients my child's age

d Problems scheduling appointment/in-office waiting time too long/office hours inconvenient

e No dentist in my area or didn't know where to go to get care

f No way to get there/transportation issues

g Couldn't afford co-pay

h Speak a different language

i Work or family commitments

j Problem not serious enough

k Don't like/trust/believe in dentists

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

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.

13. 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? *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.*

- a Yes [Continue to Q13a]
- b No [Skip to Q14]
- xx DK/Refused [Skip to Q14]
- zz TBD

13a. Was this change for a reason related to health insurance?

- a Yes
- b No
- xx DK/Refused
- zz TBD

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

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

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

- a Loss of insurance coverage [Skip to Q16a]
- b Change in insurance coverage, but no loss of coverage [Skip to Q17]
- c No change in insurance coverage [Skip to Q17]
- d Other _____
- e Got health insurance that s/he didn't have before [Skip to Q16a]
- f Has not yet applied for insurance/pending (newborn child)
- g No coverage in the past year [Skip to Q17]
- h Lost and regained health insurance [Skip to Q16a]
- xx DK/Refused
- zz TBD

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

- a Yes [Continue to Q16a]
- b No [Skip to Q17]
- xx DK/Refused [Skip to Q17]
- zz TBD

16a. What is the primary reason your child did not have health insurance? Was it because:

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

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xx DK/Refused

zz TBD

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

17. 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....

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

a Yes b No [skip to 18] xx DK/refused [skip to 18] zz TBD

b. Was that:

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

18. 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...

18a. the child's prescription medications?

a Yes b No [skip to 19] xx DK/Refused [skip to 19] zz TBD

18b. Was that:

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

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

a Yes b No [skip to 20] xx DK/Refused [skip to 20] zz TBD

19a. If yes, specify:

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

Now I am going to ask you some questions about your HOUSEHOLD'S health insurance and prescription coverage since [name of current month] of last year.

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

a Yes b No to both [skip to 21] xx DK/Refused [Skip to Q21] zz TBD

20a. If yes, specify:

- a Prescription medicine

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- ^b Medical care
- ^c Both
- ^{xx} DK/Refused
- ^{zz} TBD

[Interviewer:

ask 20b if participant answers yes to prescription medicine only in 20a

ask 20c if participant answers yes to medical care only in 20a

ask 20b AND 20c if participant answers yes to both in 20a]

20b. Of the household members who were unable to get PRESCRIPTION MEDICINE:

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

How many were people aged 17 and under? _____

How many were people aged 18 and over? _____

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

20c. Of the household members who were unable to get MEDICAL CARE:

If DK/Refused code=xx If TBD = zz

How many were people aged 17 and under? _____

How many were people aged 18 and over? _____

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

21. 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].

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

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

^a Yes [Continue to Q22a] ^b No [Skip to next section]

^{xx} DK/Refused [Skip to next section] ^{zz} TBD

22a. Of the household members who were unable to get DENTAL CARE:

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

How many were people aged 17 and under? _____

How many were people aged 18 and over? _____

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

**SECTION F (1) (DCC: S10)
QUESTIONS**

MATERNAL (FEMALE CAREGIVER) HEALTH

[Interviewer: **SKIP to Question 10**, if not interviewing the child's mother or female primary caregiver. Questions 1-9 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.....?

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

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

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

12a. Child's **mother** weight ___ ___ ___ pounds/___ ___ ___ kilos *CODE: xxx pounds/kilos=DK/Refused*

12b. Child's **father** weight ___ ___ ___ pounds/___ ___ ___ kilos *CODE: z.feet zz.inches zzzcm = 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....?

- | | |
|---|--|
| a <input type="checkbox"/> an apartment | f <input type="checkbox"/> government housing (army, etc.) [Skip to Q4] |
| b <input type="checkbox"/> a house/townhouse/condo | g <input type="checkbox"/> mobile home/trailer |
| c <input type="checkbox"/> a shelter/transitional living situation [Skip to Q7] | h <input type="checkbox"/> room/rented room [Skip to Q3] |
| d <input type="checkbox"/> Other _____ [Skip to Q4] | i <input type="checkbox"/> Car [Skip to Q7] |
| e <input type="checkbox"/> residential treatment/supervised housing [Skip to Q7] | j <input type="checkbox"/> No steady place to sleep at night [Skip to Q7] |
| | k <input type="checkbox"/> Hotel/motel [Skip to Q4] |
| | xx <input type="checkbox"/> DK/Refused zz <input type="checkbox"/> 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?]

- a Yes b No xx DK/Refused zz TBD

3. 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: \$xxxx = DK/Refused \$zzzz = TBD \$ _____

4. 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?]

