**Section P — CHILD HEALTH**

**Section P1 — INTRODUCTION**

The next questions will be used to study the health of the Nation's children. (It would be best if I could ask these questions in private.)

Arrange to conduct supplement in private if possible.

If more than one child in family read: The only child I will ask the rest of my questions about is -- -- .

**Ask or verify for each HH member.**

1. How is (Name on HIS-1) related to -- -- ?

   - If parent, ask: Is (Name of parent) — biological (natural), adoptive, step, or foster (mother/father)?
   - If brother/sister, ask: Is (Name of sibling) — full, half, adoptive, step or foster (brother/sister)?

   Enter “sample child” on appropriate line.

   Enter “unrelated” for persons not related to the sample child.

<table>
<thead>
<tr>
<th>Person number on HIS-1</th>
<th>Relationship to sample child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5–6</td>
</tr>
<tr>
<td>2</td>
<td>7–8</td>
</tr>
<tr>
<td>3</td>
<td>9–10</td>
</tr>
<tr>
<td>4</td>
<td>11–12</td>
</tr>
<tr>
<td>5</td>
<td>13–14</td>
</tr>
<tr>
<td>6</td>
<td>15–16</td>
</tr>
<tr>
<td>7</td>
<td>17–18</td>
</tr>
<tr>
<td>8</td>
<td>19–20</td>
</tr>
<tr>
<td>9</td>
<td>21–22</td>
</tr>
<tr>
<td>10</td>
<td>23–24</td>
</tr>
</tbody>
</table>

**CHECK ITEM 1**

Mark first appropriate box.

1. Biological or adoptive mother in hhld (Check Item 2)
2. Biological father or step or foster mother in hhld. (Check Item 2)
3. One adult relative in hhld. (Check Item 2)
4. 2+ adult relatives in hhld. (2)
5. No eligible respondent in household (Cover Page)

2. Which family member knows the most about the health related matters of -- -- ?

   - 2a. Is (person named in 2a) available?
     1. Yes (Section P2)
     2. No (Arrange callback, THEN Cover Page)

**CHECK ITEM 2**

Mark first appropriate box.

1. Person in Check Item 1 available (Section P2)
2. Person in Check Item 1 not available (Arrange callback, THEN Cover Page)

**Notes**
Section P2 — CHILD CARE

**CHECK ITEM 3**
Mark box and enter person number of respondent.

1. Same as respondent in Section P1
2. New respondent

These questions will be used to study the health of the Nation’s children. (It would be best if I could ask these questions in private.) I will be asking questions about — — . Arrange to conduct supplement in private if possible.

**CHECK ITEM 4**
Refer to age of sample child.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>Is — — currently attending either kindergarten or first grade?</td>
</tr>
<tr>
<td>1.</td>
<td>Yes, kindergarten</td>
</tr>
<tr>
<td>2.</td>
<td>Yes, first grade</td>
</tr>
<tr>
<td>3.</td>
<td>No (2)</td>
</tr>
<tr>
<td>b.</td>
<td>At what time of day does the [kindergarten/first grade] start?</td>
</tr>
<tr>
<td>1.</td>
<td>A.M.</td>
</tr>
<tr>
<td>2.</td>
<td>P.M.</td>
</tr>
<tr>
<td>3.</td>
<td>Noon</td>
</tr>
<tr>
<td>4.</td>
<td>DK</td>
</tr>
<tr>
<td>c.</td>
<td>At what time does the [kindergarten/first grade] end?</td>
</tr>
<tr>
<td>1.</td>
<td>A.M.</td>
</tr>
<tr>
<td>2.</td>
<td>P.M.</td>
</tr>
<tr>
<td>3.</td>
<td>Noon</td>
</tr>
<tr>
<td>4.</td>
<td>DK</td>
</tr>
</tbody>
</table>

1. Under 2 years old (Check item 5)
2. 2 or 3 years old (2)
3. 4 or 5 years old (1)
4. 6 + years old (Section P3, page 91)

**CHECK ITEM 5**
Refer to Check Item 1.
Mark first appropriate box.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a.</td>
<td>Have you worked at a job or business for pay in the last four weeks?</td>
</tr>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No (4)</td>
</tr>
<tr>
<td>b.</td>
<td>How many hours a week do you usually work?</td>
</tr>
<tr>
<td>1.</td>
<td>Child under 2 or &quot;No&quot; or blank in 1a AND &quot;No&quot; in 2a (5b)</td>
</tr>
<tr>
<td>2.</td>
<td>Only while child is in school (4)</td>
</tr>
<tr>
<td>3.</td>
<td>Other hours (5b)</td>
</tr>
<tr>
<td>c.</td>
<td>Do you only work while — — is in school level in 1a or 2a) or do you work during other hours?</td>
</tr>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No (4)</td>
</tr>
<tr>
<td>d.</td>
<td>Has — — mother worked at a job or business for pay in the last 4 weeks?</td>
</tr>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No (4)</td>
</tr>
<tr>
<td>e.</td>
<td>How many hours a week did she work?</td>
</tr>
<tr>
<td>1.</td>
<td>Yes, kindergarten</td>
</tr>
<tr>
<td>2.</td>
<td>Yes, first grade</td>
</tr>
<tr>
<td>3.</td>
<td>No (2)</td>
</tr>
</tbody>
</table>

Mark box or ask:

1. "No" or blank in 1a AND "No" in 2a (5b)
2. Only while child is in school (4)
3. Other hours (5b)
Section P2 — CHILD CARE — Continued

4. (Other than the [nursery school/preschool]), in the past four weeks, has —— been cared for in ANY kind of regular child care arrangement such as a day care center, playgroup, by a babysitter, relative, or some other regular arrangement?

