

CHILDREN'S SENTINEL NUTRITION ASSESSMENT PROGRAM (C-SNAP) SURVEY

Interview ID#: _____	Date of interview: ___/___/_____
Medical Record #: _____	Interviewer's Initials: _____
Weight: _____. ____ KG	Dehydration: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown
Height: _____. ____ CM	Admission: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown
1 <input type="checkbox"/> Recumbent 2 <input type="checkbox"/> Standing	Diagnosis-ADMITTED CHILDREN ONLY: _____
Site 1 <input type="checkbox"/> Baltimore 2 <input type="checkbox"/> Boston 3 <input type="checkbox"/> Little Rock 4 <input type="checkbox"/> Los Angeles 5 <input type="checkbox"/> Minneapolis 6 <input type="checkbox"/> DC 7 <input type="checkbox"/> 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? 1 Boy 2 Girl

Name of the child _____

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

3. How are you related to this child?

1 Mother [biologic] 2 Father [biologic] 3 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?]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	

5. Do you live in the same household as this child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	NOT ELIGIBLE if 'NO'
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6. Do you live in this state?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	NOT ELIGIBLE if 'NO'
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QUESTIONS 7-9 TO BE COMPLETED BY INTERVIEWER FOR ALL SUBJECTS

7. Reasons for ineligibility, if applicable:

1 <input type="checkbox"/> Language of caregiver and interviewer different	3 <input type="checkbox"/> No knowledge of Household
2 <input type="checkbox"/> Interviewed less than six months ago	4 <input type="checkbox"/> Household from out-of-state

If any of above (Q7: 1-4) are checked, skip to Q9.

8. Did parent agree to be interviewed?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	END INTERVIEW IF 'NO'
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9. Type of visit

1 <input type="checkbox"/> Acute/walk-in	3 <input type="checkbox"/> ER
2 <input type="checkbox"/> Standard/Scheduled/Well Child	4 <input type="checkbox"/> Other _____

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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

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

If caregiver answers 'yes' or 'a little' to two or more of these questions, remember to ask the Early Intervention questions on Page 17.

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

4. Where [were you/was the child's *biologic* mother] born?
- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> 1 USA SKIP to Q.6 | <input type="checkbox"/> 4 Dom Rep | <input type="checkbox"/> 7 Haiti | <input type="checkbox"/> 10 Other_____ |
| <input type="checkbox"/> 2 Puerto Rico SKIP to Q.6 | <input type="checkbox"/> 5 El Salvador | <input type="checkbox"/> 8 Mexico | <input type="checkbox"/> 99 DK/Refused |
| <input type="checkbox"/> 3 Cape Verde | <input type="checkbox"/> 6 Guatemala | <input type="checkbox"/> 9 Somalia | |

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

8. At this time what is the highest level of education [you have/the child's caretaker has] completed?
- | | |
|---|---|
| <input type="checkbox"/> 1 Some high school or grade school | <input type="checkbox"/> 4 College graduate |
| <input type="checkbox"/> 2 High school graduate or GED | <input type="checkbox"/> 5 Master's level or higher |
| <input type="checkbox"/> 3 Technical school or some college | <input type="checkbox"/> 9 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? _____ jobs
[If not working indicate "0" jobs, then, skip to Q. 8]
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]

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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" or

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

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

Or \$ _____ / year CODE: 99,999.99 = "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. Since last [name of current month], [have you/has the child's caretaker's] stopped working at any job?
1 Yes 2 No 9 DK/Refused

6. Since last [name of current month], [have you/has the child's caretaker's] hours at any job increased or decreased? [Interviewer: Ask question for job where more hours worked]
1 decreased 2 increased 3 No change

IF Q6 "INCREASED" or "NO CHANGE" SKIP TO Q12, UNLESS "YES" TO Q5, THEN GO TO 7

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

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

SKIP TO Q12

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"

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11. What is the main reason [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"/> 7 childcare problems | <input type="checkbox"/> 13 employer bankrupt |
| <input type="checkbox"/> 2 laid off | <input type="checkbox"/> 8 pregnancy/ maternity leave | <input type="checkbox"/> 14 other personal obligations |
| <input type="checkbox"/> 3 job was temporary/seasonal | <input type="checkbox"/> 9 unsatisfactory hours/pay | <input type="checkbox"/> 15 employer sold business |
| <input type="checkbox"/> 4 offered another job | <input type="checkbox"/> 10 child's illness/injury | <input type="checkbox"/> 16 other _____ |
| <input type="checkbox"/> 5 discharged/fired | <input type="checkbox"/> 11 illness/injury of other family member | <input type="checkbox"/> 17 Hours increased at another job |
| <input type="checkbox"/> 6 school /training | <input type="checkbox"/> 12 own illness/injury | <input type="checkbox"/> 99 DK/Refused |