- a Yes b No xx DK/Refused zz TBD

5. [INTERVIEWER: : Skip for homeowners, Q2=yes][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.]

- a Yes b No xx DK/Refused zz TBD

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

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

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

_____ # of places *[If answer= 1, skip to Q9]* *If DK/Refused code=xx If TBD = zz*

8. The most recent time you moved, which of the following was the most important reason for your move?

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

8a. (If yes): With regard to your housing conditions, were problems with (check all that apply):

- a Utilities
 b Water/plumbing

CHILDREN'S HEALTHWATCH SURVEY

- c Infestations
- d Mold/mildew
- e Property was condemned and you were forced to leave
- f Other: _____


- c your landlord went into foreclosure (renters)/went through a foreclosure (homeowners)
- d you were evicted/wanted to avoid an eviction
- e you wanted to be closer to work/school/family
- f you wanted a bigger/nicer house
- g you wanted a safer neighborhood
- h a change in your family (new relationship, end of relationship)
- i Other: _____
- xx DK/Refused
- zz TBD

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

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=xx If TBD = zz

The next questions are about your current living situation.

IF OWNS OWN HOME OR IN ARMY BASE HOUSING, SHELTER, TRANSITIONAL LIVING SITUATION, TREATMENT FACILITY or other, SKIP TO Q16

11. 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?]	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK/Ref	zz <input type="checkbox"/> TBD
		Skip to Q12	Skip to Q12	
11a. Is the housing under [your/the child's caregiver's] name?	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK/Ref	zz <input type="checkbox"/> TBD
		Skip to Q12	Skip to Q12	
11b. Can you move with your subsidy to other housing of your choice? [Prompt: Do you have Section 8, or a housing voucher?]	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK/Ref	zz <input type="checkbox"/> TBD
	Skip to Q15	Skip to Q15	Skip to Q15	
12. Have [you/the child's caregiver] applied for subsidized housing or some other type of public housing?	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK/Ref	zz <input type="checkbox"/> TBD
		Skip to Q15	Skip to Q15	
13. Are [you/ the child's family] currently on a waiting list for Section 8 or some other type of housing that offers financial assistance?	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK/Ref	zz <input type="checkbox"/> TBD
13a. Approximately, how long [have you/had you] been on a waiting list for housing? [Interviewer: convert years to months] if TBD =zz6	_____ #months		xx <input type="checkbox"/> DK/Ref	zz <input type="checkbox"/> TBD
		Skip to Q15	Skip to Q15	
14. Have you tried to get on a waiting list but couldn't?	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK/Ref	zz <input type="checkbox"/> TBD
15. During the past 2 years have you had a housing voucher that expired or was terminated?	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No	xx <input type="checkbox"/> DK/Ref	zz <input type="checkbox"/> TBD

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16. An eviction is when your landlord or a government or bank official forces you to move when you don't want to. In the past five years have you ever been evicted? a Yes b No xx DK/Ref zz TBD

[Prompt: A landlord or official might force you to move because you didn't pay your rent, because you damaged your property, or for any number of other reasons. Sometimes you receive a paper, or a paper is taped to your door, saying you have to move. Sometimes you go to court; other times you don't. Whatever the case, an eviction happens when you move out because a landlord or an official makes you.] **If yes continue to Q17** **If no skip to Q18**

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

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

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

a Yes b No xx DK/Refused zz TBD

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

a Yes b No **[Skip to Q20]** xx DK/Refused **[Skip to Q20]** zz TBD

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

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

Now I'll ask you about your experience with subsidized housing.

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

a Yes b No xx DK/Refused zz TBD

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

a Yes b No **[Skip to Section H]** xx DK/Refused **[Skip to Section H]** zz TBD

21a. For how many total months since birth has the child lived in subsidized or Section 8 housing? Was it for:

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

CHILDREN'S HEALTHWATCH SURVEY

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.....?

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

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

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

[Interviewer: We want primary cooling method.]

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

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

3. Does your landlord pay for...?

[Interviewer: choose all that apply]

- a Heat c Water e Landlord does not pay for any utilities.
b Electricity d Other _____ xx DK/Refused zz TBD

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

IF HEAT & ELECTRICITY COVERED BY LANDLORD, SKIP TO Q8

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

- a Yes b No xx DK/Refused zz TBD

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

- a Yes b No xx DK/Refused zz TBD

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

- a Yes b No xx DK/Refused zz TBD

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

- a Yes b No xx DK/Refused zz TBD

8. Since [name of current month] of last year [have you/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]

- a Yes b No xx DK/Refused zz 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 last [name of current month].

