

**State and Local Area Integrated Telephone Survey (SLAITS)
National Children with Special Health Care Needs
CATI specifications (revised to enhance flow and ease of reading)**

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NOTES:

- **Section 10 removed from the questionnaire.**
- **S.C. = sampled child**

SECTION 2. INITIAL SCREENING

C2Q01 You have already given me (NAME OF NIS-ELIGIBLE CHILD OR CHILDREN)'s birth date(s). Now, would you please tell me the date(s) of birth for your other (child/children) under the age of 18?
FOR ALL NON-NIS CASES, DISPLAY THE FOLLOWING TEXT:
What is the birth date of (S.C.)?

C2Q02/
C2Q02A What is the child's age?

SEX Is (S.C.) male or female?

INTRODUCTION TO THE HISPANIC QUESTION

[FIRST CHILD] First, is (S.C.) of Spanish, Hispanic, or Latino origin, that is Mexican, Mexican-American, Central American, South American, Chicano, or Puerto Rican, Cuban, or other Spanish-Caribbean?

[THE REST OF CHILDREN] And how about (S.C.)?
MARK ALL THAT APPLY

(IF C1001_10 =(1), CONTINUE TO CW10Q01A. ALL OTHERS SKIP TO C1002_01)

CW10Q01A VERBATIM HISPANIC RESPONSE

INTRODUCTION TO THE RACE QUESTION

[FIRST CHILD] Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe (S.C.)'s race. Is (S.C.) White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander?

[THE REST OF CHILDREN] And how about (S.C.)?
MARK ALL THAT APPLY

**(IF C1002_08 = (1), CONTINUE TO CW10Q02A.
IF MORE THAN ONE ANSWER RECORDED IN C1002_01 THROUGH C1002_08, SKIP TO
CW10Q03. ALL OTHERS SKIP TO CW10Q04)**

CW10Q02A VERBATIM OTHER RACE

CW10Q03 Which of these groups, that is (answers recorded in C1002_01 through C1002_08), would you say best represents (S.C.)'s race?

- (1) WHITE
- (2) BLACK/ AFRICAN AMERICAN
- (3) AMERICAN INDIAN
- (4) ALASKA NATIVE
- (5) ASIAN
- (6) NATIVE HAWAIIAN
- (7) PACIFIC ISLANDER
- (8) OTHER RACE
- (96) DON'T KNOW
- (97) REFUSED

INTRODUCTION TO FACCT SCREENER QUESTIONS

The next questions are about any kind of health problems, concerns, or conditions that may affect your **(child/children)**'s behavior, learning, growth, or physical development. Some of these health problems may affect your **(child/children)**'s abilities and activities at school or at play. Some of these problems affect the kind or amount of services your child may need or use.

NOTE: FACCT2 WAS ASKED PRIOR TO FACCT1

FACCT2 **(Does your child/Do any of your children)** need or use more medical care, mental health, or educational services than is usual for most children of the same age?
(0) NO (SKIP TO FACCT1)
(1) YES
(6) DON'T KNOW (SKIP TO FACCT1)
(7) REFUSED (SKIP TO FACCT1)

FACCT2_A **(Is (child))**'s need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?
(0) NO (SKIP TO FACCT1)
(1) YES
(6) DON'T KNOW (SKIP TO FACCT1)
(7) REFUSED (SKIP TO FACCT1)

FACCT2_B Is this a condition that has lasted or is expected to last 12 months or longer?
(0) NO
(1) YES
(6) DON'T KNOW
(7) REFUSED

FACCT1 **(Does your child/Do any of your children)** currently need or use medicine prescribed by a doctor, other than vitamins?
(0) NO (SKIP TO FACCT3)
(1) YES
(6) DON'T KNOW (SKIP TO FACCT3)
(7) REFUSED (SKIP TO FACCT3)

FACCT1_A **(Is (child))**'s need for prescription medicine because of ANY medical, behavioral, or other health condition?
(0) NO (SKIP TO FACCT3)
(1) YES
(6) DON'T KNOW (SKIP TO FACCT3)
(7) REFUSED (SKIP TO FACCT3)

FACCT1_B Is this a condition that has lasted or is expected to last 12 months or longer?
(0) NO
(1) YES
(6) DON'T KNOW
(7) REFUSED

FACCT3 **(Is your child/Are any of your children)** limited or prevented in any way in (his or her/their) ability to do the things most children of the same age can do?
(0) NO (SKIP TO FACCT 4)
(1) YES

(6) DON'T KNOW (SKIP TO FACCT 4)
(7) REFUSED (SKIP TO FACCT 4)

FACCT3_A (Is (child))'s limitation in abilities because of ANY medical, behavioral, or other health condition?
(0) NO (SKIP TO FACCT 4)
(1) YES
(6) DON'T KNOW (SKIP TO FACCT 4)
(7) REFUSED (SKIP TO FACCT 4)

FACCT3_B Is this a condition that has lasted or is expected to last 12 months or longer?
(0) NO
(1) YES
(6) DON'T KNOW
(7) REFUSED

FACCT4 (Does your child/Do any of your children) need or get special therapy, such as physical, occupational, or speech therapy?
(0) NO (SKIP TO FACCT 5)
(1) YES
(6) DON'T KNOW (SKIP TO FACCT 5)
(7) REFUSED (SKIP TO FACCT 5)

FACCT4_A (Is (child))'s need for special therapy because of ANY medical, behavioral, or other health condition?
(0) NO (SKIP TO FACCT 5)
(1) YES
(6) DON'T KNOW (SKIP TO FACCT 5)
(7) REFUSED (SKIP TO FACCT 5)

FACCT4_B Is this a condition that has lasted or is expected to last 12 months or longer?
(0) NO
(1) YES
(6) DON'T KNOW
(7) REFUSED

FACCT5 (Does your child/Do any of your children) have any kind of emotional, developmental, or behavioral problem for which (he/she) needs treatment or counseling?
(0) NO
(1) YES
(6) DON'T KNOW
(7) REFUSED

FACCT5_A (Has (child))'s emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?
(0) NO
(1) YES
(6) DON'T KNOW
(7) REFUSED

THE FACCT SCREENER ENDS HERE.

THE RANDOM SELECTION PROCESS FOR THE CSHCN AND HEALTH INSURANCE CONTROL SAMPLE INTERVIEWS OCCURS HERE.

C2Q04

SKIP TO CW10Q04 IF S.C. = NIS ELIGIBLE.

What is your relationship to (S.C.)?

- (1) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
- (2) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
- (3) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) IN-LAW OF ANY TYPE
- (5) AUNT/UNCLE
- (6) GRANDPARENT
- (7) OTHER FAMILY MEMBER
- (8) FRIEND
- (96) DON'T KNOW
- (97) REFUSED

CW10Q04

IF [S.C.] WAS NIS-ELIGIBLE AND NIS RESPONDENT WAS MOTHER, SKIP TO C3QINTRO.

What is the highest level of school that you have completed?

- (1) 8TH GRADE OR LESS
- (2) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
- (3) HIGH SCHOOL GRADUATE OR GED
- (4) SOME POST-HIGH SCHOOL, BUT NOT BACHELOR'S DEGREE (B.A.)
- (5) COLLEGE GRADUATE – BACHELOR'S DEGREE OR B.A.
- (6) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT DEGREE)
- (96) DON'T KNOW
- (97) REFUSED

CW10Q04A

IF [S.C.] WAS NIS-ELIGIBLE, SKIP TO C2Q04_A.

IF [S.C.] WAS NOT NIS-ELIGIBLE AND IF C2Q04 EQUALS (1) MOTHER, SKIP TO SECTION 3, ELSE ASK CW10Q04A

What is the highest level of school that (S.C.)'s mother has completed?

- (1) 8TH GRADE OR LESS
- (2) SOME HIGH SCHOOL, BUT DID NOT GRADUATE
- (3) HIGH SCHOOL GRADUATE OR GED
- (4) SOME POST-HIGH SCHOOL, BUT NOT BACHELOR'S DEGREE (B.A.)
- (5) COLLEGE GRADUATE – BACHELOR'S DEGREE OR B.A.
- (6) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH AND WITHOUT DEGREE)
- (7) MOTHER DECEASED **[SKIP TO SECTION 3]**
- (96) DON'T KNOW
- (97) REFUSED

C2Q04_A

Does (S.C.)'s mother live in this household?

SECTION 3. HEALTH AND FUNCTIONAL STATUS

Section Introduction: The next questions are about any physical, mental, learning and developmental conditions or problems (S.C.) may have.

- C3Q02 In the past 12 months/ Since (his/her) birth, how often has (S.C.)'s (medical, behavioral, or other health conditions / emotional, developmental, or behavioral problems) affected (his/her) ability to do things other children (his/her) age do? Would you say:
- (1) Never (SKIP TO C3Q10)
 - (2) Sometimes
 - (3) Usually
 - (4) Always
 - (6) DON'T KNOW (SKIP TO C3Q10)
 - (7) REFUSED (SKIP TO C3Q10)
- C3Q03 Do (S.C.)'s (medical, behavioral, or other health conditions / emotional, developmental, or behavioral problems) affect (his/her) ability to do things a great deal, some, or very little?
- C3Q10 Overall, how would you rank the severity of (S.C.)'s condition(s) or problem (s)? Please pick a number between zero and ten where zero is the mildest and ten is the most severe.
- C3Q11 Which of the following statements best describes (S.C.)'s health care needs? (S.C.)'s health care needs change all the time, (S.C.)'s health care needs change only once in a while, or (S.C.)'s health care needs are usually stable?
- C3Q12 (SKIP TO C3Q13 IF S.C. IS OVER 24 MONTHS OF AGE)
Does (S.C.) receive services from a program called Early Intervention Services? Children receiving these services often have an Individualized Family Service Plan.
- (ALL SKIP TO C4Q01)
- C3Q13 Does (S.C.) receive services from a program called Special Educational Services? Children receiving these services often have an Individualized Education Plan.
- C3Q14 (SKIP TO C4Q0A IF AGE IS LESS THAN 5 YEARS (60 MONTHS))
During the past 12 months, that is since (12 mo. ref. date), about how many days did (S.C.) miss school because of illness or injury?
- _____ DAYS [RANGE 0-240]
- (0) NONE
 - (994) DID NOT GO TO SCHOOL
 - (995) HOME SCHOOLED
 - (996) DON'T KNOW
 - (997) REFUSED

