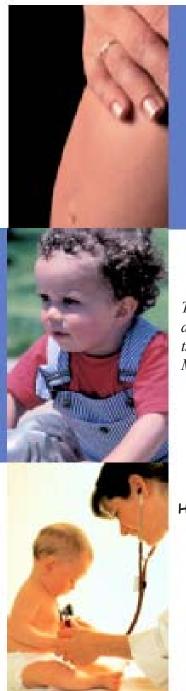


Promoting Healthy
Development Survey - PLUS
(PHDS-PLUS)

The PHDS-PLUS is a 128-item telephone/interviewer-administered survey largely derived from the mail/self-administered Promoting Healthy Development Survey (PHDS) (78% of PHDS-PLUS is in the PHDS). It takes 12–15 minutes to administer. This document provides a high-level summary of the questions asked in the survey.



The PHDS-PLUS survey was developed under the rubric of the Child and Adolescent Health Measurement Initiative.

CAHMI

The Child and Adolescent Health Measurement Initiative

Promoting Healthy Development Survey-PLUS (PHDS-PLUS) Core Text of Survey

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Section 1. Child Information

This section provides descriptive information about the child.

- 1. The questions in this survey ask about the health care that (child) has received in the past year or since he/she was born. May I speak with the person in the household who is most often responsible for taking (child) to the doctor to get health care?
- 2. From the information that I have it looks like (child) is [#] months old. Is this correct?
- 3. How are you related to (child)?
- 4. Is it correct that (child) is [Gender listed in enrollment file]?
- 5. Is it also correct that (child) is currently enrolled in Medicaid or (state specific name for Medicaid or SCHIP)? 1
- 6. So I'll know how to refer to (child) during the interview, is it alright with you that I continue to use (child's first name)? 1

Section 2: Health Care Utilization

This section provides information about the nature and frequency of the child's health care use.

- 1. In the last 12 months (not counting times [child] went to an emergency room) how many times did (he/she) go to a doctor's office or clinic?
- 2. In the last 12 months, how many times did (child) go to an emergency room?
- 3. In the last 12 months, how many times was (child) a patient in a hospital overnight or longer? 2
- 4. In the last 12 months, has (child) needed care right away for an illness or injury?
 - a. When (child) needed care right away for an illness or injury, how often did (child) get this care as soon as you wanted?

Response Code Legend

- 1 Yes, No
- 2 Open-ended response.
- A lot concerned, A little concerned, Not at all concerned
- 4 Never, Sometimes, Usually, Always 9 A lot of trouble, Some trouble, No
- 6 Not at all helpful, Somewhat helpful, Helpful, Very helpful
- 6 Excellent, Very Good, Good, Fair, Poor

- Man, Woman
- **8** White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
- trouble at all
- Mother, Father, Aunt or Uncle, Older brother or sister. Grandmother or Grandfather, Guardian, Other relative

Section 3: Access Issues

This section provides information about access issues such as whether the child ever needed health care but not receive it or received health care later than the parent would have liked.

- 1. In the last 12 months (For children younger than 12 months, since child's birth) was there any time that (child) needed health care but did not get it?
 - a. Why did (child) need_health care?

Was it for a......

Regular or routine visit?

A medical problem or concern?

A behavioral problem or concern?

A speech and/or language problem or concern?

For another reason?

b. Why didn't (child) receive care for [insert type of care indicated in 1a]?

Was it because....

You could not afford it or had no health insurance?

You had no doctor to go to for (child)?

(Child's) doctor did not consider it a problem?

(Child's) doctor had no one to refer (child) to?

You had transportation/childcare problems?

Problems related to work?

Insurance did not cover the visit?

Doctor's schedule was full/no free appointments?

c. Did the lack of health care for (child's) medical problem ...

Create concerns about (child's) future development?

Create problems for (child) attending day care?

Create problems for you and/or your spouse/partner meeting work responsibilities?

- 2. In the last 12 months (For children younger than 12 months, since child's birth) was there any time that (child) received care, but got the care later than you would have liked?
- a. Why did (child) need health care?

Was it for a.....

Regular or routine visit?

A medical problem or concern?

A behavioral problem or concern?

A speech and/or language problem or concern?

For another reason?

b. Why was (child's) care for [Insert response to 2a] delayed?

Was it because....

You could not afford it or had no health insurance?

You had no doctor to go to for (child)?

(Child's) doctor did not consider it a problem?

(Child's) doctor had no one to refer (child) to?

You had transportation/childcare problems?

Problems related to work?

Insurance did not cover the visit?

Doctor's schedule was full/no free appointments?

c. Did the delay in health care for (child's) medical problem ... 1

Create concerns about (child's) future development? Create problems for (child) attending day care?

Create problems for you and/or your spouse/partner

meeting work responsibilities?

Section 4: Care Coordination

This section provides information about the level of care coordination for children who get care from more than one kind of provider or use more than one kind of health care service.

- 1 In the last 12 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?
 - a. In the last 12 months, did anyone from your child's doctor's office or clinic help coordinate your child's care among these different providers or services?

Section 5: Other Health Services

This section provides information about the child's enrollment in WIC and parenting classes the respondent may have taken.

- 1. Has (child) ever received WIC?
 - a. (Question only for children older than 12 months) In the last 12 months, has (child) received WIC? 1
- 2. In the last 12 months did (child's) doctors or other health providers refer you to any programs or classes?
 - a. What kinds of program (s) /classe (s) was that?
- 3. Did you attend a parenting class after the birth of (child)?
 - a. Was this parenting class paid for or covered by (child's) health insurance plan or Medicaid?
- 4. Do you have other children besides (child)?
 - a. Did you attend a parenting class after the birth of your other (CHILD/CHILDREN)? 1

Response Code Legend

- 1 Yes, No
- 2 Open-ended response.
- A lot concerned, A little concerned, Not at all concerned
- 4 Never, Sometimes, Usually, Always 9 A lot of trouble, Some trouble, No
- **5** Not at all helpful, Somewhat helpful, Helpful, Very helpful
- **6** Excellent, Very Good, Good, Fair, Poor

- **7** Man, Woman
- **8** White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
- trouble at all
- Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative



Section 6: Anticipatory Guidance and Education

This section provides information about whether key anticipatory guidance and parental education recommended in the Maternal and Child Health Bureau Bright Futures Guidelines and the American Academy of Pediatrics Guidelines for Health Supervision is provided by the doctor or other health provider.

For Parents Responding About Children 3-9 months old.

Section Note:

In the anticipatory guidance and education section, parents answer a core question about whether a topic was discussed in the last 12 months. Parents who answer the core question "No" are asked a follow-up question that asks whether the parent wished he/she had talked about this topic with the doctor or other health provider. Parents who answer this follow-up question "No" are then asked a second follow-up question, which asks the parent to explain why he/she did not wish to discuss the topic.

- 1. In the last 12 months, did (child's) doctors or other health providers talk with you about things you can do to help (child) grow and learn?
- 2. In the last 12 months, did (child's) doctors or other health providers talk with you about the kinds of behaviors you can expect to see as (child) gets older? •
- 3. In the last 12 months, did (child's) doctors or other health provider talk with you about breastfeeding?
- 4. In the last 12 months, did (child's) doctors or other health providers talk with you about issues related to food and feeding of (child) such as the introduction of solid foods?
- 5. In the last 12 months, did (child's) doctors or other health providers talk with you about the importance of placing (child) on (his or her) back when going to sleep?

- 6. In the last 12 months, did (child's) doctors or other health providers talk with you about night waking and fussing?
- 7. In the last 12 months, did (child's) doctors or other health providers talk with you about how (child) communicates (his or her) needs?
- 8. In the last 12 months, did (child's) doctors or other health providers talk with you about what (child) is able to understand?

 1
- 9. In the last 12 months, did (child's) doctors or other health providers talk with you about how (child) responds to you, other adults, and caregivers? •
- 10. In the last 12 months, did (child's) doctors or other health providers talk with you about how to avoid burns to (child), such as changing the hot water temperature in your home?
- 11. In the last 12 months, did (child's) doctors or other health providers talk with you about using a car-seat? ①
- 12. In the last 12 months, did (child's) doctors or other health providers talk with you about how to make your house safe? •
- 13. In the last 12 months, did (child's) doctors or other health providers talk with you about the importance of showing a picture book to or reading with (child)?
- 14. In the last 12 months, did (child's) doctors or other health providers talk with you about the issues related to childcare?

For parents responding about children 10-18 months.

Section Note:

In the anticipatory guidance and education section, parents answer a core question about whether a topic was discussed in the last 12 months. Parents who answer the core question "No" are asked a follow-up question that asks whether the parent wished he/she had talked about this topic with the doctor or other health provider. Parents who answer this follow-up question "No" are then asked a second follow-up question, which asks the parent to explain why he/she did not wish to discuss the topic.

- 1. In the last 12 months, did (child's) doctors or other health providers talk with you about things you can do to help (child) grow and learn?
- 2. In the last 12 months, did (child's) doctors or other health providers talk with you about the kinds of behaviors you can expect to see in (child) as he/she gets older?
- 3. In the last 12 months, did (child's) doctors or other health providers talk with you about vitamins and foods (child) should eat?
- 4. In the last 12 months, did (child's) doctors or other health providers talk with you about (child) bed and naptime routines?
- 5. In the last 12 months, did (child's) doctors or other health providers talk with you about words and phrases (child) uses and understands?
- 6. In the last 12 months, did (child's) doctors or other health providers talk with you about night waking and fussing?
- 7. In the last 12 months, did (child's) doctors or other health providers talk with you about (child's) sleeping with a bottle? •
- 8. In the last 12 months, did (child's) doctors or other health providers talk with you about weaning (child) from a bottle?
- 9. In the last 12 months, did (child's) doctors or other health providers talk with you about weaning (child) from breastfeeding?

- 10. In the last 12 months, did (child's) doctors or other health providers talk with you about how (child) may start to explore away from you?
- 11. In the last 12 months, did (child's) doctors or other health providers talk with you about guidance and discipline techniques to use with (child)?
- 12. In the last 12 months, did (child's) doctors or other health providers talk with you about toilet training?
- 13. In the last 12 months, did (child's) doctors or other health providers talk with you about what you should do if (child) swallows certain kinds of poison?
- 14. In the last 12 months, did (child's) doctors or other health providers talk with you about using a car-seat? ●
- 15. In the last 12 months, did (child's) doctors or other health providers talk with you about how to make your house safe?

 15. In the last 12 months, did (child's) doctors or other health providers talk with you about how to make your house safe?
- 16. In the last 12 months, did (child's) doctors or other health providers talk with you about the importance of reading with (child)? ●
- 17. In the last 12 months, did (child's) doctors or other health providers talk with you about issues related to childcare?
- 18. In the last 12 months, did (child's) doctors or other health providers talk with you about WIC? ■



For parents responding about children 19-48 months.

Section Note:

In the anticipatory guidance and education section, parents answer a core question about whether a topic was discussed in the last 12 months. Parents who answer the core question "No" are asked a follow-up question that asks whether the parent wished he/she had talked about this topic with the doctor or other health provider. Parents who answer this follow-up question "No" are then asked a second follow-up question, which asks the parent to explain why he/ she did not wish to discuss the topic.

- 1. In the last 12 months, did (child's) doctors or other health providers talk with you about things you can do to help (child) grow and learn?
- 2. In the last 12 months, did (child's) doctors or other health providers talk with you about the kinds of behaviors you can expect to see as (child) gets older?
- 3. In the last 12 months, did (child's) doctors or other health providers talk with you about issues related to food and feeding (child)?
- 4. In the last 12 months, did (child's) doctors or other health providers talk with you about (child's) bedtime routines and how many hours of sleep (child) needs?
- 5. In the last 12 months, did (child's) doctors or other health providers talk with you about toilet training?
- 6. In the last 12 months, did (child's) doctors or other health providers talk with you about the words and phrases (child) uses and understands?
- 7. In the last 12 months, did (child's) doctors or other health providers talk with you about how (child) is learning to get along with other children?
- 8. In the last 12 months, did (child's) doctors or other health providers talk with you about guidance and discipline techniques to use with (child)?

- 9. In the last 12 months, did (child's) doctors or other health providers talk with you about ways to teach (child) about dangerous situations. places, and objects [examples include electrical sockets, the stove. climbing on things, running into the street?]
- 10. In the last 12 months, did (child's) doctors or other health providers talk with you about using a car-seat? 1
- 11. In the last 12 months, did (child's) doctors or other health providers talk with you about how to make your house safe? •
- 12. In the last 12 months, did (child's) doctors or other health providers talk with you about what you should do if (child) swallows certain kinds of poisons?
- 13. In the last 12 months, did (child's) doctors or other health providers talk with you about the importance of reading with (child)?
- 14. In the last 12 months, did (child's) doctors or other health providers talk with you about the issues related to childcare? 1
- 15. In the last 12 months, did (child's) doctors or other health providers talk with you about WIC?

Response Code Legend

- 1 Yes. No
- Open-ended response.
- 3 A lot concerned, A little concerned, Not at all concerned
- 6 Not at all helpful. Somewhat helpful, Helpful, Very helpful
- 6 Excellent, Very Good, Good, Fair, Poor

- Man, Woman
- **8** White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
- 4 Never, Sometimes, Usually, Always 9 A lot of trouble, Some trouble, No trouble at all
 - Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative

Section 7: Developmental Assessment

This section provides information about whether a developmental assessment may have occurred, whether parents have concerns about their child's learning, development, and/or behavior, and whether doctors or other health care providers ask about and/or address parents concerns.

- 1. Did (child's) doctors or other health providers ever tell you that they were doing what doctors call a "developmental assessment" or test of (child's) development? •
- 2. Did (child's) doctors or other health providers ever have (child) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?
- 3. In the last 12 months, did (child's) doctors or other health providers have you fill out a survey or checklist about concerns you may have had about (child's) learning, development, or behavior?
- 4. In the last 12 months, did (child's) doctor or other health care providers have you fill out a survey or checklist about avtivities that (child) may be able to do such as certain physical tasks, whether (child) can draw certain objects, or ways (child) can communicate with you?
- 5. The next section asks about specific concerns some parents (if grandparent: grandparents) may have. Please tell me if you are currently a lot, a little, or not at all concerned about the following:

How your child talks and makes speech sounds? 3

How your child sees? 3

How your child hears? 3

How your child understands what you say? 3

How your child uses his or her hands and fingers to do things? §

How your child uses his or her arms and legs? 3

How your child behaves?

How your child gets along with others?

How your child is learning to do things for himself/herself? 3

How your child is learning preschool or school skills?

How your child is behind others or can't do what other kids can? §

- 6. In the last 12 months, did (child's) doctors or other health providers ask if you have concerns about (child's) learning, development, or behavior?
- 7. In the last 12 months, did you have any concerns about (child's) learning, development, or behavior? 3
 - a. In the last 12 months, did (child's) doctors or other health providers give you specific information to address these concerns?

Section 8: Follow-Up for Children at Risk for Developmental/Behavioral Delays

This section provides information about follow-up services the child may have received.

1. In the last 12 months did (child's) doctors or other health providers do any of the following...

Refer (child) to another doctor or other health provider?

Test (child's) learning and behavior?

Note a concern about (child) that should be watched carefully?

Refer (child) for speech-language or hearing testing?

•



Section 9: Family Centered Care

This section provides information about communication and the respondent's experience of care.

- 1. In the last 12 months, how often did (child's) doctors or other health providers take time to understand the specific needs of (child). Would you say never, sometimes, usually, or always?
- 2. In the last 12 months, how often did (child's) doctors or other health providers respect you as an expert about (child)?
- 3. In the last 12 months, how often did (child's) doctors or other health providers build your confidence as a parent (if grandparent: grandparent)? 4
- 4. In the last 12 months, how often did (child's) doctors or other health providers help you feel like a partner in your child's care?
- 5. In the last 12 months, how often did (child's) doctors or other health providers explain things in a way you can understand?
- 6. In the last 12 months, how often did (child's) doctors or other health providers show respect for your family's values, customs, and how you prefer to raise your child?

Section 10: Health Provider Assessment of Risks in the Family

This next section provides information about whether the doctor or other health provider screens families for risk factors to the child's health.

- 1. In the last 12 months, did (child's) doctors or other health providers ask you if you or someone in your household smokes? •
- 2. In the last 12 months, did (child's) doctors or other health providers ask you if you or someone in your household drinks alcohol or uses other substances?
- 3. In the last 12 months, did (child's) doctors or other health providers ask you if you ever feel depressed, sad, or have crying spells? •
- 4. In the last 12 months, did (child's) doctors or other health providers ask you if you have someone to turn to for emotional support?
- 5. In the last 12 months, did (child's) doctors or other health providers ask you if you have any firearms in your home? 1

Response Code Legend

- 1 Yes, No
- 2 Open-ended response.
- 3 A lot concerned, A little concerned, Not at all concerned
- **6** Not at all helpful, Somewhat helpful, Helpful, Very helpful
- 6 Excellent, Very Good, Good, Fair, Poor

- Man, Woman
- **8** White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
- 4 Never, Sometimes, Usually, Always 9 A lot of trouble, Some trouble, No trouble at all
 - Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative

Section 11: Health Information

This section captures information about whether the respondent has read or seen specific kinds of health information.

In the last 12 months did you see or hear any information about the following:

- 1. Safety information, such as how to make your house and car safe for (child).
- 2. Health care information, such as when and how often (child) should see the doctor or reminders about immunizations.
- 3. Developmental information, such as things you can do with (child) to help (him/her) grow and learn.

Section 12: Helpfulness of Care Provided

This section provides information about how helpful the care provided is in specific aspects of parenting.

In thinking about all of the care provided from (child's) doctors or other health providers in the last 12 months, how helpful has it been in the following areas:

- 1. Understanding (child's) behavior?
- 2. Learning how to protect (child) from injuries? §
- 3. Giving you the information you needed when you needed it?
- 4. Learning how to meet your own needs while caring for (child)? §

Section 13: Child's Health: Overall Health Status

1. Overall, how would you rate (child's) health in the last 12 months?

Response Code Legend

- 1 Yes, No
- 2 Open-ended response.
- 3 A lot concerned, A little concerned, Not at all concerned
- 4 Never, Sometimes, Usually, Always 9 A lot of trouble, Some trouble, No
- **5** Not at all helpful, Somewhat helpful, Helpful, Very helpful
- **6** Excellent, Very Good, Good, Fair, Poor

- **7** Man, Woman
- **8** White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
- trouble at all
- Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative

Section 14: Children with Special Health Care Needs

This section identifies children who have a special health care need.

- 1. Does (child) currently need or use medicine, other than vitamins, prescribed by a doctor?
 - a. Is this because of ANY medical, behavioral, or other health condition?
 - b. Is this a condition that has lasted or is expected to last for at least 12 months? •
- 2. Does (child) need or use more medical care, mental health, or educational services than is usual for most children of the same age?
 - a. Is this because of ANY medical, behavioral, or other health condition?
 - b. Is this a condition that has lasted or is expected to last for at least 12 months? •
- 3. Is (child) limited or prevented in any way in his or her ability to do the things most children of the same age can do?
 - a. Is this because of ANY medical, behavioral, or other health condition?
 - b. Is this a condition that has lasted or is expected to last for at least 12 months?
- 4. Does (child) need or get special therapy, such as physical, occupational, or speech therapy?
 - a. Is this because of ANY medical, behavioral, or other health condition?
 - b. Is this a condition that has lasted or is expected to last for at least 12 months? •
- 5. Does (child) have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
 - a. Has this problem lasted or is it expected to last for at least 12 months?

Section 15: Child Health Characteristics

This section provides information about the child's health characteristics.

- 1. Was (child) born prematurely, that is, more than 4 weeks early?
- 2. What was the birth weight of (child)?
- 3. Was (child) breastfed for any length of time? 1
 - a. For how many months was (child) breastfed?

Section 16: Personal Doctor or other Health Provider

This section provides information about whether the child has a personal doctor or health provider.

- 1. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as (child's) personal doctor or nurse?
- a. What kind of health provider is this person? 2
- b. And is this person a man or woman?

Section 17: Respondent Health

The next section provides information about the respondent's health.

- 1. Overall, in the last 12 months, how would you rate your health? Would you say....
- 2. For how many days, during the past 30 days, would you say your physical health was not good?
- 3. For how many days, during the past 30 days, would you say your mental health was not good?
- 4. How many days in the last week have you felt depressed?
- 5. In the past year, have you had two weeks or more during which you felt sad, blue, depressed, or lost pleasure in things that you usually cared about or enjoyed?
- 6. Have you had two or more years in your life when you felt depressed or sad most days, even if you felt okay sometimes? 1

Response Code Legend

- 1 Yes. No
- 2 Open-ended response.
- 3 A lot concerned, A little concerned, Not at all concerned
- 4 Never, Sometimes, Usually, Always 9 A lot of trouble, Some trouble, No
- **S** Not at all helpful, Somewhat helpful, Helpful, Very helpful
- **6** Excellent, Very Good, Good, Fair, Poor

- Man, Woman
- **8** White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race
- trouble at all
- Mother, Father, Aunt or Uncle, Older brother or sister, Grandmother or Grandfather, Guardian, Other relative



Section 18: Parenting Behaviors

This section provides information about family activities.

 For each of the following, tell me if you have ever done this in your home.

Put locks on cabinets where things such as cleaning agents or medicines are kept. •

Put padding around hard surfaces or sharp edges.

Put stoppers or plugs in electrical outlets.

Turned down the hot water thermostat setting.