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- g.** Got cut off, did not complete requirements, did not provide information to welfare office **GO TO Q4**
- h.** Teen parent
- i.** Not eligible
- j.** Chose not to participate/ no need
- k.** Family cap baby
- l.** Misconception about rules
- m.** Reason related to move
- n.** Legal issues
- o.** Lost custody (child with state or other parent)
- p.** Other _____
- xx.** DK/Refused
- zz.** TBD

IF CHILD-ONLY CASE, SKIP TO Q6-- UNLESS YES TO OPTION G-- THEN CONTINUE TO Q4

IF ON WELFARE NOW SKIP TO Q5

IF NOT PRESENTLY ON WELFARE SKIP TO Q13-- UNLESS ANSWERED YES TO OPTION G-- THEN CONTINUE TO Q4

4. 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?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
b. Did not complete a work or job search requirement?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
c. MA ONLY: Did not provide documentation regarding the child's immunizations (shot-fare)?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
d. Did not complete school or living arrangement requirements for teen parents?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
e. A child in the household did not meet welfare's school attendance requirements (learn-fare)?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
f. Other _____	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
g. Did not provide information/update welfare office	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
h. No permanent address	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
i. Will not fill out mandatory child support paperwork	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>

IF ON WELFARE NOW, CONTINUE TO Q5 / IF NOT ON WELFARE

SKIP TO Q13

IF CHILD-ONLY CASE, SKIP TO Q6

5. Are you enrolled in work-fare, job training, job search, community service or school as

CHILDREN'S HEALTHWATCH SURVEY

a requirement of welfare? [*Prompt: You may choose more than one.*]

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

6. 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.*]

- a Increased
- c No change [**Skip to Q8**]
- xx DK/refused [**Skip to Q8**]
- b Decreased
- d On welfare for <30 days [**Skip to Q8**]
- zz TBD

7. Why did your benefit/cash assistance change? Was it because...

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

Yes No DK TBD

	Yes	No	DK	TBD
a. You did not complete a work or job search requirement?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
b. You got a job or your earnings increased?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
c. You did not complete the school or living arrangement requirements for teen parents?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
d. A child in the household did not meet school attendance requirements (learn-fare)?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
e. Your family situation changed/got married/household size changed?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
f. You moved to less expensive housing/ Moved to a shelter?	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
g. Other _____	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
h. Don't Know/Have no idea	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
t. Administrative problems (with caseworker/state error/paperwork)	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
u. Did not provide information/update to welfare office	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
v. MA only: Did not provide immunization documents("shot-fare")	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>
w. State welfare cuts	a <input type="checkbox"/>	b <input type="checkbox"/>	xx <input type="checkbox"/>	zz <input type="checkbox"/>

8. 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: xxxx= DK/Refused zzzz=TBD
IF CHILD-ONLY CASE, SKIP TO Q13

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

- a Yes
- b No
- xx DK/refused
- zz TBD

10. Is this child covered on the welfare benefit?

- a Yes
- b No[**Skip to Q12**]
- xx DK/refused[**Skip to Q12**]
- zz TBD

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

- a another pregnancy occurred while receiving welfare (family cap)
- d you don't need it financially
- b s/he supported by SSI/ foster care/child support
- e of the hassle factor/ don't want it
- c s/he is not covered due to immigration status reasons
- f Other _____

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- g you haven't added child yet
- h s/he is supported by relative
- i s/he is ineligible

- j application is pending/intends to apply
- xx DK/refused
- zz TBD

SINGLE CHILD HOUSEHOLDS, SKIP TO Q13/SKIP IF RECEIVING NO BENEFIT

12. **QUESTION 12 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?
- a Yes
 - b No
 - xx DK/refused
 - zz TBD

13. Does anyone in the household receive SSI-disability (SSDI)? Who receives it? You may choose more than one answer. [Interviewer: if a household member receives SSI and a benefit is pending for another household member, record current receipt of benefits and continue to 14a]

- a No, do not receive SSI-disability for self or child
- b Yes, receive for self (caregiver) or other child
- c Yes, receive for this child
- d Yes, receive for both caregiver & child
- e Pending, Approved for self or other child
- f Pending, Approved for this child
- zz TBD
- xx DK/refused
- g Yes, received by another household member

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.