<table>
<thead>
<tr>
<th></th>
<th>1 □ Yes</th>
<th>2 □ No (Check Item 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>68—69</td>
<td></td>
</tr>
</tbody>
</table>

Hand Card P1, read list if telephone interview.

5a. How was —— USUALLY cared for during the hours that child care was used? Mark only one box.

<table>
<thead>
<tr>
<th></th>
<th>1 □ Day care center</th>
<th>2 □ Babysitter in child’s home</th>
<th>3 □ In babysitter’s home</th>
<th>4 □ Father cares for child</th>
<th>5 □ Mother cares for child while working at home</th>
<th>6 □ Mother cares for child while working outside of home</th>
<th>7 □ Child cares for self</th>
<th>8 □ Other relative cares for child</th>
<th>9 □ Other — Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>68—69</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. How was —— usually cared for during the hours that child care was used? Mark only one box.

|   | 1 □ Babysitter in child’s home | 2 □ In babysitter’s home | 3 □ Father cares for child | 4 □ Mother cares for child while working at home | 5 □ Mother cares for child while working outside of home | 6 □ Child cares for self | 7 □ Other relative cares for child | 8 □ Day camp (5e) | 9 □ Other — Specify |
|---|--------------------------------|-------------------------|---------------------------|----------------------------------|---------------------------------|-------------------|---------------------------|-----------------|-----------------
|   | 68—69                         |                         |                           |                                  |                                  |                   |                           |                 |                 |

c. How is this person related to ——?

<table>
<thead>
<tr>
<th></th>
<th>1 □ Sibling</th>
<th>2 □ Other relative</th>
<th>3 □ Grandparent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Where does this person usually care for ——, in (sample child) home or somewhere else?

<table>
<thead>
<tr>
<th></th>
<th>1 □ At home</th>
<th>2 □ Somewhere else</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71</td>
<td></td>
</tr>
</tbody>
</table>

e. About how many hours per week was —— usually cared for (by/at) (arrangement)?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6a. Besides [nursery or preschool (and)(child care arrangements in 5a/b)], during the past four weeks, has —— been cared for in any other regular child care arrangement?

Hand Card P1, read list if telephone interview.

b. Other than [nursery or preschool (and) (child care arrangement in 5a/b)], how was —— usually cared for during most of the other hours that child care was used? Mark only one box.

|   | 1 □ Day care center | 2 □ Babysitter in child’s home | 3 □ In babysitter’s home | 4 □ Father cares for child | 5 □ Mother cares for child while working at home | 6 □ Mother cares for child while working outside of home | 7 □ Child cares for self | 8 □ Other relative cares for child | 9 □ Day camp (5e) | 10 □ Other — Specify |
|---|---------------------|-------------------------------|-------------------------|---------------------------|----------------------------------|---------------------------------|-------------------|---------------------------|-----------------|----------------|--|
|   | 74                  |                               |                         |                           |                                  |                                  |                   |                           |                 |                 |

c. How is this person related to ——?

<table>
<thead>
<tr>
<th></th>
<th>1 □ Sibling</th>
<th>2 □ Grandparent</th>
<th>3 □ Other relative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Where does this person usually care for ——, in (sample child) home or somewhere else?

<table>
<thead>
<tr>
<th></th>
<th>1 □ At home</th>
<th>2 □ Somewhere else</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>78</td>
<td></td>
</tr>
</tbody>
</table>

e. About how many hours per week was —— usually cared for (by/at) (arrangement)?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7a. Were any other child care arrangements used on a regular basis?

<table>
<thead>
<tr>
<th></th>
<th>1 □ Yes</th>
<th>2 □ No (Check Item 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80—81</td>
<td></td>
</tr>
</tbody>
</table>

b. How many additional hours a week was child care used?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section P2 — CHILD CARE — Continued

**CHECK ITEM 6**

Refer to id, 2a, 5a/5b, 6b.

<table>
<thead>
<tr>
<th>8. Now I would like to ask you about &quot;Main&quot; child care arrangement. Including ---, how many children are usually cared for together, in the same group, at the same time? Do not include children in the entire school or program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No or blank in Id AND No in 2a AND blank in 5a/5b (11)</td>
</tr>
<tr>
<td>□ Box 4, 5, 6, or 7 in 5a/5b AND blank or box 4, 5, 6, or 7 in 6b (13)</td>
</tr>
<tr>
<td>□ Other (8)</td>
</tr>
<tr>
<td>Children</td>
</tr>
<tr>
<td>□ DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. How many adults usually supervise the children in the same group as ---?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Has the main person responsible for caring for --- received education or training specifically related to young children, such as early childhood or elementary education, or child psychology?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Was --- ever cared for in any regular child care arrangement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No (Section P3, page 91)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. When did --- last receive care in a regular child care arrangement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Within last 12 months</td>
</tr>
<tr>
<td>□ Prior to last 12 months (15)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. How many times has --- main child care arrangement been changed in the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ None (15)</td>
</tr>
<tr>
<td>□ DK (15)</td>
</tr>
</tbody>
</table>