SECTION 4. ACCESS TO CARE: UTILIZATION AND UNMET NEEDS

- C4Q0A Is there a place that (S.C.) USUALLY goes when (he/she) is sick or you need advice about (his/her) health?
(1) YES
(2) THERE IS NO PLACE (SKIP TO C4Q02)
(3) THERE IS MORE THAN ONE PLACE
(6) DON'T KNOW (SKIP TO C4Q02)
(7) REFUSED (SKIP TO C4Q02)
- C4Q0B **IF C4Q0A = 1, SAY "What kind of place is it?"**
IF C4Q0A = 3, SAY "What kind of place does (S.C.) go to most often?"
Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?
(1) DOCTOR'S OFFICE
(2) HOSPITAL EMERGENCY ROOM
(3) HOSPITAL OUTPATIENT DEPARTMENT
(4) CLINIC OR HEALTH CENTER
(5) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
(6) SOME OTHER PLACE (SKIP TO C4Q0C)
(7) DOES NOT GO TO ONE PLACE MOST OFTEN (SKIP TO C4Q02)
(8) FRIEND/RELATIVE
(96) DON'T KNOW (FILL 6 IN C4Q0A AND SKIP TO C4Q02)
(97) REFUSED (FILL 7 IN C4Q0A AND SKIP TO C4Q02)
- C4Q0C VERBATIM RESPONSE: TYPE OF PLACE(S)—SICK CARE
- C4Q01 **(IF C4Q0B = 6, LEAVE FILL BLANK)**
Is that (place selected in C4Q0B) the same place (S.C.) usually goes when (he/she) needs routine preventive care, such as a physical examination or well child check-up?
(0) NO
(1) YES (SKIP TO C4Q02A)
(6) DON'T KNOW (SKIP TO C4Q02A)
(7) REFUSED (SKIP TO C4Q02A)
- C4Q02 What kind of place does (S.C.) USUALLY go to when (he/she) needs routine preventive care, such as a physical examination or well child check-up?
(1) DOES NOT GET PREVENTIVE CARE ANYWHERE
(2) DOCTOR'S OFFICE
(3) HOSPITAL EMERGENCY ROOM
(4) HOSPITAL OUTPATIENT DEPARTMENT
(5) CLINIC OR HEALTH CENTER
(6) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
(7) SOME OTHER PLACE (SKIP TO C4Q02_1)
(8) DOES NOT GO TO ONE PLACE MOST OFTEN
(9) FRIEND/RELATIVE
(10) MEXICO/OTHER LOCATIONS OUT OF U.S.
(96) DON'T KNOW
(97) REFUSED
- C4Q02_1 VERBATIM REPSONSE: TYPE OF PLACE—ROUTINE PREVENTIVE CARE

- C4Q02A A personal doctor or nurse is the health provider who knows (S.C.) best. Do you have ONE person that you think of as (S.C.)’s personal doctor or nurse?
 (0) NO (SKIP TO C4Q03)
 (1) YES
 (6) DON’T KNOW (SKIP TO C4Q03)
 (7) REFUSED (SKIP TO C4Q03)
- C4Q02B Is this person a general doctor, pediatrician, specialist, nurse practitioner, or physician’s assistant?
 (1) PEDIATRICIAN
 (2) GENERAL DOCTOR (GENERAL PRACTICE, FAMILY OR INTERNAL MEDICINE)
 (3) SPECIALIST (SURGEONS, HEART DOCTORS, PSYCHIATRISTS, OB/GYN)
 (4) NURSE PRACTITIONER
 (5) PHYSICIAN’S ASSISTANT
 (6) OTHER (SKIP TO C4Q02B_1)
 (7) MOTHER/FRIEND/RELATIVE
 (96) DON’T KNOW
 (97) REFUSED
- C4Q03 People often delay or do not get needed health care. By health care I mean medical care as well as other kinds of care like dental care, mental health services, physical, occupational, or speech therapies, and special education services. (In the past 12 months/ **[WHEN S.C. IS YOUNGER THAN 12 MONTHS]** Since (**his/her**) birth), have you delayed or gone without health care for (S.C.)?
 (0) NO (SKIP TO C4Q05_01)
 (1) YES
 (6) DON’T KNOW (SKIP TO C4Q05_01)
 (7) REFUSED (SKIP TO C4Q05_01)

INTRODUCTION FOR C4Q04 SERIES:

There are many reasons people delay or do not get needed health care. Did you delay or did not get health care for (S.C.) because:

- C4Q04_A Did you delay or not get health care for (S.C.) because you couldn’t get through to the health care provider’s office on the telephone?
- C4Q04_B (Did you delay or not get health care for (S.C.) because) You couldn’t get an appointment for (S.C.) soon enough?
- C4Q04_C (Did you delay or not get health care for (S.C.) because) The clinic or doctor’s office was not open when you could get there?
- C4Q04_D (Did you delay or not get health care for (S.C.) because) Transportation was a problem?
- C4Q04_E (Did you delay or not get health care for (S.C.) because) You didn’t have enough money to pay the health care provider?
- C4Q04_F (Did you delay or not get health care for (S.C.) because) The type of care (S.C.) needed was not available in your area?
- C4Q04_G (Did you delay or not get health care for (S.C.) because) The health care provider did not have the skills (S.C.) needed?
- C4Q04_H (Did you delay or not get health care for (S.C.) because) The type of care was not covered by your health plan?

- C4Q04_I (Did you delay or not get health care for **(S.C.)** because) You could not get approval from your health plan or doctor?
- C4Q04_J (Did you delay or not get health care for **(S.C.)** because) Once you get there, **(S.C.)** has to wait too long to see the health care provider?
- C4Q04_K (Did you delay or not get health care for **(S.C.)** because) You have language, communication, or cultural problems with the health care provider?
- C4Q04_L (Did you delay or not get health care for **(S.C.)** because) Going to appointments conflicts with other responsibilities at home or at work?
- C4Q05_01 During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed routine preventive care, such as a physical examination or well child check-up?
 (0) NO (SKIP TO C4Q05_02)
 (1) YES
 (6) DON'T KNOW (SKIP TO C4Q05_02)
 (7) REFUSED (SKIP TO C4Q05_02)
- C4Q5_1A Did **(S.C.)** receive all the routine preventive care that **(he/she)** needed?
 (0) No
 (1) YES (SKIP TO C4Q05_02)
 (6) DON'T KNOW (SKIP TO C4Q05_02)
 (7) REFUSED (SKIP TO C4Q05_02)

INTRODUCTION TO C4Q5_1B

Why did **(S.C.)** not get the routine preventive care **(he/she)** needed?

(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C4Q5_1B1	COST TOO MUCH	0	1	6	7
C4Q5_1B2	HEALTH PLAN PROBLEM	0	1	6	7
C4Q5_1B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C4Q5_1B4	NOT CONVENIENT TIMES	0	1	6	7
C4Q5_1B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C4Q5_1B6	OTHER (SKIP TO C4Q5_1OE)	0	1	6	7

C4Q0501OE VERBATIM RESPONSE—WHY CHILD DID NOT GET NEEDED ROUTINE PREVENTIVE CARE

- C4Q05_02 (During the past 12 months / Since **(his/her)** birth, was there any time when **(S.C.)** needed) Care from a specialty doctor?
 (0) NO (SKIP TO C4Q05_03)
 (1) YES
 (6) DON'T KNOW (SKIP TO C4Q05_03)
 (7) REFUSED (SKIP TO C4Q05_03)

- C4Q5_2A Did **(S.C.)** receive all the specialty doctor that **(he/she)** needed?
 (0) No
 (1) YES (SKIP TO C4Q05_03)
 (6) DON'T KNOW (SKIP TO C4Q05_03)
 (7) REFUSED (SKIP TO C4Q05_03)

INTRODUCTION TO C4Q5_2B

Why did **(S.C.)** not get the specialty doctor **(he/she)** needed?
(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C4Q5_2B1	COST TOO MUCH	0	1	6	7
C4Q5_2B2	HEALTH PLAN PROBLEM	0	1	6	7
C4Q5_2B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C4Q5_2B4	NOT CONVENIENT TIMES	0	1	6	7
C4Q5_2B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C4Q5_2B6	OTHER	0	1	6	7

(SKIP TO C4Q5_2OE)

C4Q0502OE VERBATIM RESPONSE—WHY S.C. DID NOT GET SPECIALIST CARE

C4Q05_03 (During the past 12 months / Since **(his/her)** birth, was there any time when **(S.C.)** needed Dental care including check-ups?

- (0) NO **(SKIP TO C4Q05_04)**
(1) YES
(6) DON'T KNOW **(SKIP TO C4Q05_04)**
(7) REFUSED **(SKIP TO C4Q05_04)**

C4Q5_3A Did (S.C.) receive all the dental care that (he/she) needed?

- (0) No
(1) YES **(SKIP TO C4Q05_04)**
(6) DON'T KNOW **(SKIP TO C4Q05_04)**
(7) REFUSED **(SKIP TO C4Q05_04)**

INTRODUCTION TO C4Q5_3B

Why did **(S.C.)** not get the dental care **(he/she)** needed?
(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C4Q5_3B1	COST TOO MUCH	0	1	6	7
C4Q5_3B2	HEALTH PLAN PROBLEM	0	1	6	7
C4Q5_3B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C4Q5_3B4	NOT CONVENIENT TIMES	0	1	6	7
C4Q5_3B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C4Q5_3B6	OTHER	0	1	6	7

(SKIP TO C4Q5_3OE)

C4Q0503OE VERBATIM RESPONSE: WHY S.C. DID NOT GET NEEDED DENTAL CARE

C4Q05_04 (During the past 12 months / Since **(his/her)** birth, was there any time when **(S.C.)** needed Prescription medications?

- (0) NO **(SKIP TO C4Q05_05)**
(1) YES
(6) DON'T KNOW **(SKIP TO C4Q05_05)**
(7) REFUSED **(SKIP TO C4Q05_05)**

C4Q5_4A Did (S.C.) receive all the prescription medications that (he/she) needed?