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

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

[PROMPT: Don't forget to include yourself] _____ # adults

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

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

1. How much did this child weigh at birth? _____ lb _____ oz *CODE: 99lbs 99oz = "DK/Refused"*

2. At how many weeks of pregnancy was the child born? _____ weeks *CODE: 99 = "DK/Refused"*
 [PROMPT: How close to [his/her] due date?] [Note: Full Term = 40 weeks]

- 3. [Was] the child ever breastfed?** [PROMPT: Or provided breastmilk?]
- | | |
|---|---|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 3 Still breastfeeds/receives breast milk |
| <input type="checkbox"/> 2 No Skip to Q. 5 | <input type="checkbox"/> 9 DK/Refused Skip to Q. 5 |

4. How long did you feed any breastmilk to your baby? _____ months
CODE: 77 = "Still Breastfeeding" 88 = <1 month 99 = "DK/Refused"

4a. How old was your baby when s/he first received anything other than breastmilk?
 [PROMPT: For example, the first time you gave him/her formula, water, juice, or cereal] _____ months
CODE: 77 = Never (exclusively breastfeeding) 88 = <1 month 99 = "DK/Refused"

- 5. In general, would you say the child's health is ...?**
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 1 Excellent | <input type="checkbox"/> 3 Fair |
| <input type="checkbox"/> 2 Good | <input type="checkbox"/> 4 Poor <input type="checkbox"/> 9 DK/Refused |

6. How many times has the child been admitted to the hospital, not including at birth? _____ #times
 [Interviewer: Do not include time spent in hospital if child born prematurely] *CODE: 99 = "DK/Refused"*

- 7. Where do you usually take the child for well-baby care?**
- | | |
|--|---|
| <input type="checkbox"/> 1 Hospital clinic/Neighborhood Health Center/ _____ | <input type="checkbox"/> 5 Other _____ |
| <input type="checkbox"/> 2 Private Doctor's Office or HMO | <input type="checkbox"/> 6 Doesn't go to one place most often |
| <input type="checkbox"/> 3 Emergency Room | <input type="checkbox"/> 9 DK/Refused |
| <input type="checkbox"/> 4 (blank) | |

8. (Blank)

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9. At any time since last [name of current month] did you change the place(s) where you usually take your child for health care? ₁ Yes [Continue to 9a] ₂ No [skip to Q10] ₉ DK/Refused [skip to Q10]

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

₁ Yes ₂ No ₉ DK/Refused

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] ₄ Private insurance (from employer or purchased directly)
- ₂ Other public insurance/Free Care ₅ Other _____
- ₃ No insurance/Pay out of pocket 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 *[Interviewer: Include no coverage in the past year here.]*
- ₄ Other _____
- ₅ Got health insurance that s/he didn't have before
- ₆ Has not yet applied for insurance (newborn child)
- ₉ DK/Refused

INTERVIEWER: IF CHILD HAD NO HEALTH INSURANCE IN THE PAST 12 MONTHS, SKIP TO QUESTION 12a.

10b. 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.*

- ₁ Increase in insurance cost ₃ No change in insurance cost
- ₂ Decrease in insurance cost ₄ Other _____
- ₉ DK/Refused

10c. 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?

- 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

11. (Blank)

12a. 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

12b. 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 did not get it because [you/the family] couldn't afford it?

₁ Yes[go to Q12b1] ₂ No [Skip to Q13a] ₉ DK/Refused [Skip to Q13a]

12b1. Of the household members who were unable to get care:

How many were children aged 17 and under? _____

How many were adults aged 18 and over? _____

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13a. 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

13b. 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 Q13b1] ₂ No [Skip to Q14] ₉ DK/Refused [Skip to Q14]

13b1. Of the household members who were unable to get prescription medicine:

How many were children aged 17 and under? _____

How many were adults aged 18 and over? _____

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

- ₁ Yes [Continue to Q14a] ₂ No [Skip to Q15] ₉ DK/Refused [Skip to Q15]

14a. If yes, 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

15. 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?
- ₂ For your utility bills?
- ₃ For food?
- ₄ For car-related expenses (insurance, loan, gas, repairs)?
- ₅ Other _____
- 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

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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

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]?

- 7.a. Child's mother height _____ feet _____ inches/_____ cm CODE:9 feet 99inches 999cm= "DK/Refused"
7.b. Child's father height _____ feet _____ inches/_____ cm CODE:9 feet 99inches 999cm= "DK/Refused"

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.