Kept the Poison Control Center phone number on or near your phone. ●

Kept Syrup of Ipecac in your home.

- 2. How many days in a typical week do you or other family members read stories to (child)? ②
- 3. How many days in a typical week do you or other family members play music or sing songs with (child)?
- 4. How many days in a typical week does (child) have a set or regular routine? 2

Section 19: Socio-Demographic Items

This section provides descriptive information about respondent and family of the child.

- 1. Including (child) how many children and or young adults under the age of 18 live in your household? ②
- 2. Is (child) your first child?
- 3. Is (child) of Hispanic or Latino origin or descent? 1
- 4. Now I am going to read a list of categories. Please choose one or more of the following categories to describe (child's) race. Is (child) White, Black or African American, Native American, Alaska native, Asian, Native Hawaiian or other Pacific Islander, or another race?
 - a. Which of these groups would you say best represents (child's) race? §
- 5. The next questions ask how much trouble you have had paying for particular kinds of expenses. For each of the items in the list, please tell me if you had a lot of trouble, some trouble, or no trouble at all paying for that item.

Prenatal care during pregnancy?
How about the medical expenses for (child's) birth?
How about (child's) health and medical expenses?
How about supplies like formula, food, diapers, clothes, and shoes?
How about healthcare for yourself?

- 6. What is your age now? 2
- 7. How long have you lived in the United States? 2
- 8. Which language do you speak most comfortably?
- 9. What is the highest grade or level of school that you have completed?
- 10. Are you/is (child's) mother now married, divorced, separated, or have you/has she never been married?

(INSERT STATE SYMBOL)

(INSERT ADDRESS) (insert Web site)

DATE

Dear Parent or Guardian of (Child):

We need your help on an exciting project about health care for young children. You have been randomly selected to take part in a telephone survey. The survey will help us improve the health care services young children get from Medicaid.

This is what to expect:

- * During (Month), you will be called to answer questions for the survey.
- * The parent or guardian who takes (child) to the doctor most often should be the one who answers the questions.
- * You will be asked to give (child's) height and weight.
- * All of the information you give us will be kept private and never be matched to your name or (child's) name.

The answers we get from everyone who participates in the survey will be added together and put in a report that will be used to help us improve services for young children in (State).

The survey is being done for us by a private research organization (insert QIO name). If you have questions about the survey or how your answers will be used or if you would like to set up a time to do the survey you may call (QIO name) on this toll-free number (insert number) or e-mail at (insert email).

We thank you in advance for your help. Without your help, it is hard for us to improve health care for children. So please take 15 to 20 minutes to answer the questions when we call.

Sincerely,

INSERT NAME Insert Title

DIAL.SCREEN DS.

PHONE NUMBER ---> (###) ### - ####

Hello, I'm calling on behalf of the (INSERT STATE NAME AND DEPARTMENT) You may have received a letter informing you of the survey we are doing regarding health care for young children.

May I please speak to the person in the household who is most often responsible for taking [CHILD] [LNAME] to the doctor to get health care?

(IF NEEDED: "The information gathered through this survey will be used to improve the care provided in (INSERT STATE NAME AND DEPARTMENT).")

(IF NEEDED: "The questions in this survey ask about the health care that [CHILD] [LNAME] has received in the past year or since (he/she) was born.")

(IF NEEDED: "The interview is completely voluntary and confidential, and will not affect your health care or benefits in any way.")

(IF NEEDED: "This is purely a scientific survey -- we are NOT trying to sell anything or conduct any sort of business with you/them.")

- 01. CONTINUE
- 03. NEW PHONE NUMBER
- 04. REFUSAL
- 05. APPOINTMENT (Who should I ask for?>
- 06. NEVER HEARD OF CHILD
- 07. KNOWS CHILD BUT HAS NO NEW NUMBER FOR CHILD'S HOUSEHOLD
- 08. RNA, ANS MACH, RETURN TO COVERSHEET
- 09. LANGUAGE PROBLEM

IF DIAL.SCREEN = 01 OR 02 THEN GO TO RE.INTRO

IF DIAL.SCREEN = 03, ENTER NEW PHONE NUMBER AND RE-DIAL

IF DIAL.SCREEN = 04 - 09, RETURN TO COVERSHEET

RE.INTRO

RE.INTRO. (INTERVIEWER: READ PARENS TEXT IF R ISN'T PERSON WHO ANSWERED PHONE OR HAS NOT HEARD IT YET)

(Hello, I'm calling on behalf of the (INSERT STATE NAME AND DEPARTMENT). You may have received a letter informing you of the survey we are doing regarding health care for young children.)

(IF R ASKS: "How long will this take?", EXPLAIN: "The questions should take about 15-20 minutes to answer.")

(IF NEEDED: "The information gathered through this survey will be used to improve the care provided in (INSERT STATE NAME AND DEPARTMENT).")

(IF NEEDED: "The questions in this survey ask about the health care that [CHILD] [LNAME] has received in the past year or since (he/she) was born.")

(IF NEEDED: "The information you provide will be held in strict confidence. Participation is voluntary.")

(CLARIFY IF NEEDED: This is purely a scientific survey -- we are NOT trying to sell anything or conduct any sort of business with you/them.)

("DK" NOT ALLOWED)

- 1. CONTINUE
- 2. APPOINTMENT (RECORD NAME OF TARGET R IN CALL NOTES)
- 3. REFUSAL
- 4. LANGUAGE PROBLEM
- 7. RETURN TO CS

IF RE.INTRO = 1, GO TO I1.LTR
IF RE.INTRO = 2, 3, 4 OR 7, GO TO COVERSHEET

I1.LTR
I1.LTR

A letter describing this study was sent to your home recently. Do you remember seeing the letter?

(IWER: IF R FOR A NEW LETTER TO BE SENT, CLARIFY: "I'm sorry that part of the survey is over. I do have an 800# you can call for more information. Would you like that number: INSERT TOLL FREE NUMBER.")

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

I3A.INTRO
I3A.INTRO

(As the letter explained, the/The) purpose of the survey is to collect information about the quality of health care for young children. The information gathered through this survey will be used to improve the care provided in (INSERT STATE NAME AND DEPARTMENT). The information you provide will be used for research purposes only and will be held in strict confidence. Participation is voluntary.

T.5

I5. From the information that I have, it looks like [CHILD]'s birth date is (CHILD's BIRTH DATE FROM SAMPLE). Is that correct?

(IWER: IF R REFUSES, CLARIFY: "I would like to assure you that ALL information will be kept in strict confidence and will be summarized for research purposes only. We only ask for children's birth dates in order to determine into what age range they fall and to help research the type of medical care that children of various ages have received.")

(DO NOT READ LIST) ("DON'T KNOW" NOT ALLOWED)

- 1. YES ----> CK.16
- 2. NO
- 9. REFUSED --> MRS.DAY.Q

INTRO.DOB

INTRO.DOB. Could you tell me what the correct birthdate for [CHILD] is?

(IWER: IF R REFUSES/DK, CLARIFY: "I would like to assure you that ALL information will be kept in strict confidence and will be summarized for research purposes only. We only ask for children's birth dates in order to determine into what age range they fall and to help research the type of medical care that children of various ages have received.")

(IWER: IF R STILL REFUSES, CLARIFY: "If you could at least tell me the month and year of [CHILD]'s birth, that would be extremely helpful and we could proceed with that information.")

(DO NOT READ)

- 1. WILL GIVE BIRTHDATE _____ (SPECIFY)
 9. REFUSES TO GIVE BIRTHDATE -----> MRS.DAY.Q
- DK -----> MRS.DAY.O

DOB1. (IWER: IF NECESSARY, ASK: "What is [CHILD]'s birth date?")

(IWER: DK/REF NOT ALLOWED FOR BIRTH MONTH -OR- BIRTH YEAR. IF DK/REF FOR BIRTH MONTH -OR- BIRTH YEAR, F9 TO INTRO.DOB AND ENTER APPROPRIATE RESPONSE CATEGORY.)

(BIRTH DD ONLY: 98=DON'T KNOW -OR- 99=REFUSED)

IWER: ENTER [MM / DD / YYYY]

__ / __ / ____

IF DOB1 MONTH/YEAR = DON'T KNOW/REFUSED, GO TO MRS.DAY.Q

- IF CHILD IS 0 TO 48 MONTHS OLD, GO TO CK.16
- IF CHILD IS 48 MONTHS OLD OR OLDER, GO TO TOO.OLD

MRS.DAY.Q

MRS.DAY.Q I understand your concerns. Would you feel comfortable telling me which of the following age groups [CHILD] is in? Please stop me when I get to the correct category.

(IWER: IF NECESSARY, CLARIFY: "For the purposes of our study, the following example describes how we calculate a child's age: If a child is 10 1/2 or 10 3/4 months old, the child is considered 10 months old.")

(READ LIST)

- 1. 3 MONTHS OR OLDER BUT YOUNGER THAN 10 MONTHS,
- 2. 10 MONTHS OR OLDER BUT YOUNGER THAN 19 MONTHS,
- 3. 19 MONTHS OR OLDER BUT YOUNGER THAN 36 MONTHS,
- 4. 36 MONTHS OR OLDER BUT YOUNGER THAN 48 MONTHS OR
- 5. 48 MONTHS OR OLDER? -----> TOO.OLD
- 9. REFUSED (DO NOT READ) -----> DKREF.AGE
- DK (DO NOT READ) -----> DKREF.AGE

IF MRS.DAY.Q = 1 - 4, GO TO CK.I6

TOO.OLD:

IF CHILD IS OLDER THAN 48 MONTHS:

At this time we are only collecting information about the health of children less than 48 months old.

I'd like to thank you on behalf of the (INSERT STATE NAME AND DEPARTMENT) for the time you spent answering these questions.

Have a good day/evening.

RETURN TO COVERSHEET

DKREF.AGE:

At this time we are only collecting information about the health of children who we can verify to be less than 48 months old.

I'd like to thank you on behalf of the (INSERT STATE NAME AND DEPARTMENT) for the time you spent answering these questions.

Have a good day/evening.

RETURN TO COVERSHEET

CK.I6

THE "MONTHCOUNT" VARIABLE IS COMPUTED BASED ON BIRTH DATE INFORMATION OR MRS.DAY.Q. MONTHCOUNT IS USED TO CONTROL TEXT FILLS AND SKIP PATTERNS THROUGHOUT THE QUESTIONNAIRE.

Т6

17. / I6. How are you related to [CHILD]?

(DO NOT READ LIST)

- 01. MOTHER (STEP, FOSTER, ADOPTIVE) or FEMALE GUARDIAN
- 02. FATHER (STEP, FOSTER, ADOPTIVE) or MALE GUARDIAN
- 03. SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
- 04. IN-LAW OF ANY TYPE
- 05. AUNT/UNCLE
- 06. GRANDPARENT
- 07. OTHER FAMILY MEMBER (SPECIFY)
- 08. FRIEND
- 99. REFUSED

т7

18. / I7. Is it correct that [CHILD] is a (male/female)?

(IWER: YOU ARE ENTERING THE CORRECT GENDER - NOT YES/NO)

(DO NOT READ LIST)

- 1. MALE
- 2. FEMALE
- 9. REFUSED

I8

19. / I8. Is it also correct that [CHILD] is currently enrolled in (INSERT STATE NAME FOR THE MEDICAI PROGRAM - USE PARENT FRIENDLY TERMS)?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 3. OTHER _____ SPECIFY
- 9. REFUSED

DK

TRA

21./I8A. So I'll know how to refer to [CHILD] during the interview, is it alright with you that I continue to use [CHILD]'s first name?

(DO NOT READ LIST)

- 1. YES --> INTRO.U
- 2. NO

TRE

21./I8B. What name or initial would you like me to use during the interview?

INTRO.U

24. / INTRO.U

The first questions ask about the health care [CHILD] may have received (in the last 12 months/since (his/her) birth).

U1

25. / U1.

(In the last 12 months/Since [CHILD]'s birth), not counting times [CHILD] went to an emergency room, how many times did (he/she) go to a DOCTORS OFFICE or CLINIC?

(IWER: RECORD NUMBER OF OFFICE/CLINIC VISITS)

999. REFUSED

```
U2
26. / U2.
       (In the last 12 months/Since [CHILD]'s birth), how many times did [CHILD]
       go to an EMERGENCY ROOM?
       (IWER: RECORD NUMBER OF EMERGENCY ROOM VISITS)
       999. REFUSED
       DK
UЗ
27. / U3.
       (In the last 12 months/Since [CHILD]'s birth), how many times was [CHILD]
       a patient in a hospital overnight or longer?
       (IWER: RECORD NUMBER OF OVERNIGHT VISITS)
       999. REFUSED
       DK
U4
28. / U4.
        (In the last 12 months/Since [CHILD]'s birth), has [CHILD] needed care
        right away for an illness or injury?
        (DO NOT READ LIST)
        1. YES
        2. NO ----> A1
        9. REFUSED --> A1
        DK ----> A1
U4A
29. / U4A.
        When [CHILD] needed care right away for an ILLNESS OR INJURY, how often
        did (he/she) get this care as soon as you wanted? Would you say...
        (READ LIST)
        1. NEVER,
        2. SOMETIMES,
        3. USUALLY, OR
        4. ALWAYS?
        9. REFUSED (DO NOT READ)
        DK (DO NOT READ)
```

A1 31. / A1

(In the last 12 months/Since [CHILD]'s birth), was there any time that [CHILD] needed health care but did NOT get it?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> A2
- 9. REFUSED --> A2 DK -----> A2

A3.2 32. / A3.2.

Why did [CHILD] need health care? Was it for...

(IWER: IF NECESSARY: "Please think about the most recent experience.")

(IWER: IF R MENTIONS A SPECIFIC REASON (EX. BROKEN ARM) IT IS OKAY TO CODE IN THE APPROPRIATE CATEGORY.)

(READ LIST) (SELECT ONE ONLY)

- 1. A REGULAR or ROUTINE VISIT,
- 2. A MEDICAL PROBLEM or CONCERN,
- 3. A BEHAVIORAL PROBLEM or CONCERN, OR
- 4. A SPEECH and/or LANGUAGE PROBLEM or CONCERN?
- 5. ANOTHER REASON (SPECIFY)
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

A4.2 33. / A4.2.

Why didn't [CHILD] receive care (for a regular or routine visit /for a medical problem or concern /for a behavioral problem or concern /for a speech or language problem or concern /for [A3.2 Other Reason])? Was it because...

(READ LIST) (PAUSE AFTER EACH OPTION) (SELECT ALL THAT APPLY)

(PROBE: "Would that be YES or NO?")

- 01. YOU COULDN'T AFFORD IT OR HAD NO HEALTH INSURANCE?
- 02. YOU HAD NO DOCTOR TO GO TO FOR [CHILD]?
- 03. [CHILD]'s DOCTOR DID NOT CONSIDER IT A PROBLEM?
- 04. [CHILD]'s DOCTOR HAD NO ONE TO REFER [CHILD] TO?
- 05. YOU HAD TRANSPORTATION OR CHILDCARE PROBLEMS?
- 06. PROBLEMS RELATED TO WORK?
- 07. INSURANCE DID NOT COVER THE VISIT?
- 08. THE DOCTOR'S SCHEDULE WAS FULL (THERE WERE NO AVAILABLE APPTMENTS)?
- 09. ANY OTHER REASON _____ (SPECIFY)?
- 10. REFUSED (DO NOT READ)
- DK (DO NOT READ)

A5(1-3).2. (35-37). / A5(1-3).2.

Did the lack of health care (for [CHILD]'s (regular or routine visit /medical problem or concern /behavioral problem or concern /speech or language problem or concern /[A3.2 Other Reason]))...

- 1. "create concerns about (his/her) future development?"
 - 2. "create problems for (his/her) attending day care?"
 - 3. "create problems for you and/or your spouse or partner meeting work responsibilities?"

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 3. NOT APPLICABLE ((NO DAY CARE)/(NO WORK))
- 9. REFUSED

Α2 39. / A2

> (In the last 12 months/Since [CHILD]'s birth), was there any time that [CHILD] received care, but got the care later than you would have liked?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> MN1.CK
- 9. REFUSED --> MN1.CK DK ----> MN1.CK

A3.1B

40. / A3.1B

Why did [CHILD] need health care? Was it for ...

(IWER: IF NECESSARY: "Please think about the most recent experience.")

(READ LIST) (SELECT ONE ONLY)

- 1. A REGULAR or ROUTINE VISIT,
- 2. A MEDICAL PROBLEM or CONCERN,
- 3. A BEHAVIORAL PROBLEM or CONCERN, OR
- 4. A SPEECH and/or LANGUAGE PROBLEM or CONCERN?
- 5. ANOTHER REASON _____ (SPECIFY)
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

A4.1B 41. / A4.1B.

Why was [CHILD]'s care delayed(for a regular or routine visit /for a medical problem or concern /for a behavioral problem or concern /for a speech or language problem or concern /for [A3.1B Other Reason])? Was it because...

(READ LIST) (PAUSE AFTER EACH OPTION) (SELECT ALL THAT APPLY)

(PROBE: "Would that be YES or NO?")

- 01. YOU COULDN'T AFFORD IT OR HAD NO HEALTH INSURANCE?
- 02. YOU HAD NO DOCTOR TO GO TO FOR [CHILD]?
- 03. [CHILD]'s DOCTOR DID NOT CONSIDER IT A PROBLEM?
- 04. [CHILD]'s DOCTOR HAD NO ONE TO REFER [CHILD] TO?
- 05. YOU HAD TRANSPORTATION OR CHILDCARE PROBLEMS?
- 06. PROBLEMS RELATED TO WORK?
- 07. INSURANCE DID NOT COVER THE VISIT?
- 08. THE DOCTOR'S SCHEDULE WAS FULL (THERE WERE NO AVAILABLE APPOINTMENTS)?
- 09. ANY OTHER REASON _____ (SPECIFY)?
- 10. REFUSED (DO NOT READ)
- DK (DO NOT READ)

A5(1-3).1B. (43-45). / A5(1-3).1B.

Did the delay in getting health care (for [CHILD]'s (regular or routine visit /medical problem or concern /behavioral problem or concern /speech or language problem or concern /[A3.1B Other Reason]))...

- 1. "create concerns about [CHILD]'s future development?"
 - 2. "create problems for [CHILD] attending day care?"
 - 3. "create problems for you and/or your spouse or partner meeting work responsibilities?"

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 3. NOT APPLICABLE ((NO DAY CARE)/(NO WORK))
- 9. REFUSED

IF (U1 = 0 DOCTOR VISITS) AND (U2 = 0 EMERGENCY ROOM VISITS) AND (U3 = 0 OVERNIGHT HOSPITAL VISITS), GO TO GO TO A6A

A6A

46. / A6A.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD] get care from more than one kind of health care provider or use more than one kind of health care service?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> LA.CK
- 9. REFUSED --> LA.CK DK ----> LA.CK

A7 47. / A7.

(In the last 12 months/Since [CHILD]'s birth), did anyone from [CHILD]'s doctor's office or clinic help coordinate (his/her) care among these different providers or services?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 3. CHILD DIDN'T GET CARE FROM DIFFERENT PROVIDER/USE MORE THAN 1 SERVICE
- 9. REFUSED

DK

INTRO.WIC

48. / INTRO.WIC

The next questions ask about the Women, Infants and Children's or "WIC" Program.

(IWER: IF NECESSARY, "WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.")

WIC1

49. / WIC1

Has [CHILD] ever received WIC?

(IWER: IF NECESSARY, "WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers

for food, health care referrals, and nutrition education.")
(DO NOT READ LIST)

1. YES
2. NO -----> MN.CK

3. DON'T KNOW ABOUT THE PROGRAM --> MN.CK

IF MONTHCOUNT = 0 TO 9 MONTHS OLD, GO TO MN.CK

9. REFUSED -----> MN.CK

WIC2 50. / WIC2

(In the last 12 months/Since [CHILD]'s birth), has [CHILD] received WIC?

(IWER: IF NECESSARY, "WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.")

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

INTRO.S
51. / INTRO.S

The next questions ask about other health care services children and families sometimes receive from their doctors or other health providers. A health provider can be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.

```
S1
52. / S1.
       (In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or
       other health providers refer you to any programs or classes?
       (DO NOT READ LIST)
       1. YES
       2. NO ----> S2
       9. REFUSED --> S2
       DK ----> S2
S1A
53. / S1A.
       What kind of program or class was that?
       (DO NOT READ LIST) (SELECT ALL THAT APPLY)
       (PROBE: "Any others?")
       1. BREASTFEEDING OR LACTATION
       2. PARENTING
       3. CHILD DEVELOPMENT
       4. OTHER CLASS _____ (SPECIFY)
       5. REFUSED (DO NOT READ)
       DK (DO NOT READ)
S2
54. / S2.
       Did you attend a parenting class after the birth of [CHILD]?
       (DO NOT READ LIST)
       1. YES
       2. NO ----> S3
       9. REFUSED --> S3
       DK ----> S3
```

S2A 55. / S2A

Was this parenting class paid for or covered by [CHILD]'s health insurance plan or Medicaid?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

s3 56. / s3.

Do you have other children besides [CHILD]?

(IWER, IF R ASKS ABOUT STEP/FOSTER/ADOPT CHILDREN, CLARIFY: "For the purposes of this question, other children would include any child whose health and development is your responsibility.")

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> VISIT.CK
- 9. REFUSED --> VISIT.CK DK -----> VISIT.CK

S3B 57. / S3B.