- (0) No
(1) YES **(SKIP TO C4Q05_05)**
(6) DON'T KNOW **(SKIP TO C4Q05_05)**
(7) REFUSED **(SKIP TO C4Q05_05)**

INTRODUCTION TO C4Q5_4B

Why did **(S.C.)** not get the prescription medications **(he/she)** needed?
(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C4Q5_4B1	COST TOO MUCH	0	1	6	7
C4Q5_4B2	HEALTH PLAN PROBLEM	0	1	6	7
C4Q5_4B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C4Q5_4B4	NOT CONVENIENT TIMES	0	1	6	7
C4Q5_4B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C4Q5_4B6	OTHER (SKIP TO C4Q5_4OE)	0	1	6	7

C4Q0504OE VERBATIM RESPONSE: WHY S.C. DID NOT GET NEEDED PRESCRIPTION MEDS

C4Q05_05 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Physical, occupational or speech therapy?

- (0) NO (SKIP TO C4Q05_06)
(1) YES
(6) DON'T KNOW (SKIP TO C4Q05_06)
(7) REFUSED (SKIP TO C4Q05_06)

C4Q5_5A Did (S.C.) receive all the therapy that (he/she) needed?

- (0) No
(1) YES (SKIP TO C4Q05_06)
(6) DON'T KNOW (SKIP TO C4Q05_06)
(7) REFUSED (SKIP TO C4Q05_06)

INTRODUCTION TO C4Q5_5B

Why did **(S.C.)** not get the therapy **(he/she)** needed?
(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C4Q5_5B1	COST TOO MUCH	0	1	6	7
C4Q5_5B2	HEALTH PLAN PROBLEM	0	1	6	7
C4Q5_5B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C4Q5_5B4	NOT CONVENIENT TIMES	0	1	6	7
C4Q5_5B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C4Q5_5B6	OTHER (SKIP TO C4Q5_5OE)	0	1	6	7

C4Q0505OE VERBATIM RESPONSE: WHY S.C. DID NOT GET NEEDED THERAPY

C4Q05_06 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Mental health care or counseling?

- (0) NO (SKIP TO C4Q05_07)
(1) YES
(6) DON'T KNOW (SKIP TO C4Q05_07)
(7) REFUSED (SKIP TO C4Q05_07)

c4Q5_6A Did (S.C.) receive all the mental health care that (he/she) needed?

- (0) No
(1) YES (SKIP TO C4Q05_07)
(6) DON'T KNOW (SKIP TO C4Q05_07)
(7) REFUSED (SKIP TO C4Q05_07)

INTRODUCTION TO C4Q5_6B

Why did **(S.C.)** not get the mental health care **(he/she)** needed?
(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C4Q5_6B1	COST TOO MUCH	0	1	6	7
C4Q5_6B2	HEALTH PLAN PROBLEM	0	1	6	7
C4Q5_6B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C4Q5_6B4	NOT CONVENIENT TIMES	0	1	6	7
C4Q5_6B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C4Q5_6B6	OTHER (SKIP TO C4Q5_6OE)	0	1	6	7

C4Q0506OE VERBATIM RESPONSE: WHY S.C. DID NOT GET NEEDED MENTAL HEALTH CARE

C4Q05_07 (During the past 12 months, was there any time when **(S.C.)** needed) Substance abuse treatment or counseling?

(0) NO (SKIP TO C4Q05_08)

(1) YES

(6) DON'T KNOW (SKIP TO C4Q05_08)

(7) REFUSED (SKIP TO C4Q05_08)

C4Q5_7A Did **(S.C.)** receive all the substance abuse treatment that **(he/she)** needed?

(0) No

(1) YES (SKIP TO C4Q05_08)

(6) DON'T KNOW (SKIP TO C4Q05_08)

(7) REFUSED (SKIP TO C4Q05_08)

INTRODUCTION TO C4Q5_7B

Why did **(S.C.)** not get the substance abuse treatment **(he/she)** needed?
(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C4Q5_7B1	COST TOO MUCH	0	1	6	7
C4Q5_7B2	HEALTH PLAN PROBLEM	0	1	6	7
C4Q5_7B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C4Q5_7B4	NOT CONVENIENT TIMES	0	1	6	7
C4Q5_7B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C4Q5_7B6	OTHER (SKIP TO C4Q5_7OE)	0	1	6	7

C4Q0507OE VERBATIM RESPONSE: WHY DID S.C. NOT GET NEEDED SUBSTANCE ABUSE TREATMENT

C4Q05_08 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Home health care?

(0) NO (SKIP TO C4Q05_09)

(1) YES

(6) DON'T KNOW (SKIP TO C4Q05_09)

(7) REFUSED (SKIP TO C4Q05_09)

C4Q5_8A Did **(S.C.)** receive all the home health care that **(he/she)** needed?

C4Q05_09 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Eyeglasses or vision care?

(0) NO (SKIP TO C4Q05_10)

(1) YES

- (6) DON'T KNOW (SKIP TO C4Q05_10)
(7) REFUSED (SKIP TO C4Q05_10)
- C4Q5_9A Did (S.C.) receive all the eyeglasses or vision care that (he/she) needed?
- C4Q05_10 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Hearing aids or hearing care?
(0) NO (SKIP TO C4Q05_11)
(1) YES
(6) DON'T KNOW (SKIP TO C4Q05_11)
(7) REFUSED (SKIP TO C4Q05_11)
- C4Q5_10A Did (S.C.) receive all the hearing aids or care that (he/she) needed?
- C4Q05_11 (SKIP TO C4Q05_13 IF S.C. < 36 MONTHS (3 YEARS)).
(During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Mobility aids or devices, such as canes, crutches, wheelchairs, or scooters?
(0) NO (SKIP TO C4Q05_12)
(1) YES
(6) DON'T KNOW (SKIP TO C4Q05_12)
(7) REFUSED (SKIP TO C4Q05_12)
- C4Q5_11A Did (S.C.) receive all the mobility aids or devices that (he/she) needed?
- C4Q05_12 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Communication aids or devices, such as communication boards?
(0) NO (SKIP TO C4Q05_13)
(1) YES
(6) DON'T KNOW (SKIP TO C4Q05_13)
(7) REFUSED (SKIP TO C4Q05_13)
- C4Q5_12A Did (S.C.) receive all the communication aids or devices that (he/she) needed?
- C4Q05_13 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Medical supplies?
(0) NO (SKIP TO C4Q05_14)
(1) YES
(6) DON'T KNOW (SKIP TO C4Q05_14)
(7) REFUSED (SKIP TO C4Q05_14)
- C4Q5_13A Did (S.C.) receive all the medical supplies that (he/she) needed?
- C4Q05_14 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Other medical equipment?
(0) NO (SKIP TO C4Q06)
(1) YES
(6) DON'T KNOW (SKIP TO C4Q06)
(7) REFUSED (SKIP TO C4Q06)
- C4Q5_14A Did (S.C.) receive all the medical equipment that (he/she) needed?
- C4Q06_0A During the past 12 months/ Since **(his/her)** birth, was there any time when you or other family members needed professional care coordinating among the different health care providers and services that (S.C.) uses?
(0) NO (SKIP TO C4Q06_01)

- (1) YES
- (6) DON'T KNOW (SKIP TO C4Q06_01)
- (7) REFUSED (SKIP TO C4Q06_01)

C4Q6X0AA Did you or your family receive all the professional care coordination that was needed?

- C4Q06_01 (During the past 12 months/ Since **(his/her)** birth, was there any time when you or other family members needed) Respite care, for example having someone care for **(S.C.)** so that you or family members could do other things?
- (0) NO (SKIP TO C4Q06_02)
 - (1) YES
 - (6) DON'T KNOW (SKIP TO C4Q06_02)
 - (7) REFUSED (SKIP TO C4Q06_02)

C4Q6_1A Did you or your family receive all the respite care that was needed?

- (0) No
- (1) YES (SKIP TO C4Q06_02)
- (6) DON'T KNOW (SKIP TO C4Q06_02)
- (7) REFUSED (SKIP TO C4Q06_02)

INTRODUCTION TO C4Q6_1B

Why did you or your family not get the respite care that was needed?
(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C4Q6_1B1	COST TOO MUCH	0	1	6	7
C4Q6_1B2	HEALTH PLAN PROBLEM	0	1	6	7
C4Q6_1B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C4Q6_1B4	NOT CONVENIENT TIMES	0	1	6	7
C4Q6_1B5	OTHER (SKIP TO C4Q6_1OE)	0	1	6	7

C4Q0601OE VERBATIM RESPONSE: WHY YOU OR FAMILY DID NOT GET ALL NEEDED RESPITE CARE

- C4Q06_02 (During the past 12 months/ Since **(his/her)** birth, was there any time when you or other family members needed) Genetic counseling for advice about inherited conditions related to **(S.C.)**'s medical, behavioral, or other health conditions?
- (0) NO (SKIP TO C4Q06_03)
 - (1) YES
 - (6) DON'T KNOW (SKIP TO C4Q06_03)
 - (7) REFUSED (SKIP TO C4Q06_03)

C4Q6_2A Did you or your family receive all the genetic counseling that was needed?