- 8.a. Child's mother weight _____ pounds/_____ kilos CODE: 999 pounds/kilos= "DK/Refused"
8.b. Child's father weight _____ pounds/_____ kilos CODE: 999 pounds/kilos= "DK/Refused"

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 Q 8
2 a house/townhouse/condo 6 government housing (army, etc.) Skip to Q 5
3 a shelter/transitional living situation Skip to Q 8 7 mobile home/trailer
4 Other (room, car, etc.) _____ Skip to Q 5 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 Q 5 2 No 9 DK/Refused

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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 Q.4

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

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

- 1 Gas 2 Oil 3 Electric 4 Other _____ 9 DK/Refused

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

[Interviewer: We want primary cooling method.]

- 1 Central air system 3 fans 5 Other _____
 2 air conditioning (window units) 4 no cooling 9 DK/Refused

SKIP TO Q.9, IF LIVES IN ARMY BASE HOUSING

SKIP TO Q.4, IF OWNS OWN HOME

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

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

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

IF HEAT & ELECTRICITY COVERED BY LANDLORD, SKIP TO Q.9

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

- 1 Yes 2 No 9 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?

- 1 Yes 2 No 9 DK/Refused

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

- 1 Yes 2 No 9 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?

- 1 Yes 2 No 9 DK/Refused

8. (blank)

9. In the last 12 months since last [name of current month] [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?

- 1 Yes 2 No 9 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"/> |

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6. We couldn't feed [my/our child/children] a balanced meal because we couldn't afford that. 1 2 3 9

Screener 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"/> Yes	2 <input type="checkbox"/> No	skip to Q. 9	9 <input type="checkbox"/> DK/refused	skip to Q. 9

8a. How often did this happen?

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

	Yes	No	DK
9. Since last (current month), did you ever <u>eat less than you felt you should</u> because there wasn't enough money to buy food?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Since last (current month), were you <u>ever hungry but didn't eat</u> because you couldn't afford enough food?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
11. Since last (current month), did you <u>lose weight</u> because you didn't have enough money for food?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
12. Since last (current month), did (you/you/or other adult in your household) ever <u>not eat for a whole day</u> because there wasn't enough money for food?			
1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	skip to Screener for Stage 3 box	9 <input type="checkbox"/> DK/Refused skip to Screener for Stage 3 box

12a. How often did this happen?

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

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

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

13. **Since last (current month), did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?**

1 Yes 2 No 9 DK/refused

14. **Since last (current month), did ([the child]/any of the children) ever skip meals because there wasn't enough money for food?** 1 Yes 2 No skip to Q. 15 9 DK/refused skip to Q. 15

14a. How often did this happen?

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

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

CHILDREN'S SENTINEL NUTRITION ASSESSMENT PROGRAM (C-SNAP) SURVEY

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

The next questions are about any state or federal program assistance that [your/the child's] household may receive.

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

Prompt: Do both of you [caretaker and child] now receive [welfare/cash assistance] or just the child?

No, have never received welfare **skip to Q. 4**

Received welfare before, but not presently

1.a. Around what date did you stop receiving benefits? _____/_____/_____ **skip to Q.3**

CODE: 99/9999 = "DK/Refused"

Month/Year

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

Yes, Receive welfare now/Application approved-payment pending

Has application pending/Has applied, but was denied/Intends to apply **skip to Q.14**

Don't know about program/Don't know if eligible **skip to Q.14**

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

CHILD ONLY - Has application pending/Has applied, but was denied/Intends to apply **skip to Q.14**

DK/Refused **skip to Q.14**

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

[CODE: 97.0 = on welfare <1 year code 99.9 = "DK/Refused" 77.7 = child-only case]

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 Q.6

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

b. Personal reasons/stigma/bureaucratic hassle/treatment at welfare office

c. immigration reasons

d. got a job, earnings increased

e. family situation changed, others in household earn enough income/increase in other income/receive SSI

f. didn't want to use up time limit

g. reached time limit

h. got cut off, did not complete requirements, did not provide information to welfare office

GO TO Q5

i. Teen parent

j. Other _____

k. DK/Refused

4.1	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

IF ON WELFARE NOW, SKIP TO Q.6

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

CHILDREN'S SENTINEL NUTRITION ASSESSMENT PROGRAM (C-SNAP) SURVEY

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 Y/N/DK.]

