

AHS CHILD SURVEY 2010

Introduction

Q# 1 QUESTION ID: CIN1

[IF MKA IS NOT ADULT R] Hello, I am calling for St. Luke's Health Initiatives in Phoenix. We are doing a scientific research study about health that may help improve services for adults and children in your community.

{SELECTED CHILD NAME} was selected for the study. {ADULT R'S NAME} told us that you were the person in the household who is most knowledgeable about the health and healthcare of {SELECTED CHILD NAME}.

Q# 2 QUESTION ID: CIN2

I'd like to ask you some questions about {SELECTED CHILD NAME} {who was also selected for this study}. I will ask about {his/her} health, diet, exercise, and health care. {Again, your/Your} participation is completely voluntary and confidential and the child survey takes about {15 minutes/35 minutes}. Your answers will be used only for this survey. You can skip any question, and you can stop at any time. [IF CHILD SURVEY IS TAKEN FIRST LENGTH IS 35 MINUTES]

Do you have any questions about this?

Q# 3 QUESTION ID: CIN3

St. Luke's Health Initiatives has very strict safeguards to protect your confidentiality. If you want, I can give you the name and toll-free telephone number of the person there in charge of the study. Would you like this information now or can we begin the interview?

Q# 4 QUESTION ID: CIN4

[IF NOT READY TO BEGIN, TRY TO SCHEDULE A CALL BACK AT A MORE CONVENIENT TIME]

Q# 5 QUESTION ID: QA07_IN7

Your name, address, and telephone number will be erased after the study is completed. The survey data will be kept in a secure data center, and your answers will only be used to produce total numbers. No personal information will be released.

Q# 6 QUESTION ID: QA07_IN9

Please contact Kim Van Pelt. If you have any questions about the study, she can be reached toll-free at 1-877-385-6505.

Section A -- Demographics, Part I, Health Conditions

Q# 7 QUESTION ID: QC07_A1

Some of the questions are based on {SELECTED CHILD NAME}'s personal traits, like {his/her} age. So first I'll ask you a few brief background questions. Is {SELECTED CHILD NAME} male or female?

1. MALE
2. FEMALE
- 7. REFUSED

Q# 8 QUESTION ID: QC07_A2

What is {his/her} date of birth? [PROBE FOR MONTH AND YEAR IF FULL DATE UNKNOWN OR REFUSED]

- () MONTH () DAY () YEAR
1. JANUARY
 2. FEBRUARY

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3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
- 7. REFUSED
- 8. DON'T KNOW

Q# 9 QUESTION ID: QC07_A3

How old is {he/she/he or she}?
() YEARS () MONTHS
-7. REFUSED
-8. DON'T KNOW

Q# 10 QUESTION ID: QC07_A4

How much did {he/she/he or she} weigh at birth?
() POUNDS () OUNCES
-7. REFUSED
-8. DON'T KNOW

Q# 11 QUESTION ID: QC07_A5

About how tall is {SELECTED CHILD NAME} now without shoes? [IF NEEDED, SAY: "Your best guess is fine."]
() FEET () INCHES
-7. REFUSED
-8. DON'T KNOW

Q# 12 QUESTION ID: QC07_A6

About how much does {SELECTED CHILD NAME} weigh now without shoes? [IF NEEDED, SAY: "Your best guess is fine."]
() POUNDS
-7. REFUSED
-8. DON'T KNOW

Q# 13 QUESTION ID: QC07_A6A_(AHSC10)

[IF AGE < 5 YEARS SKIP TO QC07_A7; ELSE CONTINUE WITH QC07_A6A_(AHSC10)] Is your child currently enrolled in Kindergarten or elementary school?
1. YES
2. NO
-7. REFUSED
-8. DON'T KNOW

Q# 14 QUESTION ID: QC07_A7

Compared with other children {his/her} age, would you say that {SELECTED CHILD NAME}'s health status is:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

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- 7. REFUSED
- 8. DON'T KNOW

Q# 15 QUESTION ID: QC07_A8

Has a doctor EVER told you that {SELECTED CHILD NAME} has asthma?

- 1. YES
- 2. NO [SKIP TO QC07_A20]
- 7. REFUSED [SKIP TO QC07_A20]
- 8. DON'T KNOW [SKIP TO QC07_A20]

Q# 16 QUESTION ID: QC07_A10

[IF YES TO QC07_A8 CONTINUE WITH QC07_A10; ELSE SKIP TO QC07_A20] During the PAST 12 MONTHS, has {he/she/he or she} had an episode of asthma or an asthma attack?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 17 QUESTION ID: QC07_A14

Is {SELECTED CHILD NAME} now taking a DAILY medication to control {his/her} asthma that was prescribed or given to you by a doctor?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 18 QUESTION ID: QC07_A19

Has a doctor or other health professional ever given you an asthma management plan for {SELECTED CHILD NAME}?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 19 QUESTION ID: QC07_A20

[IF AGE < ONE YEAR SKIP TO QC07_A22; ELSE CONTINUE WITH QC07_A20] Did a doctor or psychologist ever tell you {SELECTED CHILD NAME} has ADD or ADHD?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 20 QUESTION ID: QC07_A21

Has a doctor ever told you that {SELECTED CHILD NAME} has Asperger's syndrome or autism?

- 1. YES, Asperger's
- 2. YES, autism
- 3. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 21 QUESTION ID: QC07_A22

Has a doctor ever told you that {SELECTED CHILD NAME} has {a/another} developmental disorder?

- 1. YES, SPECIFY _____

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- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 22 QUESTION ID: QC07_A23

Does {SELECTED CHILD NAME} currently have any {other} physical, behavioral or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

- 1. YES
- 2. NO [SKIP TO QC07_B1]
- 7. REFUSED [SKIP TO QC07_B1]
- 8. DON'T KNOW [SKIP TO QC07_B1]

Q# 23 QUESTION ID: QC07_A24

[IF YES TO QC07_A23 CONTINUE WITH QC07_A24; ELSE SKIP TO QC07_B1] What condition does {SELECTED CHILD NAME} have? **WE NEED TO BE ABLE TO CODE ALL THAT APPLY**

- 1. CEREBRAL PALSY
- 2. CONGENITAL HEART DISEASE
- 3. CYSTIC FIBROSIS
- 4. DIABETES
- 5. DOWN'S SYNDROME
- 6. EPILEPSY
- 7. DEAFNESS OR OTHER HEARING PROBLEM
- 8. MENTAL RETARDATION, OTHER THAN DOWN'S
- 9. MUSCULAR DYSTROPHY
- 10. NEUROMUSCULAR DISORDER
- 11. ORTHOPEDIC PROBLEM (BONES OR JOINTS)
- 12. SICKLE CELL ANEMIA
- 13. BLINDNESS OR OTHER VISION PROBLEM
- 14. OTHER (SPECIFY): _____
- 7. REFUSED
- 8. DON'T KNOW

Section B -- Dental Health

Q# 24 QUESTION ID: QC07_B1

[IF AGE >2 YEARS SKIP TO QC07_B2_(AHSC10); ELSE CONTINUE WITH QC07_B1] These questions are about {SELECTED CHILD NAME}'s dental health. Does {SELECTED CHILD NAME} have any teeth yet?

- 1. YES
- 2. NO [SKIP TO QC07_C1_(AHSC10)]
- 7. REFUSED [SKIP TO QC07_C1_(AHSC10)]
- 8. DON'T KNOW [SKIP TO QC07_C1_(AHSC10)]

Q# 25 QUESTION ID: QC07_B2_(AHSC10)

[IF AGE > 2 YEARS SAY These questions are about {SELECTED CHILD NAME}'s dental health.]

About how long has it been since {SELECTED CHILD NAME} last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

- 1. LESS THAN 6 MONTHS AGO
- 2. 6 MONTHS UP TO 1 YEAR AGO
- 3. 1 YEAR UP TO 2 YEARS AGO
- 4. 2 YEARS OR MORE AGO
- 5. HAS NEVER VISITED [SKIP TO QC07_B5]
- 7. REFUSED
- 8. DON'T KNOW

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Q# 26 QUESTION ID: QC07_B3

Was it for a routine check-up or cleaning, or was it for a specific problem?

1. ROUTINE CHECK-UP
2. SPECIFIC PROBLEM
3. BOTH ROUTINE CHECK-UP AND SPECIFIC PROBLEM
4. ORTHODONTIST VISIT
- 7. REFUSED
- 8. DON'T KNOW

Q# 27 QUESTION ID: QC07_B4

Is there a particular dentist or place you USUALLY go to for {SELECTED CHILD NAME}'s dental care?

1. YES
2. NO [SKIP TO QC07_B6]
3. MORE THAN ONE PLACE [SKIP TO QC07_B6]
- 7. REFUSED [SKIP TO QC07_B6]
- 8. DON'T KNOW [SKIP TO QC07_B6]

Q# 28 QUESTION ID: QC07_B5

[IF HAS NEVER VISITED] What is the main reason your child has {never/not} visited a dentist {in the past year}?