Did you attend a parenting class after the birth of your other child or children?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

```
VISIT.CK
IF (U1 = 0 DOCTOR VISITS) AND (U2 = 0 EMERGENCY ROOM VISITS)
  AND (U3 = 0 OVERNIGHT HOSPITAL VISITS), GO TO INTRO.DSERIES
*******************
ANTICIPATORY GUIDANCE AND EDUCATION
*******************
INTRO.G
58. / INTRO.G
        The next questions ask about topics that
        (parents/grandparents/caretakers) and health providers sometimes talk
        about.
IF MONTHCOUNT = 3 TO 9 MONTHS OLD, GO TO GA1
IF MONTHCOUNT = 10 TO 18 MONTHS OLD, GO TO GB1
IF MONTHCOUNT = 19 TO 48 MONTHS OLD, GO TO GC1
GA1
60. / GA1.
       (In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or
       other health providers talk with you about things you can do to help
       [CHILD] grow and learn?
       (IWER CLARIFY: "It doesn't matter who initiated the discussion.")
       (DO NOT READ LIST)
       1. YES ----> GA2
       2. NO
       9. REFUSED --> GA2
       DK
GA1A
61. / GA1a.
       Do you wish that they had talked with you about things you can do to
       help [CHILD] grow and learn?
       (DO NOT READ LIST)
       1. YES ----> GA2
       2. NO
       9. REFUSED --> GA2
```

GA1AI

62. / GAlai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GA2 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T ----> GA2 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

GA2

63. / GA2.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the kinds of behaviors you can expect to see as [CHILD] gets older?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA3
- 2. NO
- 9. REFUSED --> GA3

GA2A

64. / GA2a.

Do you wish that they had talked with you about the kinds of behaviors you can expect to see as [CHILD] gets older?

(DO NOT READ LIST)

- 1. YES ----> GA3
- 2. NO
- 9. REFUSED --> GA3
 DK

GA2AI

65. / GA2ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GA3 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T -----> GA3 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

```
GA3
66. / GA3.
```

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about breastfeeding?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA4
- 2. NO
- 9. REFUSED --> GA4 DK

GA3A

67. / GA3a.

Do you wish that they had talked with you about breastfeeding?

(DO NOT READ LIST)

- 1. YES ----> GA4
- 2. NO
- 9. REFUSED --> GA4 DK

GA3AI

68. / GA3ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I BREASTFED AND DIDN'T NEED TO TALK ABOUT IT
- 11. I DID NOT BREASTFEED
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

GA4

69. / GA4.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about issues related to food feeding of [CHILD] such as the introduction of solid foods?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DODO NOT READ LIST)

- 1. YES ----> GA5
- 2. NO
- 9. REFUSED --> GA5

DK

GA4A

70. / GA4a.

Do you wish that they had talked with you about issues related to food and feeding?

(DO NOT READ LIST)

- 1. YES ----> OH.CK
- 2. NO
- 9. REFUSED --> OH.CK DK

GA4AI

71. / GA4ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD HAS NO ISSUES RELATED TO FOOD AND FEEDING
- 12. OTHER (SPECIFY)
- 13. REFUSED

GA5 72. / GA5.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the importance of placing [CHILD] on (his/her) back when going to sleep?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA6
- 2. NO
- 9. REFUSED --> GA6

GA5A

73. / GA5a.

Do you wish that they had talked with you about placing [CHILD] on (his/her) back?

(DO NOT READ LIST)

- 1. YES ----> GA6
- 2. NO
- 9. REFUSED --> GA6

GA5AI

74. / GA5ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I PUT MY CHILD ON HIS BACK AND DIDN'T NEED TO TALK ABOUT
- 12. OTHER _____ (SPECIFY)

13. REFUSED DK

GA6 75. / GA6.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about night waking and fussing?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA7
- 2. NO
- 9. REFUSED --> GA7 DK

GA6A

76. / GA6a.

Do you wish that they had talked with you about night waking and fussing?

- 1. YES ----> GA7
- 2. NO
- 9. REFUSED --> GA7 DK

GA6AI

77. / GA6ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD DOES NOT NIGHT WAKE OR FUSS, SO THIS ISN'T AN ISSUE FOR ME
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GA7

78. / GA7.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about how [CHILD] communicates (his/her) needs?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA8
- 2. NO
- 9. REFUSED --> GA8

GA7A

79. / GA7a.

Do you wish that they had talked with you about how [CHILD] communicates?

(DO NOT READ LIST)

- 1. YES ----> GA8
- 2. NO
- 9. REFUSED --> GA8 DK

GA7AI

80. / GA7ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD COMMUNICATES GREAT, THIS ISN'T AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GA8 81. / GA8.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about what [CHILD] is able to understand?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA9
- 2. NO
- 9. REFUSED --> GA9 DK

GA8A

82. / GA8a.

Do you wish that they had talked with you about what [CHILD] is able to understand?

(DO NOT READ LIST)

- 1. YES ----> GA9
- 2. NO
- 9. REFUSED --> GA9

GA8AI

83. / GA8ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD IS TOO YOUNG TO BE THINKING ABOUT THAT
- 11. MY CHILD UNDERSTANDS WHAT I SAY
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

GA9

84. / GA9.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about how [CHILD] responds to you, other adults, and caregivers?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA10
- 2. NO
- 9. REFUSED --> GA10

GA9A

85. / GA9a.

Do you wish that they had talked with you about how [CHILD] responds to people?

(DO NOT READ LIST)

- 1. YES ----> GA10
- 2. NO
- 9. REFUSED --> GA10 DK

GA9AI

86. / GA9ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD HAS NO PROBLEM IN RESPONDING TO PEOPLE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GA10 87. / GA10.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about how to avoid burns to [CHILD], such as changing the hot water temperature in your home?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA11
- 2. NO
- 9. REFUSED --> GA11 DK

GA10A

88. / GA10a.

Do you wish that they had talked with you about how to avoid burns?

- 1. YES ----> GA11
- 2. NO
- 9. REFUSED --> GA11 DK

GA10AI 89. / GA10ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I ALREADY CHANGED THE HOT WATER TEMPERATURE IN MY HOME
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GA11 90. / GA11.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about using a car-seat?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA12
- 2. NO
- 9. REFUSED --> GA12

GA11A

91. / GA11a.

Do you wish that they had talked with you about car seats?

(DO NOT READ LIST)

- 1. YES ----> GA12
- 2. NO
- 9. REFUSED --> GA12

GA11AI

92. / GAllai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I HAVE A CAR SEAT AND USE IT CORRECTLY
- 11. I DON'T HAVE A CAR SO THIS IS NOT AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

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GA12
93. / GA12.
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(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about how to make your house safe?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA13
- 2. NO
- 9. REFUSED --> GA13 DK

GA12A

94. / GA12a.

Do you wish that they had talked with you about house safety?

- 1. YES ----> OH2.CK
- 2. NO
- 9. REFUSED --> OH2.CK DK

GA12AI 95. / GA12ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> OH2.CK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T ----> OH2.CK BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GA13 96. / GA13.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the importance of showing a picture book to or reading with [CHILD]?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA14
- 2. NO
- 9. REFUSED --> GA14 DK

GA13A

97. / GA13a.

Do you wish that they had talked with you about reading?

- 1. YES ----> GA14
- 2. NO
- 9. REFUSED --> GA14 DK

GA13AI 98. / GA13ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I READ TO CHILD AND SHOW BOOKS TO HIM/HER EVERY DAY
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GA14 99. / GA14.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the issues related to childcare?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GA15
- 2. NO
- 9. REFUSED --> GA15

GA14A

100. / GA14a.

Do you wish that they had talked with you about the issues related to childcare?

(DO NOT READ LIST)

- 1. YES ----> GA15
- 2. NO
- 9. REFUSED --> GA15 DK

GA14AI

101. / GA14ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I AM A STAY AT HOME PARENT, THIS IS NOT AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GA15 102. / GA15.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about WIC - the Women, Infants and Children's Program?

(IWER: IF NECESSARY, "WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.")

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> D1
- 2. NO
- 9. REFUSED --> D1 DK

GA15A

103. / GA15a.

Do you wish that they had talked with you about WIC?

(IWER: IF NECESSARY, "WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.")

- 1. YES ----> D1
- 2. NO
- 9. REFUSED --> D1 DK

GA15AI 104. / GA15ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I AM ALREADY ON WIC
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GO TO D1

GB1

105. / GB1.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about things you can do to help [CHILD] grow and learn?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB2
- 2. NO
- 9. REFUSED --> GB2

GB1A

106. / GB1a.

Do you wish that they had talked with you about things you can do to help [CHILD] grow and learn?

(DO NOT READ LIST)

- 1. YES ----> GB2
- 2. NO
- 9. REFUSED --> GB2 DK

GB1AI

107. / GB1ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GB2 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T -----> GB2 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GB2 108. / GB2.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the kinds of behaviors you can expect to see in [CHILD] as (he/she) gets older?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB3
- 2. NO
- 9. REFUSED --> GB3 DK

GB2A

109. / GB2a.

Do you wish that they had talked with you about the kinds of behaviors you can expect?

- 1. YES ----> GB3
- 2. NO
- 9. REFUSED --> GB3 DK

GB2AI

110. / GB2ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GB3
 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T -----> GB3 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

GB3

111. / GB3.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about vitamins and foods [CHILD] should eat?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> qb4
- 2. NO
- 9. REFUSED --> gb4

GB3A

112. / GB3a.

Do you wish that they had talked with you about vitamins and food?

(DO NOT READ LIST)

- 1. YES ----> OH3.CK
- 2. NO
- 9. REFUSED --> OH3.CK

GB3AI

113. / GB3ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> OH3.CK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T -----> OH3.CK BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GB4

114. / GB4.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about [CHILD]'s bed and naptime routines?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB5
- 2. NO
- 9. REFUSED --> GB5 DK GB4A

115. / GB4a.

Do you wish that they had talked with you about bedtime routines?

(DO NOT READ LIST)

- 1. YES ----> GB5
- 2. NO
- 9. REFUSED --> GB5

GB4AI

116. / GB4ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. WE HAVE A SET BED AND NAPTIME ROUTINE, THIS ISN'T AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GB5

117. / GB5.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about words and phrases [CHILD] uses and understands?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB6
- 2. NO
- 9. REFUSED --> GB6 DK

GB5A

118. / GB5a.

Do you wish that they had talked with you about words and phrases [CHILD] uses and understands?

(DO NOT READ LIST)

- 1. YES ----> GB6
- 2. NO
- 9. REFUSED --> GB6

GB5AI

119. / GB5ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD USES WORDS AND PHRASES GREAT AND UNDERSTANDS THINGS VERY WELL
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GB6

120. / GB6.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about night waking and fussing?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB7
- 2. NO
- 9. REFUSED --> GB7

GB6A

121. / GB6a.

Do you wish that they had talked with you about night waking and fussing?

(DO NOT READ LIST)

- 1. YES ----> GB7
- 2. NO
- 9. REFUSED --> GB7 DK

GB6AI

122. / GB6ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD DOES NOT NIGHT WAKE OR FUSS THIS ISN'T AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GB7 123. / GB7.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about [CHILD]'s sleeping with a bottle?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB8
- 2. NO
- 9. REFUSED --> GB8 DK

GB7A

124. / GB7a.

Do you wish that they had talked with you about [CHILD] sleeping with a bottle?

- 1. YES ----> GB8
- 2. NO
- 9. REFUSED --> GB8 DK

GB7AI

125. / GB7ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD DOESN'T SLEEP WITH A BOTTLE ANYMORE
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GB8

126. / GB8.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about weaning [CHILD] from a bottle?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB9
- 2. NO
- 9. REFUSED --> GB9

GB8A

127. / GB8a.

Do you wish that they had talked with you about weaning [CHILD] from a bottle?

(DO NOT READ LIST)

- 1. YES ----> GB9
- 2. NO
- 9. REFUSED --> GB9 DK

GB8AI

128. / GB8ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD DOESN'T USE A BOTTLE ANYMORE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GB9 129. / GB9.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about weaning [CHILD] from breastfeeding?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB10
- 2. NO
- 9. REFUSED --> GB10 DK

GB9A

130. / GB9a.

Do you wish that they had talked with you about weaning [CHILD] from breastfeeding?

- 1. YES ----> GB10
- 2. NO
- 9. REFUSED --> GB10 DK

GB9AI

131. / GB9ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I AM NOT BREASTFEEDING ANYMORE
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GB10

132. / GB10.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about how [CHILD] may start to explore away from you?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB11
- 2. NO
- 9. REFUSED --> GB11

GB10A

133. / GB10a.

Do you wish that they had talked with you about how [CHILD] may start to explore away from you?

(DO NOT READ LIST)

- 1. YES ----> GB11
- 2. NO
- 9. REFUSED --> GB11 DK

GB10AI

134. / GB10ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD DOES NOT EXPLORE AWAY FROM ME
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GB11

135. / GB11.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about guidance and discipline techniques to use with [CHILD]?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB12
- 2. NO
- 9. REFUSED --> GB12 DK

GB11A

136. / GB11a.

Do you wish that they had talked with you about guidance and discipline techniques?

- 1. YES ----> GB12
- 2. NO
- 9. REFUSED --> GB12 DK

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GB11AI
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137. / GB11ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GB12 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T ----> GB12 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

GB12

138. / GB12.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about toilet training?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB13
- 2. NO
- 9. REFUSED --> GB13

GB12A

139. / GB12a.

Do you wish that they had talked with you about toilet training?

(DO NOT READ LIST)

- 1. YES ----> GB13
- 2. NO
- 9. REFUSED --> GB13

GB12AI

140. / GB12ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I HAVEN'T STARTED TOILET TRAINING AND DON'T WANT TO TALK ABOUT IT YET
- 11. MY CHILD IS TOILET TRAINED
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GB13

141. / GB13.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about what you should do if [CHILD] swallows certain kinds of poisons?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB14
- 2. NO
- 9. REFUSED --> GB14 DK

GB13A

142. / GB13a.

Do you wish that they had talked with you about what to do if [CHILD] swallows certain kinds of poisons?

- 1. YES ----> GB14
- 2. NO
- 9. REFUSED --> GB14 DK

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GB13AI
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143. / GB13ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GB14 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T ----> GB14 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

GB14

144. / GB14.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about using a car-seat?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB15
- 2. NO
- 9. REFUSED --> GB15

GB14A

145. / GB14a.

Do you wish that they had talked with you about car seats?

(DO NOT READ LIST)

- 1. YES ----> GB15
- 2. NO
- 9. REFUSED --> GB15

GB14AI

146. / GB14ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I HAVE A CAR SEAT AND USE IT CORRECTLY
- 11. I DON'T HAVE A CAR, SO THIS IS NOT AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

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GB15
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147. / GB15.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about how to make your house safe?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB16
- 2. NO
- 9. REFUSED --> GB16 DK

GB15A

148. / GB15a.

Do you wish that they had talked with you about house safety?

- 1. YES ----> OH4.CK
- 2. NO
- 9. REFUSED --> OH4.CK DK

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GB15AI
149. / GB15ai.
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Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> OH4.CK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T ----> OH4.CK BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

GB16 150. / GB16.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the importance of reading with [CHILD]?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB17
- 2. NO
- 9. REFUSED --> GB17 DK

GB16A

151. / GB16a.

Do you wish that they had talked with you about reading?

- 1. YES ----> GB17
- 2. NO
- 9. REFUSED --> GB17 DK

GB16AI

152. / GB16ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I READ TO MY CHILD EVERYDAY I DON'T NEED TO TALK ABOUT IT
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GB17

153. / GB17.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about issues related to childcare?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GB18
- 2. NO
- 9. REFUSED --> GB18

GB17A

154. / GB17a.

Do you wish that they had talked with you about issues related to childcare?

(DO NOT READ LIST)

- 1. YES ----> GB18
- 2. NO
- 9. REFUSED --> GB18 DK

GB17AI

155. / GB17ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I AM A STAY AT HOME PARENT, THIS IS NOT AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GB18

156. / GB18.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about WIC - the Women, Infants and Children's Program?

(IWER: IF NECESSARY, "WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.")

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> D1
- 2. NO
- 9. REFUSED --> D1 DK

GB18A

157. / GB18a.

Do you wish that they had talked with you about WIC?

(IWER: IF NECESSARY, "WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.")

- 1. YES ----> D1
- 2. NO
- 9. REFUSED --> D1 DK

GB18AI 158. / GB18ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I AM ALREADY ON WIC AND DON'T NEED TO TALK ABOUT IT
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GO TO D1

GC1

159. / GC1.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about things you can do to help [CHILD] grow and learn?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC2
- 2. NO
- 9. REFUSED --> GC2

GC1A

160. / GC1a.

Do you wish that they had talked with you about things you can do to help [CHILD] grow and learn?

(DO NOT READ LIST)

- 1. YES ----> GC2
- 2. NO
- 9. REFUSED --> GC2 DK

GC1AI

161. / GC1ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GC2 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T -----> GC2 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GC2 162. / GC2.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the kinds of behaviors you can expect to see as [CHILD] gets older?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC3
- 2. NO
- 9. REFUSED --> GC3 DK

GC2A

163. / GC2a.

Do you wish that they had talked with you about the kinds of behaviors you can expect to see as [CHILD] gets older?

(DO NOT READ LIST)

- 1. YES ----> GC3
- 2. NO
- 9. REFUSED --> GC3

GC2AI 164. / GC2ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GC3
 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T -----> GC3 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

GC3 165. / GC3.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about issues related to food and feeding [CHILD]?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

- 1. YES ----> OH5.CK
- 2. NO
- 9. REFUSED --> OH5.CK

GC3A

166. / GC3a.

Do you wish that they had talked with you about issues related to food and feeding?

(DO NOT READ LIST)

- 1. YES ----> GC4
- 2. NO
- 9. REFUSED --> GC4 DK

GC3AI

167. / GC3ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I HAVE NO PROBLEM WITH ISSUES RELATED TO FOOD AND FEEDING
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GC4 168. / GC4.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about [CHILD]'s bedtime routines and how many hours of sleep [CHILD] needs?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC5
- 2. NO
- 9. REFUSED --> GC5 DK

GC4A

169. / GC4a.

Do you wish that they had talked with you about bedtime routines and hours of sleep [CHILD] needs?

(DO NOT READ LIST)

- 1. YES ----> GC5
- 2. NO
- 9. REFUSED --> GC5 DK

GC4AI

170. / GC4ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. WE HAVE A BEDTIME ROUTINE AND MY CHILD HAS NO PROBLEM GETTING SLEEP

12. OTHER _____ (SPECIFY)

13. REFUSED

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GC5
171. / GC5.
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(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about toilet training?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC6
- 2. NO
- 9. REFUSED --> GC6 DK

GC5A

172. / GC5a.

Do you wish that they had talked with you about toilet training?

- 1. YES ----> GC6
- 2. NO
- 9. REFUSED --> GC6 DK

GC5AI

173. / GC5ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD IS ALREADY TOILET TRAINED
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GC6

174. / GC6.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the words and phrases [CHILD] uses and understands?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC7
- 2. NO
- 9. REFUSED --> GC7

GC6A

175. / GC6a.

Do you wish that they had talked with you about words and phrases [CHILD] uses and understands?

(DO NOT READ LIST)

- 1. YES ----> GC7
- 2. NO
- 9. REFUSED --> GC7 DK

GC6AI

176. / GC6ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD USES WORDS AND PHRASES AND UNDERSTANDS THEM WELL
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GC7 177. / GC7.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about how [CHILD] is learning to get along with other children?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC8
- 2. NO
- 9. REFUSED --> GC8 DK

GC7A

178. / GC7a.

Do you wish that they had talked with you about how [CHILD] gets along with others?

- 1. YES ----> GC8
- 2. NO
- 9. REFUSED --> GC8 DK

GC7AI 179. / GC7ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD HAS NO PROBLEMS GETTING ALONG WITH OTHER CHILDREN
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED DK

GC8 180. / GC8.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about guidance and discipline techniques to use with [CHILD]?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC9
- 2. NO
- 9. REFUSED --> GC9

GC8A

181. / GC8a.

Do you wish that they had talked with you about guidance and discipline techniques?

(DO NOT READ LIST)

- 1. YES ----> GC9
- 2. NO
- 9. REFUSED --> GC9 DK

GC8AI

182. / GC8ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GC9
 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T -----> GC9 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GC9 183. / GC9.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about ways to teach [CHILD] about dangerous situations, places, and objects?

(IWER, IF R NEEDS/ASKS FOR EXAMPLES, "Such as electrical sockets, the stove, climbing on things, running into the street.")

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC10
- 2. NO
- 9. REFUSED --> GC10 DK

GC9A

184. / GC9a.

Do you wish that they had talked with you about ways to teach [CHILD] about dangerous situations, places and objects?

- 1. YES ----> GC10
- 2. NO
- 9. REFUSED --> GC10 DK

GC9AI 185. / GC9ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. MY CHILD ALREADY HAS LEARNED ABOUT THIS, THIS IS NOT AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED DK

GC10

186. / GC10.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about using a car-seat?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC11
- 2. NO
- 9. REFUSED --> GC11

GC10A

187. / GC10a.

Do you wish that they had talked with you about car seats?

(DO NOT READ LIST)

- 1. YES ----> GC11
- 2. NO
- 9. REFUSED --> GC11

GC10AI

188. / GC10ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I HAVE A CAR SEAT AND USE IT CORRECTLY
- 11. I DON'T HAVE A CARE SO THIS IN NOT AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

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GC11
189. / GC11.
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(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about how to make your house safe?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> OH6.CK
- 2. NO
- 9. REFUSED --> OH6.CK DK

GC11A

190. / GC11a.