- a. Missed re-certification deadline/did not fill out paperwork?
- b. Did not complete a work or job search requirement?
- c. C-SNAP/MA ONLY: Did not provide documentation regarding the child's immunizations (shot-fare)?
- d. Did not complete school or living arrangement requirements for teen parents?
- e. A child in the household did not meet welfare's school attendance requirements (learn-fare)?
- f. DK/Refused
- g. Other _____

5.1	
YES	NO
1 <input type="checkbox"/>	2 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>

IF ON WELFARE NOW, CONTINUE TO Q.6 / IF NOT ON WELFARE SKIP TO Q.14

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

- 1 Yes 2 No 9 DK/Refused

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

- 1 increased **skip to Q. 9** 3 stayed the same **skip to Q.9**
 2 decreased 4 On welfare for <30 days **skip to Q. 9** 9 DK/refused **skip to Q9**

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

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

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

Yes	No	DK
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
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 Q. 13** 2 No 9 DK/refused **skip to Q.13**

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

- 1 another pregnancy occurred while receiving welfare (family cap)
- 2 supported by SSI/ foster care/child support
- 3 not covered due to immigration status reasons
- 4 Don't need it financially
- 5 Hassle factor/ Don't want it
- 6 Other _____
- 9 DK/refused

SINGLE CHILD HOUSEHOLDS, SKIP TO Q. 14

CHILDREN'S SENTINEL NUTRITION ASSESSMENT PROGRAM (C-SNAP) SURVEY

18. Presently, what is the dollar value that this child's family receives in Food Stamps 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 Food Stamps changed?

- Increased Decreased No change **skip to Q. 21** DK/refused **skip to Q. 21**

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

- Earnings changed/welfare benefit changed Cost of living increase/State funds decreased
 Moved/Rent changed/Live in shelter Change in child support/ Receive SSI or Foster care pay
 New baby/Change in household size Other _____
 Reported incorrect information /Missed deadline Immigration status of household member
 lost cash assistance/welfare Administrative/computer problems
 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?

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

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

- Yes **Skip to 23a.** No used to receive WIC DK/refused **Skip to 23a.**

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

- Don't want WIC/ Don't use the WIC food/Hassle WIC hours/Missed WIC appointment
 Don't need WIC/ not income eligible WIC doesn't provide special formula/special needs
 WIC pending/Plans to apply/Need to reapply Other _____
 No transportation DK/refused
 Moved Didn't know could receive because of immigration status
 No address/Live in a shelter

(IF NOT RECEIVING WIC NOW, SKIP TO 23b)

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

- Yes No DK/refused

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

- Yes No DK/refused

24. (blank)

CHILDREN'S SENTINEL NUTRITION ASSESSMENT PROGRAM (C-SNAP) SURVEY

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 |
| 3 <input type="checkbox"/> Relative who lives in your house | SKIP TO QUESTION 31 |
| 4 <input type="checkbox"/> Relative who lives in another house | 8 <input type="checkbox"/> Caregiver cares for child at home/Stay-at-home mother/parent SKIP TO QUESTION 31 |
| 5 <input type="checkbox"/> Non-relative such as a friend, neighbor, sitter, nanny, etc | 9 <input type="checkbox"/> Other _____ |
| | 10 <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 QUESTION 31 | 9 <input type="checkbox"/> DK/refused |
|--------------------------------|--|---------------------------------------|

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 <input type="checkbox"/> Government (<i>federal, state, or local government agency, or welfare office</i>) Skip to Q.32 | 4 <input type="checkbox"/> Relative |
| 2 <input type="checkbox"/> Employer | 5 <input type="checkbox"/> Friend |
| 3 <input type="checkbox"/> Child's other parent <i>[Interviewer: the parent not responding to the interview]</i> | 6 <input type="checkbox"/> Other _____ |
| 9 <input type="checkbox"/> DK/refused | |

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

- | | |
|--|---|
| 1 <input type="checkbox"/> child care | 4 <input type="checkbox"/> No, not on either waiting list |
| 2 <input type="checkbox"/> a child care voucher | 9 <input type="checkbox"/> DK/refused |
| 3 <input type="checkbox"/> <u>both</u> child care and a child care voucher | |

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

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

CHILDREN’S SENTINEL NUTRITION ASSESSMENT PROGRAM (C-SNAP) SURVEY

SECTION K: (DCC: S8)

RESOURCE INFORMATION

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

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

INTERVIEWER: Review PEDS responses on Page 2. If caregiver has 2 or more age appropriate concerns, proceed to Question 2 below. Otherwise go to Section L.

Based on your concerns about your child’s development, an Early Intervention Program may be the most appropriate resource to address your concerns.

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

- 1 Yes **Skip to Section L** 2 No 9 DK/refused

2a. Would you like information about Early Intervention options in this area?

- 1 Yes 2 No 9 DK/refused

CHILDREN'S SENTINEL NUTRITION ASSESSMENT PROGRAM (C-SNAP) SURVEY

SECTION L: (DCC: S15)

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 _____