

**SECTION 13: CHILD CARE**

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Q13-0

([number of children in household]); /\* SKIP ACCORDING TO NUMBER OF CHILDREN IN HOUSEHOLD \*/

>=1 (Go to Q13-1)  
0

Go To: Q14-1-a

Lead-In: Q12-175A [Default], Q12-175B [Default], Q12-172 [2:2], Q12-174 [0:0],  
Q12-172 [-2:-2], Q12-172 [-1:-1], Q12-175 [-1:-1], Q12-175 [-2:-2]

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Q13-1

Now I have some questions about the youngest child living in your household.

Go To: Q13-2A

Lead-In: Q13-0 [2:99], Q13-0 [1:1]

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Q13-2A

How often do you get a chance to read stories to [name of youngest child in household]?

(INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY)

|   |                      |   |                       |
|---|----------------------|---|-----------------------|
| 6 | Every day            | 3 | Several times a month |
| 5 | About 3 times a week | 2 | Several times a year  |
| 4 | Once a week          | 1 | Never                 |

Go To: Q13-2B

Lead-In: Q13-1 [Default]

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Q13-2B

Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good. How many times in the past week have you ... had to spank [name of youngest child in household]?

(ENTER NUMBER OF TIMES:) Enter Answer: |\_|\_|

Go To: Q13-2C

Lead-In: Q13-2A [Default]

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Q13-2C

([age of youngest child in household]&lt;=3); /\* IS CHILD AGED THREE OR YOUNGER? \*/

1 CONDITION APPLIES...(Go to Q13-2G)  
0 CONDITION DOES NOT APPLY

Go To: Q13-2D

Lead-In: Q13-2B [Default]

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Q13-2D

(How many times in the past week have you ...) grounded [name of youngest child in household]?

(ENTER NUMBER OF TIMES:) Enter Answer: |\_|\_|

Go To: Q13-2E

Lead-In: Q13-2C [Default]

Q13-2E

(How many times in the past week have you ...) taken away [name of youngest child in household]'s TV or other privileges?

(ENTER NUMBER OF TIMES:) Enter Answer: |\_|\_|

Go To: Q13-2F

Lead-In: Q13-2D [Default]

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Q13-2F

(How many times in the past week have you ...) taken away [name of youngest child in household]'s allowance?

(ENTER NUMBER OF TIMES:) Enter Answer: |\_|\_|

Go To: Q13-2G

Lead-In: Q13-2E [Default]

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Q13-2G

(How many times in the past week have you ...) praised [name of youngest child in household] for doing something worthwhile?

(ENTER NUMBER OF TIMES:) Enter Answer: |\_|\_|

Go To: Q13-2H

Lead-In: Q13-2F [Default], Q13-2C [1:1]

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Q13-2H

(How many times in the past week have you ...) shown [name of youngest child in household] physical affection (kiss, hug, stroke hair, etc.)?

(ENTER NUMBER OF TIMES:) Enter Answer: |\_|\_|

Go To: Q13-2I

Lead-In: Q13-2G [Default]

---

Q13-2I

([age of youngest child in household]<=1); /\* IS CHILD AGED ONE OR YOUNGER? \*/

1 CONDITION APPLIES...(Go to Q13-2K)

0 CONDITION DOES NOT APPLY

Go To: Q13-2J

Lead-In: Q13-2H [Default]

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Q13-2J

(How many times in the past week have you ...) sent [name of youngest child in household] to his/her room or put him/her in a time out?

(ENTER NUMBER OF TIMES:) Enter Answer: |\_|\_|

Go To: Q13-2K

Lead-In: Q13-2I [Default]

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## Q13-2K

(How many times in the past week have you ...) told another adult (spouse, friend, co-worker, visitor, relative) something positive about [name of youngest child in household]?

(ENTER NUMBER OF TIMES:) Enter Answer: |\_|\_|

Go To: Q13-4a

Lead-In: Q13-2J [Default], Q13-2I [1:1]

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## Q13-4a

(Not counting regular school) In the past four weeks has [name of youngest child in household] been cared for in any regular arrangement such as a day care, nursery school play group, babysitter, relative, or some other child care arrangement?

- 1 Yes...(Go to Q13-5d)
- 0 No

Go To: Q13-16

Lead-In: Q13-2K [Default]

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## Q13-5d

During the last 4 weeks, what was [name of youngest child in household] usually doing or how was [name of youngest child in household] usually cared for during MOST OF THE HOURS that [name of youngest child in household] was in a child care arrangement.