1. NO REASON TO GO/NO PROBLEMS
2. NOT OLD ENOUGH
3. COULD NOT AFFORD IT/TOO EXPENSIVE
4. NO INSURANCE
5. FEAR, DISLIKES GOING
6. DO NOT HAVE/KNOW A DENTIST
7. CANNOT GET TO THE OFFICE/CLINIC
8. NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE
9. DIDN'T KNOW WHERE TO GO
10. HOURS NOT CONVENIENT
11. SPEAK A DIFFERENT LANGUAGE
12. OTHER
- 7. REFUSED
- 8. DON'T KNOW

Q# 29 QUESTION ID: QC07_B6

During the past 12 months, was there any time when {CHILD NAME/AGE/SEX} needed dental care but you could not afford it?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 30 QUESTION ID: QC07_B7

Do you currently have any type of insurance that pays for part or all of {SELECTED CHILD NAME}'s dental care?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Section C -- Diet, Physical Activity, Park Use

Q# 31 QUESTION ID: QC07_C1_(AHSC10)

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[IF AGE < 2 YEARS SKIP TO AHSC10_CD1_BRFSS; ELSE CONTINUE WITH QC07_C1_(AHSC10)] Now, I'm going to ask you about the foods your child eats or drinks during a typical day, including meals and snacks both at home and away from home.

During a typical day, does {SELECTED CHILD NAME} drink one or more glasses or boxes of 100 percent fruit juice, such as orange or apple juice? [IF NO, CODE AS 0 AND SKIP TO QC07_C2_(AHSC10). IF YES, ASK:] How many glasses or boxes of 100 percent fruit juice does {SELECTED CHILD NAME} drink a during a typical day?

- () SERVINGS
- 7. REFUSED
- 8. DON'T KNOW

Q# 32 QUESTION ID: QC07_C2_(AHSC10)

Not counting juices, during a typical day, does {SELECTED CHILD NAME} eat one or more servings of fruit, such as an apple or a banana? [A SERVING IS THE CHILD'S REGULAR PORTION OF THIS FOOD] [IF NO, CODE AS 0 AND SKIP TO QC07_C4_(AHSC10). IF YES, ASK:] How many servings of fruit does {he/she/he or she} eat during a typical day?

- () SERVINGS
- 7. REFUSED
- 8. DON'T KNOW

Q# 33 QUESTION ID: QC07_C4_(AHSC10)

During a typical day, does {SELECTED CHILD NAME} eat one or more servings of vegetables like green salad, green beans, or carrots? Do not include fried potatoes such as French fries or hash browns. [IF NO, CODE AS 0 AND SKIP TO QC07_C5_(AHSC10). IF YES, ASK:] How many servings of vegetables does {he/she} eat during a typical day?

- () SERVINGS
- 7. REFUSED
- 8. DON'T KNOW

Q# 34 QUESTION ID: QC07_C5_(AHSC10)

During a typical day, does {SELECTED CHILD NAME} drink milk or have milk on {his/her} cereal? [IF NO, CODE AS 0 AND SKIP TO QC07_C7_(AHSC10). IF YES, ASK:] How many servings of milk does {he/she} have during a typical day?

- () SERVINGS [IF = 0, SKIP TO QC07_C7_(AHSC10)]
- 7. REFUSED [SKIP TO QC07_C7_(AHSC10)]
- 8. DON'T KNOW [SKIP TO QC07_C7_(AHSC10)]

Q# 35 QUESTION ID: QC07_C6_(AHSC10)

[IF QC07_C6_(AHSC10) > 0 CONTINUE; ELSE SKIP TO QC07_C7_(AHSC10)] What type of milk does {he/she} usually drink? [IF RESPONDENT CANNOT CHOOSE ONE, CODE ALL THAT APPLY. NONFAT MILK CAN BE LIQUID OR DRY MILK. SOY MILK, RICE MILK AND CHOCOLATE MILK SHOULD BE CODED AS "ANOTHER TYPE"] **NEED TO BE ABLE TO CODE ALL THAT APPLY**

1. WHOLE MILK
 2. LOWFAT
 3. NONFAT MILK
 4. ANOTHER TYPE
- 7. REFUSED
 - 8. DON'T KNOW

Q# 36 QUESTION ID: QC07_C7_(AHSC10)

During a typical day, does {SELECTED CHILD NAME} drink one or more servings of soda, such as Coke or 7 Up, or other sweetened drinks, such as fruit punch or sports drinks? Do NOT count diet drinks. [IF NO, CODE AS 0 AND SKIP TO QC07_C8_(AHSC10). IF YES, ASK:] How many servings of soda does {SELECTED CHILD NAME} drink during a

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typical day?

- SERVINGS
- 7. REFUSED
- 8. DON'T KNOW

Q# 37 QUESTION ID: QC07_C8_(AHSC10)

During a typical day, does {SELECTED CHILD NAME} eat one or more servings of sweets such as cookies, candy, doughnuts, pastries, cake, or popsicles? [IF NO, CODE AS 0 AND SKIP TO QC07_C9_(AHSC10). IF YES, ASK:] How many servings of sweets does {SELECTED CHILD NAME} eat during a typical day?

- SERVINGS
- 7. REFUSED
- 8. DON'T KNOW

Q# 38 QUESTION ID: QC07_C9_(AHSC10)

Now think about a typical week. During a typical week, does {SELECTED CHILD NAME} eat fast food one or more times? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive-through. [IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."] [IF NO, CODE AS 0 AND SKIP TO QC07_C17. IF YES, ASK:] How many times does {he/she} eat fast food during a typical week?

- TIMES
- 7. REFUSED
- 8. DON'T KNOW

Q# 39 QUESTION ID: QC07_C17

On how many days of the past 7 days was {SELECTED CHILD NAME} physically active for at least 60 minutes total? [PHYSICAL ACTIVITY CAN INCLUDE WALKING, PLAYING, EXPLORING, RUNNING, CRAWLING, SWIMMING, THROWING, CATCHING OR OTHER ACTIVITIES WHERE THE BODY IS MOVING]

- DAYS
- 7. REFUSED
- 8. DON'T KNOW

Q# 40 QUESTION ID: AHSC10_CC1_CHIS

On how many of the past 30 days did {SELECTED CHILD NAME} go to a park?

- DAYS [RECORD NONE AS 0]
- 7. REFUSED
- 8. DON'T KNOW

Q# 41 QUESTION ID: QA07_M5 FROM ADULT SURVEY

Is there a park, playground, or open space within walking distance of your home? [NOTE: An open space refers to a beach, sports field, hiking trail or other recreation area. Include public places for hiking, biking, golf, basketball, baseball, tennis, soccer, football, skateboarding, etc.]

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 42 QUESTION ID: AHSC10_CC2_CHIS

How many days in the last 30 days did {SELECTED CHILD NAME} go to the library?

- DAYS [RECORD NONE AS 0]
- 7. REFUSED
- 8. DON'T KNOW

Section D -- Access, Utilization

Q# 43 QUESTION ID: AHSC10_CD1_BRFSS

A personal doctor is someone {SELECTED CHILD NAME} would see if {he/she} needs a check-up. {SELECTED CHILD NAME} also may see a personal doctor if advice is needed about a health problem, or {he/she} gets sick or hurt. Which of the following statements best describes YOUR CHILD'S current situation?

1. THERE IS ONE PERSON WHO I THINK OF AS {HIS/HER} PERSONAL DOCTOR
2. THERE IS MORE THAN ONE PERSON WHO I THINK OF AS {HIS/HER} PERSONAL DOCTOR
3. THERE IS NO ONE WHO I THINK OF AS {HIS/HER} PERSONAL DOCTOR
- 7. REFUSED
- 8. DON'T KNOW

Q# 44 QUESTION ID: AHSC10_CD2_BRFSS

About how long has it been since your child last visited a doctor for a routine checkup or well-child visit? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

1. WITHIN PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 OR MORE YEARS AGO
5. NEVER
- 7. REFUSED
- 8. DON'T KNOW

Q# 45 QUESTION ID: QC07_D3

During the past 12 months, how many times has {SELECTED CHILD NAME} seen any kind of medical doctor or specialist?

- () TIMES [IF > 0 SKIP TO AHSC10_CD3_MEPS]
- 7. REFUSED
 - 8. DON'T KNOW

Q# 46 QUESTION ID: QC07_D4

[IF QC07_D3 = 0, -7 OR -8 CONTINUE WITH QC07_D4; ELSE SKIP TO AHSC10_CD3_MEPS] About how long has it been since {he/she/he or she} last saw a medical doctor?

1. ONE YEAR AGO OR LESS
2. MORE THAN 1 YEAR UP TO 2 YEARS AGO
3. MORE THAN 2 YEARS UP TO 3 YEARS AGO
4. MORE THAN 3 YEARS AGO
5. NEVER
- 7. REFUSED
- 8. DON'T KNOW

Q# 47 QUESTION ID: AHSC10_CD3_MEPS

In the past 12 months, did a doctor believe your child needed any care, tests, or treatment?