- (0) No
- (1) YES (SKIP TO C4Q6_03)
- (6) DON'T KNOW (SKIP TO C4Q06_03)
- (7) REFUSED (SKIP TO C4Q06_03)

INTRODUCTION TO C4Q6_2B

Why did you or your family not get the genetic counseling that was needed?
(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C4Q6_2B1	COST TOO MUCH	0	1	6	7
C4Q6_2B2	HEALTH PLAN PROBLEM	0	1	6	7

C4Q6_2B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0 1 6 7
C4Q6_2B4	NOT CONVENIENT TIMES	0 1 6 7
C4Q6_2B5	OTHER (SKIP TO C4Q6_2OE)	0 1 6 7

C4Q0602OE VERBATIM RESPONSE: WHY YOU OR FAMILY DID NOT GET NEEDED GENETIC COUNSELING

C4Q06_03 (During the past 12 months/ Since **(his/her)** birth, was there any time when you or other family members needed) Mental health care or counseling related to (S.C.)'s medical, behavioral, or other health conditions?
 (0) NO **(SKIP TO C4Q07)**
 (1) YES
 (6) DON'T KNOW **(SKIP TO C4Q07)**
 (7) REFUSED **(SKIP TO C4Q07)**

C4Q6_3A Did you or your family receive all the mental health care or counseling that was needed?
 (0) No
 (1) YES **(SKIP TO C4Q07)**
 (6) DON'T KNOW **(SKIP TO C4Q07)**
 (7) REFUSED **(SKIP TO C4Q07)**

INTRODUCTION TO C4Q6_3B

Why did you or your family not get the mental health care or counseling that was needed?
 (CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N Y D R
C4Q6_3B1	COST TOO MUCH	0 1 6 7
C4Q6_3B2	HEALTH PLAN PROBLEM	0 1 6 7
C4Q6_3B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0 1 6 7
C4Q6_3B4	NOT CONVENIENT TIMES	0 1 6 7
C4Q6_3B5	OTHER (SKIP TO C4Q6_3OE)	0 1 6 7

C4Q0603OE VERBATIM RESPONSE: WHY YOU OR YOUR FAMILY DID NOT GET ALL MENTAL HEALTH CARE OR COUNSELING YOU WANTED

C4Q07 In the past 12 months/ Since **(his/her)** birth, how much of a problem, if any, was it to get a referral to a specialist that **(S.C.)** needed to see? Was it a big problem, a small problem, or not a problem?
 (1) A BIG PROBLEM
 (2) A SMALL PROBLEM
 (3) NOT A PROBLEM
 (4) CHILD DID NOT NEED TO SEE A SPECIALIST IN THE PAST 12 MONTHS
 (5) DON'T NEED REFERRALS
 (6) DON'T KNOW
 (7) REFUSED

SECTION 5. CARE COORDINATION

- C5Q02 **IF C4Q06_0A = 0, 6, OR 7, SKIP TO C5Q06.**
Earlier you told me that you or other family members needed professional assistance coordinating (S.C.)'s care. How often does a professional help you coordinate (S.C.)'s care among (his/her) different providers and services? Would you say:
- (1) Never **(SKIP TO C5Q06)**
 - (2) Sometimes
 - (3) Usually
 - (4) Always
 - (6) DON'T KNOW **(SKIP TO C5Q06)**
 - (7) REFUSED **(SKIP TO C5Q06)**
- C5Q03 **IF C4Q02A = 0, 6, OR 7 SKIP TO C5Q03A.**
Is this person in (S.C.)'s [PERSON SELECTED IN C4Q02B]'s office?
- (0) NO
 - (1) YES **(SKIP TO C5Q04)**
 - (6) DON'T KNOW **(SKIP TO C5Q04)**
 - (7) REFUSED **(SKIP TO C5Q04)**
- C5Q03A Who does this person work for?
- (1) HEALTH INSURANCE PLAN
 - (2) MATERNAL AND CHILD HEALTH PROGRAM
 - (3) OTHER STATE AGENCY
 - (4) SPECIALTY OR OTHER DOCTOR
 - (5) OTHER **(SKIP TO C5Q03B)**
 - (6) DON'T KNOW
 - (7) REFUSED
 - (8) SCHOOL
 - (9) INDEPENDENT AGENCY/SELF-EMPLOYED
 - (10) HOSPITAL
- C5Q03B VERBATIM RESPONSE: WHO DOES THIS PERSON WORK FOR
- C5Q04 Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the help you have received in coordinating (S.C.)'s care?
- C5Q05 How well do you think (S.C.)'s doctors and other health care providers communicate with each other about (S.C.)'s care? Would you say their communication is:
- (1) Excellent
 - (2) Very Good
 - (3) Good
 - (4) Fair or
 - (5) Poor
 - (6) COMMUNICATION NOT NEEDED
 - (96) DON'T KNOW
 - (97) REFUSED
- C5Q06 How well do you think (S.C.)'s doctors and other health care providers communicate with (his/her) school, early intervention program, child care providers, or vocational rehabilitation program? Would you say their communication is:
- (1) Excellent
 - (2) Very Good
 - (3) Good

- (4) Fair or
- (5) Poor
- (6) COMMUNICATION NOT NEEDED
- (96) DON'T KNOW
- (97) REFUSED

C5Q07 Have you heard of (**Title V program name in this state**), the title 5 program in the [**FILL STATE**]?

- (0) NO (SKIP TO C6Q01)
- (1) YES
- (6) DON'T KNOW (SKIP TO C6Q01)
- (7) REFUSED (SKIP TO C6Q01)

C5Q08 Does (**S.C.**) get any health care services, care coordination, medications, equipment, or supplies through the (**Title V**) program, the Title 5 program in [**STATE**]?

- (0) NO
- (1) YES
- (6) DON'T KNOW
- (7) REFUSED

SECTION 6. SATISFACTION WITH CARE

C6Q01 In the past 12 months/ Since **(his/her)** birth, how many times did **(S.C.)** visit a doctor or other health care provider? Do not count visits while staying overnight in a hospital.

____ NUMBER OF VISITS [RANGE 000-100]

(0) NO VISITS IN PAST 12 MONTHS
(996) DON'T KNOW (SKIP TO C6Q02)
(997) REFUSED (SKIP TO C6Q02)

IF C6Q01 > 0 AND < 30, SKIP TO C6Q02.

C6Q01_A I have **(ANSWER FROM C6Q01)** visits. Is that correct?
(0) NO (SKIP BACK TO C6Q01)
(1) YES

C6Q0A **IF S.C. IS 12 YEARS OLD OR YOUNGER, SKIP TO C6Q0C.**
Have **(S.C.)**'s doctors or other health care providers talked with you or **(S.C.)** about how **(his/her)** health care needs might change when **(he/she)** becomes an adult?
(0) NO (SKIP TO C6Q0B)
(1) YES
(6) DON'T KNOW (SKIP TO C6Q0B)
(7) REFUSED (SKIP TO C6Q0B)

C6Q0A_A Has a plan for addressing these changing needs been developed with **(S.C.)**'s doctor or other health care providers?

C6Q0A_B Have **(S.C.)**'s doctors or other health care providers discussed having **(S.C.)** eventually see a doctor who treats adults?

C6Q0B Has **(S.C.)** received any vocational or career training to help **(him/her)** prepare for a job when **(he/she)** becomes an adult?

C6Q0C Thinking about **(S.C.)**'s health needs and the services **(he/she)** receives, how satisfied or dissatisfied are you with those services? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?

C6Q0D Thinking about the services **(S.C.)** needs, are those services organized in a way that makes them easy to use? Would you say this is true never, sometimes, usually or always?

C6Q02 **IF C6Q01_A = 1 AND C6Q01 = 0, SKIP TO C7Q01.**
In the past 12 months/ Since **(his/her)** birth, how often did **(S.C.)**'s doctors and other health care providers spend enough time with **(him/her)**? Would you say never, sometimes, usually, or always?

C6Q03 In the past 12 months/ Since **(his/her)** birth, how often did **(S.C.)**'s doctors and other health care providers listen carefully to you? Would you say never, sometimes, usually, or always?

C6Q04 When **(S.C.)** is seen by doctors or other health care providers, how often are they sensitive to your family's values and customs? Would you say never, sometimes, usually, or always?

C6Q05 Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child now, and what changes to expect in the future. In the past

12 months, how often did you get the specific information you needed from (S.C.)'s doctors and other health care providers? Would you say never, sometimes, usually, or always?

C6Q06

In the past 12 months/ Since (his/her) birth, how often did (S.C.)'s doctors or other health care providers help you feel like a partner in (his/her) care? Would you say never, sometimes, usually, or always?

SECTION 7. HEALTH INSURANCE

- C7Q03 Now I have a few questions about health insurance and health care coverage for (S.C.). At this time, is (S.C.) covered by health insurance that is provided through an employer or union or obtained directly from an insurance company?
- IF ONLY PLAN NAME OFFERED, PROBE:** Is this insurance provided through an employer or union or obtained directly from an insurance company? DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE.
- (0) No (SKIP TO C7Q01)
(1) YES
(6) DON'T KNOW (SKIP TO C7Q01)
(7) REFUSED (SKIP TO C7Q01)
- C7Q03A Does this health insurance help pay for both doctor visits and hospital stays?
- C7Q01 At this time, is (S.C.) covered by Medicaid, a health insurance program for persons with certain income levels and persons with disabilities? **[FILL IF APPLICABLE: In this state, the program is sometimes called (STATE PROGRAM)].**
- C7Q02 **IF MEDICAID AND SCHIP HAVE THE SAME NAME OR THERE IS NO SCHIP PROGRAM IN THE STATE (AS DENOTED IN NOSCHIP), SKIP TO C7Q04**
At this time, is (S.C.) covered by the State Children's Health Insurance Program or S-CHIP? In this state, the program is sometimes called **(S-CHIP name)**.
- C7Q04 At this time, is (S.C.) covered by military health care, TRICARE, CHAMPUS, or CHAMP-VA?
- C7Q06 At this time, is (S.C.) enrolled in a Title 5 program? In (STATE), the program is sometimes called **(State Title V plan name)**.
- C7Q07 At this time, is (S.C.) covered by any other kind of health insurance or health care plan that pays for services obtained from hospitals, doctors, and other health professionals? (DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE.)
- (0) NO (SKIP TO C7Q09)
(1) YES
(6) DON'T KNOW (SKIP TO C7Q09)
(7) REFUSED (SKIP TO C7Q09)
- C7Q08 What kind of health plan is it?
IF ONLY INITIALS OR PARTIAL PLAN NAME OFFERED, PROBE FOR FULL NAME.
- DO NOT INCLUDE DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE. IF ONE OF THESE PLANS OFFERED ONLY, BACK UP TO PREVIOUS QUESTION AND CHANGE ANSWER TO 'NO'.
- RECORD VERBATIM RESPONSE _____
- C7Q08A Does this health insurance help pay for both doctor visits and hospital stays?
- (0) NO (SKIP TO C7Q09)
(1) YES
(6) DON'T KNOW (SKIP TO C7Q09)
(7) REFUSED (SKIP TO C7Q09)

C7Q08B Is this health insurance provided through an employer?