(RECORD VERBATIM AND CODE ONE ONLY) (CODE WITHOUT READING CATEGORIES)

- 1 CHILD'S OTHER PARENT OR STEPPARENT
- 2 CHILD'S GRANDPARENT
- 3 CHILD'S SIBLING UNDER AGE 15
- 4 CHILD'S SIBLING AGE 15 OR OVER
- 5 OTHER RELATIVE OF CHILD UNDER AGE 15
- 6 OTHER RELATIVE OF CHILD AGE 15 OR OVER
- 7 NONRELATIVE OF CHILD UNDER AGE 15
- 8 NONRELATIVE OF CHILD AGE 15 OR OVER
- 9 CHILD IN DAY CARE CENTER OR GROUP CARE CENTER
- 10 CHILD IN NURSERY SCHOOL OR PRESCHOOL
- 11 CHILD IN DAY CAMP
- 12 CHILD IN OVERNIGHT RESIDENCE CAMP
- 13 CHILD IN KINDERGARTEN, ELEMENTARY, OR SECONDARY SCHOOL...(Go to Q13-7)
- 14 CHILD CARES FOR SELF
- 15 R'S WORK OR ACTIVITY AT HOME
- 16 R CARES FOR CHILD AT WORK OR PLACE OF ACTIVITY
- 17 OTHER ARRANGEMENT (SPECIFY)

Go To: Q13-5e

Lead-In: Q13-4a [1:1]

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Q13-5e

[Q13-5d]; /\* JUMP ACCORDING TO ANSWER IN Q13-5d \*/

- 1 CHILD'S OTHER PARENT OR STEPPARENT...(Go to Q13-5f)
- 2 CHILD'S GRANDPARENT...(Go to Q13-5f)
- 3 CHILD'S SIBLING UNDER AGE 15...(Go to Q13-5f)
- 4 CHILD'S SIBLING AGE 15 OR OVER...(Go to Q13-5f)
- 5 OTHER RELATIVE OF CHILD UNDER AGE 15...(Go to Q13-5f)
- 6 OTHER RELATIVE OF CHILD AGE 15 OR OVER...(Go to Q13-5f)
- 7 NONRELATIVE OF CHILD UNDER AGE 15...(Go to Q13-5f)
- 8 NONRELATIVE OF CHILD AGE 15 OR OVER...(Go to Q13-5f)
- 9 CHILD IN DAY CARE CENTER OR GROUP CARE CENTER...(Go to Q13-5g)
- 10 CHILD IN NURSERY SCHOOL OR PRESCHOOL...(Go to Q13-5g)
- 11 CHILD IN DAY CAMP...(Go to Q13-5g)
- 12 CHILD IN OVERNIGHT RESIDENCE CAMP...(Go to Q13-5g)
- 13 CHILD IN KINDERGARTEN, ELEMENTARY, OR SECONDARY SCHOOL
- 14 CHILD CARES FOR SELF...(Go to Q13-5g)
- 15 R'S WORK OR ACTIVITY AT HOME...(Go to Q13-5g)
- 16 R CARES FOR CHILD AT WORK OR PLACE OF ACTIVITY...(Go to Q13-5g)
- 17 OTHER ARRANGEMENT (SPECIFY)...(Go to Q13-5g)

If Answer &gt;=1 and Answer &lt;=8 Then Go To: Q13-5f

If Answer &gt;=9 and Answer &lt;=12 Then Go To: Q13-5g

If Answer &gt;=14 and Answer &lt;=17 Then Go To: Q13-5g

Go To: Q13-5f

Lead-In: Q13-5d [Default]

Q13-5f

Where was [name of youngest child in household] usually cared for under this arrangement?  
(RECORD VERBATIM AND CODE ONLY ONE)

- 1 CHILD'S HOME
- 2 OTHER PRIVATE HOME
- 3 OTHER PLACE (SPECIFY)

Go To: Q13-5g

Lead-In: Q13-5e [Default], Q13-5e [1:8]

Q13-5g

([Q13-5d]=12); /\* IS CHILD IN A RESIDENCE CAMP? \*/

- 1 CONDITION APPLIES...(Go to Q13-10a)
- 0 CONDITION DOES NOT APPLY

Go To: Q13-5h

Lead-In: Q13-5f [Default], Q13-5e [9:12], Q13-5e [14:17]

Q13-5h

About how many hours per week was [name of youngest child in household] usually cared for under this arrangement?