### Hand Card P2, read list if telephone interview.

**14a. What was the last type of care used before --- changed to the type of care --- is using now? Mark only one box.**

- □ Nursery school or preschool
- □ Day care center
- □ Babysitter in child's home
- □ In babysitter's home
- □ Father cares for child
- □ Mother cares for child while working at home
- □ Mother cares for child while working outside of home
- □ Summer day camp
- □ Child cares for self
- □ Other relative cares for child (14b)
- □ Other --- Specify:

### b. How is this person related to ---?

- □ Sibling
- □ Grandparent
- □ Other relative

### c. Where did this person usually care for ---, in [sample child] home or somewhere else?

- □ At home
- □ Somewhere else

### d. About how many hours per week was --- usually cared for [by/at] arrangement?

- □ DK

**Notes**
### Section P2 — CHILD CARE — Continued

15. How old was —— when regular child care was begun?

<table>
<thead>
<tr>
<th>Age</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>0-1</td>
<td>☐</td>
</tr>
</tbody>
</table>

Hand Card P2, read list if telephone interview

16a. What type of child care arrangement was first used for ——?

Mark only one box.

- ☐ Nursery school or preschool
- ☐ Nursery school or preschool with day care
- ☐ Day care center
- ☐ Babysitter in child’s home
- ☐ In babysitter’s home
- ☐ Father cares for child
- ☐ Mother cares for child while working at home
- ☐ Mother cares for child while working outside of home
- ☐ Summer day camp
- ☐ Child cares for self
- ☐ Other relative cares for child (16b)
- ☐ Other — Specify —

b. How is this person related to ——?

1. ☐ Sibling
2. ☐ Grandparent
3. ☐ Other relative
4. ☐ DK

16b. Where did this person usually care for ——, in (sample child) home or somewhere else?

1. ☐ At home
2. ☐ Somewhere else

16c. About how many hours per week was —— usually cared for [by/at] arrangement?

99 ☐ DK

---

Notes
**Section P3 — RELATIONSHIPS AND MOBILITY**

These next few questions are about —— (biological mother).

1. How old was —— (biological mother) when —— was born?
   - Age
   - Respondent knows nothing about biological mother (Check Item 7)
   - DK

2. Including ——, how many children has —— (biological mother) ever had? Do not count miscarriages or stillbirths.
   - One/sample child only (Check Item 7)
   - Number
   - DK

3. Was —— the first born (or) second born (or third, etc.)?
   - First
   - Second
   - Third
   - Fourth
   - Fifth
   - Sixth or later
   - DK (Check Item 7)

4. How old was —— (biological mother) when the first child was born?
   - Age
   - DK

**CHECK ITEM 7** Refer to Q. 1, page 86.

5a. Has —— ever lived with —— biological mother for at least 4 consecutive months?
   - Yes
   - No
   - DK

   b. In what month and year did —— last live with her?
      - Month
      - Year
      - DK

6. Is she now living or deceased?
   - Living
   - Deceased (Check Item 11)
   - DK (Check Item 11)

7. How often does —— see her?
   - Everyday
   - Almost every day
   - Several times a week
   - About once a week
   - Two or three times a month
   - About once a month
   - Several times a year
   - Once a year or less
   - Never
   - DK

8. Is —— (biological mother) now married, widowed, divorced, separated, or has —— (biological mother) never been married?
   - Married
   - Widowed
   - Divorced
   - Separated
   - Never married (Check Item 11)
   - DK (Check Item 11)

9. How many times altogether has —— (biological mother) been married?
   - Times
   - DK

**Notes**
### Section P3 — RELATIONSHIPS AND MOBILITY — Continued

**CHECK ITEM 8**
Refer to Q. 1, page 86 and Q. 8, page 91.

1. Biological mother and biological father in household, and now married to each other (10b)
2. Other (10b)

**10a. Was —— (biological mother) ever married to —— (biological father)?**
- Yes (10b)
- No (Check Item 10)
- DK (Check Item 11)

**b. In what month and year was —— (biological mother) married to —— (biological father)?**

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHECK ITEM 9**
Refer to 8 and 9.

1. Married only once and now married (Check Item 11)
2. Married only once and now separated or divorced (11b)
3. Married only once and now widowed (11c)
4. Married more than once and marriage to child's father is current marriage (Check Item 11)
5. Other (11)

**11a. Was —— (biological mother) marriage to (biological father) ended by death, divorce, separation, or annulment?**
- Separation
- Divorce
- Death (11c)
- Annulment
- DK (Check Item 11)

**b. In what month and year did —— (biological mother) stop living with —— (biological father)?**

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**c. In what month and year did the marriage to —— (biological father) (legally) end?**

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHECK ITEM 10**
Refer to 8.

1. Biological mother now married to someone other than biological father (12)

**12. In what month and year did —— (biological mother) current marriage begin?**

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes**
Section P3 — RELATIONSHIPS AND MOBILITY — Continued

**CHECK ITEM 11**

Refer to Q. 1, page 86.

| 1 | Biological father in household (16) |
| 6 | Other (13) |

**13a.** Has —— ever lived with —— biological father for at least 4 consecutive months?

- [ ] Yes
- [ ] No
- [ ] DK (16)

**b.** In what month and year did —— last live with him?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**14.** Is he now living or deceased?