Do you wish that they had talked with you about house safety?

- 1. YES ----> OH6.CK
- 2. NO
- 9. REFUSED --> OH6.CK DK

GC11AI

191. / GC11ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> OH6.CK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T ----> OH6.CK BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

OH6.CK

IF STATE <> OHIO THEN GO TO GC12

OHLP3

191a. / OHLP3.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about [CHILD]'s risk of lead poisoning?

(DO NOT READ LIST)

- 1. YES ----> GC12
- 2. NO
- 9. REFUSED --> GC12

GC12 192. / GC12.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about what you should do if [CHILD] swallows certain kinds of poisons?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC13
- 2. NO
- 9. REFUSED --> GC13 DK

GC12A

193. / GC12a.

Do you wish that they had talked with you about what to do if [CHILD] swallows certain kinds of poisons?

- 1. YES ----> GC13
- 2. NO
- 9. REFUSED --> GC13 DK

GC12AI 194. / GC12ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK --> GC13 ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T -----> GC13 BRING IT UP
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

DK

GC13 195. / GC13.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the importance of reading with [CHILD]?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC14
- 2. NO
- 9. REFUSED --> GC14

GC13A

196. / GC13a.

Do you wish that they had talked with you about reading?

(DO NOT READ LIST)

- 1. YES ----> GC14
- 2. NO
- 9. REFUSED --> GC14

GC13AI

197. / GC13ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. WE READ EVERYDAY, THIS IS NOT AN ISSUE
- 12. OTHER _____ (SPECIFY)
- 13. REFUSED

GC14

198. / GC14.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about the issues related to childcare?

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> GC15
- 2. NO
- 9. REFUSED --> GC15 DK

GC14A

199. / GC14a.

Do you wish that they had talked with you about issues related to childcare?

- 1. YES ----> GC15
- 2. NO
- 9. REFUSED --> GC15 DK

GC14AI 200. / GC14ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I AM A STAY AT HOME PARENT AND THIS ISN'T A ISSUE
- 12. OTHER (SPECIFY)
- 13. REFUSED

DK

GC15 201. / GC15.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers talk with you about WIC - the Women, Infants and Children's program?

(IWER: IF NECESSARY, "WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.")

(IWER CLARIFY: "It doesn't matter who initiated the discussion.")

(DO NOT READ LIST)

- 1. YES ----> D1
- 2. NO
- 9. REFUSED --> D1

GC15A 202. / GC15a.

Do you wish that they had talked with you about WIC?

(IWER: IF NECESSARY, "WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.")

(DO NOT READ LIST)

- 1. YES ----> D1
- 2. NO
- 9. REFUSED --> D1 DK

GC15AI

203. / GC15ai.

Can you explain why you answered no?

(DO NOT READ LIST) (SELECT ALL THAT APPLY)

(DO NOT PROBE FOR OTHERS)

- 01. I HAD ENOUGH INFORMATION, DIDN'T NEED TO TALK ABOUT IT ANYMORE
- 02. HE/SHE ALREADY TALKED ABOUT THIS WHEN I CAME WITH MY OTHER CHILDREN
- 03. TALKED ABOUT IT BEFORE, AND DIDN'T NEED TO
 TALK ABOUT IT AGAIN (AT ANOTHER VISIT FOR [CHILD])
- 04. HE/SHE GAVE WRITTEN INFORMATION AND I UNDERSTOOD EVERYTHING
- 05. I DON'T GET/EXPECT/WANT INFO ABOUT THIS FROM DOCTORS/OTHER PROVIDER
- 06. I KNOW MORE ABOUT THIS THAN MY DOCTORS OR OTHER HEALTH PROVIDERS DO
- 07. WOULD BE INSULTING IF DOCTORS/OTHER HEALTH PROVIDERS TALKED ABOUT THIS
- 08. HE/SHE KNOWS ME AND MY FAMILY AND THAT WE DIDN'T NEED TO TALK ABOUT IT
- 09. I DIDN'T HAVE A QUESTION AND THEY DIDN'T BRING IT UP
- 10. I AM ON WIC, I DON'T NEED TO DISCUSS THIS ANY MORE
- 12. OTHER (SPECIFY)
- 13. REFUSED

DEVELOPMENTAL ASSESSMENT

D1

204. / D1.

Did [CHILD]'s doctors or other health providers ever tell you that they were doing what doctors call a "developmental assessment" or test of [CHILD]'s development?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

IF MONTHCOUNT = 0 TO 9 MONTHS, GO TO D3

Π2

205. / D2.

Did [CHILD]'s doctors or other health providers ever have [CHILD] roll-over, pick up small objects, stack blocks, throw a ball or recognize different colors?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 3. CHILD TOO YOUNG TO DO THOSE KINDS OF THINGS
- 9. REFUSED

DK

D3

206. / D3.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers have you fill out a survey or checklist about concerns you may have about [CHILD]'s learning development or behavior?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 3. CHILD TOO YOUNG
- 9. REFUSED

D4 207. / D4.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers have you fill out a survey or checklist about activities [CHILD] may be able to do such as certain physical tasks, whether (he/she) can draw certain objects or ways (he/she) can communicate with you?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 3. CHILD TOO YOUNG TO DO THOSE KINDS OF THINGS
- 9. REFUSED

DK

INTRO.DSERIES

208. / INTRO.DSERIES

The next section asks about specific concerns some (parents/grandparents/caretakers) may have.

D5 209. / D5.

Please tell me if you are currently A LOT, A LITTLE, or NOT AT ALL concerned with how [CHILD] talks and makes speech sounds?

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED

DK

D6 210. / D6.

(Next/How about) how [CHILD] sees?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how [CHILD] sees?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)

DK (DO NOT READ)

D7
211. / D7.

(Next/How about) how [CHILD] hears?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how [CHILD] hears?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)

DK (DO NOT READ)

D8 212. / D8.

(Next/How about) how [CHILD] understands what you say?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how [CHILD] understands what you say?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

D9 213. / D9.

(Next/How about) how [CHILD] uses (his/her) hands and fingers to do things?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how [CHILD] uses (his/her) hands and fingers to do things?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)

DK (DO NOT READ)

D10 214. / D10.

(Next/How about) how [CHILD] uses (his/her) arms and legs?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how [CHILD] uses (his/her) arms and legs?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)

DK (DO NOT READ)

IF MONTHCOUNT = 0 TO 9 MONTHS, GO TO D14.CK

D11

215. / D11.

(Next/How about) how [CHILD] behaves?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how $[\mathtt{CHILD}]$ behaves?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)

DK (DO NOT READ)

D12 216. / D12.

(Next/How about) how [CHILD] gets along with others?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how [CHILD] gets along with others?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)

DK (DO NOT READ)

D13

217. / D13.

(Next/How about) how [CHILD] is learning to do things for (himself/herself)?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how [CHILD] is learning to do things for (himself/herself)?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)

DK (DO NOT READ)

D14.CK

IF MONTHCOUNT = 0 TO 18 MONTHS, GO TO D15.CK

D14

218. / D14.

(Next/How about) how [CHILD] is learning preschool or school skills?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how [CHILD] is learning preschool or school skills?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

D15.CK

IF MONTHCOUNT = 0 TO 9 MONTHS THEN GO TO D16.CK

D15

219. / D15.

(Next/How about) how [CHILD] is behind others or can't do what other kids can?

(Are you currently A LOT, A LITTLE, or NOT AT ALL concerned about how [CHILD] is behind others or can't do what other kids can?)

(DO NOT READ LIST)

- 1. A LOT
- 2. A LITTLE
- 3. NOT AT ALL
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

D16.CK

IF (U1 = 0 DOCTOR VISITS) AND (U2 = 0 EMERGENCY ROOM VISITS) AND (U3 = 0 OVERNIGHT HOSPITAL VISITS), GO TO INTRO.H

D16

220. / D16.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers ask if you have concerns about [CHILD]'s learning, development, or behavior?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

D17.CK

IF D5 THROUGH D15 = (A LOT or A LITTLE), GO TO D17A

D17

221. / D17.

(In the last 12 months/Since [CHILD]'s birth), did you have any concerns about [CHILD]'s learning, development, or behavior?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> INTRO.D2SERIES
- 9. REFUSED --> INTRO.D2SERIES DK -----> INTRO.D2SERIES

D17A

222. / D17A.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers give you specific information to address these concerns?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

INTRO.D2SERIES

223. / INTRO.D2SERIES

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers do any of the following?

```
D18(A-D) (224-227). / D18(A-D).
```

[(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers.../((In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers.../How about...)]

- A. "refer [CHILD] to another doctor or other health provider?"
 - B. "test [CHILD]'s learning and behavior?"

 - D. "refer [CHILD] for speech-language or hearing testing?"

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

INTRO.FSERIES

228. / INTRO.FSERIES

The next questions ask about your experience and communication with [CHILD]'s doctors or other health providers.

F(1-6) (229-234). / F(1-6).

[(In the last 12 months/Since [CHILD]'s birth), how often did [CHILD]'s doctors or other health providers.../((In the last 12 months/Since [CHILD]'s birth), how often did [CHILD]'s doctors or other health providers.../How about...)]

- 1. "take time to understand the specific needs of [CHILD]?"
 - 2. "respect you as an expert about [CHILD]?"
 - 3. "build your confidence as a (parent/grandparent/caretaker)?"
 - 4. "help you feel like a partner in [CHILD]'s care?"
 - 5. "explain things in a way that you can understand?"
 - 6. "show respect for your family's values, customs and how you prefer to raise your child?"

(READ LIST IF NECESSARY)

(Would you say...)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

INTRO.AF
235. / INTRO.AF

The next section is about questions a child's doctors or other health providers sometimes ask about a child's family. These questions may be asked in a survey that you fill out in your child's doctors office or when you talk with your child's doctors or other health providers during a visit.

AF1

236. / AF1.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers ASK you if you or someone in your household smokes?

(IWER: CLARIFY IF NEEDED, "We want to know if you were specifically asked about this by doctors or other health providers.")

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

AF2

237. / AF2.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers ASK you if you or someone in your household drinks alcohol or uses other substances?

(IWER: CLARIFY IF NEEDED, "We want to know if you were specifically asked about this by doctors or other health providers.")

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

AF3

238. / AF3.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers ASK you if you ever feel depressed, sad, or have crying spells?

(IWER: CLARIFY IF NEEDED, "We want to know if you were specifically asked about this by doctors or other health providers.")

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

AF4 239. / AF4.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers ASK you if you have someone to turn to for emotional support?

(IWER: CLARIFY IF NEEDED, "We want to know if you were specifically asked about this by doctors or other health providers.")

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

AF5 240. / AF5.

(In the last 12 months/Since [CHILD]'s birth), did [CHILD]'s doctors or other health providers ASK you if you have any firearms in your home?

(IWER: CLARIFY IF NEEDED, "We want to know if you were specifically asked about this by doctors or other health providers.")

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

HEALTH INFORMATION

INTRO.H

242. / INTRO.H

The next questions ask about types of information you may have seen or heard (in the last 12 months/since (his/her) birth) inside or outside the doctors or other health provider's office.

H(1-3) (243-245). / H(1-3).

[(In the last 12 months/Since [CHILD]'s birth), did you see or hear anything about.../((In the last 12 months/Since [CHILD]'s birth), did you see or hear anything about... /How about...)]

- "safety information, such as how to make your house and car safe for [CHILD]?"
 - 2. "health care information, such as when and how often [CHILD] should see the doctor or reminders about immunizations?"
 - 3. "developmental information, such as things you can do with [CHILD] to help (him/her) grow and learn?"

(IWER: IF NECESSARY, "Information can be given to you in written pamphlets, videos in the waiting room, recorded information over the telephone, or information over the internet.")

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED DK

IF (U1 = 0 DOCTOR VISITS) AND (U2 = 0 EMERGENCY ROOM VISITS) AND (U3 = 0 OVERNIGHT HOSPITAL VISITS), GO TO INTRO.GCH

INTRO.E
246. / INTRO.E

The next questions ask about the helpfulness of all the health care $[\mathtt{CHILD}]$ has received (in the last 12 months/since (his/her) birth).

```
E(1-4) (247-250). / E(1-4).
```

[In thinking about all of the care provided from [CHILD]'s doctors or other health providers (in the last 12 months/since (his/her) birth), how helpful has it been in.../(In thinking about all of the care provided from [CHILD]'s doctors or other health providers (in the last 12 months/since (his/her) birth), how helpful has it been in.../How about)]

- 1. "understanding [CHILD]'s behavior?"
 - 2. "learning how to protect [CHILD] from injuries?"
 - 3. "giving you the information you needed when you needed it?"
 - 4. "learning how to meet your own needs while caring for [CHILD]?"

(READ LIST IF NECESSARY)

(Would you say...)

- 1. NOT AT ALL HELPFUL,
- 2. SOMEWHAT HELPFUL,
- 3. HELPFUL, OR
- 4. VERY HELPFUL?
- 5. WE DID NOT DISCUSS (VOLUNTEERED)
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

251. / INTRO.GCH

The next questions are about [CHILD]'s health.

GCH1 252. / GCH1.

> Overall, how would you rate [CHILD]'s health in the last 12 months. Would you say...

(READ LIST)

- 1. EXCELLENT,
- 2. VERY GOOD,
- 3. GOOD,
- 4. FAIR, or
- 5. POOR?
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

L1 253. / L1.

Does [CHILD] currently need or use medicine, other than vitamins, prescribed by a doctor?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> L2
- 9. REFUSED --> L2 DK ----> L2

L1A 254. / L1a.

Is this because of ANY medical, behavioral or other health condition?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> L2
- 9. REFUSED --> L2 DK ----> L2

L1B 255. / L1b.

Is this a condition that has lasted or is expected to last for at least 12 months?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

L2 256. / L2.

Does [CHILD] need or use more medical care, mental health or educational services than is usual for most children of the same age?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> L3
- 9. REFUSED --> L3
- DK ----> L3

```
L2A
257. / L2a.
```

Is this because of ANY medical, behavioral or other health condition?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> L3
- 9. REFUSED --> L3 DK ----> L3

L2B 258. / L2b.

Is this a condition that has lasted or is expected to last for at least 12 months?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED DK

L3 259. / L3.

Is [CHILD] limited or prevented in any way in (his/her) ability to do the things most children of the same age can do?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> L4
- 9. REFUSED --> L4 DK -----> L4

L3A 260. / L3a.

Is this because of ANY medical, behavioral or other health condition?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> L4
- 9. REFUSED --> L4 DK ----> L4

```
L3B
261. / L3b.
       Is this a condition that has lasted or is expected to last for at least
       12 months?
       (DO NOT READ LIST)
       1. YES
       2. NO
       9. REFUSED
       DK
L4
262. / L4.
       Does [CHILD] need or get special therapy, such as physical, occupational
       or speech therapy?
       (DO NOT READ LIST)
       1. YES
       2. NO ----> L5
       9. REFUSED --> L5
       DK ----> L5
L4A
263. / L4a.
       Is this because of ANY medical, behavioral or other health condition?
       (DO NOT READ LIST)
       1. YES
       2. NO ----> L5
       9. REFUSED --> L5
       DK ----> L5
L4B
264. / L4b.
       Is this a condition that has lasted or is expected to last for at least
       12 months?
       (DO NOT READ LIST)
       1. YES
       2. NO
       9. REFUSED
```

DK

```
L5
265. / L5.
```

Does [CHILD] have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> C1
- 9. REFUSED --> C1 DK ----> C1

L5A 266. / L5a.

Has this problem lasted or is it expected to last for at least 12 months?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

C1

267. / C1.

Was [CHILD] born prematurely, that is, more than 4 weeks early?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK (DO NOT PROBE)

```
C2
268. / C2.
        Please tell me what was the birth weight of [CHILD]?
        (PROBE: "What is your best estimate?")
                                           [1/8 \text{ and } .125 = \text{ONE EIGHTH}]
                 POUNDS/OUNCES/GRAMS
                                            [ 1/4 and .25 = ONE FOURTH ]
         999 OZ REFUSED
                                            [1/2 \text{ and .5}] = \text{ONE HALF}
                                            [ 3/4 and .75 = THREE FOURTHS ]
         LB=POUNDS RANGE = 3.125 LB - 12.50 LB
         OZ=OUNCES RANGE = 050 OZ - 200 OZ
         GM=GRAMS RANGE = 1425 GM - 5680 GM
C3.CK
IF MONTHCOUNT > 9 MONTHS OLD, GO TO PD1
C3
  272. / C3.
       Was [CHILD] breastfed for any length of time?
        (DO NOT READ LIST)
        1. YES
        2. NO ----> PD1
        9. REFUSED --> PD1
        DK ----> PD1
C4
  273. / C4.
       For how many months was [CHILD] breastfed?
        (DO NOT READ LIST)
        1. LESS THAN A MONTH
        2. MORE THAN A MONTH
        3. NOT BREASTFED
        4. STILL BREASTFEEDING (VOLUNTEERED)
        9. REFUSED (DO NOT READ)
        DK (DO NOT READ)
```

PD1

274. / PD1.

A personal doctor or nurse is the health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have ONE person you think of as [CHILD]'s personal doctor or nurse?

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> PD1A
- 9. REFUSED --> PD1A DK ----> PD1A

PD2A

275. / PD2A.

What kind of health provider is this person?

(DO NOT READ LIST) (SELECT ONE ONLY)

- 01. PEDIATRICIAN
- 02. FAMILY PRACTITIONER
- 03. PEDIATRIC NURSE PRACTITIONER
- 04. PHYSICIAN'S ASSISTANT
- 05. SPECIALIST
- 06. WIC NURSE
- 07. HOME VISITING NURSE
- 08. OTHER (SPECIFY)
- 99. REFUSED (DO NOT READ)
- DK (DO NOT READ)

PD2B

277. / PD2B.

And is this health provider a man or woman?

(DO NOT READ LIST)

- 1. MAN
- 2. WOMAN
- 9. REFUSED

DK

GO TO INTRO.M

PD1A 274A. / PD1a.

Do you have MORE THAN ONE person you think of as [CHILD]'s personal doctor or nurse?

(IWER, IF NECESSARY, CLARIFY: "A personal doctor or nurse is the health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.")

(DO NOT READ LIST)

- 1. YES
- 2. NO ----> INTRO.M
- 9. REFUSED --> INTRO.M DK -----> INTRO.M

PD1A.1 / PD1A.1

How many personal doctors or nurses does [CHILD] have?

99. REFUSED

IF PD1A.1 = DK/REF THEN GO INTRO.M

ASK PD2A1 AND PD2B FOR THE NUMBER OF PROVIDERS ANSWERED IN PD1A.1

PD2A1.(1-10) 275A.(1-10) / PD2A1.(1-10)

What kind of health provider is [CHILD]'s (first - tenth) personal doctor or nurse?

(DO NOT READ LIST) (SELECT ONE ONLY)

- 01. PEDIATRICIAN
- 02. FAMILY PRACTITIONER
- 03. PEDIATRIC NURSE PRACTITIONER
- 04. PHYSICIAN'S ASSISTANT
- 05. SPECIALIST
- 06. WIC NURSE
- 07. HOME VISITING NURSE
- 08. OTHER _____ (SPECIFY)
- 99. REFUSED (DO NOT READ)
- DK (DO NOT READ)

```
PD2B.(1-10)
277.(1-10) / PD2B.(1-10)
```

Is this health provider a man or woman?

(IWER: R ANSWERED [PD2A1.](1-10) TO THE PREVIOUS QUESTION)

(DO NOT READ LIST)

- 1. MAN
- 2. WOMAN
- 9. REFUSED

DK

INTRO.M

The next questions ask about YOUR OWN health.

М1

279. / M1.

Overall, in the last 12 months, how would you rate your health? Would you say...

(READ LIST)

- 1. EXCELLENT,
- 2. VERY GOOD,
- 3. GOOD,
- 4. FAIR, or
- 5. POOR?
- 9. REFUSED (DO NOT READ)

DK (DO NOT READ)

M2 280. / M2. For how many days, during the past 30 days, would you say your physical health was not good? (DO NOT READ LIST) __ DAYS 99. REFUSED DK МЗ 281. / M3. For how many days, during the past 30 days, would you say your mental health was not good? (DO NOT READ LIST) __ DAYS 99. REFUSED DK M4 282. / M4. How many days in the last week have you felt depressed? Was it... (READ LIST) 1. 0 DAYS, 2. 1 TO 2 DAYS, 3. 3 TO 4 DAYS, or 4. 5 TO 7 DAYS? 9. REFUSED (DO NOT READ)

DK (DO NOT READ)

М5

283. / M5.

In the past year, have you had two weeks or more during which you felt sad, blue, depressed, or lost pleasure in things that you usually cared about or enjoyed?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

IF (M4 = 1 TO 7 DAYS) OR (M5 = YES), ASK M6, ALL OTHERS GO TO INTRO.PB1

М6

284. / M6.

Have you had two or more years in your life when you felt depressed or sad most days, even if you felt okay sometimes?

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

INTRO.PB1

For each of the following, tell me if you have ever done this in your home...

```
PB1(A-E) (286-290). / PB1(A-E).
```

[First,/(Next/How about)]

- A. "put locks on cabinets where things such as cleaning agents or medicines are kept?"
- B. "put padding around hard surfaces or sharp edges?"
- C. "put stoppers or plugs in electrical outlets?"
- D. "turned down the hot water thermostat setting?"
- E. "kept The Poison Control Center Phone Number on or near your phone?"

(Have you ever done this in your home?)