1. YES
2. NO [SKIP TO QC07_D5_(AHSC10)]
- 7. REFUSED [SKIP TO QC07_D5_(AHSC10)]
- 8. DON'T KNOW [SKIP TO QC07_D5_(AHSC10)]

Q# 48 QUESTION ID: AHSC10_CD4_MEPS

[IF YES TO AHSC10_CD3_MEPS CONTINUE WITH AHSC10_CD4_MEPS; ELSE SKIP TO QC07_D5_(AHSC10)] In the past 12 months, how much of a problem (if any) was it to get the care, tests, or treatment a doctor believed was necessary?

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1. A BIG PROBLEM
2. A SMALL PROBLEM
3. NOT A PROBLEM
- 7. REFUSED
- 8. DON'T KNOW

Q# 49 QUESTION ID: QC07_D5_(AHSC10)

The last time you took {SELECTED CHILD NAME} to a doctor, did you have a hard time understanding the doctor?

1. YES
2. NO [SKIP TO QC07_D10]
3. NEVER ACCOMPANIED CHILD TO THE DOCTOR [SKIP TO QC07_D10]
- 7. REFUSED [SKIP TO QC07_D10]
- 8. DON'T KNOW [SKIP TO QC07_D10]

Q# 50 QUESTION ID: QC07_D7

[IF YES TO QC07_D5_(AHSC10) CONTINUE WITH QC07_D7; ELSE SKIP TO QC07_D10] Was this because you and the doctor spoke different languages?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 51 QUESTION ID: QC07_D8

Did you need someone to help you understand the doctor?

1. YES
2. NO [SKIP TO QC07_D10]
- 7. REFUSED [SKIP TO QC07_D10]
- 8. DON'T KNOW [SKIP TO QC07_D10]

Q# 52 QUESTION ID: QC07_D9

[IF YES TO QC07_D8 CONTINUE WITH QC07_D9; ELSE SKIP TO QC07_D10] Who was this person who helped you understand the doctor?

1. MINOR CHILD (UNDER AGE 18)
2. AN ADULT FAMILY MEMBER OR FRIEND
3. NON-MEDICAL OFFICE STAFF
4. MEDICAL STAFF INCLUDING NURSES/DOCTORS
5. PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE PHONE)
6. OTHER (PATIENTS, SOMEONE ELSE)
7. DID NOT HAVE SOMEONE TO HELP
- 7. REFUSED
- 8. DON'T KNOW

Q# 53 QUESTION ID: QC07_D10

When {SELECTED CHILD NAME} had {his/her} last routine physical exam or well-child visit, did you and a doctor talk about {his/her} nutrition or healthy eating?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 54 QUESTION ID: QC07_D13

During the past 12 months, did you delay or not get any other medical care that you felt {he/she/he or she} needed—such as seeing a doctor, a specialist or other health professional?

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1. YES
2. NO [SKIP TO QC07_D11]
- 7. REFUSED [SKIP TO QC07_D11]
- 8. DON'T KNOW [SKIP TO QC07_D11]

Q# 55 QUESTION ID: QC07_D14_(AHSC10)

[IF YES TO QC07_D13 CONTINUE WITH QC07_D14_(AHSC10); ELSE SKIP TO QC07_D11] What was the primary reason you delayed or did not get any other medical care for {SELECTED CHILD NAME}?

1. LACK OF MEDICAL INSURANCE
2. SERVICE OR VISIT NOT COVERED BY INSURANCE
3. COST OF SERVICE OR VISIT (CO-PAY OR OUT OF POCKET COST)
4. LACK OF TRANSPORTATION
5. NO QUALIFIED PROVIDER OR SERVICE IN MY AREA
6. COULD NOT GET AN APPOINTMENT/PROVIDER NOT TAKING NEW PATIENTS
7. NO ONE SPOKE MY LANGUAGE
8. HOURS OF OPERATION OF THE PROVIDER
9. OTHER
- 7. REFUSED
- 8. DON'T KNOW

Q# 56 QUESTION ID: QC07_D11

During the past 12 months, did you delay or not get a medicine that a doctor prescribed for {SELECTED CHILD NAME}?

1. YES
2. NO [SKIP TO QC07_F1]
- 7. REFUSED [SKIP TO QC07_F1]
- 8. DON'T KNOW [SKIP TO QC07_F1]

Q# 57 QUESTION ID: QC07_D12_(AHSC10)

[IF YES TO QC07_D11 CONTINUE WITH QC07_D12_(AHSC10); ELSE SKIP TO QC07_F1] What was the primary reason you delayed or did not get a medicine for {SELECTED CHILD NAME}?

1. LACK OF MEDICAL INSURANCE
2. PRESCRIPTION NOT COVERED BY INSURANCE
3. COST OF PRESCRIPTION (CO-PAY OR OUT OF POCKET COST)
4. LACK OF TRANSPORTATION
5. NO PHARMACY IN MY AREA
6. NO ONE SPOKE MY LANGUAGE
7. OTHER
- 7. REFUSED
- 8. DON'T KNOW

Section E -- Parental Involvement, Concerns, Mental Health

Q# 58 QUESTION ID: QC07_F1

In a usual week, about how many days do you or any other family member do the following: Read stories or look at picture books with {SELECTED CHILD NAME}?

1. EVERY DAY
2. 3-6 DAYS
3. 1-2 DAYS
4. NEVER
- 7. REFUSED
- 8. DON'T KNOW

Q# 59 QUESTION ID: QC07_F2

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Play music or sing songs with {SELECTED CHILD NAME}? [IF NEEDED, SAY: In a usual week, about how many days do you or any other family member play music or sing songs with {SELECTED CHILD NAME}?]

1. EVERY DAY
2. 3-6 DAYS
3. 1-2 DAYS
4. NEVER
- 7. REFUSED
- 8. DON'T KNOW

Q# 60 QUESTION ID: QC07_F3

Take {SELECTED CHILD NAME} out somewhere, for example, to the park, store, or a playground? [IF NEEDED, SAY: In a usual week, about how many days do you or any other family member take {SELECTED CHILD NAME} out somewhere, for example, to the park, store, or a playground?]

1. EVERY DAY
2. 3-6 DAYS
3. 1-2 DAYS
4. NEVER
- 7. REFUSED
- 8. DON'T KNOW

Q# 61 QUESTION ID: QC07_F12

[IF AGE < 4 MONTHS SKIP TO QC05_H3_(AHSC10/1); ELSE CONTINUE WITH QC07_F12] The next questions are about concerns you may have about your child.

How concerned are you about how your child behaves – a lot, a little, or not at all?

1. A LOT
2. A LITTLE
3. NOT AT ALL
- 7. REFUSED
- 8. DON'T KNOW

Q# 62 QUESTION ID: QC07_F13

How concerned are you about how your child is learning to do things for {himself/herself} – a lot, a little, or not at all?

1. A LOT
2. A LITTLE
3. NOT AT ALL
- 7. REFUSED
- 8. DON'T KNOW

Q# 63 QUESTION ID: QC07_F14

How concerned are you about whether your child can do what other children {his/her} age can do – a lot, a little, or not at all?

1. A LOT
2. A LITTLE
3. NOT AT ALL
- 7. REFUSED
- 8. DON'T KNOW

Q# 64 QUESTION ID: QC07_F15_(AHSC10)

[IF AGE < 1 YEAR SKIP TO QC05_H3_(AHSC10/1); ELSE CONTINUE WITH QC07_F15_(AHSC10)] Many professionals such as health providers, teachers, and child care providers do developmental screening tests. These tests check how a child is growing, learning, and behaving compared with children of the same age.

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Did a doctor, other health provider, teacher or child care provider ever tell you that they were doing an assessment or tests of {SELECTED CHILD NAME}'s development?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 65 QUESTION ID: QC07_F16_(AHSC10)

Did a doctor, other health provider, teacher or child care provider ever have {CHILD NAME /AGE/SEX} roll over, pick up small objects, stack blocks, throw a ball, or recognize different colors?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 66 QUESTION ID: QC07_F17

Did a doctor, other health provider, teacher or child care provider ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 67 QUESTION ID: QC07_F18

Did a doctor, other health provider, teacher or child care provider ever have you fill out a checklist of activities that {SELECTED CHILD NAME} can do, such as certain physical tasks, whether {he/she/he or she} can draw certain objects, or ways {he/she/he or she} can communicate with you?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 68 QUESTION ID: QC07_F19

Did a doctor, other health provider, teacher or child care provider ever ask if you have concerns about {his/her} learning, development, or behavior?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 69 QUESTION ID: QC07_F20

[IF YES TO ADD/ADHD, ASPERGER'S, AUTISM OR OTHER DEVELOPMENTAL CONDITION, SKIP TO QC07_F21: ELSE CONTINUE WITH QC07_F20] Did a doctor or other professional ever note a concern about {SELECTED CHILD NAME} that should be monitored carefully?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 70 QUESTION ID: QC07_F21

IF QC07_F20 ASKED, DISPLAY "they"; ELSE DISPLAY "a doctor or other professional."