- [ ] Living
- [ ] Deceased
- [ ] DK (16)

**15.** How often does —— see him?

- [ ] Everyday
- [ ] Almost every day
- [ ] Several times a week
- [ ] About once a week
- [ ] Two or three times a month
- [ ] About once a month
- [ ] Several times a year
- [ ] Once a year or less
- [ ] Never
- [ ] DK

**16.** In what month and year did [sample child] move to this address or has —— lived here since birth?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**17.** About how far from here is the home [sample child] lived in before —— moved to this home — less than a mile, 1 to 50 miles, or more than 60 miles?

- [ ] Less than 1 mile
- [ ] 1 - 50 miles
- [ ] 50+ miles
- [ ] DK

**18.** Altogether, how many times has —— ever moved?

<table>
<thead>
<tr>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**CHECK ITEM 12**

**19.** In what month and year did —— begin living with you?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes**
### Section P4 — BIRTH

**1a. Was —— born in a hospital or some other place?**

- [ ] Hospital (1b)
- [x] Hospital (2)
- [ ] Home (2)
- [ ] In transit to hospital (1b)
- [ ] Other — Specify (2)

**b. How many nights was —— (biological mother) in the [hospital/birthing center] during this stay?**

- [ ] None
- [ ] Nights

**c. How many nights was —— in the [hospital/birthing center] during this stay?**

- [ ] None
- [ ] Nights

**2a. How much did —— weigh at birth?**

- [ ] Lbs. [Oz.](3)
  - [ ] More than 5 1/2 lbs.
  - [ ] Less than 5 1/2 lbs.

**b. Did —— weigh more than 5 1/2 pounds or less?**

- [ ] More than 5 1/2 lbs.
- [ ] Less than 5 1/2 lbs.

**c. Did weigh —— more than 9 pounds or less?**

- [ ] More than 9 lbs.
- [ ] Less than 9 lbs.

**3a. How many months pregnant was —— (biological mother) when —— was born?**

- [ ] Months

**b. Was —— born about when expected, or was it earlier or later?**

- [ ] Earlier than expected
- [ ] When expected (Check item 13)
- [ ] Later than expected
- [ ] DK (Check item 13)

**c. About how many weeks (earlier/later) than expected was —— born?**

- [ ] Less than one week
- [ ] Under 6 years old AND biological mother respondent (4)

**CHECK ITEM 13**

**4. How many weeks pregnant were you when you first thought you were pregnant with ——?**

- [ ] Weeks

**5a. Did you see or talk to a doctor to find out if you were pregnant?**

- [ ] Yes
- [ ] No (5c)

**b. About how many weeks pregnant were you when you first found out from a doctor that you were pregnant?**

- [ ] 4 weeks or less
- [ ] 5—13 weeks
- [ ] 14—27 weeks

**c. Did you see or talk to a doctor about your pregnancy at any (other) time during that pregnancy?**

- [ ] Yes
- [ ] No (6)

**d. How many weeks or months pregnant were you when you first saw a doctor about your pregnancy?**

- [ ] 4 weeks or less
- [ ] 5—13 weeks
- [ ] 14—27 weeks

**6. Altogether, how many pounds did you either gain or lose during that pregnancy?**

- [ ] Pounds
  - [ ] Gained
  - [ ] Lost

**7a. Did —— receive any newborn care in an intensive care unit, premature nursery, or any other type of special care unit?**

- [ ] Yes
- [ ] No (8)

**b. How many nights did —— stay in the special care unit?**

- [ ] None
- [ ] Nights

---

*Note: The form and questions are designed to collect detailed information about the birth of a child, including the place of birth, duration of hospital stay, birth weight, and other relevant details.*
### Section P4 — BIRTH — Continued

**8. Do you NOW have diabetes or sugar diabetes?**

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
<th>9 DK</th>
</tr>
</thead>
</table>

**9a. At any time during your pregnancy with ——, did you have —**

<table>
<thead>
<tr>
<th>Sugar in the urine?</th>
<th>High sugar in the blood?</th>
<th>Diabetes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes (9a)</td>
<td>2 No (Next column)</td>
<td>1 Yes (9a)</td>
</tr>
<tr>
<td>2 No (Next column)</td>
<td>2 No (Next column)</td>
<td>2 No (Section P6)</td>
</tr>
</tbody>
</table>

**b. When did you FIRST notice it — was it during your pregnancy with —— or before?**

<table>
<thead>
<tr>
<th></th>
<th>1 During</th>
<th>2 Before</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>1 During</td>
<td>1 During</td>
</tr>
<tr>
<td>2 No</td>
<td>2 Before</td>
<td>2 Before</td>
</tr>
</tbody>
</table>

**Mark box or ask:**

**c. Did you have the (condition) for at least 3 months after —— was born?**

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>1 Yes</td>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
<td>2 No</td>
<td>2 No</td>
</tr>
</tbody>
</table>