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED DK

INTRO.PB3

How many days in a typical week do you or other family members do the following?

```
PB3 (A-C)
(293-295). / PB3(A-C).
          [First,/(Next/How about)]
          A. "read stories to [CHILD]?"
          B. "play music or sing songs with [CHILD]?"
          C. "have a set or regular routine?"
              (How many days in a typical week does this happen?)
             PB3C ONLY: (IWER: IF R ASKS WHAT YOU MEAN, CLARIFY: 'feeding
             and sleep routines')
             (READ LIST IF NECESSARY)
             (Would you say...)
          1. EVERYDAY,
          2. 3-6 DAYS,
          3. 1-2 DAYS, or
          4. NEVER?
          9. REFUSED (DO NOT READ)
          DK (DO NOT READ)
*******************
SOCIO-DEMOGRAPHIC ITEMS
******************
INTRO.SD
      I have just a few more questions for you.
SD1
 297. / SD1.
      Including [CHILD], how many children and/or young adults under the age
```

of 18 live in your household?

99. REFUSED

DK

NUMBER OF PEOPLE 18 OR UNDER

IF I6 <> MOTHER AND I6 <> FATHER THEN GO TO SD3

SD2

298. / SD2.

Is [CHILD] your first child?

(IWER, IF R ASKS ABOUT STEP/FOSTER/ADOPT CHILDREN, CLARIFY: "For the purposes of this question, first child means any child whose health and development has been your responsibility.")

(DO NOT READ LIST)

- 1. YES
- 2. NO
- 9. REFUSED

DK

SD3

299. / SD3.

Is [CHILD] of Hispanic or Latino origin or descent?

(DO NOT READ LIST)

- 1. HISPANIC OR LATINO
- 2. NOT HISPANIC OR LATINO
- 9. REFUSED

DK

SD4

300. / SD4.

Now I am going to read a list of categories. Please choose one or more of the following categories to describe [CHILD]'s race. Is [CHILD]...?

(IWER: IF NECESSARY PROBE: "In this question, we're asking about your RACE as opposed to your nationality or ethnicity." RE-ASK Q, IF R SAYS HISPANIC AGAIN, ENTER UNDER OTHER SPECIFY)

(READ LIST) (SELECT ALL THAT APPLY)

- 1. WHITE,
- 2. BLACK OR AFRICAN AMERICAN,
- 3. AMERICAN INDIAN,
- 4. ASIAN,
- 5. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, or
- 6. SOME OTHER RACE? _____ (SPECIFY)
- 7. REFUSED (DO NOT READ)
- DK (DO NOT READ)

CIRC.CK

IF RESPONDENT HAS CHOSEN ONLY ONE ANSWER FOR SD4 OR DK/REF, GO TO INTRO.SD5

IF RESPONDENT HAS CHOSEN MULTIPLE OPTIONS, ONLY THOSE OPTIONS WILL BE DISPAYED IN SD4B.

SD4B

302. / SD4B.

Which do you feel BEST describes [CHILD]'s race.

(IWER: DO NOT PROBE DK/REF)

(READ LIST) (SELECT ONE ONLY)

XX. OPTION CHOSEN IN SD4, (OR)

XX. OPTION CHOSEN IN SD4, (OR)

XX. OPTION CHOSEN IN SD4, (OR)

XX. OPTION CHOSEN IN SD4?

9. REFUSED (DO NOT READ)

DK (DO NOT READ)

INTRO.SD5

The next questions ask how much trouble you have had paying for particular kinds of expenses. For each of the following items, please tell me if you had A LOT OF TROUBLE, SOME TROUBLE or NO TROUBLE at all paying for that item?

```
SD5 (A-E)
(305-309). / SD5(A-E). [First,/(Next/How about)]
           A. "prenatal care during pregnancy?"
               "the medical expenses for [CHILD]'s birth?"
           C. "[CHILD]'s health and medical expenses?"
               "supplies like formula, food, diapers, clothes,
                and shoes?"
           E. "health care for yourself?"
                (Did you have A LOT OF TROUBLE, SOME TROUBLE or NO TROUBLE at
                all paying for this?)
                (DO NOT READ LIST)
            1. A LOT OF TROUBLE
            2. SOME TROUBLE
            3. NO TROUBLE
            9. REFUSED (DO NOT READ)
           DK (DO NOT READ)
SD6
 310. / SD6.
       What is your age now?
        (IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your
       last birthday.")
        (READ LIST IF NEEDED, "Are you...")
        01. UNDER 18,
        02. 18 TO 24,
        03. 25 TO 34,
        04. 35 TO 44,
        05. 45 TO 54,
        06. 55 TO 64,
        07. 65 TO 74, OR
        08. 75 OR OLDER?
        99. REFUSED (DO NOT READ)
        DK (DO NOT READ)
```

SD7

311. / SD7.

How long have you lived in the United States?

(PROBE: "Please round up to the nearest year.")

YEARS

997. ALL MY LIFE

999. REFUSED

DK

SD8

312. / SD8

What language do you speak most comfortably?

(DO NOT READ LIST) (ENTER ONE ONLY)

- 1. ENGLISH
- 2. SPANISH
- 7. SOME OTHER LANGUAGE _____ (SPECIFY)
- 9. REFUSED

DK

SD9

313. / SD9.

What is the highest grade or level of school that you have COMPLETED?

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST IF NEEDED, "Did you complete...")

- 1. 8TH GRADE OR LESS,
- 2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
- 3. HIGH SCHOOL GRADUATE OR GED,
- 4. SOME COLLEGE OR 2-YEAR DEGREE,
- 5. 4-YEAR COLLEGE GRADUATE, OR
- 6. MORE THAN A 4-YEAR COLLEGE DEGREE?
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

SD10

314. / SD10.

(Are you/Is [CHILD]'s mother) now MARRIED, DIVORCED, SEPARATED, or (have you/has she) NEVER BEEN MARRIED?

(DO NOT READ LIST)

- 1. MARRIED
- 2. WIDOWED (VOLUNTEERED)
- 3. DIVORCED
- 4. SEPARATED
- 5. NEVER MARRIED
- 6. DECEASED (VOLUNTEERED)
- 9. REFUSED

DK

ALL.DONE
THANKS.SCREEN.

Those are all of the question I have. I'd like to thank you again on behalf of the (INSERT STATE NAME AND DEPARTMENT) for the time and effort you've spent answering these questions.

ISSUE BRIEF: QUALITY OF EPSDT SERVICES IN (INSERT STATE NAME)



Hearing from Parents in (Insert State Name):

Results from a
Survey of
Preventive and
Developmental
Health Care
Recommended
for Young
Children

Project Background:

(Insert State Name) Medicaid participated in a project led by the CAHMI and supported by The Commonwealth Fund.
This project, called the Promoting Healthy
Development State Learning
Network (PHDSLN), is a network of four states focused on measuring and improving preventive and developmental health care for young children (0–3 years old).

In November 2003—January 2004, (Insert State Name) Medicaid, in collaboration with the Child and Adolescent Health Measurement Initiative (CAHMI), administered a survey to parents of young children continuously enrolled in Medicaid about the EPSDT services their child received here in (Insert State Name). This survey captured reliable, valid, and specific information about discussions and information parents received from their child's health care providers during EPSDT and other visits. This issue brief provides a summary of the survey results.

MAIN FINDINGS IN (INSERT STATE NAME)

Nearly all continuously enrolled children under age 4 represented in this survey have had one or more visits with their health care provider. However, few children received recommended preventive and developmental services during their office visits.

- Less than one of five children received preventive and developmental services that met a basic threshold of quality across each of the seven aspects of care assessed (15 percent).
 - The highest levels of quality of care were reported in the areas of written health information and assessment for smoking and substance abuse in the family. The lowest levels of quality were reported in the areas of assessment of psychosocial well-being and safety within the family and anticipatory guidance and parental education.
- A majority of continuously-enrolled children report having a personal dector or nurse. Nine of 10 parents (93 percent) reported that their child had one or more personal doctors or nurses.
- A significant number of children are at risk for developmental, behavioral and/or social delays. More than one of two children (58 percent) was identified at significant risk for behavioral, developmental, or social delays based on the Parental Evaluation of Developmental Status® tool developed by Frances Glascoe, Ph.D.
 - No follow-up steps were taken to track and assess possible problems for nearly one
 out every two children (45 percent) identified at significant risk for developmental,
 behavioral, or social delays.
- Only one of five parents of young children received information or counseling on a range of the most basic and essential parent education and counseling topics recommended by the American Academy of Pediatrics, federal Maternal and Child Health Bureau, and EPSDT guidelines.
 - Three of five parents who reported that their child's health care providers did not talk
 with them about one or more key topics indicated that they wished they had received
 information about these topics.
 - Health care providers were more likely to address issues related to **injury prevention** (53 percent) and **physical care** of the child (45 percent) than to address topics related to the **child's development**, **behavior**, **and social growth** (31 percent).

Project Background (cont):

The CAHMI was established in 1998 as a national collaboration to develop and implement a comprehensive set of consumer-centered quality measurement tools. The CAHMI provides leadership and resources for measuring and communicating information about the quality of health care for children and adolescents. For more information, visit the **CAHMI** Web site http://www.cahmi.org or email cahmi@ohsu.edu.

About the Survey:

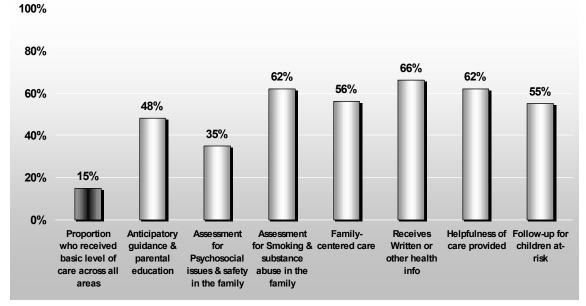
The **Promoting Healthy Development Survey-**PLUS (PHDS-PLUS) is a reliable and valid survey to parents of young children administered by telephone that collects information about preventive and developmental health care quality. The PHDS-PLUS was administered to parents of eligible Medicaid clients the under age of four during (insert time period) with assistance from (where applicable, insert vendor name). In order to be eligible for the survey, the child had to be currently and continuously enrolled in Medicaid for the previous 12 months or since the child was born. (Insert Number) PHDS-PLUS surveys were completed and collected in (Insert State Name). The data was then weighted to represent the population of continuously-enrolled children in (Insert State Name) Medicaid (N=insert number).

QUALITY OF EPSDT SERVICES FOCUSED ON PREVENTIVE AND DEVELOPMENTAL HEALTH CARE IN (INSERT STATE NAME)

National guidelines recommend that children see a health care provider approximately 12 times during the first three years of life for routine, well-child care services. The PHDS-PLUS assesses the level and quality of care that is recommended to occur during a child's office visits by the American Academy of Pediatrics and the federal Maternal and Child Health Bureau and as recommended in EPSDT guidelines. The PHDS-PLUS measures seven core components of these recommendations. (Insert State Name)'s findings are detailed in the chart below.

QUALITY OF EPSDT SERVICES IN (INSERT STATE NAME) FOCUSED ON PREVENTIVE AND DEVELOPMENTAL HEALTH CARE FOR YOUNG CHILDREN

Proportion of children receiving a threshold level of quality care:



KEY FINDINGS

- Toddlers were less likely than infants or older youngsters to receive comprehensive services.
- Parents with a high school education or less were significantly more likely to receive a basic level of assessment for psychosocial issues, safety, smoking, and substance abuse in the family compared with parents who reported higher levels of education.
- A little more than one out of two parents (56 percent) reported that their child's health
 care provider "usually or always" provided family-centered care in each of the six areas.
 Parents who reported that care was family-centered were nearly twice as likely to

receive anticipatory guidance and parental education (72 percent vs. 45 percent).

DIFFERENCES IN THE QUALITY OF CARE PROVIDED BY (INSERT STATE NAME) MEDICAID

Insert chart of quality care findings by a groups of state-specific interest.

(Insert State Name)'s Team:

 Insert members of your state team

Other State Medicaid Agencies Who Have Used the PHDS-PLUS:

- Louisiana
- Maine
- Minnesota
- Mississippi
- North Carolina
- Ohio
- Vermont
- Washington

National Data:

A majority of the items in the PHDS-PLUS were included in the National Survey of Early Childhood Health (NSECH).

Funding Source

This project received primary funding from The Commonwealth Fund, a private foundation that supports independent research on health and social issues and makes grants to improve health care practice and policy. The Fund is dedicated to helping people become more informed about their health care, and improving care for vulnerable populations such as children, elderly people, low-income families, minority Americans, and the uninsured. Visit http://www.cmwf.org.

HOW (INSERT STATE) COMPARES TO OTHER STATES, NATIONAL DATA

Insert chart of quality care findings comparing State, Other States (Contact CAHMI Staff), and National Survey of Early Childhood Health findings.

^{* 2004} CAHMI PHDS-PLUS Data, (Insert State Name) Medicaid Beneficiaries, Weighted Data (Raw N=1993, Weighted N=70178)

^{** 2001-2004} CAHMI PHDS-PLUS Data from Six States (VT, NC, WA, MN, LA, OH)

^{*** 2001} National Survey of Early Childhood Health. Children 35 months old or younger whose parents reported receiving public insurance.

Health Care Utilization:

- Three out of five (61 percent) children had visited an emergency room at least once in the past year.
- One of five children (20 percent) had at least one overnight hospital stay.

Access to Care:

 One of 10 parents reported their child had a problem getting necessary care OR did not receive needed health care.

Of these children:

- One-third of parents reported lack of/delay in care because there were no free appointments in the doctor's office.
- Two of five parents noted that it caused a problem for the parent to meet work responsibilities.
- Three of 10 parents noted that it caused concern about their child's development.

FINDINGS RELATED TO CHILD AND FAMILY HEALTH

While most low-income children were healthy, many experienced health problems.

- Nearly seven out of 10 young children had "excellent" or "very good" health status according to parent reports (65 percent).
- One of 10 children were born with a low birth weight (11 percent) and/or prematurely (13 percent). These children had poorer health status compared with children with a normal birth weight and gestation.

Parents were concerned about their child's development.

• Seven out of 10 parents (74 percent) raised at least one concern about their child's social, emotional, behavioral, and cognitive development.

Nineteen percent of children have a special health care need (CSHCN).

 Nearly one of five (19 percent) children have a special health care need as defined by the federal Maternal and Child Health Bureau.

Many parents of low-income young children experienced health problems.

- On average, parents reported **4.6 poor physical or mental health** days in the last 30 days.
- Nineteen percent of parents with high school level of education or less reported seven or more poor physical health days, compared with 14 percent of parents with a greater than high school level of education. This compares with 11.7 percent in the general U.S. population of women under age 45.

CHILD AND PARENT HEALTH CHARACTERISTICS

Proportion of children/or parents with the following health characteristic: 58% 60% □ Child ■ Parent 40% 27% 19% 17% 20% 13% 11% 0% Child at significant Child has a Child was a low Child born Parent report 7 + Parent reported special health birth weight baby symptoms of poor physical prematurely developmental. health days depression care need behavioral or social delays

WHY SCREENING AND ASSESSMENT MATTER: RELATIONSHIP BETWEEN A CHILD'S HEALTH AND HIS/HER PARENT'S HEALTH

One out of four (27 percent) parents experienced symptoms of depression.

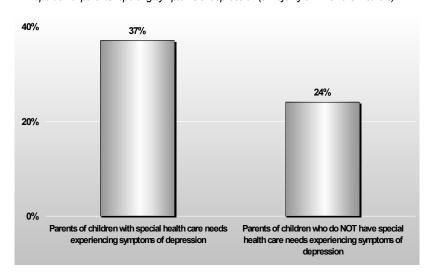
 Three out of five parents (61 percent) who experienced symptoms of depression in the past year said that they were not asked about their mental and emotional well-being by their child's health care provider during this time.

Three out of five parents (62 percent) reported being asked about **smoking**, **alcohol**, **and drug abuse** in the home.

 Health care providers were more likely to ask racial minorities than whites about smoking, alcohol, and drug use (67 percent versus 54 percent) despite lack of evidence that these issues are more likely to occur among racial minorities.

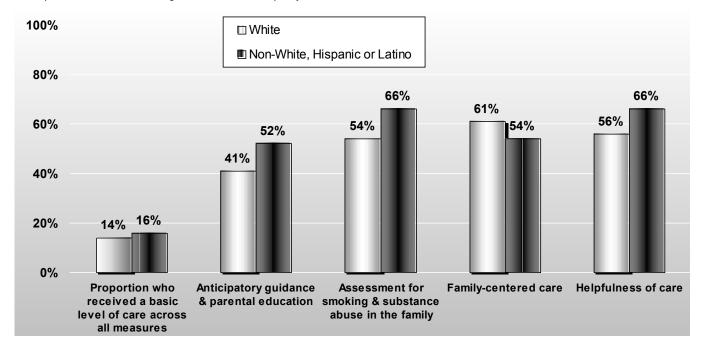
PARENTS OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS ARE MORE LIKELY TO EXPERIENCE SYMPTOMS OF DEPRESSION

•Proportion of parents reporting symptoms of depression (a majority of which are mothers):



VARATIONS IN QUALITY OF CARE BY CHILD'S RACE-ETHNICITY

Proportion of children receiving a threshold level of quality care:



CONCLUSIONS AND IMPLICATIONS OF THE FINDINGS

Findings from the PHDS-PLUS in (Insert State Name) reveal important opportunities to improve the health of young children. This study indicated that the health care system has significant room for improvements in the delivery of preventive and developmental services for young children. It is important to note that the findings shown present a "best case" scenario due to the positivity bias inherent in a telephone survey, conducted only in English to parents of children who are continuously enrolled in Medicaid. Key conclusions from this study include the following:

- Parents have significant concerns about the development and health of their children that are not addressed by their child's health care providers.
- Few children receive comprehensive preventive and developmental services and care is often worse for those whose parents have the greatest number and most serious concerns about their child's development and health.
- Higher quality of care is provided to children with a personal doctor or nurse who knows the child well, reflecting the importance of continuity of care.
- In addition to the child, more attention needs to be given to the health of the parent and family. This is especially true for mothers who report symptoms of depression and/or who have children with chronic conditions and other special health care needs. Health care coverage for parents is essential.
- For many parents, care is not family-centered, nor responsive to their personal needs and concerns.

Everyone has a role to play in promoting the healthy development of young children. Improvements in care require a comprehensive strategy that involves every level of society—state purchasers and policymakers, the family, the health care provider, the health care system, the community, and society at large. For each of these levels, information is essential to change. Results of this study demonstrate the value of surveying parents about the quality of health care their child receives and the richness of information that can be obtained through this type of methodology. The information is essential to understand the degree to which health care is meeting the needs of children and whether efforts to improve the quality of care make a difference. The findings emphasize that parent-reported assessments of preventive and developmental services for young children provide valid and valuable information to guide efforts to improve the quality of their health care.

AUTHORS: Christina Bethell, PhD, MPH, MBA; Colleen Peck Reuland, MS; and Brooke Latzke of the CAHMI.

ADDITIONAL INFORMATION ABOUT THE CAHMI AND THE PHDS-PLUS: Additional information about the CAHMI and the PHDS-PLUS can be found on the CAHMI Web site at www.cahmi.org. Information about the NSECH can be found at www.cdc.gov/nchs/about/major/slaits/nsech.htm.

ADDITIONAL RESOURCES ABOUT PREVENTIVE AND DEVELOPMENTAL HEALTH CARE:

www.aap.org • brightfutures.aap.org/web/ • www.zerothree.org • www.nichq.org • www.ncchildhealth.org/

QUESTIONS? Insert state-specific resources

¹ National Center for Health Statistics. Hyattsville, Maryland: Public Health Service, 2000.

Snapshot of Quality of Care Findings in (insert state name)

In December 2003–January 2004, (insert state name) Medicaid implemented a survey to parents of young children (0-3 years old). This survey, the Promoting Healthy Development Survey, assesses whether national recommendations for health promotion and developmental services are provided by pediatric clinicians.

We've since compiled the data, analyzed them by a number of variables, and are now sharing some of the results.

(Insert number) parents or guardians of children enrolled in (insert state name) Medicaid completed this survey. The findings were then weighted to represent the population of continuously enrolled children in (insert state name) Medicaid (N=insert number).

This report details key findings in (insert state name) related to the following measures of care:

Anticipatory Guidance and Parental Education	2
Assessment of the Family	
Addressing Parental Concerns	5
Follow-up for Children At-Risk	
Family-Centered Care	
anning contolog caremanning	•••

Additional information and resources are provided on page 7.

If you have questions about the findings presented in this report please contact (insert contact information).

More information about the Promoting Healthy Development Survey (PHDS) can be found on the Child and Adolescent Health Measurement Initiative (CAHMI) Web page at www.cahmi.org.

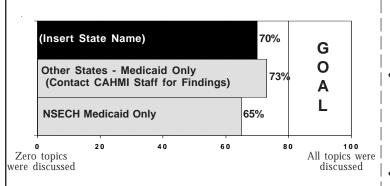
ANTICIPATORY GUIDANCE AND PARENTAL EDUCATION

DESCRIPTION:

National recommendations for well-child care call for health care providers to provide anticipatory guidance and parental education about a number of topics related to children's development, growth, behavior, and safety. In the PHDS, parents are asked whether their child's doctor or other health care providers discussed 15 recommended age-specific anticipatory guidance and parental education topics. The response choices allow parents to indicate whether their informational needs on each topic were met:

- ✓ Yes, and my questions were answered
- ✓ No, but I wish we had talked about that
- ✓ No, but I already had information about that and did not need to talk about it any more

OVERALL RESULTS



All Recommended Topics Discussed

• 18% of parents report that their child's doctors or other health care providers talked with them about all of the age-appropriate topics.