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

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

14.a. Around what date did you stop receiving SNAP benefits? _____ / _____
CODE: xx/xxxx = "DK/Refused" Month/Year

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

CODE: zz/zzzz = TBD

- c Yes, presently receives SNAP /Application approved/Pending payment **[Skip to Q17]**
- d Has application pending/Has applied, but was denied/ Intends to apply **[Skip to Q20]**
- xx DK/Refused **[Skip to Q20]**
- zz TBD

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

- a Not eligible because of income/SSI/Foster Care/Child Support **[Skip to Q20]**
- b Cut off SNAP /Stopped receiving SNAP benefit
- c Don't know if eligible, Did not know about program **[Skip to Q20]**
- d Teen parent/Too young to be head of household for SNAP benefit **[Skip to Q20]**
- e Household size changed (leading to income increase)/Assets too high **[Skip to Q20]**
- f Do not receive due to immigration status reasons/Fear of INS (USCIS) **[Skip to Q20]**
- g Personal reasons/stigma/bureaucratic hassle/treatment at SNAP office **[Skip to Q20]**
- h Reason related to a move **[Skip to Q20]**
- i Incarceration/legal issue **[Skip to Q20]**
- j Lost custody of child **[Skip to Q20]**
- k Other _____ **[Skip to Q20]**

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- i Do not need SNAP [Skip to Q20]
- m Choose not to participate [Skip to Q20]
- xx DK/Refused [Skip to Q20]
- zz TBD

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

- a Earnings increased [Skip to Q20]
- b Reported incorrect information/missed re-certification deadline [Skip to Q20]
- c Was cut off for immigration reason [Skip to Q20]
- d Employment changed [Skip to Q20]
- e Living with family [Skip to Q20]
- f Fraud [Skip to Q20]
- g Custody issue [Skip to Q20]
- h Legal issue [Skip to Q20]
- i Other _____ [Skip to Q20]
- xx DK/Refused [Skip to Q20]
- zz TBD

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

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

18. 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.]

- a Increased b Decreased c No change [Skip to Q20] xx DK/refused [Skip to Q20] zz TBD

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

- a Earnings changed/welfare benefit changed
- b Moved/Rent changed/Live in shelter
- c New baby/Change in household size
- d Reported incorrect information /Missed deadline
- e Lost cash assistance/welfare
- xx DK/Refused
- f Cost of living increase/State funds decreased
- g Change in child support/ Receive SSI or Foster care pay
- h Other _____
- i Immigration status of household member
- j Administrative/computer problems
- k Stimulus package
- zz TBD

20. 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?

- a No, never
- b Almost every month
- c Some months but not every month
- d Only 1 or 2 months
- xx DK/refused
- zz TBD

The last section of this interview is about WIC.

21. Have [you/the child's caregiver] ever received WIC for [yourself/herself] or for this child?

- a Yes - currently [Skip to Q22a]
- xx DK/refused [Skip to Q22a]
- b No
- zz TBD
- c Yes - used to receive WIC but not now

CHILDREN'S HEALTHWATCH SURVEY

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

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

[IF NOT RECEIVING WIC NOW, SKIP TO Q22b]

22a. Have [you/the child's caregiver] received WIC for this child continuously (without interruption) since the child's birth?

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

22b. Did [you/the child's biologic mother] receive WIC during [your/her] pregnancy with this child?

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

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. [Interviewer: If it is apparent that the family's needs constitute an imminent crisis, including a threat to life, notify the appropriate person in your clinic/ED.]

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

a.	List of resources in the community	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
b.	Childcare for families without services	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
c.	WIC	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
d.	Utility Assistance	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
e.	Domestic Violence	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
f.	SNAP (Supplemental Nutrition Assistance Program)	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
g.	Medical Insurance	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
h.	Subsidized Housing	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
i.	Women's Shelters/Homeless Shelters	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
j.	Food banks/Food pantries/Soup Kitchens/Low-cost food	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
k.	Employment Training Programs	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
l.	Depression or mental health services	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
m.	Interpreter Services	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
n.	Social Worker/Social Services	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No
o.	Legal Services/Advocacy for housing and eviction, child support, immigration issues	a <input type="checkbox"/> Yes	b <input type="checkbox"/> No

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p.	Nutrition information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
q.	Hospital services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
r.	Child Development Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
s.	Would you like to talk with our Outreach Worker (Site specific)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
t.	Welfare/Cash assistance/TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No
u.	Smoking Cessation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v.	Early Intervention Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
w.	Other Education: ESL Programs/Tuition Assistance etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
x.	SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
y.	Dental insurance/dental care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
z.	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION L: OUTREACH PROGRAM
SITE SPECIFIC

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

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

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

Yes **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?

Yes **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.

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E. Name: _____
Address: _____

Phone1: _____
Phone2: _____
Email: _____

F. Best time to call? AM PM ANYTIME

Ok to leave a message? ^a

MRN: _____

INT. DATE: ____/____/____

INT. #: _____

INTERVIEWER INITIALS _____

CAREGIVER SIGNATURE _____

GIFT CERTIFICATE # _____

Document Checklist

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