**Notes**
### Section P5 — CHILDHOOD CONDITIONS

<table>
<thead>
<tr>
<th>1a. During the past 12 months, did —— have an accident, injury, or poisoning that required medical attention?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>DK</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1b. How many accidents, injuries, or poisonings did —— have in the last 12 months that required medical attention?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Does —— now have ——</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> a missing finger, hand, arm, toe, foot, or leg?</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; ask: Which is it?</td>
</tr>
<tr>
<td>Is —— missing [1 or both/more than one] (body part)?</td>
</tr>
<tr>
<td>(Enter on a Condition page, Group A)</td>
</tr>
<tr>
<td><strong>b.</strong> permanent impairment, stiffness or any deformity of the back, foot, or leg?</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; ask: Which is it?</td>
</tr>
<tr>
<td>Is [1 or both/more than one] (body part) affected?</td>
</tr>
<tr>
<td>(Enter on a Condition page, Group A)</td>
</tr>
<tr>
<td><strong>c.</strong> permanent impairment, stiffness or any deformity of the fingers, hand, or arm?</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; ask: Which is it?</td>
</tr>
<tr>
<td>Is [1 or both/more than one] (body part) affected?</td>
</tr>
<tr>
<td>(Enter on a Condition page, Group A)</td>
</tr>
<tr>
<td>Condition</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Repeated tonsillitis or enlargement of the tonsils or adenoids?</td>
</tr>
<tr>
<td>Frequent or repeated ear infections?</td>
</tr>
<tr>
<td>Any kind of food or digestive allergy?</td>
</tr>
<tr>
<td>Frequent or REPEATED diarrhea or colitis?</td>
</tr>
<tr>
<td>Any other persistent bowel trouble?</td>
</tr>
<tr>
<td>Diabetes?</td>
</tr>
<tr>
<td>Sickle cell anemia?</td>
</tr>
<tr>
<td>Anemia?</td>
</tr>
<tr>
<td>Asthma?</td>
</tr>
<tr>
<td>GROUP C</td>
</tr>
<tr>
<td>Mononucleosis?</td>
</tr>
<tr>
<td>Hepatitis?</td>
</tr>
<tr>
<td>Meningitis or spinal meningitis?</td>
</tr>
<tr>
<td>Bladder infection or urinary tract infection?</td>
</tr>
<tr>
<td>Rheumatic fever?</td>
</tr>
<tr>
<td>Pneumonia?</td>
</tr>
<tr>
<td>GROUP D</td>
</tr>
<tr>
<td>Hay fever?</td>
</tr>
<tr>
<td>Any (other) kind of respiratory allergy?</td>
</tr>
<tr>
<td>GROUP E</td>
</tr>
<tr>
<td>Deafness or trouble hearing with one or both ears?</td>
</tr>
<tr>
<td>If “Yes,” ask: Is it one or both ears?</td>
</tr>
<tr>
<td>Blindness in one or both eyes?</td>
</tr>
<tr>
<td>If “Yes,” ask: Is it one or both eyes?</td>
</tr>
<tr>
<td>Crossed eyes?</td>
</tr>
<tr>
<td>Any other trouble seeing with one or both eyes, even when wearing glasses?</td>
</tr>
</tbody>
</table>

Specify □
### Section P5 — CHILDHOOD CONDITIONS — Continued

#### 3. Did —— ever have —

<table>
<thead>
<tr>
<th>GROUP F</th>
<th>Eczema or any kind of skin allergy?</th>
<th>1</th>
<th>Yes</th>
<th>2</th>
<th>No/DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP G</td>
<td>Epilepsy or repeated convulsions or seizures not associated with fever?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Seizures associated with fever?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Frequent or severe headaches, including migraines?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Child under 3, go to Group I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROUP H</td>
<td>Stammering or stuttering?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Any other speech defect?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Child under 6, go to Group I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROUP I</td>
<td>Enuresis or bedwetting problem?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Arthritis or any other joint disease or joint problem?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Any other condition affecting the bone, cartilage, muscle, or tendon?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Cerebral palsy?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Congenital heart disease?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Any other heart disease or condition?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Any other condition that required surgery in past 12 months?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
<tr>
<td></td>
<td>Any other condition that lasted three months or more?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No/DK</td>
</tr>
</tbody>
</table>

**ASK if Yes in 3.**

| 4a. Did —— have (condition) in the last 12 months? | 1 | Yes | 2 | No/DK |
| 4b. Has —— had (condition) for at least 3 months in —— lifetime? | 1 | Yes | 2 | No/DK |

**Mark without asking 4c. Is it an obviously permanent condition that began less than 3 months ago?**

- Yes
- No/DK
Section P6 - SUPPLEMENTAL CONDITION PAGE

CHECK ITEM 14
☐ No conditions reported (Section P7, page 104)

Enter condition/AIP name and group letter:

Condition 1
Condition/AIP: ____________________________
Group letter ____________________________

☐ Less than 1 month
☐ Ages 3-4
☐ Ages 5-9

The next questions are about —— [condition/AIP].

1. How old was —— when [condition/AIP] happened/ was first noticed?

☐ Group E (4)
☐ Group F or H (5)
☐ All others (2)

If not known, ask:

2a. (Including nursery or preschool) Did —— attend school at all during the past 12 months?

☐ Yes
☐ No

2b. During the past 12 months, did —— [condition/AIP] cause —— to miss any time from school?

☐ Yes
☐ No

2c. How many days in the past 12 months did —— miss all or part of the day?

☐ Days

3a. During the past 12 months, did —— [condition/AIP] cause —— to stay in bed more than half of the day?

☐ Yes
☐ No

3b. How many days in the past 12 months did —— stay in bed more than half of the day?

☐ Days

4. During the past 12 months, about how many nights did —— spend in the hospital because of [condition/AIP]?

☐ None

5. During the past 12 months, about how many times did ——/anyone see or talk to a medical doctor or assistant about this [condition/AIP]? (Do not count doctors seen while an overnight patient in a hospital.)