Informational Needs Met

47% of parents report "Yes, and my questions were answered" OR "No, but I already had information about that and did not need to talk about it any more" to all of the age-appropriate topics.

Informational Needs Unmet

53% of parents noted at least once "No, but I wish we had talked about that" OR "Yes, but my questions were not answered".

RELATED PARENTING BEHAVIORS

To provide you with descriptive information about your patients, we asked parents to report about key parenting behaviors. Following each topic is the percentage of parents who report they did NOT do the activity:

- Did not play music or sing songs to their child every day 24%
- Did not read to their child every day 48%
- Did not turn down the hot water temperature on their water heater 41%
- Did not have the Poison Control Center phone number near the phone 16%
- Did not put locks on cabinets where things such as cleaning agents or medicines are kept 25%
- Did not put padding around hard surfaces or sharp edges 46%
- Did not put <u>stoppers</u> or <u>plugs</u> in electrical outlets 5%
- Did not have a set or regular routine 24%

TOPIC-SPECIFIC FINDINGS								
3–9 MONTHS OLD Weighted Data** N=Insert # RAW DATA n=Insert #	10–18 MONTHS OLD Weighted Data** N=Insert # RAW DATA n=Insert #	19–48 монтнз old Weighted Data** N=Insert # RAW DATA n=Insert #						
 Things you can do to help child grow and learn - 83, 9, 9 (%)* Breastfeeding - 88, 10, 1 (%) Issues related to food such as the introduction of solid foods - 91, 4, 5 (%) Importance of placing child on back - 95, 3, 2 (%) Issues related to childcare - 81, 10, 9 (%) WIC Program - 87, 11, 3 (%) 	 Things you can do to help child grow and learn - 85, 8, 7 (%)* Vitamins and foods your child should eat - 92, 2, 6 (%) Bed and naptime routines - 64, 2, 9 (%) Whether child sleeps with a bottle - 82, 13, 5 (%) Weaning your child from a bottle - 75, 18, 7(%) Weaning your child from breastfeeding - 47, 48, 5 (%) Issues related to childcare - 73, 15, 12 (%) WIC Program - 83, 13, 4 (%) 	 Things you can do to help child grow and learn - 76, 13, 11 (%)* Issues related to food and feeding - 79, 15, 6 (%) Bedtime routines and how many hours of sleep child needs - 58, 28, 16 (%) Issues related to childcare - 67, 18, 15 (%) WIC Program - 65, 27, 8 (%) 						
 Kinds of behaviors you can expect to see in child as he/she gets older - 81, 9, 10 (%)* Night waking and fussing - 79, 12, 9 (%) How child communicates his/her needs - 85, 7, 9 (%) What your child is able to understand - 71, 9, 21 (%) How your child responds to you and other caregivers - 79, 9, 12 (%) Importance of showing a picture book to or reading with your child - 83, 6, 11 (%) 	 Kinds of behaviors you can expect to see in child as he/she gets older - 78, 11, 11 (%)* Words and phrases child uses and understands - 72, 14, 14 (%) Night waking and fussing - 71, 19, 10 (%) How your child may start to explore away from you - 62, 15, 22 (%) Guidance and discipline techniques - 61, 18, 21 (%) Anticipatory guidance about toilet training - 31, 41, 28 (%) Importance of reading with child - 85,7, 8 (%) 	 Kinds of behaviors you can expect to see in child as he/she gets older - 71, 15, 14 (%)* Toilet training - 53, 29, 18 (%) Words and phrases child uses and understand - 71, 15, 15 (%) How child is learning to get along with other children - 58, 20, 21 (%) Guidance and discipline techniques - 59, 22, 19 (%) Importance of reading with child - 77 11, 11 (%) 						
 How to avoid burns to your child, such as changing the hot water temperature in your home - 75, 12, 13 (%)* Using a car seat - 94, 3, 3 (%) How to make your house safe - 86, 6, 8 (%) * The figures following each topic represent, respectively, the points of the	 What you should do if your child swallows certain kinds of poisons - 72, 5, 23 (%)* Using a car seat - 89, 7, 5 (%) How to make your house safe - 86, 6, 8 (%) 	 Ways to teach child about dangerous situations, places and objects - 54, 19, 26 (%)* Using a car seat - 74, 20, 6(%) How to make your house safe - 71, 17, 12 (%) What to do if your child swallows certain kinds of poisons - 67, 8, 25 (%) 						

wished we had talked about that OR Yes, but I still had questions.

**The data shown are based on data weighted to the population of continuously enrolled children in Medicaid.

MEASURE: ASSESSMENT OF THE FAMILY

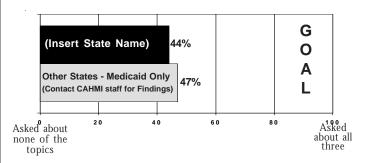
DESCRIPTION:

Parental well-being and the home environment are major determinants of the health and well-being of young children. National guidelines recommend that pediatric clinicians annually assess for the well-being of parents and safety within the family. Five items in the PHDS ask whether the child's doctors or other health care providers assess the parent and family for risks to the child's health.

OVERALL RESULTS

PSYCHOSOCIAL ISSUES/SAFETY TOPICS

- ✓ If the parent ever feels depressed, sad, or has crying spells
- ✓ Firearms in the home
- ✓ Changes or stressors in the home



Asked About All Topics

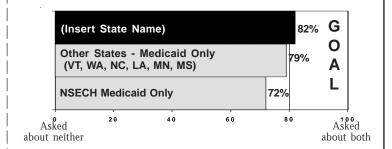
• 26% of parents report that their child's doctors or other health care providers asked about all three topics.

NOT Asked About Any Topic

 38% of parents report that their child's doctors or other health care providers did NOT ask about any of the three topics.

SMOKING/SUBSTANCE ABUSE TOPICS

- Smoking in the household
- ✓ Alcohol and other substance abuse in the household



Asked About Both Topics

 71% of parents report that their child's doctors or other health care providers asked about <u>both</u> topics.

NOT Asked About Either Topic

• 7% of parents report that their child's doctors or other health care providers did NOT ask about either topic.

ITEM-SPECIFIC FINDINGS

The percentage of parents reporting their child's doctors or other health care provider asked about the following topics in the last 12 months:

- If parent feels depressed, sad, or has crying spells 44%
- If there are firearms in the home 38%
- If parent has someone to turn to for emotional support 51%
- If someone in the household smokes 92%
- If someone in the household drinks alcohol or uses other substances 72%

RELATED ISSUES IN THE FAMILY

• **21**% of parents report experiencing symptoms of depression in the last 12 months.

Of this group, 44% were asked by their child's doctors or other health care providers if they have felt depressed, sad, or had experienced crying spells.

ADDRESSING PARENTAL CONCERNS

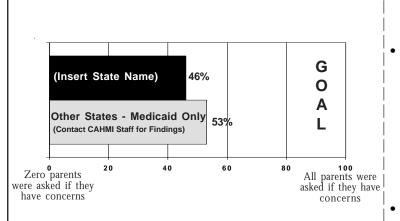
DESCRIPTION:

Research with health care providers and parents consistently finds that asking about and addressing parent concerns is one of the most important and valuable aspects of well-child care. Two items in the PHDS focus on addressing parent concerns:

- ✓ Whether their child's doctors or other health care providers asked the parent if he/she has concerns about the child's learning, development, or behavior.
- ✓ Whether parents with concerns received specific information to address those concerns.

Six items derived from the Parent's Evaluation of Developmental Status (PEDS)^{©*} are also included in the PHDS. These items ask parents about specific concerns they may have about their child's learning, development, or behavior.

OVERALL RESULTS



Parents With Concerns Who Are Asked About Their Concerns

61% of parents had one or more concerns about their child's learning, development, or behavior. Of this group, 45% of parents report that their child's doctors or other health care providers asked whether they had any concerns about their child.

Parents With Concerns Who Received Information to Address Their Concerns

37% of parents with concerns report that their child's doctors or other health care providers gave them specific information to address their concerns.

SPECIFIC PARENT CONCERNS

The following percentages of parents report having a specific concern in the following areas:

- How the child understands what parents say 21%
- How the child talks and makes speech sounds 31%
- How the child sees -18%
- How the child hears -19%
- How the child is behind others or can't do what other kids can - 22%
- How the child is learning to do things for himself/ herself - 17%
- How the child uses his or her arms and legs 14%
- How the child behaves 37%
- How the child gets along with others 32%
- How the child uses his or her hands and fingers to do things - 13%
- How the child is learning preschool or school skills - 28%

*Glascoe FP. Parents' Evaluation of Developmental Status. Nashville, TN: Ellsworth & Vandermeer Press, Ltd; 1998

FOLLOW-UP FOR CHILDREN AT-RISK

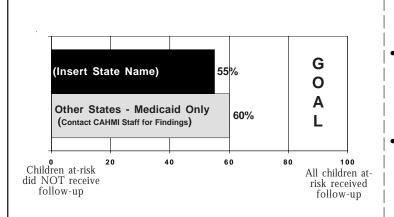
DESCRIPTION:

Parent concerns can be an indication of their child's risk for developmental, behavioral, or social delays. Adapted from the PEDS® manual*, an age- and concern-specific scoring algorithm was used to identify children at "at risk" for a developmental/behavioral delay based on parent responses to the PEDS items included in the PHDS.

The PHDS includes five items that can indicate whether children at risk for developmental/behavioral delays received follow-up care from the child's doctors or other health care providers:

- ✓ Tested the child's learning and behavior
- ✓ Referred the child to another doctor or health care provider
- ✓ Referred the child for speech-language or hearing testing
- ✓ Noted a concern about the child that should be watched
- ✓ Gave the parent advice about how to help the child

OVERALL RESULTS



Children Identified At-Risk

36% of parents noted concerns that indicate their child is at significant risk for developmental, behavioral, or social delays.

Children At-Risk Who Received Follow-Up Care

55% of children identified at significant risk for developmental/behavioral delays whose parents report that their child received some form of follow-up care.

LEVEL OF FOLLOW-UP RECEIVED FOR AT-RISK GROUP

Listed below are the percentages of parents whose children were identified as at-risk by the PEDS items reporting that their child's doctor or other health care providers did one or more of the follow-up actions:

- Tested their child's learning and behavior 29%
- \bullet Referred their child to another doctor or health care provider 32%
- \bullet Referred their child for speech-language or hearing testing 25%
- Noted a concern about their child that should be watched - 24%

*Glascoe FP. Parents' Evaluation of Developmental Status. Nashville, TN: Ellsworth & Vandermeer Press, Ltd; 1998

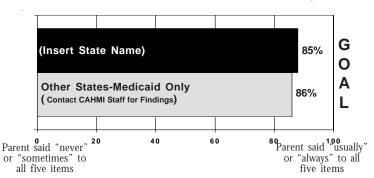
FAMILY-CENTERED CARE

DESCRIPTION:

Research demonstrates that a positive partnership with a child's doctors or other health care providers is one of the most important factors for ensuring parents get the information and support they need to promote the healthy development of their child. Five items in the PHDS assess the degree to which the care provided is family-centered by asking parents how often the child's doctor or other health care providers do the following:

- ✓ Respect the parent as an expert about their child
- ✓ Take time to understand the specific needs of the child
- ✓ Help the parent feel like a partner in their child's care
- ✓ Explain things in a way that the parent can understand
- ✓ Show respect for the family's values, customs, and how they prefer to raise their child

OVERALL RESULTS



- 64% of parents report "usually" or "always" to all of the family-centered care items.
- of parents report "never" or "sometimes" to one or more of the family-centered care items.

ITEM-LEVEL RESULTS

Percentage of parents reporting that their child's doctors and other health care providers "usually" or "always":

- Respect the parent as an expert about the child 82%
- Take the time to understand the specific needs of the child 77%
- Build confidence as a parent 82%

- Help the parent feel like a partner in their child's care 88%
- Explain things in a way the parent can understand 89%
- Understand how you and your family prefer to raise your child - 91%

~ABOUT THE SURVEY~

The Promoting Healthy Development Survey (PHDS) was created by the Child and Adolescent Health Measurement Initiative (CAHMI) while at FACCT-Foundation for Accountability. To date, over 40,000 PHDS surveys have been collected and analyzed. The PHDS has been proven to be a reliable and valid tool for measuring preventive and developmental care. For more information about this survey and other related activities, please visit CAHMI's Web site http://www.cahmi.org. A majority of the items in the PHDS were included in the National Survey of Early Childhood Health. This nationally representative survey was administered to parents of children 3 years old or younger.

~FOR MORE INFORMATION~

About Topics Measured in the PHDS:

- American Academy of Pediatrics Health Supervision Guidelines: http://www.aap.org
- Bright Futures Recommendations: brightfutures.aap.org/web/

About Related Quality Improvement Strategies:

- · National Initiative for Children's Healthcare Quality: www.nichq.org
- Zero to Three: www.zerotothree.org
- North Carolina Center for Children's Healthcare Improvement: www.ncchildhealth.org

Resources in (Insert State Name): Insert state-specific resources.

Next visit notes:

For more information:

For additional information about the topics in this pamphlet, please visit:

insert state-specific website info www.cahmi.org www.aap.org/family www.kidshealth.org/parent www.zerotothree.org/stt_parents.html Get the
Best
Health Care
for Your
Child . . .

be a know what to expect partnead be a partner and be a partner lin your child's health

in State X

Be a partner in your child's health care!

We asked 2,000 parents whose children's health care is paid for by State X, Dept of X to complete the PROMOTING HEALTHY DEVELOPMENT SURVEY. This survey gathered children's health care information from parents just like you with children 3 years old or younger.

Why?

Your child's health and health care are important to us and we want to learn where our efforts, and the efforts of health care providers, can improve. We want to make sure your child gets the health care he or she needs to stay healthy. We are giving you this information so that you can ask questions to make sure your child gets the care he or she deserves.

Well-child care is important

Well-child care is preventive health care provided when your child is not sick. Also known as a "check-up," or a "routine visit," well-child care is essential to keeping your child healthy.

Did you know?

A national study found that most children do not get the preventive services they need to stay healthy. In fact, less than 10% of children 3 years old and younger receive all of these important services.

National recommendations for helping children stay healthy say that primary care providers should give parents information, guidance, and support.

Know what to expect...

And be a partner!

The information in this pamphlet will help you learn how to get the most out of your child's well-visits. You can make a difference in your child's health care.

Your Child's Physical Needs

Areas of excellence:

Number of parents who talked with their child's health care provider about:

- Placing your child on his or her back to sleep
 9 out of 10
- Issues related to food 9 out of 10

Room for improvement:

Number of parents who did not talk with their child's doctor or other health care provider and wished they had talked about:

- Childcare issues 1 out of 10
- Bedtime routines 1 out of 10

Talk to your child's health care providers about:

- How to help your child learn and grow
- Vitamins and food your child should eat
- Feeding issues
- Bed- and nap-time routines and how many hours of sleep your child needs
- Issues related to childcare



Be a partner in your child's health care!

Your Child's Developmental Needs & Behavior

Areas of excellence:

Number of parents who talked with their child's health care provider about:

- Behaviors you can expect to see in your child
 9 out of 10
- The importance of reading to your child
 8 out of 10

Room for improvement:

Number of parents who did not talk with their child's doctor or other health care provider and wished they had talked about:

- Guidance and discipline techniques 1 out of 4
- Toilet training 1 out of 5

Talk to your child's health care providers about:

- Behaviors to expect from your child
- Words or phrases your child may use
- How often you should read to your child
- Toilet training
- Guidance and discipline techniques



Areas of excellence:

Number of parents who talked with their child's health care provider about:

- Car seat safety 8 out of 10
- House safety 8 out of 10

Room for improvement:

Number of parents who did not talk with their child's doctor or other health care provider and wished they had talked about:

- What to do if your child swallows something poisonous — 1 out of 4
- Teaching your toddler about dangerous situations, places, and objects — 1 out of 4

Talk to your child's health care providers about:

- o Safety in your home and car
- Poison prevention
- Teaching your child about dangerous situations, places, and objects

Do You Have Concerns about Your Child's Learning, Development, or Behavior?

Before your child's office visit, think about if you have these concerns:

- How your child talks and makes speech sounds
- How your child understands what you say
- o How your child uses his or her arms and legs
- How your child behaves or gets along with others

Voicing these concerns can help your child's health care provider assess your child's risk for learning, developmental, and behavioral delays.

Parents are often the first to notice delays in their child's growth and development. Voicing your concerns can help your child's health care providers identify issues early.

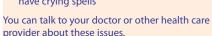


We Care about Your Entire Family!

Your child's doctor or other health care provider should ask about family issues that affect your child's health and well-being.

Your child's health care provider should ask:

- If anyone in your household smokes
- If anyone in your household abuses alcohol or other substances
- If you feel safe at home
- If you ever feel depressed, sad, or have crying spells









Child and Adolescent Health Measurement Initiative: Washington State Healthy Options

Promoting Healthy Development Survey (PHDS)

2000 Results

Washington State

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Introduction

Overview

This report presents the results from the 2000 fielding of the Promoting Healthy Development Survey (PHDS) to Washington State's Healthy Options Medicaid, Fee-For-Service, and Primary Care Case Management clients. The PHDS is intended to help providers, consumers, purchasers, and policymakers assess the degree to which health plans and practitioners provide recommended developmental services for children up to four years old. The PHDS was one of three surveys piloted as part of a national demonstration project through the Child and Adolescent Health Measurement Initiative, spearheaded by FACCT -- The Foundation for Accountability. Washington State Medical Assistance Administration was selected from among several agencies around the nation to participate in this statewide pilot project. The pilot included Washington State "Healthy Options" clients being served by nine managed care organizations as well as children receiving care through Washington Fee-For-Service and Primary Care Case Management programs.

FACCT, CAHMI, and the PHDS

FACCT is a not-for-profit organization dedicated to helping Americans make better health care decisions. To achieve this goal, FACCT creates tools that help people understand and use quality information, develops consumer-focused quality measures, advocates public education about health care quality, supports efforts to gather and provide quality information, and encourages health policy to empower and inform consumers.

The Child and Adolescent Health Measurement Initiative (CAHMI) is committed to improving the health of children and adolescents by ensuring that families, purchasers, policymakers and providers have relevant and actionable information about health care quality. The CAHMI, led by FACCT, was established in the Spring of 1998 as a collaboration including the National Committee for Quality Assurance, the American Academy of Pediatrics, Children Now, The Centers for Disease Control and Prevention, The Agency for Healthcare Research and Quality. More than 50 consumer organizations, policymakers, researchers, health care practitioners, health plans, and health care purchasers have participated in the CAHMI since May, 1998.

The PHDS quality measures were developed under the auspices of the CAHMI's Staying Healthy Task Force. The purpose of this task force was to identify or develop measures specifically focused on preventive care. The two areas of preventive care identified as most crucial were early childhood development and adolescent preventive counseling and screening. Because no quality measures focused specifically on preventive care for young children could be identified, FACCT developed and tested the PHDS to fill this need for quality information in this area.

The PHDS has undergone extensive cognitive testing, readability assessments, and has been translated into Spanish. Prior to the Washington project, the PHDS was fielded with three health plans in Maine.

Methodology Overview

The Promoting Healthy Development Survey was administered in Washington using a standardized mail administration protocol (for more detail, see Appendix B). A random sample of parents of children three months to four years old at the time the survey administration was selected. Children within this age range were eligible to be sampled if they had been continuously enrolled with Washington Medical Assistance Administration for 12 months as of 3/1/2000, allowing for a single one-month gap. If the child was younger than 12 months, then he/she was eligible to be sampled if he/she had been enrolled since the date of birth.

Statewide samples were taken from the managed care organizations and Fee-For-Service, plus a sample from PCCM clients. A total of 7,566 people were mailed the PHDS questionnaire in Washington State. If MAA records indicated the parent's primary language was Spanish, both the Spanish and English versions of the questionnaire and cover letters were sent.

Response Rate

Overall, 3,542 completed questionnaires were obtained, yielding a raw response rate of 46.8%. After removing undeliverable questionnaires (497), incorrect addresses (4), children who were not in the correct age range (52), and children who died (3), the adjusted response rate for the survey was 50.5%.

Characteristics of Respondents and Target Child

Respondent/Parent Characteristics: Washington State

The PHDS asked the respondent/parent to report their race/ethnicity, educational attainment, and age:

Washington State

Total number of respondents	3,513				
Race/Ethnicity of Respondent (Selected all that apply)	(%)				
White	63.2				
Black	3.8				
Hispanic	19.5				
Asian	3.2				
American Indian or Native American	3.3				
Native Hawaiian or Pacific Islander	0.9				
Other, or mixed race	6.1				
Education of Respondent					
Less than high school	20.2				
Age of Respondent					
24 years or younger	31.3				
25 to 34 years	48.6				
35 years or older	20.0				

Respondent/Parent Report of Child's Characteristics: Washington State

A target child was selected during the PHDS sampling process. Only one child was selected per parent, even if the parent had more than one child. The following table describes the children to whom the respondents referred when they filled out the PHDS questionnaire.