C7Q09 **IF C7Q01, C7Q02, C7Q03A, C7Q04, C7Q06, OR C7Q08A = 1, SKIP TO C7Q11;
ELSE ASK C7Q09 IF C7Q01, C7Q02, C7Q03A, C7Q04, C7Q06, C7Q08A = 0, 6, 7.**
It appears that (S.C.) does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that correct?
(0) NO
(1) YES (SKIP TO C7Q13)
(6) DON'T KNOW (SKIP TO C9Q01)
(7) REFUSED (SKIP TO C9Q01)

INTRODUCTION TO C7Q10

At this time, what kind of health coverage does (S.C.) have? Any other kind? MARK SINGLE SERVICE PLAN ONLY IF VOLUNTEERED AS TYPE OF HEALTH INSURANCE.
MARK ALL THAT APPLY

RESPONSE CATEGORIES*

		N	Y	D	R
C7Q10_01	MEDICAID (FILL STATE PROGRAM NAME, IF APPLICABLE)	0	1	6	7
C7Q10_02	MEDICARE	0	1	6	7
C7Q10_03	TITLE V (FILL STATE PROGRAM NAME, IF APPLICABLE)	0	1	6	7
C7Q10_04	SCHIP (FILL STATE PROGRAM NAME, IF APPLICABLE)	0	1	6	7
C7Q10_05	MEDIGAP	0	1	6	7
C7Q10_06	MILITARY	0	1	6	7
C7Q10_07	INDIAN HEALTH SERVICE	0	1	6	7
C7Q10_08	PRIVATE INSURANCE (SKIP TO C7Q10A)	0	1	6	7
C7Q10_09	SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC) (SKIP TO C7Q15)	0	1	6	7
C7Q10_10	OTHER (SKIP TO C7Q10C)	0	1	6	7

IF RESPONDENT ANSWERS, "DON'T KNOW," SKIP TO C7Q10B.

NOTE: IF C7Q10_08 AND C7Q10_10 BOTH CHOSEN, CONTINUE TO C7Q10A. IF NO OTHER SKIP LOGIC APPLICABLE, SKIP TO C7Q11.

C7Q10A Does this private health insurance help pay for both doctor visits and hospital stays?
(0) NO (IF C7Q10_10 = 1, SKIP TO C7Q10C, ELSE SKIP TO DECISION RULE AT SECTION END)
(1) YES (SKIP TO C7Q11)
(6) DON'T KNOW (SKIP TO C7Q11)
(7) REFUSED (SKIP TO C7Q11)

C7Q10C VERBATIM RESPONSE: AT THIS TIME, WHAT KIND OF HEALTH COVERAGE DOES S.C. HAVE

C7Q10B Does this other health insurance help pay for both doctor visits and hospital stays?
(0) NO (SKIP TO DECISION RULE AT SECTION END)
(1) YES
(6) DON'T KNOW
(7) REFUSED

C7Q11 In the past 12 months/ Since (his/her) birth, was there any time when (S.C.) was not covered by ANY health insurance?
(0) NO (SKIP TO C8Q01_A)
(1) YES
(6) DON'T KNOW (SKIP TO C8Q01_A)

(7) REFUSED

(SKIP TO C8Q01_A)

C7Q12 In the past 12 months/ Since (his/her) birth, about how many months was (S.C.) without any health insurance or coverage?
[IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH]

(ALL SKIP TO C8Q01_A)

C7Q13 About how long has it been since (S.C.) last had health coverage?
(1) 6 MONTHS OR LESS
(2) MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
(3) MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO (GO TO DECISION RULE AT SECTION END)
(4) MORE THAN 3 YEARS (GO TO DECISION RULE AT SECTION END)
(5) NEVER (GO TO DECISION RULE AT SECTION END)
(6) DON'T KNOW (GO TO DECISION RULE AT SECTION END)
(7) REFUSED (GO TO DECISION RULE AT SECTION END)

C7Q14 In the past 12 months/ Since (his/her) birth, about how many months was (S.C.) without any health insurance or coverage?
[IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH]

IF C7Q14=12, 96, OR 97, GO TO SECTION 8.

INTRODUCTION TO C7Q15

WHEN S.C. IS YOUNGER THAN 12 MONTHS OF AGE, IF C7Q14=AGE OF S.C. IN MONTHS, GO TO SECTION 8.

During the (12 - C7Q14) / [IF S.C. IS YOUNGER THAN 12 MONTHS, During (S.C. AGE IN MONTHS -C7Q14)] months when (S.C.) DID have health coverage, what kind of health coverage did (S.C.) have? [PROBE: Any other kind?]

MARK ALL THAT APPLY

RESPONSE CATEGORIES*

		N	Y	D	R
C7Q15_01	MEDICAID (FILL STATE PROGRAM NAME, IF APPLICABLE)	0	1	6	7
C7Q15_02	MEDICARE	0	1	6	7
C7Q15_03	TITLE V (FILL STATE PROGRAM NAME, IF APPLICABLE)	0	1	6	7
C7Q15_04	SCHIP (FILL STATE PROGRAM NAME, IF APPLICABLE)	0	1	6	7
C7Q15_05	MEDIGAP	0	1	6	7
C7Q15_06	MILITARY	0	1	6	7
C7Q15_07	INDIAN HEALTH SERVICE	0	1	6	7
C7Q15_08	PRIVATE INSURANCE (SKIP TO C7Q10A)	0	1	6	7
C7Q15_09	SINGLE SERVICE PLAN (DENTAL, VISION, PRESCRIPTIONS, ETC) (SKIP TO C7Q15)	0	1	6	7
C7Q15_10	OTHER (SKIP TO C7Q10C)	0	1	6	7

ALL BUT C7Q15_10, SKIP TO DECISION RULE AT END OF SECTION.

C7Q15A VERBATIM RESPONSE: PARTIAL YEAR HEALTH COVERAGE, WHAT KIND

(SKIP TO DECISION RULE AT END OF SECTION)

DECISION RULE: IF CHILD HAS NO INSURANCE OF ANY KIND OR INSURANCE IS NOT COMPREHENSIVE, I.E., DOES NOT PAY FOR BOTH DOCTOR VISITS AND HOSPITAL STAYS, SKIP TO C9Q01.

SECTION 8. ADEQUACY OF HEALTH CARE COVERAGE

- C8Q01_A The next questions are about **(S.C.)**'s health insurance or health care plans. Does **(S.C.)**'s health insurance offer benefits or cover services that meet **(his/her)** needs? Would you say:
- (1) Never
 - (2) Sometimes
 - (3) Usually
 - (4) Always
 - (6) DON'T KNOW
 - (7) REFUSED
- C8Q01_B Are the costs not covered by **(S.C.)**'s health insurance reasonable? Would you say: (never, sometimes, usually, always?)
- C8Q01_C Does **(S.C.)**'s health insurance allow **(him/her)** to see the health care providers **(he/she)** needs? Would you say: (never, sometimes, usually, always?)
- C8Q02 In the past 12 months/ Since **(his/her)** birth, have you called or written to [**(S.C.)**'s/**any of (S.C.)**'s)] health care plan(s) with a complaint or problem?
- C8Q03 We want to know your rating of all your experience with **(S.C.)**'s current health care plan(s). Use any number from zero to ten where zero is the worst health plan possible and 10 is the best health care plan possible. How would you rate **(S.C.)**'s health care plan(s) now?
- C8Q04 If you had the chance, would you switch to a different health care plan for **(S.C.)**? Would you say:
- (1) Definitely yes
 - (2) Probably yes
 - (3) Probably not or
 - (4) Definitely not
 - (6) DON'T KNOW
 - (7) REFUSED
- C8Q05 Do you have enough information about how **(S.C.)**'s health plan(s) works?
- C8Q06 Do you believe **(S.C.)**'s health plan(s) is good for children with special health care needs?

SECTION 9. IMPACT ON THE FAMILY

- C9Q01 The next question is about the amount of money paid (during the past 12 months/ since **(his/her)** birth) for **(S.C.)**'s medical care. Please do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. But do include out-of-pocket payments for all types of health-related needs such as medications, special foods, adaptive clothing, durable equipment, home modifications, and any kind of therapy. (During the past 12 months/ Since **(his/her)** birth), would you say that the family paid more than \$500, \$250-\$500, less than \$250, or nothing for **(S.C.)**'s medical care?
- (1) MORE THAN \$500
 - (2) \$250-\$500 **(SKIP TO C9Q02)**
 - (3) LESS THAN \$250 **(SKIP TO C9Q02)**
 - (4) NOTHING, \$0 **(SKIP TO C9Q02)**
 - (6) DON'T KNOW **(SKIP TO C9Q02)**
 - (7) REFUSED **(SKIP TO C9Q02)**

If range is given for C9Q01:

- C9Q01_A During the past 12 months/ Since **(his/her)** birth, would you say that the family paid \$500-\$1000, \$1000-\$5000, or more than \$5000 for **(S.C.)**'s medical care?
- (1) MORE THAN \$5000
 - (2) \$1001-\$5000
 - (3) \$501-\$1000
 - (6) DON'T KNOW
 - (7) REFUSED

- C9Q02 Many families provide health care at home such as changing bandages, care of feeding or breathing equipment, giving medication and therapies, and providing transportation to appointments. Do you or other family members provide health care at home for **(S.C.)**?
- (0) No **(SKIP TO C9Q04)**
 - (1) YES
 - (6) DON'T KNOW **(SKIP TO C9Q04)**
 - (7) REFUSED **(SKIP TO C9Q04)**

- C9Q03 How many hours per week do you or other family members spend providing this kind of care?
- _____ HOURS PER WEEK [RANGE 0-168]
- (0) LESS THAN ONE HOUR
 - (168) AROUND THE CLOCK
 - (996) DON'T KNOW
 - (997) REFUSED

IF C9Q03 < 30 OR = 168, 996 OR 997, SKIP TO C9Q04.

- C9Q03_A I have **(ANSWER FROM C9Q03)** hours. Is that correct?
- (0) NO **(SKIP BACK TO C9Q03)**
 - (1) YES

- C9Q04 How many hours per week do you or other family members spend arranging or coordinating **(S.C.)**'s care? By this I mean making appointments, making sure that care providers are exchanging information, and following up on **(S.C.)**'s care needs.

_____ HOURS PER WEEK [0-168]

- (0) LESS THAN ONE HOUR
- (168) AROUND THE CLOCK
- (996) DON'T KNOW
- (997) REFUSED

IF C9Q04 < 30 OR = 168, 996, OR 997, SKIP TO C9Q05.

- C9Q04_A I have (ANSWER FROM C9Q04) hours. Is that correct?
(0) NO (SKIP BACK TO C9Q04)
(1) YES
- C9Q05 **IF CHILD HAS SPECIAL HEALTH CARE NEEDS, USE THIS WORDING:** Has (S.C.)'s health conditions caused financial problems for your family
- C9Q06 Have you or other family members cut down on the hours you work in order to care for (S.C.)?
- C9Q07 Have you needed additional income to cover (S.C.)'s medical expenses?
- C9Q10 Have you or other family members stopped working because of (S.C.)'s health conditions?