☐ None

6. During the past 12 months, did this [condition/AIP] make it necessary for —— to use any medicine, other than vitamins, that a doctor prescribed or told —— to take?

☐ Yes
☐ No

CHECK ITEM 16
Refer to Check Item 14.

7. During the past 12 months did —— have any surgery performed, including bone settings and stitches for this [condition/AIP]?

☐ Yes
☐ No

8a. In the last 12 months, how often did —— [this condition/the conditions resulting from the [AIP]] cause —— pain or discomfort or upset — all of the time, often, once in a while, or never?

☐ All of the time
☐ Often
☐ Once in a while
☐ Never (Check Item 17)

8b. When this condition did bother ——, was —— bothered a great deal, some, or very little?

☐ Great deal
☐ Some
☐ Very little

CHECK ITEM 17
Refer to Check Item 14.

☐ Group A or B or D or F (INC)
☐ Other (9)
Section P6 — SUPPLEMENTAL CONDITION PAGE — Continued

9a. Did the (condition) result from an accident, injury or poisoning?
   1  Yes
   2  No
   9  DK (NC)  

   Condition 1  38

b. Did this occur within the last 12 months?
   1  Yes
   2  No

   Condition 37

c. Did you already tell me about this accident, injury or poisoning?
   1  Yes
   2  No (9e)

   Condition 28

d. Which accident, injury, or poisoning was it?
   Condition No.  39–40

e. What kind of accident or injury or poisoning was it?
   Brief description  41–45

   Hand Card P3, read list if telephone interview.

   f. Which of the conditions on this list OR ANY OTHER CONDITIONS resulted from the (entry in 9g).
   Mark all that apply in chart and ask 9g.

   01  Broken or dislocated bones  46–47
   02  Sprain, strain, or pulled muscle  48–49
   03  Cuts, scrapes, or puncture wounds  50–51
   04  Head injury, concussion  52–55
   06  Bruise, contusion, or internal bleeding  54–55
   08  Burn, scald  56–57
   07  Poisoning from chemicals, medicines, drugs  58–59
   09  Respiratory problem, such as breathing, cough, pneumonia  60–61
   88  Other  62–63
   99  Don't know type of condition  64–66
   00  None  66–67

   g. Were there ANY other conditions that resulted from this accident, injury or poisoning?
   Mark any additional conditions.

   1  Yes (Reask 9f, THEN 9h)
   0  No

   h. Where did this accident or injury or poisoning happen?
   DO NOT READ CATEGORIES
   Mark only one box.

   1  Home (not necessarily child's)
   2  Day care location (preschool/nur...ery)
   3  School (including grounds and athletic areas)
   4  Street or highway
   5  Public building or space (other than street or school)
   6  Farm or agricultural area, except farm home
   7  Place of recreation or sports, except at school
   8  Other
   9  Don't know

   h. Where did this accident or injury or poisoning happen?  88–72

   i. In what month and year did the accident, injury, or poisoning happen?
   Month / 19
   Year
   9999  DK

   Notes
### Section P7 — GENERAL HEALTH STATUS

**CHECK ITEM 18**  
*Refer to age of sample child.*

1. Does —— wear glasses or contact lenses?  
   - Yes  
   - No  

2. About how long has it been since —— LAST saw someone for dental care?  
   - 8 months ago or less  
   - Over 6 months to 12 months  
   - Over 12 months to 2 years  
   - Over 2 years to 5 years  
   - More than 5 years  
   - Never  
   - DK

3. When riding in a car, does —— wear a seat belt or restraint all or most of the time, some of the time, once in a while, or never?  
   - All/most of time  
   - Some of the time  
   - Once in a while  
   - Never  
   - DK

**CHECK ITEM 19**  
*Refer to age of sample child.*

1. Under 6 years old and biological mother is respondent (4J  
   - Other (6)

4a. Did you smoke cigarettes at all during the year before —— was born?  
   - Yes  
   - No (4a)

4b. Did you continue to smoke during the entire pregnancy?  
   - Yes (4b)  
   - No

4c. Did you stop during the first three months of the pregnancy or later?  
   - Before pregnancy  
   - 1st three months  
   - Later  
   - DK

4d. About how many cigarettes a day did you usually smoke?  
   - Number  
   - DK

4e. Do you now smoke?  
   - Yes (5)  
   - No

4f. How long ago did you stop?  
   - Number

5. During most of your pregnancy, would you say you were in contact with persons who smoked cigarettes such as friends, co-workers or family members — occasionally, often, always or never?  
   - Occasionally  
   - Often  
   - Always  
   - Never  
   - DK

6a. Has anyone in your household smoked regularly since —— was born?  
   - Yes  
   - No  
   - DK

6b. Is anyone in the household currently smoking cigarettes?  
   - Yes (7)  
   - No (6c)  
   - DK

6c. How long has it been since anyone in the household smoked cigarettes?  
   - During the last 12 months  
   - More than 12 months ago

---

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Section P7 — GENERAL HEALTH STATUS — Continued

7. Please tell me whether each of the following statements about —— health is mostly true or mostly false. The first statement is: "[sample child] health is excellent." Has this been mostly true or mostly false?