- 1 SELECT TO ENTER NUMBER OF HOURS...(Go to Q13-6A)
- 996 OVERNIGHT RESIDENCE CAMP...(Go to Q13-10a)

Go To: Q13-7

Lead-In: Q13-5g [Default]

## Q13-6A

(About how many hours per week was [name of youngest child in household] usually cared for under this arrangement?)

(ENTER NUMBER OF HOURS:) Enter Answer: |\_|\_|\_|

Go To: Q13-7

Lead-In: Q13-5h [1:1]

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## Q13-7

Was [name of youngest child in household] usually cared for this way during all of the hours that [name of youngest child in household] was in a child care arrangement during the last four weeks?

- 1 Yes...(Go to Q13-10a)
- 0 No

Go To: Q13-8

Lead-In: Q13-5h [Default], Q13-6A [Default], Q13-5d [13:13]

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## Q13-8

During the last 4 weeks, what was [name of youngest child in household] usually doing or how was [name of youngest child in household] usually cared for during the OTHER hours that [name of youngest child in household] was in a child care arrangement during the last four weeks?

(RECORD VERBATIM AND CODE ONLY ONE) (CODE WITHOUT READING CATEGORIES)

- 1 CHILD'S OTHER PARENT OR STEPPARENT
- 2 CHILD'S GRANDPARENT
- 3 CHILD'S SIBLING UNDER AGE 15
- 4 CHILD'S SIBLING AGE 15 OR OVER
- 5 OTHER RELATIVE OF CHILD UNDER AGE 15
- 6 OTHER RELATIVE OF CHILD AGE 15 OR OVER
- 7 NONRELATIVE OF CHILD UNDER AGE 15
- 8 NONRELATIVE OF CHILD AGE 15 OR OVER
- 9 CHILD IN DAY CARE CENTER OR GROUP CARE CENTER
- 10 CHILD IN NURSERY SCHOOL OR PRESCHOOL
- 11 CHILD IN DAY CAMP
- 12 CHILD IN OVERNIGHT RESIDENCE CAMP
- 13 CHILD IN KINDERGARTEN, ELEMENTARY, OR SECONDARY SCHOOL...(Go to Q13-10a)
- 14 CHILD CARES FOR SELF
- 15 R'S WORK OR ACTIVITY AT HOME
- 16 R CARES FOR CHILD AT WORK OR PLACE OF ACTIVITY
- 17 OTHER ARRANGEMENT (SPECIFY)

Go To: Q13-8A

Lead-In: Q13-7 [Default]

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## Q13-8A

[Q13-8]; /\* SKIP ACCORDING TO TYPE OF CHILD CARE ARRANGEMENT REPORTED \*/

- 1 CHILD'S OTHER PARENT OR STEPPARENT...(Go to Q13-8B)
- 2 CHILD'S GRANDPARENT...(Go to Q13-8B)
- 3 CHILD'S SIBLING UNDER AGE 15...(Go to Q13-8B)
- 4 CHILD'S SIBLING AGE 15 OR OVER...(Go to Q13-8B)
- 5 OTHER RELATIVE OF CHILD UNDER AGE 15...(Go to Q13-8B)
- 6 OTHER RELATIVE OF CHILD AGE 15 OR OVER...(Go to Q13-8B)
- 7 NONRELATIVE OF CHILD UNDER AGE 15...(Go to Q13-8B)
- 8 NONRELATIVE OF CHILD AGE 15 OR OVER...(Go to Q13-8B)
- 9 CHILD IN DAY CARE CENTER OR GROUP CARE CENTER...(Go to Q13-8C)
- 10 CHILD IN NURSERY SCHOOL OR PRESCHOOL...(Go to Q13-8C)
- 11 CHILD IN DAY CAMP...(Go to Q13-8C)
- 12 CHILD IN OVERNIGHT RESIDENCE CAMP...(Go to Q13-8C)
- 13 CHILD IN KINDERGARTEN, ELEMENTARY, OR SECONDARY SCHOOL...(Go to Q13-8C)
- 14 CHILD CARES FOR SELF...(Go to Q13-8C)
- 15 R'S WORK OR ACTIVITY AT HOME...(Go to Q13-8C)
- 16 R CARES FOR CHILD AT WORK OR PLACE OF ACTIVITY...(Go to Q13-8C)
- 17 OTHER ARRANGEMENT (SPECIFY)...(Go to Q13-8C)