SECTION 11. INCOME

IF AN NIS INTERVIEW WAS DONE IN THIS HH, SKIP TO C11Q11; OTHERWISE CONTINUE

TOTPERS - DERIVED. TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD (RENAMED QUESTION C11Q01_A)

Now I have some questions about your household. Please tell me how many people live in this household, including all children and anyone who normally lives here even if they are not here now, like someone who is away traveling or in a hospital.

_____ PERSONS [RANGE 01-30]

(96) DON'T KNOW

(97) REFUSED

C11Q01 What was the total combined income of your household in **(FILL LAST CALENDAR YEAR)**, including income from all sources including wages, salaries, unemployment payments, public assistance, Social Security or retirement benefits, help from relatives and so forth? Can you tell me that amount before taxes?

RECORD INCOME \$ _____

(99999996) DON'T KNOW

(SKIP TO W9Q02)

(99999997) REFUSED

(SKIP TO W9Q02)

C11CONF Just to confirm that I entered it correctly, your income was **(AMOUNT FROM C11Q01)**. Is that correct?

(0) NO

(SKIP BACK TO C11Q01)

(1) YES

(SKIP TO C11Q12)

W9Q02 For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in **(FILL YEAR)**. Would you say that the total combined income, before taxes, was above or below \$20,000?

(1) MORE THAN \$20,000

(SKIP TO W9Q06)

(2) \$20,000

(SKIP TO C11Q12)

(3) LESS THAN \$20,000

(SKIP TO W9Q03)

(6) DON'T KNOW

(SKIP TO C11Q12)

(7) REFUSED

(SKIP TO C11Q12)

TOTAL COMBINED HOUSEHOLD INCOME CASCADE QUESTIONS (TO DETERMINE RANGE OF INCOME) DELETED

C11Q12 Does **(S.C.)** receive SSI, that is, Supplemental Security Income?

(1) YES

(0) NO

(SKIP TO C11Q11)

(6) DON'T KNOW

(SKIP TO C11Q11)

(7) REFUSED

(SKIP TO C11Q11)

C11Q13 Is this for a disability (**he/she**) has?

C11Q11 **ASK ONLY IN HH WITH INCOME UNDER 200% POVERTY, BASED ON RESULTS FROM TABLE, ELSE SKIP TO C11Q14**

At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from a state or county welfare program, such as [**FILL STATE NAME PROGRAM**]?

SECTION 12. MEDICAID AND S-CHIP KNOWLEDGE AND EXPERIENCE

NOTE: IF CHILD IN HOUSEHOLD SAMPLED FOR HEALTH INSURANCE CONTROL SAMPLE INTERVIEW, C12CHECK1 BELOW, SENDS THEM TO SECTION 13 FOR HEALTH CARE UTILIZATION AND BARRIERS TO CARE QUESTIONS PRIOR TO THEIR RECEIVING SECTION 12 QUESTIONS. ONCE THESE CHILDREN HAVE COMPLETED SECTION 13, THEY RETURN TO C12CHECK2, BELOW, TO CONTINUE WITH SECTION 12.

(C12CHECK1) IF HOUSEHOLD INCOME IS BELOW 200% POVERTY BASED ON RESULTS FROM REFERENCE TABLE AND CHILD IS UNINSURED, AND CHILD IS SAMPLED FOR HEALTH INSURANCE CONTROL SAMPLE INTERVIEW (NEEDTYPE=N), SKIP TO C13Q1.

(C12CHECK2) IF HOUSEHOLD INCOME IS BELOW 200% POVERTY BASED ON RESULTS FROM REFERENCE TABLE AND CHILD IS UNINSURED, CONTINUE WITH C12Q1.

C12Q1 Earlier, you told me that (S.C.) does not have health insurance. What is the main reason (S.C.) does not have health insurance now?

- (1) COSTS TOO MUCH
- (2) DON'T NEED INSURANCE/DON'T GET SICK/CAN GET FREE OR REDUCED PRICE CARE/CHEAPER TO SELF-PAY/PREFER TO SELF-PAY
- (3) NO ONE IN FAMILY CURRENTLY EMPLOYED
- (4) CAN'T GET INSURANCE THROUGH EMPLOYER/SELF-EMPLOYED
- (5) INELIGIBLE DUE TO CHILD'S HEALTH STATUS
- (6) INELIGIBLE DUE TO AGE / LEFT SCHOOL
- (7) INELIGIBLE DUE TO RULE VIOLATION/REFUSED TO FOLLOW APPLICATION RULES
- (8) INELIGIBLE DUE TO INCREASE IN INCOME
- (9) INSURANCE ENDED AFTER PREGNANCY
- (10) USED UP AVAILABLE BENEFITS
- (11) DON'T KNOW HOW TO GET INSURANCE
- (12) OTHER **(SKIP TO C12Q1OE)**
- (13) NO OTHER REASONS - NOTE: THIS IS A RESERVE CODE USED FOR CATI PURPOSE ONLY**
- (14) CHANGING JOBS OR INSURANCE POLICIES
- (15) DUE TO CITIZENSHIP/LACK OF SOCIAL SECURITY NUMBER
- (16) HAVE APPLIED—WAITING FOR PAPERWORK TO CLEAR OR WAITING PERIOD TO END
- (17) JUST DON'T HAVE/HAVEN'T APPLIED/INTEND TO APPLY BUT HAVEN'T DONE SO
- (19) MOVED BETWEEN STATES OR REGIONS
- (20) HAVE INSURANCE BUT IT IS NOT COMPREHENSIVE
- (21) PROBLEMS WITH LAST PLAN, I.E., DIDN'T RECERTIFY, PAPERWORK PROBLEMS, PLAN JUST EXPIRED
- (22) APPLICATION PROCESS TOO COMPLICATED
- (23) INELIGIBLE - OTHER REASON OR UNKNOWN REASON
- (24) DON'T LIKE AVAILABLE INSURANCE CHOICES OR PLAN FEATURES/DON'T WANT WELFARE OR GOVERNMENT ASSISTANCE
- (25) OTHER PARENT'S RESPONSIBILITY/LACK OF LEGAL CUSTODY
- (96) DON'T KNOW **(SKIP TO C12Q2)**
- (97) REFUSED **(SKIP TO C12Q2)**

C12Q1OE VERBATIM: WHY S.C. DOES NOT HAVE HEALTH INSURANCE NOW

INTRODUCTION TO C12Q1A

Are there any other reasons?
(MARK ALL THAT APPLY)]

RESPONSE CATEGORIES*

		N	Y	D	R
C12Q1A01	COSTS TOO MUCH	0	1	6	7
C12Q1A02	DON'T NEED INSURANCE/DON'T GET SICK	0	1	6	7
C12Q1A03	NO ONE IN FAMILY CURRENTLY EMPLOYED	0	1	6	7
C12Q1A04	CAN'T GET INSURANCE THROUGH EMPLOYER	0	1	6	7
C12Q1A05	INELIGIBLE DUE TO CHILD'S HEALTH STATUS	0	1	6	7
C12Q1A06	INELIGIBLE DUE TO AGE / LEFT SCHOOL	0	1	6	7
C12Q1A07	INELIGIBLE DUE TO RULE VIOLATION	0	1	6	7
C12Q1A08	INELIGIBLE DUE TO INCREASE IN INCOME	0	1	6	7
C12Q1A09	INSURANCE ENDED AFTER PREGNANCY	0	1	6	7
C12Q1A10	USED UP AVAILABLE BENEFITS	0	1	6	7
C12Q1A11	DON'T KNOW HOW TO GET INSURANCE	0	1	6	7
C12Q1A12	OTHER (SKIP TO C12Q1AOE)	0	1	6	7
C12Q1A13	NO OTHER RESPONSES	0	1	6	7

C12Q1AOE VERBATIM RESPONSE: ARE THERE ANY OTHER REASONS

C12Q2 Before today, had you ever heard of Medicaid (OR [STATE MEDICAID NAME])?
(0) No (SKIP TO INSTRUCTION BEFORE C12Q3)
(1) YES
(6) DON'T KNOW (SKIP TO INSTRUCTION BEFORE C12Q3)
(7) REFUSED (SKIP TO INSTRUCTION BEFORE C12Q3)

C12Q2A Based on what you know about Medicaid, (OR [STATE MEDICAID NAME]), how easy or difficult do you think it is to complete an application for this program? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

C12Q2B Has (S.C.) ever been enrolled in Medicaid (OR [STATE MEDICAID NAME])?
(0) No
(1) YES (SKIP TO C12Q2D)
(6) DON'T KNOW
(7) REFUSED

C12Q2C Have you ever applied for Medicaid (OR [STATE MEDICAID NAME]) for (S.C.)?
(0) NO (SKIP TO INSTRUCTION BEFORE C12Q3)
(1) YES
(6) DON'T KNOW (SKIP TO INSTRUCTION BEFORE C12Q3)
(7) REFUSED (SKIP TO INSTRUCTION BEFORE C12Q3)

C12Q2D When was the last time that you applied for Medicaid (OR [STATE MEDICAID NAME]) for (S.C.)?

ENTER NUMBER _____

IF DAYS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-365.
IF WEEKS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-52.
IF MONTHS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-12.
IF YEARS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-SC'S AGE.

(996) DON'T KNOW
(997) REFUSED

C12Q2D1 ENTER PERIOD
(1) DAYS
(2) WEEK(S)
(3) MONTH(S)
(4) YEARS
(6) DON'T KNOW
(7) REFUSED

(IF MEDICAID AND S-CHIP HAVE THE SAME NAME OR THERE IS NO S-CHIP PROGRAM IN THE STATE, AS DENOTED IN NOSCHIP, SKIP TO C12Q4)

C12Q3 Before today, had you ever heard of [STATE SCHIP NAME]?
(0) NO (SKIP TO INSTRUCTION BEFORE C12Q4)
(1) YES
(6) DON'T KNOW (SKIP TO INSTRUCTION BEFORE C12Q4)
(7) REFUSED (SKIP TO INSTRUCTION BEFORE C12Q4)

C12Q3A Based on what you know about [STATE SCHIP NAME], how easy or difficult do you think it is to complete an application for this program? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

C12Q3B Has (S.C.) ever been enrolled in [STATE SCHIP NAME]?
(0) NO
(1) YES (SKIP TO C12Q3D)
(6) DON'T KNOW
(7) REFUSED

C12Q3C Have you ever applied for [STATE SCHIP NAME] for (S.C.)?
(0) NO (SKIP TO INSTRUCTION BEFORE C12Q4)
(1) YES
(6) DON'T KNOW (SKIP TO INSTRUCTION BEFORE C12Q4)
(7) REFUSED (SKIP TO INSTRUCTION BEFORE C12Q4)

C12Q3D When was the last time that you applied for [STATE SCHIP NAME] for (S.C.)?