Did (they/a doctor or other professional) ever refer {him/her} to a specialist regarding {his/her} development?

1. YES

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- 2. NO [SKIP TO QC07_F22]
- 7. REFUSED [SKIP TO QC07_F22]
- 8. DON'T KNOW [SKIP TO QC07_F22]

Q# 71 QUESTION ID: AHSC10_CE1_(MEPS)

[IF YES TO QC07_F21 CONTINUE WITH AHSC10_CE1_(MEPS); ELSE SKIP TO QC07_F22] Did {he/she/he or she} see a specialist?

- 1. YES
- 2. NO [SKIP TO QC07_F22]
- 7. REFUSED [SKIP TO QC07_F22]
- 8. DON'T KNOW [SKIP TO QC07_F22]

Q# 72 QUESTION ID: AHSC10_CE2_(MEPS)

[[IF YES TO AHSC10_CE1_(MEPS) CONTINUE WITH AHSC10_CE2_(MEPS); ELSE SKIP TO QC07_F22] How much of a problem (if any) was it for {SELECTED CHILD NAME} to see a specialist that {he/she/he or she} needed to see?

- 1. A BIG PROBLEM
- 2. A SMALL PROBLEM
- 3. NOT A PROBLEM
- 7. REFUSED
- 8. DON'T KNOW

Q# 73 QUESTION ID: AHSC10_CE3

[If BIG OR SMALL PROBLEM CONTINUE WITH AHSC10_CE3; ELSE SKIP TO QC07_F22] What was the primary reason for {SELECTED CHILD NAME}'s problem in seeing a specialist?

- 1. LACK OF MEDICAL INSURANCE
- 2. SERVICE OR VISIT NOT COVERED BY INSURANCE
- 3. COST OF THE SERVICE OR VISIT (CO-PAY OR OUT OF POCKET COST)
- 4. LACK OF TRANSPORTATION
- 5. NO QUALIFIED SPECIALIST IN MY AREA
- 6. COULD NOT GET AN APPOINTMENT /PROVIDER NOT TAKING NEW PATIENTS
- 7. NO ONE SPOKE MY LANGUAGE
- 8. HOURS OF OPERATION OF THE PROVIDER
- 9. OTHER
- 7. REFUSED
- 8. DON'T KNOW

Q# 74 QUESTION ID: QC07_F22

Did they ever refer {him/her} for speech, language or hearing testing?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 75 QUESTION ID: AHSC10_CE4_(MEPS)

[IF YES TO QC07_F22 CONTINUE WITH AHSC10_CE4_(MEPS); ELSE SKIP TO QC07_F22] Did {he/she/he or she} see a speech, language or hearing therapist?

- 1. YES
- 2. NO [SKIP TO QC07_F28]
- 7. REFUSED [SKIP TO QC07_F28]
- 8. DON'T KNOW [SKIP TO QC07_F28]

Q# 76 QUESTION ID: AHSC10_CE5_(MEPS)

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[IF YES CONTINUE WITH AHSC10_CE5_(MEPS); ELSE SKIP TO AHSC10_CE7_(CAHPS)] How much of a problem (if any) was it for {SELECTED CHILD NAME} to see a speech, language or hearing therapist?

1. A BIG PROBLEM
2. A SMALL PROBLEM
3. NOT A PROBLEM [SKIP TO AHSC10_CE7_(CAHPS)]
- 7. REFUSED [SKIP TO AHSC10_CE7_(CAHPS)]
- 8. DON'T KNOW [SKIP TO AHSC10_CE7_(CAHPS)]

Q# 77 QUESTION ID: AHSC10_CE6

[If BIG OR SMALL PROBLEM CONTINUE WITH AHSC10_CE6; ELSE SKIP TO AHSC10_CE7_CAHPS] What was the primary reason for {SELECTED CHILD NAME}'s problem in seeing a speech, language or hearing therapist?

1. LACK OF MEDICAL INSURANCE
2. SERVICE OR VISIT NOT COVERED BY INSURANCE
3. COST OF THE SERVICE OR VISIT (CO-PAY OR OUT OF POCKET COST)
4. LACK OF TRANSPORTATION
5. NO QUALIFIED SPECIALIST IN MY AREA
6. COULD NOT GET AN APPOINTMENT /PROVIDER NOT TAKING NEW PATIENTS
7. NO ONE SPOKE MY LANGUAGE
8. HOURS OF OPERATION OF THE PROVIDER
9. OTHER
- 7. REFUSED
- 8. DON'T KNOW

Q# 78 QUESTION ID: AHSC10_CE7_(CAHPS)

[IF CHILD HAS PERSONAL DOCTOR AND SAW SPECIALIST/THERAPIST CONTINUE WITH AHSC10_CE7_(CAHPS); ELSE SKIP TO QC07_F28] Did {SELECTED CHILD NAME}'s personal doctor seem informed and up-to-date about the care {he/she/he or she} got from a specialist or other health provider?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 79 QUESTION ID: QC07_F28

Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

1. YES
2. NO [SKIP TO QC05_H3_(AHSC10/1)]
- 7. REFUSED [SKIP TO QC05_H3_(AHSC10/1)]
- 8. DON'T KNOW [SKIP TO QC05_H3_(AHSC10/1)]

Q# 80 QUESTION ID: QC07_F29

[IF YES CONTINUE WITH QC07_F29; ELSE SKIP TO QC05_H3_(AHSC10/1)] Are these difficulties minor, moderate, or severe?

1. MINOR [SKIP TO QC05_H3_(AHSC10/1)]
2. MODERATE
3. SEVERE
- 7. REFUSED [SKIP TO QC05_H3_(AHSC10/1)]
- 8. DON'T KNOW [SKIP TO QC05_H3_(AHSC10/1)]

Q# 81 QUESTION ID: AHASC_CF2

[IF MODERATE OR SEVERE CONTINUE WITH AHASC_CF2; ELSE SKIP TO QC05_H3_(AHSC10/1)] Thinking about the times when raising {SELECTED CHILD NAME} has been challenging, have you ever:

Sought help from a minister, priest, rabbi or other spiritual advisor?

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1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 82 QUESTION ID: AHASC_CF3

Talked about the problem with or sought help from a counselor, social worker or psychologist?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 83 QUESTION ID: AHASC_CF4

Talked about the problem with/sought help from {SELECTED CHILD NAME}'s doctor?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Section F -- Demographics, Part II

Q# 84 QUESTION ID: QC05_H3_(AHSC10/1)

These next questions are about {CHILD NAME}'s background. Please tell me which of the following best describes {SELECTED CHILD NAME}. Do you consider {SELECTED CHILD NAME}:

1. CAUCASIAN OR WHITE
2. LATINO OR HISPANIC
3. BLACK OR AFRICAN AMERICAN
4. ASIAN, PACIFIC ISLANDER OR NATIVE HAWAIIAN
5. NATIVE AMERICAN OR AMERICAN INDIAN
6. OTHER (SPECIFY): _____
- 7. REFUSED [SKIP TO QC07_H10]
- 8. DON'T KNOW [SKIP TO QC07_H10]

Q# 85 QUESTION ID: QC05_H3_(AHSC10/2)

Is there any other group that you use to describe {SELECTED CHILD NAME}?

1. YES
2. NO [SKIP TO QC07_H7]
- 7. REFUSED [SKIP TO QC07_H7]
- 8. DON'T KNOW [SKIP TO QC07_H7]

Q# 86 QUESTION ID: QC05_H3_(AHSC10/3)

[IF YES CONTINUE WITH QC05_H3_(AHSC10/3); ELSE SKIP TO QC07_H7] Which of the following do you also use to describe {SELECTED CHILD NAME}? [OMIT CATEGORY NAMED ABOVE]

1. CAUCASIAN OR WHITE
2. LATINO OR HISPANIC
3. BLACK OR AFRICAN AMERICAN
4. ASIAN, PACIFIC ISLANDER OR NATIVE HAWAIIAN
5. NATIVE AMERICAN OR AMERICAN INDIAN
6. OTHER (SPECIFY): _____
- 7. REFUSED
- 8. DON'T KNOW

Q# 87 QUESTION ID: QC07_H7

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[IF NATIVE AMERICAN OR AMERICAN INDIAN CONTINUE WITH QC07_H7; ELSE SKIP TO QC07_H10] Does {SELECTED CHILD NAME} get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 88 QUESTION ID: QC07_H10

In what country was {SELECTED CHILD NAME} born?

1. UNITED STATES
2. AMERICAN SAMOA
3. CANADA
4. CHINA
5. EL SALVADOR
6. ENGLAND
7. FRANCE
8. GERMANY
9. GUAM
10. GUATEMALA
11. HUNGARY
12. INDIA
13. IRAN
14. IRELAND
15. ITALY
16. JAPAN
17. KOREA
18. MEXICO
19. PHILIPPINES
20. POLAND
21. PORTUGAL
22. PUERTO RICO
23. RUSSIA
24. TAIWAN
25. VIETNAM
26. VIRGIN ISLANDS
27. OTHER (SPECIFY): _____
- 7. REFUSED
- 8. DON'T KNOW

Q# 89 QUESTION ID: QC07_H14

[IF MKA IS MOTHER AND ADULT R CODE QC07_H14 = QA07_G1 AND SKIP TO QC07_H18]

[IF MKA IS MOTHER AND ADULT R AND QA07_G1 NOT ASKED IN ADULT SURVEY, CONTINUE WITH 'were you']

In what country {were you/was his mother/was her mother} born?