If Answer >=1 and Answer <=8 Then Go To: Q13-8B

If Answer >=9 and Answer <=17 Then Go To: Q13-8C

Go To: Q13-8B

Lead-In: Q13-8 [Default]

## Q13-8B

Where was [name of youngest child in household] usually care for under this arrangement?  
(RECORD VERBATIM AND CODE ONLY ONE)

- 1 CHILD'S HOME
- 2 OTHER PRIVATE HOME
- 3 OTHER PLACE (SPECIFY)

Go To: Q13-8C

Lead-In: Q13-8A [Default], Q13-8A [1:8]

## Q13-8C

([Q13-8]=12); /\* WAS RESIDENCE CAMP REPORTED IN Q13-8? \*/

- 1 CONDITION APPLIES...(Go to Q13-10a)
- 0 CONDITION DOES NOT APPLY

Go To: Q13-8D

Lead-In: Q13-8B [Default], Q13-8A [9:17]

## Q13-8D

About how many hours per week was [name of youngest child in household] usually cared for under this arrangement?

- 1 SELECT TO ENTER NUMBER OF HOURS...(Go to Q13-8F)
- 996 OVERNIGHT RESIDENCE CAMP...(Go to Q13-10a)

Go To: Q13-10a

Lead-In: Q13-8C [Default]

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Q13-8F

(About how many hours per week was [name of youngest child in household] usually cared for under this arrangement?)

(ENTER NUMBER OF HOURS:) Enter Answer: |\_|\_|\_|

Go To: Q13-10a

Lead-In: Q13-8D [1:1]

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Q13-10a

(Not counting tuition for kindergarten, elementary, or secondary school, or overnight camp), did [your or your spouse /you or your partner] usually pay for ANY of the child care that your [child/children] received in the last four weeks? (INTERVIEWER: RESPONDENTS SHOULD INCLUDE EXPENSES FOR ALL CHILDREN.)

- 1 Yes...(Go to Q13-10b)
- 0 No

Go To: Q13-11

Lead-In: Q13-8D [Default], Q13-8F [Default], Q13-5g [1:1], Q13-5h [996:996], Q13-7 [1:1], Q13-8 [13:13], Q13-8C [1:1], Q13-8D [996:996]

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Q13-10b

(Not counting tuition for kindergarten, elementary, or secondary school, or overnight camp), how much do [your or your spouse/you or your partner] usually pay, per week, for child care?

(INTERVIEWER: RESPONDENTS SHOULD INCLUDE EXPENSES FOR ALL CHILDREN.)

Enter Answer: |\_|\_|\_|\_|.|\_|\_|

Go To: Q13-11

Lead-In: Q13-10a [1:1]

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Q13-11

During the last four weeks, did [your or your spouse/you or your partner] lose any time from work because the person who usually took care of the [child/children] was not available?

- 1 Yes
- 0 No

Go To: Q13-16

Lead-In: Q13-10a [Default], Q13-10b [Default]

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Q13-16

Have you had to turn down a job offer in the last four weeks because of difficulties in arranging child care for your [child/children]?

- 1 Yes
- 0 No

Go To: Q14-1-a

Lead-In: Q13-4a [Default], Q13-11 [Default]

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**SECTION 14: HEALTH**

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Q14-1-a

Now I would like to ask you some questions about your general state of health.

Go To: Q14-1

Lead-In: Q13-0 [Default], Q13-16 [Default]

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Q14-1

([flag indicating whether R sworn into active military since date of last interview(1)]=1) or ([flag indicating if R has done any work for pay since date of last interview] = 1);

/\* Machine check: Is R on active duty or reported at least one employer in Section 7? \*/

- 1   CONDITION APPLIES...(Go to Q14-1a)
- 0   CONDITION DOES NOT APPLY

Go To: Q14-1b

Lead-In: Q14-1-a [Default]

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Q14-1a

Are you limited in the kind of work you do on a job for pay because of your health?

- 1   Yes...(Go to Q14-6b)
- 0   No

Go To: Q14-2a

Lead-In: Q14-1 [1:1]

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Q14-1b

Would you be limited in the kind or amount of work you could do on a job for pay because of your health?

- 1   Yes...(Go to Q14-6b)
- 0   No

Go To: Q14-2a

Lead-In: Q14-1 [Default]

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Q14-2a

Do you have any physical, emotional, or mental conditions that limit your ability to attend school regularly or do regular school work?