ENTER NUMBER _____
IF DAYS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-365.
IF WEEKS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-52.
IF MONTHS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-12.
IF YEARS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-SC'S AGE.
(996) DON'T KNOW
(997) REFUSED

C12Q3D1 ENTER PERIOD
(1) DAYS
(2) WEEK(S)
(3) MONTH(S)
(4) YEARS
(6) DON'T KNOW
(7) REFUSED

Are there any other reasons?
(MARK ALL THAT APPLY)]

RESPONSE CATEGORIES*

		N	Y	D	R
C12Q6B01	INSURANCE NOT NEEDED	0	1	6	7
C12Q6B02	COSTS TOO MUCH	0	1	6	7
C12Q6B03	DON'T LIKE PEOPLE AT APPLICATION OFFICE	0	1	6	7
C12Q6B04	DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN	0	1	6	7
C12Q6B05	HEARD BAD THINGS ABOUT PROGRAM	0	1	6	7
C12Q6B06	TAKES TOO MUCH TIME TO APPLY	0	1	6	7
C12Q6B07	DON'T WANT TO MEET APPLICATION REQUIREMENTS	0	1	6	7
C12Q6B08	DON'T WANT WELFARE / PUBLIC ASSISTANCE	0	1	6	7
C12Q6B09	WORRIES ABOUT CITIZENSHIP	0	1	6	7
C12Q6B10	OTHER (SKIP TO C12Q6BOE)	0	1	6	7
C12Q6B11	NO OTHER REASONS	0	1	6	7

IF C12Q2B = 1 OR C12Q3B = 1, SKIP TO INSTRUCTION BEFORE C11Q14.

C12Q6BOE VERBATIM RESPONSE: WHAT IS THE MAIN REASON YOU WOULD NOT WANT TO ENROLL S.C. IN MEDICAID (OR STATE MEDICAID NAME OR STATE SCHIP NAME)

[SKIP TO INSTRUCTIONS BEFORE C12Q7]

C12Q6C. **IF C12Q5 NE '1' THEN SKIP TO INSTRUCTIONS BEFORE C12Q7, ELSE ASK:**

What is the main reason (S.C.) (or S.C.) (is/are) not enrolled in Medicaid (OR [STATE MEDICAID NAME]) (OR [STATE SCHIP NAME])?

- (1) INSURANCE NOT NEEDED
- (2) COSTS TOO MUCH
- (3) DON'T LIKE PEOPLE AT APPLICATION OFFICE
- (4) DON'T LIKE DOCTORS / PROVIDERS IN HEALTH PLAN
- (5) HEARD BAD THINGS ABOUT PROGRAM
- (6) TAKES TOO MUCH TIME TO APPLY
- (7) DON'T WANT TO MEET PROGRAM APPLICATION REQUIREMENTS
- (8) DON'T ACCEPT WELFARE/ DON'T WANT TO BE IN PUBLIC PROGRAM
- (9) WORRIES ABOUT CITIZENSHIP
- (10) OTHER (SKIP TO C12Q6COE)
- (11) APPLICATION IS PENDING
- (12) JUST HAVEN'T DONE IT/INTEND TO APPLY
- (13) DON'T KNOW WHERE/HOW TO APPLY/LACK OF INFORMATION
- (14) DIDN'T HAVE NECESSARY DOCUMENTS
- (15) TOLD WAS INELIGIBLE/DENIED IN THE PAST, DUE TO INCOME, ETC.
- (96) DON'T KNOW (SKIP TO INSTRUCTIONS BEFORE C12Q7)
- (97) REFUSED (SKIP TO INSTRUCTIONS BEFORE C12Q7)

C12Q6COE VERBATIM RESPONSE: WHAT IS THE MAIN REASON S.C.(S) (IS/ARE) NOT ENROLLED IN MEDICAID (OR STATE MEDICAID NAME OR STATE SCHIP NAME)

IF C12Q2B = 1 OR C12Q3B = 1, SKIP TO INSTRUCTION BEFORE C11Q14.

C12Q7 Have you ever tried to enroll (S.C.) in Medicaid (OR [STATE MEDICAID NAME]) (OR [STATE SCHIP NAME]) but not made it through the whole process?

- (0) NO (SKIP TO INSTRUCTION BEFORE C11Q14)

- (1) YES
- (6) DON'T KNOW (SKIP TO INSTRUCTION BEFORE C11Q14)
- (7) REFUSED (SKIP TO INSTRUCTION BEFORE C11Q14)

C12Q7A In which program did you attempt to enroll (S.C.)?
(1) Medicaid (OR [STATE MEDICAID NAME])
(2) [STATE SCHIP NAME]
(3) Both Medicaid (OR [STATE MEDICAID NAME]) and [STATE SCHIP NAME]
(6) DON'T KNOW
(7) REFUSED

C12Q7B Why did you not finish the process to apply for [this program/these programs]?
(1) TOO CONFUSING OR COMPLICATED
(2) TOO TIME CONSUMING / FORMS TOO LONG
(3) LANGUAGE/COMPREHENSION/LITERACY PROBLEMS
(4) COULDN'T GET TO APPLICATION OFFICE WHEN OPEN
(5) TRANSPORTATION PROBLEMS GETTING TO OFFICE
(6) COULDN'T GET THROUGH ON TELEPHONE
(7) DIDN'T HAVE ALL THE PAPERS NEEDED TO ENROLL
(8) PEOPLE AT APPLICATION OFFICE NOT HELPFUL
(9) TOLD CHILD INELIGIBLE B/C INCOME TOO HIGH
(10) QUESTIONS TOO PERSONAL
(11) DON'T LIKE DOCS/PROVIDERS IN PLAN
(12) GOT INSURANCE SOME OTHER WAY
(13) OTHER (SKIP TO C12Q7BOE)
(14) NOT SURE IF CHILD WAS ELIGIBLE
(15) PROCESS IS ONGOING/WAITING FOR REPLY
(96) DON'T KNOW
(97) REFUSED

C12Q7BOE VERBATIM RESPONSE: WHY DID YO NOT FINISH THE PROCESS TO APPLY FOR
(THIS PROGRAM/THESE PROGRAMS?)

IF MONTHS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-12.

C11Q21 ENTER PERIOD
(1) DAYS
(2) WEEK(S)
(3) MONTH(S)
(6) DON'T KNOW
(7) REFUSED

C11Q22 Please tell me your zip code.

_____ (00001-99995)
(99996) DON'T KNOW
(99997) REFUSED

END SCRIPT:

Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1-800-290-1296. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-223-8118. Thanks again.

[TERMINATE]

- (2) DOCTOR'S OFFICE
- (3) HOSPITAL EMERGENCY ROOM
- (4) HOSPITAL OUTPATIENT DEPARTMENT
- (5) CLINIC OR HEALTH CENTER
- (6) SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC)
- (7) SOME OTHER PLACE **(SKIP TO C13Q4A_1)**
- (8) DOES NOT GO TO ONE PLACE MOST OFTEN
- (9) FRIEND/RELATIVE
- (10) MEXICO/OTHER LOCATIONS OUT OF U.S.
- (96) DON'T KNOW
- (97) REFUSED

C13Q4A_1 VERBATIM RESPONSE: WHAT KIND OF PLACE FOR ROUTINE PREVENTIVE CARE

C13Q4B A personal doctor or nurse is the health provider who knows (S.C.) best. Do you have ONE person that you think of as (S.C.)'s personal doctor or nurse?

- (0) NO **(SKIP TO C13Q5)**
- (1) YES
- (6) DON'T KNOW **(SKIP TO C13Q5)**
- (7) REFUSED **(SKIP TO C13Q5)**

C13Q4C Is this person a general doctor, pediatrician, specialist, nurse practitioner, or physician's assistant?

- (1) GENERAL DOCTOR (SUCH AS A DOCTOR IN GENERAL PRACTICE, FAMILY OR INTERNAL MEDICINE)
- (2) PEDIATRICIAN
- (3) OTHER SPECIALIST (SUCH AS OB-GYN, SURGEONS, HEART DOCTORS, PSYCHIATRISTS, ALLERGY DOCTORS, SKIN DOCTORS, OBSTETRICIANS, OR GYNECOLOGISTS)
- (4) NURSE PRACTITIONER
- (5) PHYSICIAN'S ASSISTANT
- (6) OTHER **(SKIP TO C13Q4C_1)**
- (7) MOTHER/FRIEND/RELATIVE
- (96) DON'T KNOW
- (97) REFUSED

C13Q4C_1 VERBATIM RESPONSE: TYPE OF HEALTH CARE PROVIDER

C13Q5 People often delay or do not get needed health care. By health care I mean medical care as well as other kinds of care like dental care, mental health services, physical, occupational or speech therapies, and special education services. In the past 12 months/ Since **(his/her)** birth, have you delayed or gone without health care for **(S.C.)**?

C13Q6_01 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Routine preventive care, such as a physical examination or well child check-up?

- (0) NO **(SKIP TO C13Q6_02)**
- (1) YES
- (6) DON'T KNOW **(SKIP TO C13Q6_02)**
- (7) REFUSED **(SKIP TO C13Q6_02)**

C13Q601A Did **(S.C.)** receive all the routine preventive care that **(he/she)** needed?

- (0) No
- (1) YES **(SKIP TO C13Q6_02)**
- (6) DON'T KNOW **(SKIP TO C13Q6_02)**
- (7) REFUSED **(SKIP TO C13Q6_02)**

INTRODUCTION TO C13Q61B

Why did **(S.C.)** not get the routine preventive care **(he/she)** needed?