1. UNITED STATES
2. AMERICAN SAMOA
3. CANADA
4. CHINA
5. EL SALVADOR
6. ENGLAND
7. FRANCE
8. GERMANY
9. GUAM
10. GUATEMALA
11. HUNGARY

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12. INDIA
13. IRAN
14. IRELAND
15. ITALY
16. JAPAN
17. KOREA
18. MEXICO
19. PHILIPPINES
20. POLAND
21. PORTUGAL
22. PUERTO RICO
23. RUSSIA
24. TAIWAN
25. VIETNAM
26. VIRGIN ISLANDS
27. OTHER (SPECIFY): _____
- 7. REFUSED
- 8. DON'T KNOW

Q# 90 QUESTION ID: QC07_H18

[IF MKA IS FATHER AND ADULT R CODE QC07_H14 = QA07_G1 AND SKIP TO QC07_H22]

[IF MKA IS FATHER AND ADULT R AND QA07_G1 NOT ASKED IN ADULT SURVEY, CONTINUE WITH 'were you']

In what country {were you/was his father/was her father} born?

1. UNITED STATES
2. AMERICAN SAMOA
3. CANADA
4. CHINA
5. EL SALVADOR
6. ENGLAND
7. FRANCE
8. GERMANY
9. GUAM
10. GUATEMALA
11. HUNGARY
12. INDIA
13. IRAN
14. IRELAND
15. ITALY
16. JAPAN
17. KOREA
18. MEXICO
19. PHILIPPINES
20. POLAND
21. PORTUGAL
22. PUERTO RICO
23. RUSSIA
24. TAIWAN
25. VIETNAM
26. VIRGIN ISLANDS
27. OTHER (SPECIFY): _____
- 7. REFUSED
- 8. DON'T KNOW

Q# 91 QUESTION ID: QC07_H22

In general, what languages are spoken in {SELECTED CHILD NAME}'s home? [CODE ALL THAT APPLY]

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1. ENGLISH [SKIP TO QA07_G21_(AHS10)]
2. SPANISH
3. CANTONESE
4. VIETNAMESE
5. TAGALOG
6. MANDARIN
7. KOREAN
8. ASIAN INDIAN LANGUAGES
9. RUSSIAN
10. OTHER1 (SPECIFY): _____
11. OTHER2 (SPECIFY): _____
- 7. REFUSED
- 8. DON'T KNOW

Q# 92 QUESTION ID: QC07_H23

[IF LANGUAGE OTHER THAN ENGLISH, CONTINUE WITH QC07_H23; ELSE SKIP TO QA07_G21_(AHS10)] Since you speak more than one language at home, we're interested in your own assessment of how well you speak English. Would you say you speak English ...

1. Very well,
2. Well, or
3. Not well?
- 7. REFUSED
- 8. DON'T KNOW

Q# 93 QUESTION ID: QA07_G21_(AHS10) FROM ADULT SURVEY

What is the highest grade of education you have completed and received credit for?

1. DID NOT COMPLETE HIGH SCHOOL
2. COMPLETED HIGH SCHOOL DIPLOMA OR EQUIVALENT
3. ATTENDED OR GRADUATED FROM A PROFESSIONAL, BUSINESS OR TRADE SCHOOL
4. ATTENDED OR GRADUATED FROM A TWO-YEAR JUNIOR OR COMMUNITY COLLEGE
5. ATTENDED A FOUR-YEAR COLLEGE OR UNIVERSITY BUT DID NOT GRADUATE
6. GRADUATED FROM A FOUR-YEAR COLLEGE OR UNIVERSITY (BACHELOR'S DEGREE)
7. EARNED A POST-GRADUATE DEGREE (MASTER'S DEGREE, DOCTORATE OR LAW DEGREE)
- 7. REFUSED
- 8. DON'T KNOW

Q# 94 QUESTION ID: QA07_G22_(AHS10/1) FROM ADULT SURVEY

These next questions are about your employment status. Do you currently work outside the home at a job or business?

1. YES
2. NO [SKIP TO QA07_G22_(AHS10/3)]
- 7. REFUSED [SKIP TO QA07_G22_(AHS10/3)]
- 8. DON'T KNOW [SKIP TO QA07_G22_(AHS10/3)]

Q# 95 QUESTION ID: QA07_G22_(AHS10/2) FROM ADULT SURVEY

[IF WORKS AT JOB OR BUSINESS CONTINUE WITH QA07_G22_(AHS10/2); ELSE SKIP TO QA07_G22_(AHS10/3)] Do you work full time or part time?

1. FULL TIME [SKIP TO QA07_G26_(AHS10)]
2. PART TIME [SKIP TO QA07_G26_(AHS10)]
3. BOTH [SKIP TO QA07_G26_(AHS10)]
- 7. REFUSED [SKIP TO QA07_G26_(AHS10)]
- 8. DON'T KNOW [SKIP TO QA07_G26_(AHS10)]

Q# 96 QUESTION ID: QA07_G22_(AHS10/3) FROM ADULT SURVEY

[IF NOT WORKING AT JOB OR BUSINESS CONTINUE WITH QA07_G22_(AHS10/2); ELSE SKIP TO

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QA07_G26_(AHS10) Are you currently looking for work?

1. YES [SKIP TO QA07_A15_(AHS10)]
2. NO
- 7. REFUSED [SKIP TO QA07_A15_(AHS10)]
- 8. DON'T KNOW [SKIP TO QA07_A15_(AHS10)]

Q# 97 QUESTION ID: QA07_G23_(AHS10) FROM ADULT SURVEY

[IF NOT WORKING AND NOT LOOKING FOR WORK] What is the MAIN REASON you are not working?

1. TAKING CARE OF HOUSE OR FAMILY [SKIP TO QA07_A15_(AHS10)]
3. CAN'T FIND A JOB [SKIP TO QA07_A15_(AHS10)]
4. GOING TO SCHOOL/STUDENT [SKIP TO QA07_A15_(AHS10)]
5. DISABLED [SKIP TO QA07_A15_(AHS10)]
6. RETIRED [SKIP TO QA07_A15_(AHS10)]
7. ON FAMILY OR MATERNITY LEAVE [SKIP TO QA07_A15_(AHS10)]
8. OTHER (SPECIFY) _____ [SKIP TO QA07_A15_(AHS10)]
- 7. REFUSED [SKIP TO QA07_A15_(AHS10)]
- 8. DON'T KNOW [SKIP TO QA07_A15_(AHS10)]

Q# 98 QUESTION ID: QA07_G26_(AHS10) FROM ADULT SURVEY

[IF WORKS AT JOB OR BUSINESS CONTINUE WITH QA07_G26_(AHS10); ELSE SKIP TO QA07_A15_(AHS10)]

On your MAIN job, are you:

1. EMPLOYED BY A PRIVATE COMPANY, NON-PROFIT ORGANIZATION OR FOUNDATION
2. EMPLOYED BY THE GOVERNMENT
3. SELF-EMPLOYED
4. WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM
- 7. REFUSED
- 8. DON'T KNOW

Q# 99 QUESTION ID: QA07_K1_(AHS10) FROM ADULT SURVEY

How many hours per week do you USUALLY work at ALL jobs or businesses?

- () HOURS
- 7. REFUSED
 - 8. DON'T KNOW

Q# 100 QUESTION ID: AHS10_F1 FROM ADULT SURVEY

How many hours per week do you USUALLY work at your MAIN job?

- () HOURS
- 7. REFUSED
 - 8. DON'T KNOW

Q# 101 QUESTION ID: AHS10_F2 FROM ADULT SURVEY

On your main job, how are you paid?

1. HOURLY WAGE
2. ANNUAL SALARY
3. COMMISSION-BASED
4. CONTRACT WORK
5. OTHER
- 7. REFUSED
- 8. DON'T KNOW

Q# 102 QUESTION ID: QA07_K3_(AHS10) FROM ADULT SURVEY

Including yourself, about how many people are employed by you/your employer at all locations?

1. FEWER THAN 10

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2. 10 TO 50
3. 51 TO 99
4. 100 TO 1,000
5. MORE THAN 1,000
- 7. REFUSED
- 8. DON'T KNOW

Q# 103 QUESTION ID: QA07_A15_(AHS10) FROM ADULT SURVEY

Are you now married, living with a partner in a marriage-like relationship, widowed living alone, divorced living alone, separated living alone, or never married living alone?