- 1   Yes...(Go to Q14-6b)
- 0   No

Go To: Q14-5a

Lead-In: Q14-1a [Default], Q14-1b [Default]

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Q14-5a

Do you have any physical, emotional, or mental conditions that require frequent medical attention, regular use of medication, or the use of special equipment such as a brace, crutches, a wheelchair, special shoes, an air filter, a catheter and so on?

- 1   Yes...(Go to Q14-6b)
- 0   No

Go To: Q14-10g

Lead-In: Q14-2a [Default]

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Q14-6b

([gender of the R]=1);

- 1 CONDITION APPLIES...(Go to Q14-8a)
- 0 CONDITION DOES NOT APPLY

Go To: Q14-6c

Lead-In: Q14-1a [1:1], Q14-1b [1:1], Q14-2a [1:1], Q14-5a [1:1]

Q14-6c

([flag indicating if R is pregnant]=1); /\*check if YA is preg from sect 12\*/

- 1 CONDITION APPLIES...(Go to Q14-7)
- 0 CONDITION DOES NOT APPLY

Go To: Q14-8a

Lead-In: Q14-6b [Default]

Q14-7

Is your limitation entirely due to your current pregnancy?

- 1 Yes...(Go to Q14-10g)
- 0 No

Go To: Q14-8a

Lead-In: Q14-6c [1:1]

Q14-8a

What is/are your health condition(s) or limitation(s)? (PROBE IF NECESSARY:) What is it called?

(INTERVIEWER: CONDITIONS ARE LISTED IN ALPHABETICAL ORDER. CHOICE NUMBER 34 IS 'OTHER (SPECIFY)'- MAKE SURE TO USE THIS CHOICE IF R'S APPROPRIATE CONDITION IS NOT ON LIST.) (CODE ALL THAT APPLY WITHOUT READING CATEGORIES.)

- |   |  |
|---|--|
| (1) Allergic condition(s) NOT including asthma or hay fever | (18) Hernia  |
| (2) Asthma  | (19) Hyperkinesis, hyperactivity   |
| (3) Anemia  | (20) Kidney stones   |
| (4) Appendicitis  | (21) Laryngitis  |
| (5) Blood disorder or immune deficiency (other than anemia) | (22) Learning disability (i.e. dyslexia)   |
| (6) Bronchitis  | (23) Mental Retardation  |
| (7) Bunions, calluses, corns, foot problems                 | (24) Migraine  |
| (8) Cancer, tumor   | (25) Minimal brain dysfunction, minimal cerebral dysfunction, Attention deficit disorder |
| (9) Crippled, orthopedic handicap                           | (26) Nervous Disorder  |
| (10) Diabetes   | (27) Phlebitis   |
| (11) Ear infections   | (28) Respiratory disorder  |
| (12) Epilepsy/seizures                                      | (29) Sciatica  |
| (13) Gallstones   | (30) Sinus   |
| (14) Hay fever  | (31) Speech Impairment   |
| (15) Hearing differculty or deafness                        | (32) Ulcer   |
| (16) Heart trouble  | (33) Veneral Disease   |
| (17) Hemorrhoids or piles                                   | (34) Other (SPECIFY)   |

Go To: Q14-8c

Lead-In: Q14-6c [Default], Q14-7 [Default], Q14-6b [1:1]

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Q14-8c

([number of R's illnesses] >1);

- 1 CONDITION APPLIES
- 0 CONDITION DOES NOT APPLY...(Go to Q14-10Ea)

Go To: Q14-10B

Lead-In: Q14-8a [Default]

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Q14-10B

Which ONE of these health conditions would you say is the main cause of your limitation?

INTERVIEWER: IF R CHOSE ONLY ONE IN Q14-8b, SELECT IT AND CONTINUE

Refer to Roster: SICK; Items Listed: NAME, ID

Go To: Q14-10Ea

Lead-In: Q14-8c [Default]

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Q14-10Ea

For how long have you had this limitation, [illness name] (other than a pregnancy)?

- 1 SELECT TO ENTER MONTHS...(Go to Q14-10Fa)
- 2 SELECT TO ENTER YEARS...(Go to Q14-10Fb)
- 0 IF VOLUNTEERED: "ALL MY LIFE"

Go To: Q14-10g

Lead-In: Q14-10B [Default], Q14-8c [0:0]

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Q14-10Fa

(How long have you had this limitation, [illness name] (other than pregnancy)?) Enter Answer: |\_|\_|

Go To: Q14-10g

Lead-In: Q14-10Ea [1:1]

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Q14-10Fb

(How long have you had this limitation, [illness name] (other than pregnancy)?) Enter Answer: |\_|\_|

Go To: Q14-10g

Lead-In: Q14-10Ea [2:2]

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Q14-10g

How would you describe your present health? Is it...