Washington State

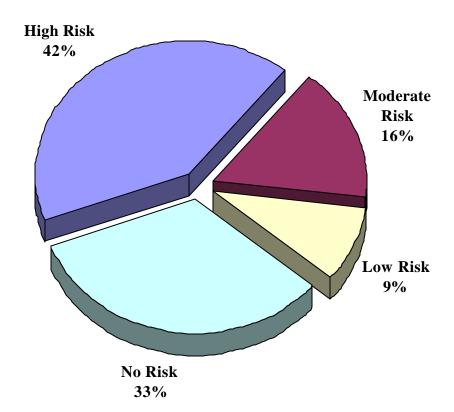
Total number of respondents	3,513				
Age of Child	(%)				
1 to 9 months	6.7				
10 to 18 months	11.7				
19 to 50 months	81.6				
Gender of Child					
Male	50.9				
Female	49.1				
Birth Order of Child					
First born child	40.3				

Child's Risk for Developmental or Behavioral Delays

Risk of Developmental or Behavioral Delays: Washington State

PHDS questionnaire items 13-15 can be used to identify children at risk for developmental and/or behavioral delays. These items are based on Dr. Frances Glascoe's parent-based risk assessment tool, the Parents' Evaluation of Developmental Status (PEDS®). Research using the PEDS® has shown that parents' concerns about specific aspects of their child's development and behavior at particular ages are fairly accurate predictors of their child's risk for developmental or behavioral problems later in life. Appendix D provides a detailed description of the scoring algorithm used to score parental responses to the PEDS® items into four risk groups of developmental and/or behavioral delays: 1) High Risk 2) Moderate Risk 3) Low Risk and 4) No Risk.

In Washington State, based on parental responses to items 13-15, the following percentages of children were identified as being at risk for developmental and/or behavioral delays.



High Risk: Child is at high risk for developmental or behavioral delays. Child should receive a developmental assessment, developmental promotion, parental guidance, and possible referral.

Moderate Risk: Child is at moderate risk for developmental or behavioral delays. Child should receive screening, developmental promotion, parental guidance, and observation.

Low Risk: Child is at low risk for developmental or behavioral delays. Parents most likely need behavioral guidance targeting their concerns.

No Risk: Child, based on parent's noted concerns, is at no risk for developmental or behavioral delays and should continue to receive routine monitoring through well-child visits.

Family / Parenting Activities

Family/Parenting Activities: Washington State

Included in the PHDS are items about family activities or parenting behaviors. These items were not included in any of the seven quality measures, but they can be useful for quality improvement and community assessment purposes.

Washington State

Total number of respondents	3,513
How many times in the past week did you show or read a book to your child?	(%)
Not at all, or once or twice	28.8
Several times or more	71.2
When laying your child down to sleep, in what position do you usually place your child? (Children aged 9 months or younger)	
On back	71.4
On stomach	5.5
On side	20.5
No special position	1.8
Other	0.9
Was your child breastfed for more than a month, less than a month, or not at all?	
Less than a month, or not at all	35.2
More than a month	64.8
Does anyone in your household smoke?	
Yes	35.1

Home Safety: Washington State

PHDS items 25-28 ask the respondents/parents if they have made four basic child-safety modifications to their home: put cleaning products out of reach, turned down the hot water heater's temperature, keep syrup of Ipecac in the home, and put up baby gates or other safety barriers.

Washington State

Total number of respondents	3,513
Percent responding "Yes, I have" to:	(%)
0 out of 4 questions	2.7
1 out of 4 questions	12.5
2 out of 4 questions	26.4
3 out of 4 questions	31.5
4 out of 4 questions	27.0

Quality Measures

Please visit FACCT's web site (<u>www.facct.org</u>) for more information regarding development of the PHDS quality measures.

Quality Measures: Description

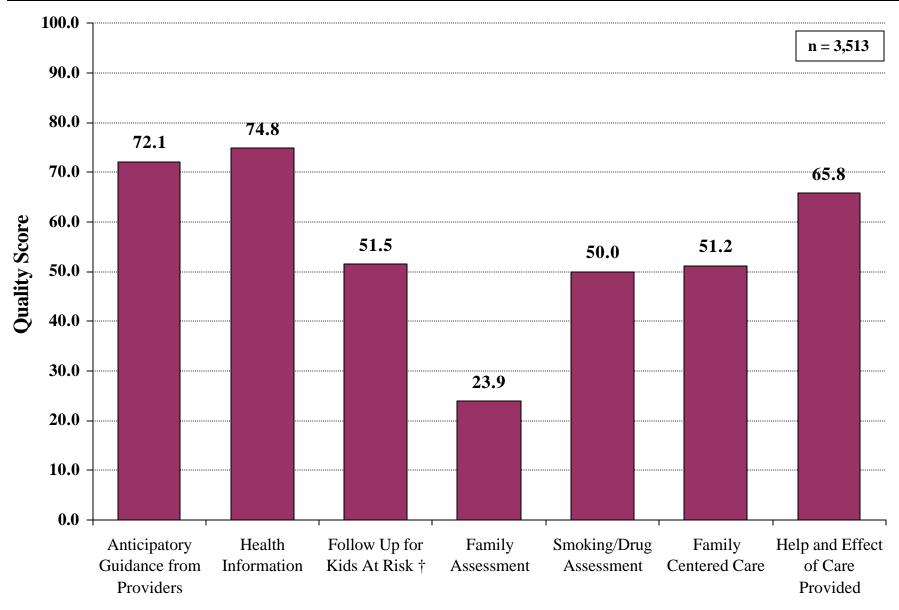
Responses from the Promoting Healthy Development Survey (PHDS) are used to create seven quality measures (see Appendix C for a detailed list of the survey items in each quality measure):

Description of Quality Measure	Numerator & Denominator for the Quality Measure	Scoring Used		
Quality Measure #1: Anticipatory guidance and parental educa	tion from doctor or other health provider			
All Respondents Items (3a-h): Talking with provider(s) or otherwise having needed information about: child's growth and development, behaviors to expect, physically caring for the child, reading and playing with child and helping child grow and learn, making house and car safe and preventing child from injury. Age Specific Items: 1-9 Months (5.1a-e, 5.2a-e): Talk/get information about: breastfeeding, issues related to food and feeding, sleeping positions and sleep area, night waking and fussing, child's responses and communication, how to avoid burns, reading a book with the child. 10-18 Months (6.1a-f, 6.2a-f): Talk/get information about: nutrition, sleeping/napping, preventing bottlemouth, child's communication, child's independence, guidance and discipline techniques, Syrup of Ipecac, toilet training, reading with the child. 19-48 Months (7.1a-f, 7.2a-e): Talk/get information about: nutrition and eating habits, child's social interactions and communication skills, child's independence, guidance and limit setting, Syrup of Ipecac and other safety issues, toilet training, and reading with the child.	Numerator: Sum of the score for each eligible, individual survey respondent who reported that their child had seen a doctor or other health provider in the last 12 months. Individual scores are calculated as the sum of the scores for question 3 and to the age specific questions divided by the number of items answered. Denominator: All survey respondents who report that their child has seen a doctor or other health provider in the last 12 months.	✓ Mean score on multi-item scale. Points obtained for each response: Yes, and all my questions were answered: 100 pts. Yes, but my questions were not answered: 25 pts. No, but I wish we had discussed: 0 pts. No, but I got my information from other resources and did not need to discuss it any further: 75 pts.		
Quality Measure #2: Health information				
<u>Items 12a-d</u> : Information provided outside/inside the doctor's or other health provider's office (mail, in clinic pamphlets, videos, etc) on: safety tips, health care utilization tips, childcare tips, child development.	Numerator: Sum of the score for each respondent. Individual scores are calculated as the sum of the scores for each individual item divided by the number of items answered. Denominator: All survey respondents.	 ✓ Average proportion answering "yes" to the four items. Points obtained for each response: Yes: 100 pts. No: 0 pts. 		

Description of Quality Measure	Numerator & Denominator for the	Scoring Used						
	Quality Measure	scoring escu						
Quality Measure #3: Follow up for children with an indication of risk for developmental problems								
Items 13a-d, 14a-d, 15a-c used to classify children as having and indication of risk. Follow up items (20a-e) indicate whether some type of appropriate follow up occurred. Follow up items include testing of child's learning and behavior, referral to specialist, whether a doctor or other health provider noted a concern, and whether a doctor or other health provider gave advice to the parent to address his/her concern.	Numerator: Number of respondents identified as at high/moderate risk who received follow-up. Denominator: Number of parents whose children are identified as high or moderate risk.	✓ Proportion identified as high/moderate risk that received some form of appropriate follow up. (Risk specific scoring algorithm used for question 20) Points obtained for each response: High Risk: 100 pts if answered "Yes" to 20a, 20b, or 20d. Moderate Risk: 100 pts if answered "Yes" to 20a, 20b, 20c, 20d, or 20e.						
Quality Measure #4: Assessment of well-being of parent(s) and s	safety within the family							
<u>Items 21a-b, 21e, 22a-e</u> : Provider(s) talks with parent about: depression, sadness, childhood experiences, feeling safe at home, support and stress in life, firearms, parenting along with other demands	Numerator: Sum of the score for each eligible, individual survey respondent. Individual scores are calculated as the sum of the scores for items 21a-b, 17e, 22a-e divided by the number of items answered. Denominator: All survey respondents.	✓ Average proportion answering "yes" to each survey item. Points obtained for each response: Yes: 100 pts. No: 0 pts.						
Quality Measure #5: Assessment of smoking and drug use in the	e family							
Items 21c-d: Provider(s) asks parent about smoking and drug use.	Numerator: Sum of the score for each eligible, individual survey respondent. Individual scores are calculated as the sum of the scores for items 21c-d divided by two. Denominator: All survey respondents.	✓ Average proportion answering "yes" to each survey item. Points obtained for each response: Yes: 100 pts. No: 0 pts.						

Description of Quality Measure	Numerator & Denominator for the Quality Measure	Scoring Used						
Quality Measure #6: Family centered care (Communication and relationship with providers)								
Items 8a-d, 9a-f: Parent reports that provider(s) takes time to understand unique qualities and needs of child and family, respects and builds confidence in parent, asks about responds to parent's feelings, concerns and preferences, and shares about resources that may help the child, parent and/or family.	Numerator: Sum of the score for each eligible, individual survey respondent who reported that their child had seen a doctor or other health provider in the last 12 months. Individual scores are calculated as the sum of the scores for 8a-d, 9a-f divided by the number of items answered. Denominator: All survey respondents who report that their child has seen a doctor or other health provider in the last 12 months.	Points obtained for each response: Never: 0 pts. Sometimes: 33 pts. Usually: 67 pts. Always: 100 pts.						
Quality Measure #7: Helpfulness and effect of anticipatory guid	ance and counseling on confidence as a par	ent						
Item 10a-d, 11a-d: Family report of helpfulness of guidance, counseling and education. Reported increase/decrease in confidence in certain parenting actions because of information or counseling obtained from a doctor or other health provider.	Numerator: Sum of the score for each eligible, individual survey respondent who reported that their child had seen a doctor or other health provider in the last 12 months. Individual scores are calculated as the sum of the scores for survey items 10a-d, 11a-d divided by the number of survey items answered. Denominator: All survey respondents who report that their child has seen a doctor or other health provider in the last 12 months.	Points obtained for each response: Not all Helpful: 0 pts. Somewhat Helpful: 33 pts. Helpful: 67 pts. Very Helpful: 100 pts. We do not discuss: Coded as Missing I feel a lot more confident: 100 pts. I feel a little more confident: 67 pts. I do not feel more or less confident: 33 pts. I feel less confident: 0 pts.						

Quality Measures (0 to 100 Scale): Washington State



† n = 2,012

Quality Measures (0 to 100 Scale) by County

Quality measures for counties with more than 100 respondents to the PHD Survey are shown below:

PHDS Quality Measure	Clark County n=530	Cowlitz County n=104	King County n=513	Pierce County n=334	Skagit County n=167	Snohomish County n=205	Spokane County n=301	Whatcom County n=220	Yakima County n=232	Significance of Variation Among Counties
Anticipatory Guidance and Education from Providers	68.2	74.0	72.5	71.5	79.9	73.5	69.8	75.7	71.0	F = 4.74 (p = .000)
2. Health Information	67.6	79.8	77.9	76.2	80.3	74.1	72.0	77.5	73.7	F = 4.74 (p = .000)
3. Follow Up for Kids At Risk for Behavioral/ Developmental Problems	44.3% (n=309)	54.2% (n=59)	56.2% (n=306)	49.7% (n=191)	61.5% (n=91)	50.4% (n=125)	57.2% (n=173)	54.6% (n=108)	41.8% (n=141)	$X^2 = 21.2$ (p = .007)
4. Family Assessment	18.5	20.0	27.7	22.4	32.4	25.4	17.9	24.9	29.5	F = 8.91 (p = .000)
5. Smoking/Drug Assessment	53.2	50.0	49.4	51.2	56.6	51.0	44.5	46.6	50.6	F = 1.85 (p = .064)
6. Family Centered Care	44.9	49.9	52.7	51.2	61.4	52.5	49.3	52.7	50.5	F = 7.75 (p = .000)
7. Help and Effect of Care Provided	59.5	62.7	68.0	64.4	74.8	66.3	61.6	64.8	70.9	F = 9.75 (p = .000)

Quality Measures (0 to 100 Scale) by Plan

PHDS Quality Measure	AUSH n=289	CHPW n=346	CUP n=299	GHC n=363	KFHP n=301	MLNA n=367	NWMB n=401	PBC n=369	RBS n=386	PCCM n=70	FFS n=311	Significance of Variation among Plans
Anticipatory Guidance and Education from Providers	71.6	74.6	69.2	68.9	68.4	70.7	76.9	70.8	71.4	76.9	76.5	F =4.8 (p = .00)
2. Health Information	75.5	78.9	68.8	72.6	68.1	74.1	78.6	74.4	73.1	83.6	80.8	F =4.7 (p = .00)
3. Follow Up for Kids At Risk for Behavioral/ Developmental Problems	53.8% (n=160)	47.6% (n=231)	55.4% (n=175)	59.5% (n=210)	34.5% (n=168)	48.1% (n=212)	59.3% (n=204)	48.9% (n=223)	52.9% (n=208)	42.5% (n=40)	56.4% (n=181)	$X^2 = 37.3$ (p = .00)
4. Family Assessment	20.0	34.6	19.4	21.0	17.2	21.4	26.3	21.2	24.6	33.0	30.4	F =11.8 (p = .00)
5. Smoking/Drug Assessment	43.1	57.7	45.3	54.3	59.5	44.6	50.3	43.3	47.1	65.9	53.2	F = 7.3 (p = .00)
6. Family Centered Care	47.4	57.4	44.7	48.7	46.1	50.1	55.9	50.2	50.9	60.2	56.8	F =9.8 (p = .00)
7. Help and Effect of Care Provided	63.8	74.5	59.5	60.6	59.9	65.0	68.5	65.3	66.1	72.1	72.2	F =12.6 (p = .00)

Health plan abbreviations:

AUSH = Aetna US Healthcare of Washington

CHPW = Community Health Plan of Washington

CUP = Columbia United Providers

GHC = Group Health Cooperative

KFHP = Kaiser Family Health Plan

MLNA = Molina Healthcare of Washington, Inc.

NWMB = Northwest Washington Medical Bureau

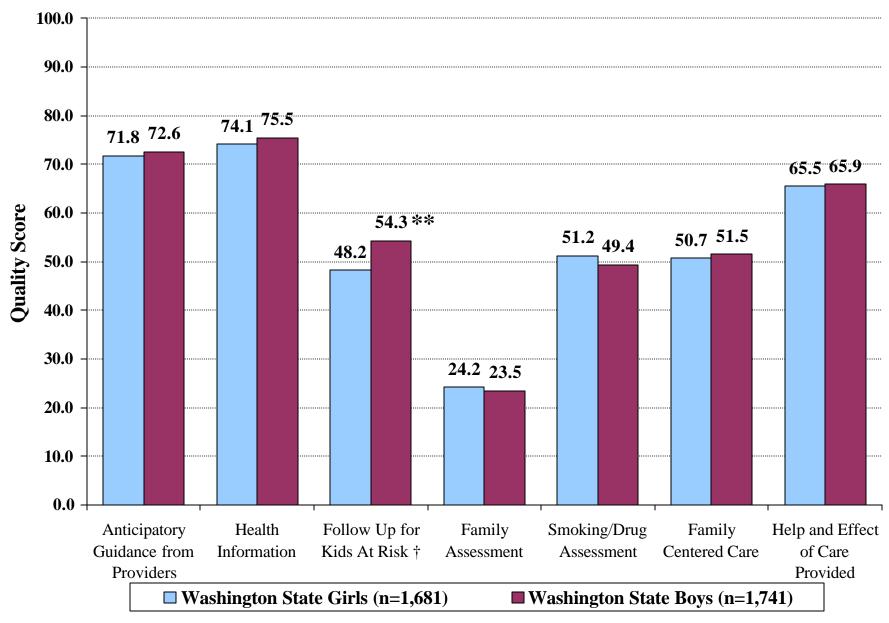
PBC = Premera Blue Cross

RBS = Regence Blue Shield

PCCM = Primary Care Case Management

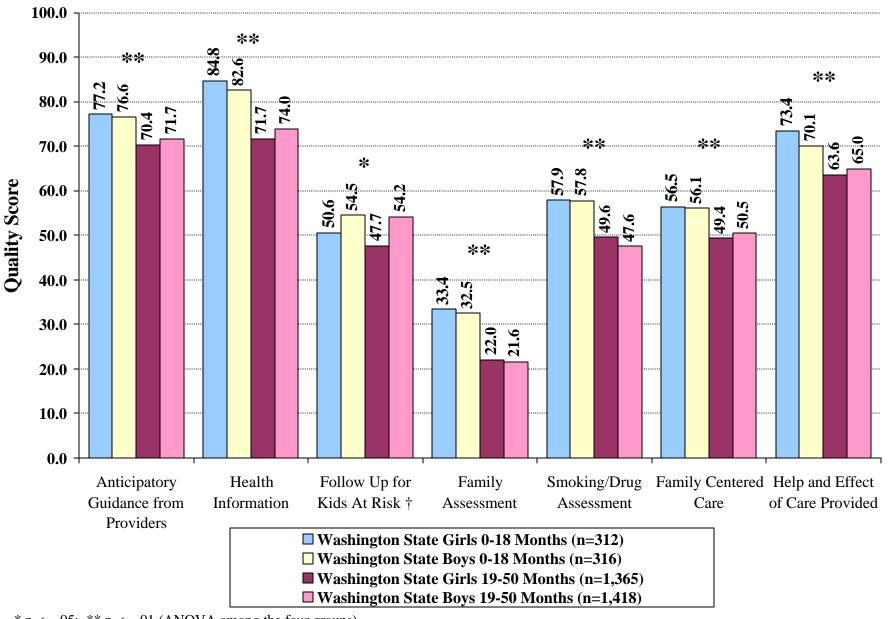
FFS = Fee-For-Service

Quality Measures (0 to 100 Scale) by Gender of Child: Washington State



^{*} p <= .05; ** p <= .01; † Girls n=905, Boys n=1,041

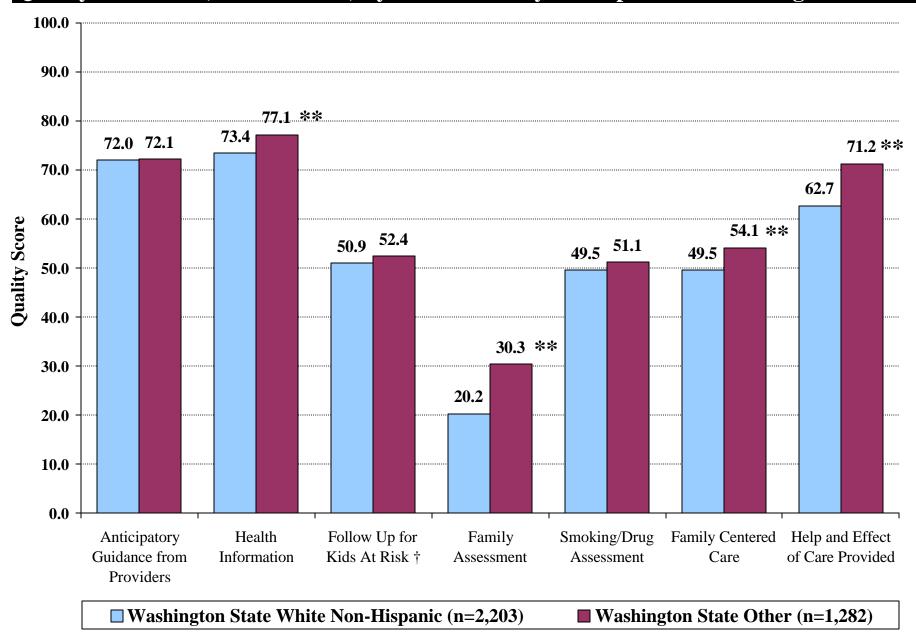
Quality Measures (0 to 100 Scale) by Age and Gender of Child: Washington State



^{*} $p \le .05$; ** $p \le .01$ (ANOVA among the four groups)

[†] Girls 0-18 n=160, Boys 0-18 n=176, Girls 19-50 n=745, Boys 19-50 n=865

Quality Measures (0 to 100 Scale) by Race/Ethnicity of Respondent: Washington State