1. MARRIED
2. LIVING WITH PARTNER [SKIP TO QA07_K7]
3. WIDOWED LIVING ALONE [SKIP TO QA07_K7]
4. DIVORCED LIVING ALONE [SKIP TO QA07_K7]
5. SEPARATED LIVING ALONE [SKIP TO QA07_K7]
6. NEVER MARRIED LIVING ALONE [SKIP TO QA07_K7]
- 7. REFUSED [SKIP TO QA07_K7]
- 8. DON'T KNOW [SKIP TO QA07_K7]

Q# 104 QUESTION ID: QK07_G21_(AHSC10)

[IF MARRIED CONTINUE WITH QK07_G21_(AHSC10); ELSE SKIP TO QA07_K7] What is the highest grade of education your spouse has completed?

1. DID NOT COMPLETE HIGH SCHOOL
2. COMPLETED HIGH SCHOOL DIPLOMA OR EQUIVALENT
3. ATTENDED OR GRADUATED FROM A PROFESSIONAL, BUSINESS OR TRADE SCHOOL
4. ATTENDED OR GRADUATED FROM A TWO-YEAR JUNIOR OR COMMUNITY COLLEGE
5. ATTENDED A FOUR-YEAR COLLEGE OR UNIVERSITY BUT DID NOT GRADUATE
6. GRADUATED FROM A FOUR-YEAR COLLEGE OR UNIVERSITY (BACHELOR'S DEGREE)
7. EARNED A POST-GRADUATE DEGREE (MASTER'S DEGREE, DOCTORATE OR LAW DEGREE)
- 7. REFUSED
- 8. DON'T KNOW

Q# 105 QUESTION ID: QA07_G27_(AHS10) FROM ADULT SURVEY

What is your SPOUSE'S current employment status?

1. WORKS FULL TIME AT JOB OR BUSINESS
2. WORKS PART TIME AT JOB OR BUSINESS
3. WORKS BOTH FULL AND PART TIME AT JOB OR BUSINESS
3. IS NOT WORKING [SKIP TO AHS10_F6]
- 7. REFUSED [SKIP TO QA07_K7]
- 8. DON'T KNOW [SKIP TO QA07_K7]

Q# 106 QUESTION ID: QA07_G29_(AHS10) FROM ADULT SURVEY

[IF SPOUSE WORKS AT JOB OR BUSINESS CONTINUE WITH QA07_G29_(AHS10); ELSE SKIP TO AHS10_F6]

On your spouse's MAIN job, is he/she:

1. EMPLOYED BY A PRIVATE COMPANY, NON-PROFIT ORGANIZATION OR FOUNDATION
2. EMPLOYED BY THE GOVERNMENT
3. SELF-EMPLOYED
4. WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM
- 7. REFUSED
- 8. DON'T KNOW

Q# 107 QUESTION ID: AHS10_F5 FROM ADULT SURVEY

How many hours per week does your spouse USUALLY work at his/her MAIN job?

() HOURS

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- 7. REFUSED
- 8. DON'T KNOW

Q# 108 QUESTION ID: QA07_K3_(AHS10) FROM ADULT SURVEY

Including your spouse, about how many people are employed by his/her employer at all locations?

- 1. FEWER THAN 10 [SKIP TO QA07_K7]
- 2. 10 TO 50 [SKIP TO QA07_K7]
- 3. 51 TO 99 [SKIP TO QA07_K7]
- 4. 100 TO 1,000 [SKIP TO QA07_K7]
- 5. MORE THAN 1,000 [SKIP TO QA07_K7]
- 7. REFUSED [SKIP TO QA07_K7]
- 8. DON'T KNOW [SKIP TO QA07_K7]

Q# 109 QUESTION ID: AHS10_F6 FROM ADULT SURVEY

[IF SPOUSE IS NOT WORKING, CONTINUE WITH AHS10_F6; ELSE SKIP TO QA07_K7] What is the MAIN REASON your spouse is not working?

- 1. TAKING CARE OF HOUSE OR FAMILY
- 3. CAN'T FIND A JOB
- 4. GOING TO SCHOOL/STUDENT
- 5. DISABLED
- 6. RETIRED
- 7. ON FAMILY OR MATERNITY LEAVE
- 8. OTHER (SPECIFY) _____
- 7. REFUSED
- 8. DON'T KNOW

Q# 110 QUESTION ID: QA07_K7 FROM ADULT SURVEY

What is your best estimate of your HOUSEHOLD'S TOTAL ANNUAL income from all sources BEFORE TAXES in 2009?

- () DOLLARS [ENTER AMOUNT, CODE CATEGORY FOR QA07_K9_(AHS10) AND SKIP TO QA07_K15]
- 7. REFUSED
- 8. DON'T KNOW

Q# 111 QUESTION ID: QA07_K9_(AHS10) FROM ADULT SURVEY

[IF QA07_K7 = REFUSED OR DON'T KNOW CONTINUE WITH QA07_K9_(AHS10); ELSE SKIP TO QA07_K15] We don't need an exact amount but could you tell me what your HOUSEHOLD'S ANNUAL income BEFORE TAXES from all sources, which include the total amount of money everyone living in your household earned, was in 2009?

- 1. LESS THAN \$11,000
- 2. MORE THAN \$11,000 BUT LESS THAN \$14,999
- 3. MORE THAN \$15,000 BUT LESS THAN \$19,999
- 4. MORE THAN \$20,000 BUT LESS THAN \$22,999
- 5. MORE THAN \$23,000 BUT LESS THAN \$25,999
- 6. MORE THAN \$26,000 BUT LESS THAN \$29,999
- 7. MORE THAN \$30,000 BUT LESS THAN \$49,999
- 8. MORE THAN \$50,000 BUT LESS THAN \$74,999
- 9. MORE THAN \$75,000 BUT LESS THAN \$99,999
- 10. MORE THAN \$100,000
- 7. REFUSED
- 8. DON'T KNOW

Q# 112 QUESTION ID: QA07_K15 FROM ADULT SURVEY

Including yourself, how many people living in your household are supported by your total household income?

- () NUMBER OF PEOPLE

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- 7. REFUSED
- 8. DON'T KNOW

HERE IS WHERE WE NEED TO CALCULATE FPLS (CALCULATION OF HH INCOME VS NUMBER OF PEOPLE IN HH)

Q# 113 QUESTION ID: QA07_G14_(AHS10) FROM ADULT SURVEY

How many of the people living in your household are children under the age of 18, including babies?

() CHILDREN UNDER 18 LIVE IN THE HOUSEHOLD

- 7. REFUSED
- 8. DON'T KNOW

Section G -- Public Programs

Q# 114 QUESTION ID: QC07_E1

[IF POVERTY LEVEL IS AT OR BELOW 100 FPL CONTINUE WITH QC07_E1; ELSE SKIP TO QC07_F1] Is {SELECTED CHILD NAME} now on TANF? [IF NEEDED SAY: Temporary Assistance to Needy Families]

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 115 QUESTION ID: QC07_E2

Is {SELECTED CHILD NAME} receiving Food Stamps? [IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card. EBT stands for Electronic Benefits Transfer card and it is also known as the QUEST Card."]

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 116 QUESTION ID: QC07_E3

Is {SELECTED CHILD NAME} on WIC now?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Section H -- Child Care Child Care and Early Childhood Education

Q# 117 QUESTION ID: QC07_G1

These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or step parents takes care of {SELECTED CHILD NAME}. {This includes preschool and nursery school, but not kindergarten.}

Do you currently have any kind of regular childcare arrangements for {SELECTED CHILD NAME} for 10 hours or more per week?

- 1. YES
- 2. NO [SKIP TO QC07_G10]
- 7. REFUSED [SKIP TO QC07_G10]
- 8. DON'T KNOW [SKIP TO QC07_G10]

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Q# 118 QUESTION ID: QC07_G2_(AHSC10)

[IF YES TO QC07_G1 CONTINUE WITH QC07_G2_(AHSC10); ELSE SKIP TO QC07_G10] Altogether, how many hours is {SELECTED CHILD NAME} in childcare or early education such as preschool during a typical week? Include all combinations of care arrangements.

() HOURS

-7. REFUSED [SKIP TO QC07_G10]

-8. DON'T KNOW [SKIP TO QC07_G10]

Q# 119 QUESTION ID: AHASC_CG1

[ASK ONLY IF AT OR BELOW 200 FPL; ELSE SKIP TO QC07_G3] Do you receive a subsidy from the government to help pay for childcare?

1. YES

2. NO

-7. REFUSED

-8. DON'T KNOW

Q# 120 QUESTION ID: QC07_G3

[IF HOURS IN CHILD CARE < 10 SKIP TO QC07_G10] During a typical week does {SELECTED CHILD NAME} receive childcare from a grandparent or other family member?

1. YES

2. NO

-7. REFUSED

-8. DON'T KNOW

Q# 121 QUESTION ID: QC07_G4

Does {SELECTED CHILD NAME} receive childcare from a Head Start or state preschool program?

1. YES

2. NO

-7. REFUSED

-8. DON'T KNOW

Q# 122 QUESTION ID: QC07_G5

Does {SELECTED CHILD NAME} receive childcare from some other preschool or nursery school?