(Record response and continue with statement b.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mostly true</th>
<th>Mostly false</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. —— health is excellent</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>b. —— seems to resist illness very well</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>c. —— seems less healthy than other children I know</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>d. When there is something going around, —— usually catches it</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>e. —— is somewhat clumsy</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>f. —— seems accident-prone</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>g. When —— is sick or injured, —— usually recovers quickly</td>
<td>1 □</td>
<td>2 □</td>
</tr>
</tbody>
</table>

8a. Has —— EVER been seriously ill?  

b. Was —— EVER so sick that you thought —— might die?

CHECK ITEM 20  Refer to age of sample child.

9a. On weeknights (if 4+: during the school year), does —— usually go to bed at about the same time each night, or does —— bedtime vary a lot from night to night?

b. About what time does —— usually go to bed?

Round time to nearest quarter hour.

<table>
<thead>
<tr>
<th>Time</th>
<th>1 a.m.</th>
<th>2 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34</td>
<td>35-38</td>
</tr>
<tr>
<td></td>
<td>DK</td>
<td>DK</td>
</tr>
</tbody>
</table>

c. What is the latest time that —— goes to bed on weekdays?

Round time to nearest quarter hour.

<table>
<thead>
<tr>
<th>Time</th>
<th>1 a.m.</th>
<th>2 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>DK</td>
<td>DK</td>
</tr>
</tbody>
</table>

10a. Does —— usually sleep in one room or in different rooms?

b. Does —— usually sleep alone in a room or share a room?

Mark all that apply.

Mark all that apply.

Anyone else?

FORM HIS-1A (1986) H-D-088
## CHECK ITEM 21

Refer to age of sample child.

1. Has —— ever attended school?
   - 1 Yes
   - 2 No (Section P9)

2. Is —— NOW either going to school or on vacation from school?
   - 1 Going to school
   - 2 On vacation from school
   - 0 Neither (S)

3. What grade will —— be in?
   - 21 Nursery school or preschool
   - 22 Kindergarten

4. Overall what kind of student would you say —— is now?
   - 1 One of the best
   - 2 Above the middle
   - 3 Below the middle
   - 4 Near the bottom

5a. Why did —— stop going to school?
   - 0 Never went — health reasons
   - 1 Never went — other reasons
   - 2 Graduated
   - 3 Health problem
   - 4 Dropped cut
   - 5 Other — Specify

5b. How long ago did —— stop going to school?
   - 1 Less than 12 months
   - 2 12 months — less than 2 years
   - 3 2 + years

6. During the past 12 months, that is, since (12 month date) a year ago, about how many days was —— absent from school because of illness?
   - 0 None

7a. Has —— repeated any grades for any reasons?
   - 1 Yes
   - 2 No (8)

b. What grade or grades did —— repeat?
   - 0 Grade(s)

7c. Why did —— repeat the grades in 7b?
   - 0 Academic failure
   - 1 Immature/acted too young
   - 2 Frequently absent
   - 3 Moved into more difficult school
   - 4 Other — Specify

7d. Any other reasons?
   - 0 Yes (Reask 7c and d)
   - 1 No

8a. Has —— ever been suspended, excluded, or expelled from school?
   - 1 Yes
   - 2 No (9)

b. How many times has this happened?
   - 0 Number

c. How long ago was the last time?
   - 1 Days
   - 2 Weeks
   - 3 Months
   - 4 Years

9a. Not counting routine conferences, has anyone from —— school ever asked someone to come in to talk about problems —— was having?
   - 1 Yes
   - 2 No (Section P9)

b. How long ago was the last time?
   - 1 Days
   - 2 Weeks
   - 3 Months
   - 4 Years
Section P9 — DEVELOPMENT, LEARNING, BEHAVIOR

1. Has —— EVER had ——
   a. a delay in —— growth or development?
      □ Yes
      □ No
   Mark box or ask:
   b. a learning disability?
      □ Yes
      □ No
   c. an emotional or behavioral problem that lasted 3 months or more?
      □ Yes
      □ No

CHECK ITEM 22  Refer to 1.
   □ 1 or more "Yes" in 1 a—c (2)
   □ All other (Check Item 23)

Ask 2a—h for each "Yes" in 1 a—c.

<table>
<thead>
<tr>
<th>Delay in growth/Development</th>
<th>Learning Disability</th>
<th>Emotional/Behavioral Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-11</td>
<td>23-26</td>
<td>27-39</td>
</tr>
<tr>
<td>Age</td>
<td>Age</td>
<td>Age</td>
</tr>
<tr>
<td>Since birth</td>
<td>Since birth</td>
<td>Since birth</td>
</tr>
<tr>
<td>□ 1 or 2 Months</td>
<td>□ 1 or 2 Years</td>
<td>□ 1 or 2 Months</td>
</tr>
<tr>
<td>□ 1 Yes</td>
<td>□ 1 Yes</td>
<td>□ 1 Yes</td>
</tr>
<tr>
<td>□ 2 No (2e)</td>
<td>□ 2 No (2e)</td>
<td>□ 2 No (2e)</td>
</tr>
<tr>
<td>□ 12</td>
<td>□ 26</td>
<td>□ 40</td>
</tr>
</tbody>
</table>

2a. How old was —— when the (condition) was first noticed?
   □ Yes
   □ No (2e)

b. Has —— ever received treatment or counseling for the (condition)?
   □ Yes
   □ No (2e)
   □ 1 Yes
   □ 2 No (2e)
   □ 12
   □ 26
   □ 40

CHECK ITEM 23  Refer to age of sample child.
   □ Under 3 years old (Section P10)
   □ 3+ years old (3)

3a. Has —— ever seen a psychiatrist, psychologist, doctor, or counselor about any emotional, mental, or behavioral problem?
   □ Yes
   □ No (3c)

b. When was the last time —— saw this person?
   □ More than 12 months ago
   □ Within past 12 months (Section P10)

C. During the past 12 months, have you felt, or has anyone suggested, that —— needed help for any emotional, mental, or behavioral problem?
   □ Yes
   □ No
## Section P10 — HEALTH SERVICES

Now I will ask about ROUTINE care, including routine checkups and immunizations when nothing is wrong.