^{*} p <= .05; ** p <= .01; † White Non-Hispanic n=1,265, Other n=735

Quality Improvement Opportunities

Questionnaire items receiving highest quality of care ratings

Questionnaire items receiving lowest quality of care ratings

Talk about guidance and limit setting techniques (28.9%)

highest quality of care ratings	<u>lowest</u> quality of care ratings				
Measure 1: Anticipatory Guidance and Education from Providers—All Ages					
(Percentage saying "yes, all questions answered")	(Percentage saying "no, but I wish we had discussed that")				
• Talk about your child's growth and development (81.6%)	• Talk about things to do to help your child grow and learn (16.5%)				
• Talk about kinds of behaviors to expect to see in your child (62%)	• Talk about kinds of behaviors to expect to see in your child (15.4%)				
Measure 1: Anticipatory Guidance and Education from Providers—0-9 Months					
(Percentage saying "yes, all questions answered")	(Percentage saying "no, but I wish we had discussed that")				
• Talk about issues related to food and feeding (83.5%)	• Talk about what your child is able to understand (22.4%)				
• Talk about the importance of placing your child on his or her back when going to sleep (80.2%)	• Talk about how your child responds to you, other adults, and caregivers (18.0%)				
Measure 1: Anticipatory Guidance and Education from Providers—10-18 Months					
(Percentage saying "yes, all questions answered")	(Percentage saying "no, but I wish we had discussed that")				
• Talk about vitamins and foods your child should eat (66.9%)	• Talk about the use of Syrup of Ipecac if your child swallows some poison (34.2%)				
• Talk about sleeping with a bottle (64.0%)	• Talk about toilet training (33.0%)				
Measure 1: Anticipatory Guidance and Education from Providers—19-50 Months					
(Percentage saying "yes, all questions answered")	(Percentage saying "no, but I wish we had discussed that")				
• Talk about issues related to food and feeding (54.4%)	• Talk about the use of Syrup of Ipecac if your child swallows some poison (32.9%)				

Talk about words or phrases your child uses and understands (43.7%)

Questionnaire items receiving<a href="https://doi.org/10.2007/j.jup/1

Questionnaire items receiving lowest quality of care ratings

Measures 4 and 5: Family Psychosocial Assessment							
(Percentage saying "yes" doctor/other provider did ask)			(Percentage saying "no" doctor/other provider did not ask)				
• Whether anyone in your family smokes (63.6%)		•	How your own childhood experiences may impact your relationship with your child (91.3%)				
• If a family member uses alcohol or othe (36.6%)	er drugs or substance excessively	•	If you have firearms in the your home (81.3%)				
	Measure 6: Family Centered Care						
(Percentage saying doctors/other	providers "always" do this)		(Percentage saying doctors/other providers "never" do this)				
Respect that you are the expert on your	child (51.8%)	•	Talk about childcare arrangements (61.3%)				
• Builds confidence as a parent (51.2%)		•	Talk to you about issues in your community that may affect your child's health and development (59.6%)				

Parents' Concerns: Washington State

Items 13-15 of the PHDS ask about specific concerns parents may currently have about their child's growth, development, and behavior. The top five concerns about child development and behavior reported by Washington State parents of children aged 1 to 50 months old are:

Percentage of parents who said they are "a lot" or "a little" concerned about this

✓	How their child <u>behaves</u>	44.8 %
✓	Their child's learning, development, or behavior	43.4 %
✓	How their child gets along with others	37.7 %
✓	How their child talks and makes speech sounds	36.4 %
✓	How their child is learning pre-school skills	32.8 %

Providers' Response to Parents' Concerns: Washington State

Overall, a large number of parents with numerous concerns (items 13-15) are not having their needs for information and guidance met. As can be seen from the tables below, many parents are not asked if they have concerns about their child's learning, development, and behavior. In addition, many of the parents who noted in items 13-15 that they have concerns about their child did <u>not</u> receive information to address these concerns.

In the last 12 months, did your child's doctors or other health providers <u>ask about your concerns</u> related to your child's learning, development, and behavior?

Parents with 4 or more concerns

Parents with 1 to 3 concerns

Parents without concerns

Yes	No	I Don't Remember
44.8 %	39.1 %	16.1 %
49.4 %	33.7 %	16.9 %
52.7 %	35.2 %	12.1 %

(Of parents with concerns (items 13-15)) In the last 12 months, did your child's doctors or other health providers give you specific information to address your concerns?

Parents with 4 or more concerns

Parents with 1 to 3 concerns

Yes	No	I Don't Remember
45.5 %	38.1 %	16.4 %
61.3 %	25.1 %	13.6 %

Children with Special Health Care Needs: Washington State

The Promoting Healthy Development Survey includes five questions to identify children with special health care needs. Termed the "CAHMI/CSHCN screener," this tool uses consequences-based criteria to screen returned PHDS questionnaires for children with special health care needs. The screener consists of PHD survey items 32-36. To qualify as having a special health care need, the following set of conditions must be met:

- The child currently experiences a specific consequence.
- The consequence is due to a medical or other health condition.
- The duration or expected duration of the condition is 12 months or longer.

The first part of each screener question asks whether a child experiences one of five different health consequences:

- 1) Use or need of prescription medication (Question 32)
- 2) Above average use or need of medical, mental health or educational services (Question 33)
- 3) Functional limitations compared with others of same age (Question 34)
- 4) Use or need of specialized therapies (Occupational Therapy, Physical Therapy, speech, etc.) (Question 35)
- 5) Treatment or counseling for emotional, behavioral or developmental problems (Question 36)

The second and third parts (screener question #36 has only 2 parts) of each screener question ask those responding "yes" to the first part of the question whether the consequence is due to any kind of health condition and if so, whether that condition has lasted or is expected to last for at least 12 months. All three parts of at least one screener question (or in the case of question 36, the two parts) must be answered "yes" in order for a child to meet CSHCN screening tool criteria for having a special health care need.

In the Washington State PHDS sample, 11.6% of the children were identified as having special health care needs. Overall quality measure scores between these children and children without special health care needs were similar within and across counties. However, some disparity and room for improvement is evident in the area of "Anticipatory Guidance":

	Children with SHCN (n=384)	Children without SHCN (n=2,936)
Quality Measure #1: Getting needed anticipatory guidance and education from doctor or other health provider	67.3	72.8 **
* p <= .05; ** p <= .01		

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Appendix A: Background on the Promoting Healthy Development Survey

The Promoting Healthy Development Survey was developed under the auspices of the Child and Adolescent Health Measurement Initiative's (CAHMI) Staying Healthy Task Force. The development of the Promoting Healthy Development Survey has been largely funded by FACCT—The Foundation for Accountability through grant support from The David and Lucile Packard Foundation and The Commonwealth Fund. The Promoting Healthy Development Survey is formally endorsed by the Advisory Committee of the Child and Adolescent Health Measurement Initiative (CAHMAC).

The Child and Adolescent Health Measurement Initiative was founded in May of 1998 as a collaborative effort between FACCT and the National Committee for Quality Assurance (NCQA). The purpose of the CAHMI is to develop strategies and methods for both measuring and communicating the quality of child and adolescent health care provided by health care system, including health plans and provider groups. Three measurement task forces have focused on developing health plan quality measures in the following consumer-relevant quality categories: (1) Staying Healthy (2) Getting Better and (3) Living with Illness. These task forces also considered how such measures could be used for quality improvement, community-wide assessment and medical group evaluation.

The following individuals have provided substantial and ongoing input regarding the development and testing of the Promoting Healthy Development sampling strategy, survey items and measures:

Kathryn Taaffe McLearn PhD, The Commonwealth Fund Edward Schor, MD, Iowa Department of Public Health Jessica Reich, Children Now Margo Kaplan-Sanoff, EdD, Boston Medical Center Peter Gorski, MD, MPA, Massachusetts Caring for Children Foundation Frances Glascoe, PhD, Vanderbilt University Jan Hanson, PHD, Institute for Family Centered Care (prev.) Neal Halfon, MD, MPH, UCLA School of Medicine and Public Health James Cameron, PhD, Preventive Ounce Steve Black, MD, Permanente Medical Group, Inc. Barbara Yawn, MD, Olmsted Medical Center

Christina Bethell, PhD, Senior Vice President at FACCT-The Foundation for Accountability, is Director of the CAHMI and principle investigator for the development and testing of the Promoting Healthy Development Survey. Colleen Peck, MS served as the research associate for the Promoting Healthy Development Survey. Debbie Levy provided administrative and research assistance.

Appendix B: Summary Methodology

Sampling Methodology

The Promoting Healthy Development Survey was administered in Washington using a standardized mail administration protocol. A random sample of parents of children three months to four years old at the time the survey administration was selected. Children within this age range were eligible to be sampled if they had been continuously enrolled with Washington Medical Assistance Administration for 12 months as of 3/1/2000, allowing for a single one-month gap. If the child was younger than 12 months, then he/she was eligible to be sampled if he/she had been enrolled since the date of birth.

Statewide samples were taken from the managed care organizations and Fee-For-Service, plus a sample from PCCM clients. A total of 7,566 people were mailed the PHDS questionnaire in Washington State. If MAA records indicated the parent's primary language was Spanish, both the Spanish and English versions of the questionnaire and cover letters were sent.

Administration Protocol

The protocol for conducting the survey was as follows:

Activity	Date
Pre-notification letter sent to all survey participants	April 12
Initial questionnaire sent to all survey participants	April 19-25
Reminder postcard sent to non-respondents	May 2
Second copy of questionnaire sent to non-respondents	May 17
Reminder postcard sent to non-respondents	May 23
End of data collection	June 14

Response Rate

Overall, 3,542 completed questionnaires were obtained, yielding a raw response rate of 46.8%. After removing undeliverable questionnaires (497), incorrect addresses (4), children who were not in the correct age range (52), and children who died (3), the adjusted response rate for the survey was 50.5%.

Notes on Significance Testing

Statistics in this report are of two kinds primarily: a) percentages or counts, and b) means. Statistical significance testing of percentages is accomplished using the *chi-square test*. The chi-square test examines tallies within each of the mutually exclusive categories in question and tests whether or not these patterns are likely the result of chance. If the chi-square test indicates that we can be at least 95% certain the patterns observed are not due to simple random variation, then we conclude there is a statistically significant result.

Statistical significance testing of means is accomplished using the *Analysis of Variance* (ANOVA). Similar to the chi-square test, the ANOVA examines means for each of the groups in question and tests whether or not these patterns are likely the result of chance. If the ANOVA indicates that we can be at least 95% certain the patterns observed are not due to simple random variation, then we conclude there is a statistically significant result.

When conducting significance tests, it is important to consider the sample sizes of the groups being compared. The greater the sample size, the better the sample statistic represents the true population value (assuming the sample was selected randomly from that population). Another way to phrase this is that the accuracy of the estimate increases as the sample size increases. This means that differences that are not statistically significant using sample sizes of 20 may turn out to be statistically significant if those samples were increased to 100. The inverse of this also is true: statistically significant differences using large sample sizes may not be significant if the samples were very small. Above all, the reader must evaluate the practical importance of the statistics and of any group differences reported.

Roles of the Organizations

FACCT – The Foundation for Accountability. FACCT spearheaded the development and testing of the PHDS, under the auspices of the national Child and Adolescent Health Measurement Initiative. FACCT provided the survey materials and analyzed the resulting data. FACCT provided hands-on consultation and technical assistance to Washington Medical Assistance Administration (MAA) and its subcontractors during administration of the PHDS. FACCT also provided MAA with grant funding to serve as a national pilot site for the PHDS.

Washington Medical Assistance Administration (MAA). MAA oversaw the statewide study and provided the survey population. MAA played a key role in fostering interest and buy-in among the key stakeholders and the managed care organizations in Washington.

Oregon Medical Peer Review Organization (OMPRO). OMPRO coordinated the survey administration. They hired the survey subcontractor, cleansed and transmitted survey data, and oversaw the survey operations.

Washington State University, Social and Economic Sciences Research Center (SESRC). SESRC was responsible for actual survey administration.

Appendix C: PHDS Items Scored in Quality Measures

Response Choice Options:

- A) Yes, and all my questions were answered; Yes but my questions were not answered completely; No, but I wish we had discussed; No, but I already had information about this topic and did not need to discuss it any more
- B) Yes: No
- C) Never; Sometimes; Usually; Always
- D) Very Helpful; Helpful; Somewhat Helpful; Not at all Helpful; We did not discuss
- E) I feel a lot more confident; I feel a little more confident; I do not feel more or less confident; I feel less confident

PV1: Anticipatory Guidance and Education from Health Care Providers

In the last 12 months did your child's doctors or other health providers talk with you about the following: (Response Choice A)

- 3a: Your child's growth and development
- 3b: The kinds of behaviors you can expect to see in your child
- 3c:How to dress, bathe, and feed you child
- 3d:Things you can do to help your child grow and learn
- 3e:The importance of talking to, reading to, and playing with your child.
- 3f: Ways to keep your child from being injured
- 3g: How to make your house safe
- 3g: How to make your car safe (e.g. car seats)
- 5.1a: Breast feeding
- 5.1b: Issues related to food and feeding (such as the introduction of solid food)
- 5.1c: The importance of placing your child on his or her back when going to sleep
- 5.1d: Where your child sleeps (such as the location and type of crib, whether there are stuffed animals in the crib, etc)
- 5.1e: Night waking and fussing
- 5.2a: How your child responds to you, other adults, and caregivers
- 5.2b: How your child communicates his or her needs
- 5.2c: What your child is able to understand
- 5.2d: How to avoid burns, such as changing the hot water temperature in your home
- 5.2e: The importance of showing a picture book and reading to your child.

- 6.1a: Vitamins and foods your child should eat
- 6.1b: Your child's bed and nap time routine
- 6.1c: The words or phrases your child uses and understands
- 6.1d: Night waking and fussing
- 6.1e: Sleeping with the bottle
- 6.1f: Weaning your child from a bottle
- 6.2a: How your child may start to explore away from you
- 6.2b: How your child "gets into things"
- 6.2c: Guidance and limit setting techniques to use with your child
- 6.2d: Toilet training
- 6.2e: The use of Syrup of Ipecac if your child swallows some poison
- 6.2f: The importance of reading with your child
- 7.1a: Issues related to food and feeding
- 7.1b: Bed time routing and how many hours of sleep your child needs
- 7.1c: Things your child may start to do for himself or herself, like washing or dressing
- 7.1d: Toilet training
- 7.1e: The words or phrases your child uses and understands
- 7.1f: How your child is learning to get along with other children (For example: at home, in play groups, at day care, or pre-school)
- 7.2a: How well your child follows directions
- 7.2b: Guidance and limit setting techniques to use with your child
- 7.2c: Ways to teach your child about dangerous situations (such as electrical sockets, the stove, hot water, pools, and the street)
- 7.2d: The use of Syrup of Ipecac if your child swallows some poison
- 7.2e: The importance of reading with your child

PV2: Information from the Health Plan

In the last 12 months did you see or read information about: (*Response Choice B*)

11a: Safety Tips: How to make your house and car safe for your child (For example: information about lead poisoning or car seats) 11b: Health Care Tips: When and how often your child should see the doctor, immunization reminders, information on other health care services available for your child

11c: Child Care Tips: Information about caring for your child 11d: Developmental Information: Information about your child's development

PV3: Follow Up for Children at Risk for Developmental Delays

Did your child's doctors or other health providers ever: (*Response Choice B*)

20a: Make a referral to another doctor or other health provider

20b: Test your child's learning and behavior

20c: Note a concern that should be watched carefully

20d: Make a referral for speech-language or hearing testing

16e: Give you advice about how to help your child

PV4: Assessment of Family Well Being and Safety

In the last 12 months, have your child's doctors or other health providers asked you: (*Response Choice B*)

21a: If you ever felt depressed, sad, or had crying spells

21b: To discuss your own childhood experiences with him or her and how they relate to your interaction with your child

21e: If you felt safe at home

22a: If you have someone to turn to for emotional support

22b: To talk about any changes or new stressors in your family or home

22c: If you had firearms in your home

22d: How parenting works into your daily activities and future plans

22e: To discuss how your and your family are enjoying raising your child

PV5: Assessment of Smoking and Substance Abuse in the Family

In the last 12 months, have your child's doctors or other health providers asked you: (*Response Choice B*)

22c: If a family member of the child smokes

22d: If a family member uses alcohol or other drugs or substances excessively

PV6: Family Centered Care: Communication and Experience of Care

In the last 12 months how often did your child's doctors or other health providers: (*Response Choice C*)

8a: Take time to understand the specific needs of your child

8b: Respect you as an expert on your child

8c: Build your confidence as a parent

8d: Ask you about how you are feeling as a parent

9a: Give you specific information to address any questions you may have about your child.

9b: Understand your family and how your prefer to raise your child

9d: Talk to you about the WIC program, a nutrition and health program for Woman, Infants, and Children. (Benefits include food, vouchers for food, healthcare referrals, and nutrition education)

9e: Talk to you about resources that are available to support you (parent support groups, childcare, alternative health care)
9f: Talk to you about issues in your community that may affect your child's health and development (such as lead poisoning, pool safety, community violence, gun safety, or window guards)

PV7: Helpfulness and Effect of Care Provided

In the last 12 months, how helpful were your discussions with your child's doctors or other health providers in: (*Response Choice D*)

10a: Helping you understand your child's behavior

10b: Helping you learn to meet your own needs while caring for your child

10c: Learning how to protect your child from injuries

10d: Giving you information you needed when you needed it.

Overall, how much more or less confident do you feel in doing the following things because of the information or guidance you received from your child's doctors or other health providers: (Response Choice E)

11a: Managing your parenting responsibilities

11b: Protecting your child from injuries and accidents

11c: Doing things for your child to help him or her grow and learn such as reading and talking to your child.

11d: Addressing any special concerns you have about your child's development and behavior and how you can help your child grow and learn.

Appendix D: The Parental Evaluation of Developmental Status (PEDS®)

Overview

The PEDS® instrument identifies 74-80% of children ages 0-8 years old with developmental disabilities and identifies 70-80% of children without disabilities. Approximately 90% of parents can complete PEDS® independently, having been standardized on 971 families from various backgrounds, including varied ethnicity, income and educational levels and at a reading grade of fifth grade.

High Risk: About one in ten parents will have two or more significant concerns-concerns that are predictive of disabilities. Children who fall into the high-risk category are <u>twenty times</u> more likely to have disabilities than children for whom there are no concerns. Further research has shown that this indicates that 50% of children indicated with high risk have disabilities and an additional 20% perform well below average in areas critical to school success. Therefore, seventy percent of children identified as high risk will be disabled or below average. The positive predicative value for high risk children identified via the PEDS® is 52%. The odds of disabilities are 20.1 with a value less than .0001.

Moderate Risk: About two in ten parents will have only one of the concerns shown to be significant predictors of problems. These children are <u>eight times</u> more likely to have disabilities than children form whom there are no significant concerns. One in three children whose parents have a significant concern will found, upon further testing, to have a disability. Therefore, 46% of children identified as moderate risk will be either disabled or below average. The positive predicative value for moderate risk children identified via the PEDS[®] is 28%. The odds of a disability are 7.6 with p value less than .0001.

Key notes regarding sampling and survey administration of the PEDS®:

Difference based on **Income**: There were significant differences in the overall frequency of parent's concerns on the basis of the parent's income. Low-income parent had an average of 1.5 concerns while higher income parents had an average of 1.2 concerns. Further, low-income parents had significantly more concerns about several specific areas of children's development, all of which were significant, even after controlling for children's age. On the other hand, there were no significant differences between gender, birth order, and number of children, marital status, and educational levels.

PEDS® Scoring Algorithm

The PEDS® has an age and concern specific scoring algorithm. The following table describes the scoring algorithm used to identify children as high, moderate, low, and no risk of developmental/behavioral delays. Overall, there are three age-specific algorithms that apply to the PHDS® age parameter for children sampled: 0-17 months, 18-36 months, and 37-50 months.

	Risk Category			
Age of Child	High Risk	Moderate Risk	Low Risk	No Risk
0-17 months old	Child identified as "high risk" if parent noted "A lot" or "A little" concern to two or more of the following: > 13a > 13b > 13c > 14d > 15c	Child identified as "moderate risk" if parent noted "A lot" or "A little" concern to one of the following: > 13a > 13b > 13c > 14d > 15c	Child identified as "low risk" if parent noted "A lot" or "A little" concern to one or more of the following: > 13d > 14a > 14b > 14c > 15a > 15b	Child identified as "no risk" if parent noted "not all concerned" to all PEDS® items: > 13a-d > 14 a-d > 15 a-c
18-35 months old	Child identified as "high risk" if parent noted "A lot" or "A little" concern to two or more of the following: > 13a > 13b > 13c > 13d > 15c	Child identified as "moderate risk" if parent noted "A lot" or "A little" concern to one of the following: > 13a > 13b > 13c > 13d > 15c	Child identified as "low risk" if parent noted "A lot" or "A little" concern to one or more of the following: > 14a > 14b > 14c > 14d > 15a > 15b	Child identified as "no risk" if parent noted "not all concerned" to all PEDS® items: > 13a-d > 14 a-d > 15 a-c
36-50 months old	Child identified as "high risk" if parent noted "A lot" or "A little" concern to two or more of the following: > 13a > 13b > 13c > 13d > 14b > 15c	Child identified as "moderate risk" if parent noted "A lot" or "A little" concern to one of the following: > 13a > 13b > 13c > 13d > 14b > 15c	Child identified as "low risk" if parent noted "A lot" or "A little" concern to one or more of the following: > 14a > 14c > 14d > 15a > 15b	Child identified as "no risk" if parent noted "not all concerned" to all PEDS® items: > 13a-d > 14 a-d > 15 a-c

Appendix E: The PHDS Questionnaire, with To	opline Results	