1. YES

2. NO

-7. REFUSED

-8. DON'T KNOW

Q# 123 QUESTION ID: QC07_G6

Does {SELECTED CHILD NAME} receive childcare from a childcare center that is not in someone's home?

1. YES

2. NO

-7. REFUSED

-8. DON'T KNOW

Q# 124 QUESTION ID: QC07_G7

Does {SELECTED CHILD NAME} receive childcare from a non-family member who cares for {SELECTED CHILD NAME} in your home?

1. YES

2. NO

-7. REFUSED

-8. DON'T KNOW

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Q# 125 QUESTION ID: QC07_G8

Does {SELECTED CHILD NAME} receive childcare from a non-family member who cares for {CHILD NAME /AGE/SEX} in his or her home?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 126 QUESTION ID: QC07_G9

[IF CHILD RECEIVES CARE FROM GRANDPARENT/NON-FAMILY MEMBER IN CHILD'S HOME; OR IF NOT IN HEAD START, PRESCHOOL PROGRAM, CHILD CARE CENTER OR IN CARE IN NON-FAMILY MEMBER HOME, SKIP TO QC07_G10; ELSE CONTINUE WITH QC07_G9] {Is this/Are all of these} child care provider{s} licensed by the state of Arizona?

1. YES (ALL LICENSED)
2. NO (NONE LICENSED)
3. SOME LICENSED AND SOME NOT
- 7. REFUSED
- 8. DON'T KNOW

Q# 127 QUESTION ID: QC07_G10

In the past 12 months, was there a time when you could not find childcare when you needed it for {CHILD NAME /AGE/SEX} for a week or longer?

1. YES
2. NO [SKIP TO AHSC10_CH1]
- 7. REFUSED [SKIP TO AHSC10_CH1]
- 8. DON'T KNOW [SKIP TO AHSC10_CH1]

Q# 128 QUESTION ID: QC07_G11

[IF YES, CONTINUE WITH QC07_G11; ELSE SKIP TO AHSC10_CH1] What is the MAIN reason you were unable to find childcare for {SELECTED CHILD NAME} at that time?

1. COULDN'T AFFORD ANY CHILD CARE
2. COULDN'T FIND A PROVIDER ABLE TO TAKE MY CHILD
3. THE HOURS AND LOCATION DIDN'T FIT MY NEEDS
4. COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED
5. COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED
6. CHILD CARE SUBSIDY WAS NO LONGER AVAILABLE
7. CHILD CARE PROVIDER COULD NOT ADDRESS MY CHILD'S SPECIAL PHYSICAL OR DEVELOPMENTAL NEEDS
8. OTHER REASON
- 7. REFUSED
- 8. DON'T KNOW

Q# 129 QUESTION ID: AHSC10_CH1

In the past 12 months, have you had to reduce your work hours or quit your job because you were unable to afford child care?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 130 QUESTION ID: AHSC10_CH2

[IF CHILDCARE/EARLY EDUCATION \geq 10 HOURS CONTINUE WITH AHSC10_CH2; ELSE SKIP TO QK07_I1]

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Describe the quality of the childcare or early childhood education {SELECTED CHILD NAME} receives. Is it:

1. EXCELLENT
2. GOOD
3. POOR
4. VERY POOR
- 7. REFUSED
- 8. DON'T KNOW

Q# 131 QUESTION ID: AHSC10_CH3

What is your one MAIN concern, if any, about the quality of your childcare?

1. TRAINING AND KNOWLEDGE OF STAFF
2. NUMBER OF CHILDREN BEING CARED FOR BY THE STAFF
3. SAFETY OR CLEANLINESS OF THE FACILITY
4. CURRICULUM AND ACTIVITIES
5. PROXIMITY TO YOUR HOME
6. HOURS OF OPERATION
7. OTHER
8. NO CONCERN
- 7. REFUSED
- 8. DON'T KNOW

Section I -- Health Insurance

Q# 132 QUESTION ID: QK07_I1

These next questions are about health insurance {SELECTED CHILD NAME} may have.

[IF ADULT SURVEY R = MKA CONTINUE WITH QK07_I1; ELSE SKIP TO QK07_I15_(AHSC10/1)] Does {SELECTED CHILD NAME} CURRENTLY have the same health insurance as you?

1. YES [SKIP TO AHSC10_CI1]
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 133 QUESTION ID: QK07_I15_(AHSC10/1)

Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through your OWN current or former employer or union?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 134 QUESTION ID: QK07_I15_(AHSC10/2)

Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through your spouse's own or someone else's current or former employment or union?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 135 QUESTION ID: QK07_I15_(AHSC10/3)

Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through a school, professional association, trade group, or other organization?

1. YES

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- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 136 QUESTION ID: QK07_I15_(AHSC10/4)

Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance purchased directly from an insurance company or HMO by you or someone else?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 137 QUESTION ID: QK07_I15_(AHSC10/5)

Medicare is a health insurance program for people 65 years and older or those with certain disabilities. Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through Medicare?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 138 QUESTION ID: QK07_I15_(AHSC10/6)

[IF AT OR BELOW 140 FPL CONTINUE; ELSE SKIP TO QK07_I15_(AHSC10/7)] Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through AHCCCS? [PRONOUNCED "AK-SESS." IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people. AHCCCS is Arizona's Medicaid program."]

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 139 QUESTION ID: QK07_I15_(AHSC10/7)

[IF AT OR BELOW 200 FPL CONTINUE; ELSE SKIP TO QK07_I15_(AHSC10/8)] Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through KidsCare? [IF NEEDED, SAY: "KidsCare is a state program that pays for health insurance for children up to age 19."]

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 140 QUESTION ID: QK07_I15_(AHSC10/8)

Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through CHAMPUS, Tricare, the Veterans Administration or other military health care?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 141 QUESTION ID: QK07_I15_(AHSC10/9)

Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through ALTCS? [PRONOUNCED "ALL-TEX." IF NEEDED, SAY: "ALTCS is the Arizona Long Term Care System that pays for low income persons with significant medical care needs."]

- 1. YES

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- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 142 QUESTION ID: QK07_I15_(AHSC10/10)

Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through some other government plan?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 143 QUESTION ID: QK07_I15_(AHSC10/10)

Is {SELECTED CHILD NAME} CURRENTLY covered by health insurance through some other non-government plan?

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 144 QUESTION ID: AHSC10_CI1

Thinking about {his/her} current health insurance, did {SELECTED CHILD NAME} have this same insurance for ALL of the past 12 months?

- 1. YES [SKIP TO QK07_I18]
- 2. NO
- 7. REFUSED [SKIP TO QK07_I18]
- 8. DON'T KNOW [SKIP TO QK07_I18]

Q# 145 QUESTION ID: QK07_I27

[IF NO TO AHSC10_CI1 CONTINUE WITH QK07_I27, ELSE SKIP TO QK07_I18] During the past 12 months, was there any time when {he/she} had no health insurance at all?

- 1. YES [SKIP TO QK07_I28]
- 2. NO [SKIP TO QK07_I18]
- 7. REFUSED [SKIP TO QK07_I18]
- 8. DON'T KNOW [SKIP TO QK07_I18]

Q# 146 QUESTION ID: QK07_I20

[IF UNINSURED CONTINUE WITH QK07_I20; ELSE SKIP TO QK07_I18] Was {SELECTED CHILD NAME} covered by health insurance at any time during the past 12 months?

- 1. YES
- 2. NO [SKIP TO QK07_I19]
- 7. REFUSED [SKIP TO AHASK_I2]
- 8. DON'T KNOW [SKIP TO AHASK_I2]

Q# 147 QUESTION ID: QK07_I28

[IF YES TO QK07_I27 OR QK07_I20 CONTINUE; ELSE SKIP TO QK07_I19] For how many of the past 12 months did {he/she} have no health insurance?

- () MONTHS
- 7. REFUSED [SKIP TO QK07_I18]
- 8. DON'T KNOW [SKIP TO QK07_I18]

Q# 148 QUESTION ID: AHSC10_CI2

[IF QK07_I28 > 0 CONTINUE, ELSE SKIP TO QK07_I18] What is the ONE MAIN reason why {SELECTED CHILD NAME} did not have any health insurance during those months?

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1. CAN'T AFFORD/TOO EXPENSIVE
2. NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB
3. NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
4. HEALTH INSURANCE NOT LONGER OFFERED BY EMPLOYER
5. HEALTH INSURANCE NO LONGER OFFERED BY GOVERNMENT
6. NOT ELIGIBLE DUE TO CITIZENSHIP /IMMIGRATION STATUS
7. FAMILY SITUATION CHANGED
8. DON'T BELIEVE IN INSURANCE
9. DELAY BETWEEN SWITCH OF INSURANCE COMPANIES
10. DELAY IN GOVERNMENT PROCESSING INSURANCE APPLICATION
11. CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
12. OTHER (SPECIFY) _____
- 7. REFUSED
- 8. DON'T KNOW

Q# 149 QUESTION ID: QK07_I19

[IF QK07_I20 = NO CONTINUE, ELSE SKIP TO QK07_I18] What is the ONE MAIN reason {SELECTED CHILD NAME} does not have any health insurance?