- |   |      |   |           |
|---|------|---|-----------|
| 1 | Poor | 4 | Very Good |
| 2 | Fair | 5 | Excellent |
| 3 | Good |   |           |

Go To: Q14-11

Lead-In: Q14-5a [Default], Q14-10Ea [Default], Q14-10Fa [Default], Q14-10Fb [Default], Q14-7 [1:1]

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Q14-11

During the past 12 months have you had any accidents or injuries that required medical attention?

- 1 Yes...(Go to Q14-11-aa)
- 0 No

Go To: Q14-13

Lead-In: Q14-10g [Default]

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Q14-11-aa

How many such accidents or injuries requiring medical attention have you had in the past 12 months?

Enter Answer: |\_|\_|

If Answer =0 Then Go To: Q14-13

Go To: Q14-11-b

Lead-In: Q14-11 [1:1]

Q14-11-b

Did any of these accidents or injuries require hospitalization?

1 Yes...(Go to Q14-11-Loop-Begin)

0 No

Go To: Q14-13

Lead-In: Q14-11-aa [Default]

Q14-11-Loop-Begin

Repeat([Loop counter for accidents/injuries]); /\*start loop about accidents\*/

Go To: Q14-11-ab

Lead-In: Q14-11-b [1:1]

Q14-11-ab

([Loop counter for accidents/injuries]); /\*check to see if this is the first loop through\*/

1 CONDITION APPLIES...(Go to Q14-11a)

0 CONDITION DOES NOT APPLY

Go To: Q14-11b

Lead-In: Q14-11-Loop-Begin [Default]

Q14-11a

How many such accidents or injuries requiring hospitalization have you had in the past 12 months?

Enter Answer: |\_|\_|

If Answer =0 Then Go To: Q14-11-Loop-End

If Answer >=-2 and Answer <=-1 Then Go To: Q14-11-Loop-End

Go To: Q14-11b

Lead-In: Q14-11-ab [1:1]

Q14-11b

Thinking of your [label to differentiate between R's most recent accident and any previous accidents()] accident or injury in what month and year did it occur?

Enter Date: |\_|\_|||\_|\_|\_|\_|\_|

Mon Year

Go To: Q14-11c

Lead-In: Q14-11-ab [Default], Q14-11a [Default]

Q14-11c

What was the cause of the [label to differentiate between R's most recent accident and any previous accidents()] accident or injury?

(INTERVIEWER: CODE WITHOUT READING CATEGORIES) (RECORD VERBATIM AND CODE ONLY ONE)

- (1) MOTOR VEHICLE ACCIDENT AS OCCUPANT
- (2) MOTOR VEHICLE ACCIDENT AS PEDESTRIAN
- (3) CYCLING
- (4) FALL UNRELATED TO ATHLETICS OR SPORTS ACTIVITY
- (5) FALL/CONTACT RELATED TO ATHLETICS/SPORTS ACTIVITY
- (6) FIRE OR SMOKE
- (7) HOT LIQUID
- (8) TOY OR ITEM INTENDED FOR CHILD USE
- (9) EQUIPMENT OR DEVICE NOT INTENDED FOR A CHILD
- (10) POISONING
- (11) SMASHED BODY PART: CAR/DOOR/WINDOW BRUISE/CONTUSION
- (12) ADULT INJURED CHILD ACCIDENTLY (PULL/LIFT INJURY)
- (13) INTENTIONAL VIOLENT INJURY
- (14) "ROUGH HOUSING,"/IMPACT INJURY: WRESTLING, ETC.
- (16) FIGHTING: BROKE BONE/NOSE, HIT IN FACE, SHOT, STABBED, ETC.
- (17) STRUCK BY OBJECT FROM OTHER PERSON (INTENT UNKNOWN)
- (18) INSECT STING OR BITE
- (19) STEPPED ON SHARP OBJECT, I.E. GLASS/NAILS/METAL
- (20) RAN INTO STATIONARY OBJECT (NOT IN HOME ENVIRONMENT)
- (22) RAN INTO STATIONARY OBJECT (HOME ENVIRONMENT)
- (21) ANIMAL BITE
- (23) CUT BY SHARP OBJECT, I.E. KNIFE/GLASS/TOOL
- (24) BURN, I.E. FROM HEATER/CIGARRETTE/OVEN/STOVE
- (25) JUMP/FALL ACCIDENT, I.E. OFF FURNITURE/OTHER OBJECT
- (26) "TEMPER" INJURIES, I.E. FELL, KICKED FURNITURE, ETC.
- (15) OTHER (SPECIFY)

Go To: Q14-11d

Lead-In: Q14-11b [Default]

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Q14-11d

What specific injury or conditions resulted from this accident or injury?

(INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY) (CODE ALL THAT APPLY)

- |                                   |   |
|-----------------------------------|---|
| 1 Broken or dislocated bones      | 5 Bruise, contusion or internal bleeding                  |
| 2 Sprain, strain or pulled muscle | 6 Burn, Scald   |
| 3 Wound: cuts, scrape, puncture   | 7 Illness or effect from poisons, medicine (drugs), etc.. |
| 4 Head injury, concussion         | 8 Other (SPECIFY)   |

Go To: Q14-11e

Lead-In: Q14-11c [Default]

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Q14-11e

Where did the accident or injury happen? (INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY)

- |   |   |   |  |
|---|---|---|--|
| 1 | At home (any, not necessarily respondent's)   | 5 | Public building or space (other than streets or schools) |
| 2 | School (including grounds and athletic areas) | 6 | Place of recreation and sports except school             |
| 3 | Place of work                                 | 7 | Farm or agricultural area, except farm house             |
| 4 | Street or highway                             | 8 | Other (SPECIFY)  |

Go To: Q14-11-Loop-End

Lead-In: Q14-11d [Default]

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Q14-11-Loop-End

UNTIL ([Loop counter for accidents/injuries], ([Loop counter for accidents/injuries]=[accident\_num]) or ([accident\_num]<=0));

Go To: Q14-13

Lead-In: Q14-11e [Default], Q14-11a [0:0], Q14-11a [-2:-1]

---

Q14-13

([gender of the R]=1); /\* Check to see if R is male; if so branch over menses \*/

- |   |                                     |
|---|-------------------------------------|
| 1 | CONDITION APPLIES...(Go to Q14-14d) |
| 0 | CONDITION DOES NOT APPLY            |

Go To: Q14-13a

Lead-In: Q14-11 [Default], Q14-11-b [Default], Q14-11-Loop-End [Default], Q14-11-aa [0:0]

---

Q14-13a

SYMBOLXIST ([whether R has had menses]); /\* set symbol for next question \*/

If Answer =1 Then Go To: Q14-13b

Go To: Q14-14a

Lead-In: Q14-13 [Default]

---

Q14-13b

([whether R has had menses]=1); /\* Check to see if menses information has already been collected. \*/

- |   |                                     |
|---|-------------------------------------|
| 1 | CONDITION APPLIES...(Go to Q14-14d) |
| 0 | CONDITION DOES NOT APPLY            |

Go To: Q14-14a

Lead-In: Q14-13a [1:1]

---

Q14-14a

Have you ever had a menstrual period?

- |   |                      |
|---|----------------------|
| 1 | Yes                  |
| 0 | No...(Go to Q14-14d) |

If Answer =-1 Then Go To: Q14-14d

Go To: Q14-14b

Lead-In: Q14-13a [Default], Q14-13b [Default]

---

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Q14-14b

How old were you when you had your first menstrual period.

(ENTER AGE:) Enter Answer: |\_|\_|

If Answer = -1 Then Go To: Q14-14d

Go To: Q14-14c

Lead-In: Q14-14a [Default]

---

Q14-14c

In what month and year did you have your first period?

(ENTER MONTH AND YEAR:) Enter Date: |\_|\_|||\_|\_|\_|\_|\_|  
Mon Year

Go To: Q14-14d

Lead-In: Q14-14b [Default]

---

Q14-14d

([living arrangement of R]=19) or ([living arrangement of R]=20) or ([flag indicating if R's mother lives in R's household]>0 and [flag indicating if R's father resides in R's household]>0) or ([flag indicating if R's mother lives in R's household]>0 and [flag indicating if R's father resides in R's household]=0);

/\* IS R IN HH WITH BOTH PARENTS OR WITH MOTHER ONLY? \*/

- 1 CONDITION APPLIES...(Go to Q14-20)
- 0 CONDITION DOES NOT APPLY

Go To: Q14-15

Lead-In: Q14-14c [Default], Q14-13 [1:1], Q14-13b [1:1], Q14-14a [0:0], Q14-14a [-1:-1], Q14-14b [-1:-1]

---

Q14-15

In the past 12 months have you had any illnesses that required medical attention or treatment?