1. **How long has it been since — last visit to a clinic, health center, hospital, doctor's office or other place for routine health care?**
   - [ ] Less than 6 months
   - [ ] 6 months, less than 1 year
   - [ ] 1 year, less than 2 years
   - [ ] 2 years, less than 5 years
   - [ ] 5 or more years
   - [ ] DK
   - [ ] Never (4)

2. **Is there a particular clinic, health center, hospital, doctor's office or other place that — usually goes to for routine health care?**
   - [ ] Yes
   - [ ] No (8)

3. **What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?**
   - **PROBE IF CLINIC:**
     - Is this a private clinic, a hospital outpatient clinic, a company or school clinic, a migrant clinic, or some other kind of clinic?
   - **PROBE IF HEALTH CENTER:**
     - Is this a community health center, neighborhood health center, a family health center, a rural health center, or some other kind of center?
   - **PROBE IF HOSPITAL:**
     - Is this an outpatient clinic or emergency room?

4. **Is there a particular clinic, center, hospital, doctor’s office or other place that — usually goes to when — is sick or injured?**
   - [ ] Yes
   - [ ] No (8)

5. **Is this the same (place in 3) or is it somewhere else?**
   - [ ] Same place
   - [ ] Somewhere else

6. **What kind of place is it — a clinic, a health center, a hospital, a doctor’s office, or some other place?**
   - **PROBE IF CLINIC:**
     - Is this a private clinic, a hospital outpatient clinic, a company or school clinic, a migrant clinic, or some other kind of clinic?
   - **PROBE IF HEALTH CENTER:**
     - Is this a community health center, neighborhood health center, a family health center, a rural health center, or some other kind of center?
   - **PROBE IF HOSPITAL:**
     - Is this an outpatient clinic or emergency room?

### IF "SAME PLACE" IN 5, REFER TO 3 AND MARK WITHOUT ASKING, OTHERWISE ASK:

7a. **Is there a particular medical person — usually sees at the (place in 6) when — is sick?**
   - [ ] Yes
   - [ ] No (9)

7b. **Is there someone at the (place in 6), that knows about — health history who will give you advice over the telephone?**
   - [ ] Yes
   - [ ] No (9)
   - [ ] DK

---

Hand Card P4. Read categories if telephone interview.

8. **Many people do not have a particular place they usually go when they are sick. (Could you please give me the number of the statement) which is the MAIN reason — does not have a particular place — usually goes?**

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8

---

Specify
**Section P10 — HEALTH SERVICES — Continued**

9a. During the past 12 months, that is since (12 month date) a year ago, did —— receive any health care which has been or will be paid for by Medicaid?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
<th>9 DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. During the past 12 months, was —— covered at any time by Medicaid?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
<th>9 DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. During the past 12 months, did —— receive assistance through the “Aid to Families with Dependent Children” program, sometimes called AFDC or ADC?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
<th>9 DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

10. Is —— now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
<th>9 DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

11a. Has —— EVER been enrolled in the “Head Start” program?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
<th>9 DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

b. In which “Head Start” program was —— enrolled, the Center based or the Home based program?

<table>
<thead>
<tr>
<th></th>
<th>1 Center based</th>
<th>2 Home based</th>
<th>9 DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes**
Refer to age of sample child.

1. Has sudden changes in mood or feelings.
2. Feels or complains that no one loves ——.
3. Is rather high strung, tense, or nervous.
4. Cheats or tells lies.
5. Is too fearful or anxious.
6. Argues too much.
7. Has difficulty concentrating, cannot pay attention for long.
8. Is easily confused, seems to be in a fog.
9. Bullies, or is cruel or mean to others.
10. Is disobedient at home.
11. Is disobedient at school.
12. Does not seem to feel sorry after —— misbehaves.
13. Has trouble getting along with other children.
14. Has trouble getting along with teachers.
15. Is impulsive, or acts without thinking.
16. Feels worthless or inferior.
17. Is not liked by other children.
18. Has a lot of difficulty getting —— mind off certain thoughts, has obsessions.
19. Is restless or overly active, cannot sit still.
20. Is stubborn, sullen, or irritable.
21. Has a very strong temper and loses it easily.
22. Is unhappy, sad or depressed.
23. Is withdrawn, does not get involved with others.
24. Breaks things on purpose, deliberately destroys —— own or others' things.
25. Clings to adults.
27. Demands a lot of attention.
28. Is too dependent on others.
29. Feels others are out to get ——.

Record response and continue with statement 2. Read list repeating categories and/or time reference as needed.
<table>
<thead>
<tr>
<th></th>
<th>Often true (a)</th>
<th>Sometimes true (b)</th>
<th>Not true (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Hangs around with kids who get into trouble.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31. Is secretive, keeps things to himself/herself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. Worries too much.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Notes