1. CAN'T AFFORD/TOO EXPENSIVE [SKIP TO AHSC10_CI3]
2. NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB [SKIP TO AHSC10_CI3]
3. NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS [SKIP TO AHSC10_CI3]
4. NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS [SKIP TO AHSC10_CI3]
5. FAMILY SITUATION CHANGED [SKIP TO AHSC10_CI3]
6. DON'T BELIEVE IN INSURANCE [SKIP TO AHSC10_CI3]
7. SWITCHED INSURANCE COMPANIES, DELAY BETWEEN [SKIP TO AHSC10_CI3]
8. GETS HEALTH CARE FREE/ PAYS FOR OWN CARE [SKIP TO AHSC10_CI3]
9. OTHER (SPECIFY): _____ [SKIP TO AHSC10_CI3]
- 7. REFUSED [SKIP TO AHSC10_CI3]
- 8. DON'T KNOW [SKIP TO AHSC10_CI3]

Q# 150 QUESTION ID: QK07_I18

[IF CHILD HAS ANY TYPE OF COVERAGE CONTINUE WITH QK07_I18; ELSE SKIP TO AHASK_I2] Is {SELECTED CHILD NAME} covered for prescription drugs? That is, does or would some plan pay any part of the cost?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 151 QUESTION ID: AHASK_I1

Is {SELECTED CHILD NAME} covered for behavioral/mental health care? That is, does or would some plan pay any part of the cost?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 152 QUESTION ID: AHASK_I2

Do you now have any type of insurance that pays for part or all of {SELECTED CHILD NAME}'s dental care?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 153 QUESTION ID: AHSC10_CI3

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[IF CHILD UNINSURED AND RESPONDENT IS EMPLOYED CONTINUE WITH AHSC10_CI3; ELSE SKIP TO AHSC10_CI5] Does your employer offer health insurance that could cover {SELECTED CHILD NAME}?

1. YES
2. NO [SKIP TO AHSC10_CI5]
- 7. REFUSED [SKIP TO AHSC10_CI5]
- 8. DON'T KNOW [SKIP TO AHSC10_CI5]

Q# 154 QUESTION ID: AHSC10_CI4

[IF YES CONTINUE WITH AHSC10_CI4; ELSE SKIP TO AHSC10_CI5] What is the ONE MAIN reason {SELECTED CHILD NAME} is not covered by your employer's health insurance?

1. COVERED BY ANOTHER PLAN
2. TOO EXPENSIVE
3. CAN GET HEALTHCARE AT LOW COST OR FOR FREE
4. DIDN'T LIKE PLAN OFFERED
5. DON'T NEED OR BELIEVE IN HEALTH INSURANCE
6. HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH FOR CHILD TO BE COVERED
7. CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN
8. DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR
9. OTHER (SPECIFY): _____
- 7. REFUSED
- 8. DON'T KNOW

Q# 155 QUESTION ID: AHSC10_CI5

[IF CHILD UNINSURED AND RESPONDENT IS MARRIED/SPOUSE EMPLOYED CONTINUE WITH AHSC10_CI5; ELSE SKIP TO QK07_I6] Does your spouse's employer offer health insurance that could cover {CHILD NAME/AGE/SEX}?

1. YES
2. NO [SKIP TO QK07_I6]
- 7. REFUSED [SKIP TO QK07_I6]
- 8. DON'T KNOW [SKIP TO QK07_I6]

Q# 156 QUESTION ID: AHSC10_CI6

[IF YES TO AHSC10_CI5 CONTINUE WITH AHSC10_CI6; ELSE SKIP TO QK07_I6] What is the ONE MAIN reason {SELECTED CHILD NAME} is not covered by your employer's health insurance?

1. COST OF INSURANCE/COST OF THE PREMIUM
2. CHILD IS HEALTHY/DOES NOT NEED HEALTH INSURANCE
3. CAN GET HEALTHCARE AT LOW COST OR FOR FREE
4. OTHER (SPECIFY): _____
- 7. REFUSED
- 8. DON'T KNOW

Q# 157 QUESTION ID: QK07_I6

[IF HOUSEHOLD INCOME 200 FPL OR BELOW AND CHILD UNINSURED CONTINUE WITH QK07_I6; ELSE SKIP TO AHS10_G4] What is the ONE main reason why {SELECTED CHILD NAME} is not enrolled in AHCCCS or the KidsCare Program?

1. NEVER HEARD OF AHCCCS/KIDSCARE [SKIP TO AHS10_G7_CHIS]
2. NOT ELIGIBLE DUE TO INCOME [SKIP TO AHS10_G7_CHIS]
3. NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS [SKIP TO AHS10_G7_CHIS]
4. HEALTHY/DO NOT NEED INSURANCE
5. WILL ENROLL IN AHCCCS/KIDSCARE ONLY WHEN MEDICALLY NECESSARY [SKIP TO AHS10_G7_CHIS]
6. CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE [SKIP TO AHS10_G7_CHIS]
7. HAD AHCCCS/KIDSCARE PREVIOUSLY AND DID NOT LIKE THE COVERAGE [SKIP TO AHS10_G7_CHIS]
8. APPLICATION AND ENROLLMENT PROCESS IS DIFFICULT OR CONFUSING [SKIP TO

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AHS10_G7_CHIS]

- 9. DOCUMENTATION REQUIREMENTS WERE DIFFICULT TO FULFILL [SKIP TO AHS10_G7_CHIS]
- 7. REFUSED [SKIP TO AHS10_G7_CHIS]
- 10. FREEZE ON ENROLLMENT/NO LONGER ACCEPTING NEW ENROLLEES
- 8. DON'T KNOW [SKIP TO AHS10_G7_CHIS]

Q# 158 QUESTION ID: AHS10_G4 FROM ADULT SURVEY

[IF CHILD INSURED CONTINUE WITH AHS10_G4; ELSE SKIP TO AHS10_G7_CHIS] Approximately how much did you and your family pay out of pocket for health care in the past 12 months for deductibles and co-pays?

- () DOLLARS
- 7. REFUSED
- 8. DON'T KNOW

Q# 159 QUESTION ID: AHS10_G5_CHIS FROM ADULT SURVEY

What is the annual deductible for your child's insurance plan?

- () DOLLARS [ENTER AMOUNT, CODE CATEGORY IN AHS10_G6_CHIS AND SKIP TO AHS10_G7_CHIS]
- 7. REFUSED
- 8. DON'T KNOW

Q# 160 QUESTION ID: AHS10_G6_CHIS FROM ADULT SURVEY

[IF AHS10_G5_CHIS = REFUSED OR DON'T KNOW CONTINUE WITH AHS10_G6_CHIS; ELSE SKIP TO AHS10_G7_CHIS] Would you estimate that the annual deductible for your child's insurance plan is:

- 1. LESS THAN \$500
- 2. \$500 TO LESS THAN \$1,000
- 3. \$1,000 TO LESS THAN \$2,000
- 4. \$2,000 TO LESS THAN \$5,000
- 5. \$5,000 TO LESS THAN \$10,000
- 6. \$10,000 OR MORE
- 7. REFUSED
- 8. DON'T KNOW

Q# 161 QUESTION ID: AHS10_G7_CHIS FROM ADULT SURVEY

Do you have a special account or fund you can use to pay for medical expenses? {If needed say "These accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include personal care accounts, personal medical funds, or choice funds, and are different from employer provided Flexible Spending Accounts.}

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

Q# 162 QUESTION ID: QA07_M2 FROM ADULT SURVEY

Do you own or rent your home?

- 1. OWN
- 2. RENT
- 3. OTHER ARRANGEMENT
- 7. REFUSED
- 8. DON'T KNOW

Section J -- Demographic Information Part III and Closing

Q# 163 QUESTION ID: QA07_N1 FROM ADULT SURVEY

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Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

1. APACHE
2. COCHISE
3. COCONINO
4. GILA
5. GRAHAM
6. GREENLEE
7. LA PAZ
8. MARICOPA
9. MOHAVE
10. NAVAJO
11. PIMA
12. PINAL
13. SANTA CRUZ
14. YAVAPAI
15. YUMA
- 7. REFUSED
- 8. DON'T KNOW

Q# 164 QUESTION ID: QA07_N3 FROM ADULT SURVEY

What is your zip code?

- _____(ZIP CODE)
- 7. REFUSED
 - 8. DON'T KNOW

Q# 165 QUESTION ID: QA07_N7

{Finally, do} Do you think you would be willing to do a follow-up to this survey sometime in the future?

1. YES
2. MAYBE/PROBABLY YES
3. DEFINITELY NOT
- 7. REFUSED
- 8. DON'T KNOW

Q# 166 QUESTION ID: CLOSE2

Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Kim Van Pelt, the Principal Investigator. Kim Van Pelt can be reached toll-free at 1-877-385-6505. Thank you, and good-bye.