- 1 Yes...(Go to Q14-15a)
- 0 No

Go To: Q14-16

Lead-In: Q14-14d [Default]

---

Q14-15a

How many such illnesses have you had in the past 12 months?

(ENTER NUMBER OF ILLNESSES:) Enter Answer: |\_|\_|

Go To: Q14-16

Lead-In: Q14-15 [1:1]

---

Q14-16

When did you last see a doctor for treatment of an illness?

(INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY)

- |   |                       |   |   |
|---|-----------------------|---|---|
| 1 | Less than 1 month ago | 5 | 1 year - 23 month ago (less than 2 years) ago |
| 2 | 1 - 3 months ago      | 6 | 2 or more years ago                           |
| 3 | 4 - 6 months ago      | 7 | Never   |
| 4 | 7 - 11 months ago     |   |   |

Go To: Q14-17

Lead-In: Q14-15 [Default], Q14-15a [Default]

Q14-17

When did you last see a doctor for a routine health check-up?

(INTERVIEWER: READ CATEGORIES ONLY IF NECESSARY)

- |   |                       |   |   |
|---|-----------------------|---|---|
| 1 | Less than 1 month ago | 5 | 1 year - 23 month ago (less than 2 years) ago |
| 2 | 1 - 3 months ago      | 6 | 2 or more years ago                           |
| 3 | 4 - 6 months ago      | 7 | Never   |
| 4 | 7 - 11 months ago     |   |   |

Go To: Q14-20

Lead-In: Q14-16 [Default]

Q14-20

How tall are you?

(ENTER NUMBER OF FEET:;) (INTERVIEWER: ENTER NUMBER OF INCHES ON NEXT SCREEN)

Enter Answer: |\_|\_|

Go To: Q14-20a

Lead-In: Q14-17 [Default], Q14-14d [1:1]

Q14-20a

(How tall are you?) (ENTER NUMBER OF INCHES;) Enter Answer: |\_|\_|

Go To: Q14-21

Lead-In: Q14-20 [Default]

Q14-21

How much do you weigh? (ENTER NUMBER OF POUNDS) Enter Answer: |\_|\_|\_|

Go To: Q14-21a

Lead-In: Q14-20a [Default]

Q14-21a

(([living arrangement of R]=19) or ([living arrangement of R]=20) or ([flag indicating if R's mother lives in R's household]>0 and [flag indicating if R's father resides in R's household]>0) or ([flag indicating if R's mother lives in R's household]>0 and [flag indicating if R's father resides in R's household]=0)) and ([R's age]<21);

/\* IS R IN HH WITH BOTH PARENTS OR WITH MOTHER ONLY AND UNDER AGE 21? \*/

- |   |                                    |
|---|------------------------------------|
| 1 | CONDITION APPLIES...(Go to Q15-1A) |
| 0 | CONDITION DOES NOT APPLY           |

Go To: Q14-22

Lead-In: Q14-21 [Default]

---

Q14-22

Now we have a couple of questions about health care plans. First, is your health care now covered by health insurance provided either by an employer or by an individual plan that pays part or all of a hospital or doctor's bill?

(PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, HMO. (THIS DOES NOT INCLUDE PUBLIC ASSISTANCE HEALTH CARE PROGRAMS.)

- 1 Yes
- 0 No...(Go to Q14-24)

Go To: Q14-23

Lead-In: Q14-21a [Default]

---

Q14-23

What is the source of your health plan? Is it your own policy bought directly from a medical insurance company, your parent's policy, an employer policy, or something else?

- |  |                                  |
|--|----------------------------------|
| 1 Respondent's Parent's policy   | 3 Respondent's employer policy   |
| 2 Respondent/spouse/partner policy<br>bought directly from insurance company | 4 Spouse/partner employer policy |
|  | 5 Other (SPECIFY)                |

Go To: Q14-24

Lead-In: Q14-22 [Default]

---

Q14-24

There is a national program called Medicaid (or Medi-Cal/Medical Assistance/Welfare/Medical Services) that pays for health care for persons in need. Is your health care now covered by Medicaid or one of these public assistance health care programs?

- 1 Yes
- 0 No

Go To: Q15-1A

Lead-In: Q14-23 [Default], Q14-22 [0:0]

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