(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C13Q61B1	COST TOO MUCH	0	1	6	7
C13Q61B2	HEALTH PLAN PROBLEM	0	1	6	7
C13Q61B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C13Q61B4	NOT CONVENIENT TIMES	0	1	6	7
C13Q61B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C13Q61B6	OTHER (SKIP TO C13Q61OE)	0	1	6	7

C13Q601OE VERBATIM RESPONSE: WHY S.C. DID NOT GET NEEDED ROUTINE PREVENTIVE CARE

C13Q6_02 (During the past 12 months/ Since (his/her) birth, was there any time when (S.C.) needed) Care from a specialty doctor?

- (0) NO **(SKIP TO C13Q6_03)**
- (1) YES
- (6) DON'T KNOW **(SKIP TO C13Q6_03)**
- (7) REFUSED **(SKIP TO C13Q6_03)**

C13Q602A Did **(S.C.)** receive all the specialty doctor that **(he/she)** needed?

- (0) No
- (1) YES **(SKIP TO C13Q6_03)**
- (6) DON'T KNOW **(SKIP TO C13Q6_03)**
- (7) REFUSED **(SKIP TO C13Q6_03)**

INTRODUCTION TO C13Q62B

Why did **(S.C.)** not get the specialty doctor care **(he/she)** needed?

(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C13Q62B1	COST TOO MUCH	0	1	6	7
C13Q62B2	HEALTH PLAN PROBLEM	0	1	6	7
C13Q62B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C13Q62B4	NOT CONVENIENT TIMES	0	1	6	7
C13Q62B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C13Q62B6	OTHER (SKIP TO C13Q62OE)	0	1	6	7

C13Q602OE VERBATIM RESPONSE: WHY S.C. DID NOT GET THE CARE NEEDED FROM A SPECIALTY DOCTOR

C13Q6_03 (During the past 12 months/ [**WHEN S.C. IS YOUNGER THAN 12 MONTHS**] Since **(his/her)** birth, was there any time when **(S.C.)** needed) Dental care including check-ups?

- (0) NO **(SKIP TO C13Q6_04)**
- (1) YES
- (6) DON'T KNOW **(SKIP TO C13Q6_04)**
- (7) REFUSED **(SKIP TO C13Q6_04)**

C13Q603A Did **(S.C.)** receive all the dental care that **(he/she)** needed?

- (0) No
- (1) YES **(SKIP TO C13Q6_04)**
- (6) DON'T KNOW **(SKIP TO C13Q6_04)**

(7) REFUSED

(SKIP TO C13Q6_04)

INTRODUCTION TO C13Q63B

Why did (S.C.) not get the dental care (he/she) needed?

(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C13Q63B1	COST TOO MUCH	0	1	6	7
C13Q63B2	HEALTH PLAN PROBLEM	0	1	6	7
C13Q63B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C13Q63B4	NOT CONVENIENT TIMES	0	1	6	7
C13Q63B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C13Q63B6	OTHER (SKIP TO C13Q63OE)	0	1	6	7

C13Q603OE VERBATIM RESPONSE: WHY S.C. DID NOT GET ALL NEEDED DENTAL CARE

C13Q6_04 (During the past 12 months/ Since (his/her) birth, was there any time when (S.C.) needed Prescription medications.

(0) NO (SKIP TO C13Q6_05)

(1) YES

(6) DON'T KNOW (SKIP TO C13Q6_05)

(7) REFUSED (SKIP TO C13Q6_05)

C13Q604A Did (S.C.) receive all the prescription medications that (he/she) needed?

(0) No

(1) YES (SKIP TO C13Q6_05)

(6) DON'T KNOW (SKIP TO C13Q6_05)

(7) REFUSED (SKIP TO C13Q6_05)

INTRODUCTION TO C13Q64B

Why did (S.C.) not get the prescription medications (he/she) needed?

(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C13Q64B1	COST TOO MUCH	0	1	6	7
C13Q64B2	HEALTH PLAN PROBLEM	0	1	6	7
C13Q64B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C13Q64B4	NOT CONVENIENT TIMES	0	1	6	7
C13Q64B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C13Q64B6	OTHER (SKIP TO C13Q64OE)	0	1	6	7

C13Q604OE VERBATIM RESPONSE: WHY DID S.C. NOT GET THE NEEDED PRESCRIPTION MEDS

C13Q6_05 (During the past 12 months/ Since (his/her) birth, was there any time when (S.C.) needed Physical, occupational or speech therapy?

(0) NO (SKIP TO C13Q5_06)

(1) YES

(6) DON'T KNOW (SKIP TO C13Q5_06)

(7) REFUSED (SKIP TO C13Q5_06)

C13Q605A Did (S.C.) receive all the therapy that (he/she) needed?

(0) No

(1) YES (SKIP TO C13Q6_06)

(6) DON'T KNOW (SKIP TO C13Q6_06)

(7) REFUSED (SKIP TO C13Q6_06)

INTRODUCTION TO C13Q65B

Why did **(S.C.)** not get the therapy **(he/she)** needed?

(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C13Q65B1	COST TOO MUCH	0	1	6	7
C13Q65B2	HEALTH PLAN PROBLEM	0	1	6	7
C13Q65B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C13Q65B4	NOT CONVENIENT TIMES	0	1	6	7
C13Q65B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C13Q65B6	OTHER (SKIP TO C13Q65OE)	0	1	6	7

C13Q605OE VERBATIM RESPONSE: WHY DID S.C. NOT GET THE PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY NEEDED?

C13Q6_06 (During the past 12 months/ Since **(his/her)** birth, was there any time when **(S.C.)** needed) Mental health care or counseling?

- (0) NO **(SKIP TO C13Q6_07)**
- (1) YES
- (6) DON'T KNOW **(SKIP TO C13Q6_07)**
- (7) REFUSED **(SKIP TO C13Q6_07)**

C13Q606A Did **(S.C.)** receive all the mental health care that **(he/she)** needed?

- (0) No
- (1) YES **(SKIP TO C13Q6_07)**
- (6) DON'T KNOW **(SKIP TO C13Q6_07)**
- (7) REFUSED **(SKIP TO C13Q6_07)**

INTRODUCTION TO C13Q66

Why did **(S.C.)** not get the mental health care **(he/she)** needed?

(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C13Q66B1	COST TOO MUCH	0	1	6	7
C13Q66B2	HEALTH PLAN PROBLEM	0	1	6	7
C13Q66B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C13Q66B4	NOT CONVENIENT TIMES	0	1	6	7
C13Q66B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C13Q66B6	OTHER (SKIP TO C13Q66OE)	0	1	6	7

C13Q606OE VERBATIM RESPONSE: WHY DID S.C. NOT GET NEEDED MENTAL HEALTH CARE OR COUNSELING

C13Q6_07 (During the past 12 months, was there any time when **(S.C.)** needed) Substance abuse treatment or counseling?

- (0) NO **(SKIP TO C13Q6_09)**
- (1) YES
- (6) DON'T KNOW **(SKIP TO C13Q6_09)**
- (7) REFUSED **(SKIP TO C13Q6_09)**

C13Q607A Did **(S.C.)** receive all the substance abuse treatment that **(he/she)** needed?

- (0) No
- (1) YES **(SKIP TO C13Q6_09)**
- (6) DON'T KNOW **(SKIP TO C13Q6_09)**

(7) REFUSED

(SKIP TO C13Q6_09)

INTRODUCTION TO C13Q65B

Why did (S.C.) not get the substance abuse treatment (he/she) needed?

(CHECK ALL THAT APPLY)

RESPONSE CATEGORIES*

		N	Y	D	R
C13Q67B1	COST TOO MUCH	0	1	6	7
C13Q67B2	HEALTH PLAN PROBLEM	0	1	6	7
C13Q67B3	NOT AVAILABLE IN AREA/TRANSPORT PROBLEMS	0	1	6	7
C13Q67B4	NOT CONVENIENT TIMES	0	1	6	7
C13Q67B5	DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE	0	1	6	7
C13Q67B6	OTHER (SKIP TO C13Q67OE)	0	1	6	7

C13Q607OE VERBATIM RESPONSE: WHY DID S.C. NOT GET NEEDED SUBSTANCE ABUSE TREATMENT OR COUNSELING

C13Q6_09 (During the past 12 months/ Since (his/her) birth, was there any time when (S.C.) needed) Eyeglasses or vision care?

(0) NO (SKIP TO C13Q6_10)

(1) YES

(6) DON'T KNOW (SKIP TO C13Q6_10)

(7) Refused (SKIP TO C13Q6_10)

C13Q609A Did (S.C.) receive all the eyeglasses or vision care that (he/she) needed?

C13Q6_10 (During the past 12 months/ Since (his/her) birth, was there any time when (S.C.) needed) Hearing aids or hearing care?

(0) NO (SKIP TO C13Q7)

(1) YES

(6) DON'T KNOW (SKIP TO C13Q7)

(7) REFUSED (SKIP TO C13Q7)

C13Q610A Did (S.C.) receive all the hearing aids or hearing care that (he/she) needed?

C13Q7 In the past 12 months/ Since (his/her) birth, how many times did (S.C.) visit a doctor or other health care provider? Do not count visits while staying overnight in a hospital.

_____ NUMBER OF VISITS [RANGE 0-365]

(0) NO VISITS IN PAST 12 MONTHS

(996) DON'T KNOW

(997) REFUSED

C13Q8 The next question is about the amount of money paid during the past 12 months/ since (his/her) birth for (S.C.)'s medical care. Please do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. But do include out-of-pocket payments for all types of health-related needs such as medications, special foods, adaptive clothing, durable equipment, home modifications, and any kind of therapy. During the past 12 months/ Since (his/her) birth, would you say that the family paid more than \$500, \$250-\$500, less than \$250, or nothing for (S.C.)'s medical care?

(1) MORE THAN \$500

(2) \$250-\$500

- (3) LESS THAN \$250
- (4) NOTHING, \$0
- (6) DON'T KNOW
- (7) REFUSED

C13Q9 During the past 12 months/ Since **(his/her)** birth, would you say that the family paid \$500-\$1000, \$1000-\$5000, or more than \$5000 for **(S.C.)**'s medical care?

- (1) MORE THAN \$5000
- (2) \$1001-\$5000
- (3) \$501-\$1000
- (6) DON'T KNOW
- (7) REFUSED

C13Q10 Has **(S.C.)**'s health care caused financial problems for your family?