

National Survey of Children's Health (NSCH), 2007

Guide to Topics & Questions Asked

NOTE: Telephones are dialed at random to identify households with one or more children under 18 years old. The interviewer asks to speak to the parent or guardian who knows the most about the child's or children's health and health care. If he or she is not available, multiple call back attempts are made to reach them.

**Denotes that original version of the variable is not released publicly. Variable may be recoded or omitted in public use data files.

Initial Screening and Sampling

The interviewer begins by asking how many children live in the household and the age of each person under 18 years old living in the household. (S_UNDR18)**

After the initial screening is completed, a single child is randomly selected from households with one or more children, ages 0-17.

The selected child is the subject of the National Survey of Children's Health Interview questions asked in **Sections 1 – 11** of the survey.

SECTION 1: Initial Demographics

1. Child's sex (K1Q01)
2. Respondent's relationship to the child (K1Q02)**
3. What is the primary language spoken in your home? (K1Q03)**

SECTION 2: Child's Health and Functional Status

1. In general, how would you describe [CHILD'S NAME] health? (K2Q01)
2. How would you describe the condition of [CHILD'S NAME] teeth? (K2Q01_D)
3. How tall is [CHILD'S NAME] now? (K2Q02)
4. How much does [CHILD'S NAME] weigh now? (K2Q03)
5. What was [CHILD'S NAME] birth weight? (K2Q04) (ages 0-5 years)
6. Does [CHILD'S NAME] currently need or use medicine prescribed by a doctor, other than vitamins? (K2Q10-K2Q12)
7. Does [CHILD'S NAME] need or use more medical care, mental health, or educational services than is usual for most children of the same age? (K2Q13-K2Q15)
8. Is [CHILD'S NAME] limited or prevented in any way in his/her ability to do the things most children of the same age can do? (K2Q16-K2Q18)
9. Does [CHILD'S NAME] need or get special therapy, such as physical, occupational, or speech therapy? (K2Q19-K2Q21)
10. Does [CHILD'S NAME] have any kind of emotional, developmental, or behavioral problem for which he/she needs treatment or counseling? (K2Q22-K2Q23)

If YES to any of the above items 6-10 above, two follow up questions are asked:

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

- Has this condition lasted or is it expected to last for 12 months or longer?

11. Has a doctor, health professional, teacher, or school official ever told you [CHILD'S NAME] has a learning disability? **(K2Q30A)**
(ages 3-17 years)

- Does [CHILD'S NAME] currently have a learning disability? **(K2Q30B)**
- Would you describe (his/her) learning disability as mild, moderate, or severe? **(K2Q30C)**

12. For each condition, please tell me if a doctor or other health care provider ever told you that [CHILD'S NAME] had the condition, even if (he/she does not have the condition now. Has a doctor or health professional ever told you that [CHILD'S NAME] has any of the following conditions?

Ages 2-17

Ages 0-17

- | | |
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| <ul style="list-style-type: none"> - Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is ADD or ADHD* (K2Q31A-K2Q31C) <ul style="list-style-type: none"> • Is [CHILD'S NAME] currently taking medication for ADD or ADHD? (K2Q31D) - Depression (K2Q32A-K2Q32C) - Anxiety Problems (K2Q33A-K2Q33C) - Behavior or conduct problems (K2Q34A-K2Q34C) - Autism, Asperger's Disorder, pervasive development disorder, or other autism spectrum disorder (K2Q35A-K2Q35C) - Any developmental delay (K2Q36A-K2Q36C) - Stuttering, stammering, or other speech problems (K2Q37A--K2Q37C) | <ul style="list-style-type: none"> - Tourette Syndrome (K2Q38A-K2Q38C) - Asthma (K2Q40A-K2Q40C) - Diabetes (K2Q41A-K2Q41C) - Epilepsy or seizure disorder (K2Q42A-K2Q42C) - Hearing problems (K2Q43A-K2Q43C) - Vision problems that can not be corrected with glasses or contact lenses? (K2Q44A-K2Q44C) - Bone, joint, or muscle problems (K2Q45A-K2Q45C) - A brain injury or concussion (K2Q46A-K2Q46C) |
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If YES to any of the items **K2Q31A-K2Q46A** above, two follow up questions are asked:

- Does [CHILD'S NAME] currently have condition? **(K2Q31B – K2Q46B)**
- Would you describe (his/her) condition as mild, moderate, or severe? **(K2Q31C – K2Q46C)**

13. For each condition, please tell me if a doctor or other health care provider told you that [CHILD'S NAME] had the condition at some time during the past 12 months, even if (he/she) does not have the condition now. During the past 12 months, have you been told by a doctor or other health professional that [CHILD'S NAME] had any of the following conditions?

- Hay fever or any kind of respiratory allergy **(K2Q47A)**
- Food or digestive allergy **(K2Q48A)**
- Eczema or any kind of skin allergy **(K2Q49A)**
- Frequent or severe headaches, including migraines **(K2Q50A)** (ages 5 – 17 years)
- Three or more ear infections **(K2Q51A)**

If YES to any of the items **K2Q47A-K2Q51A**, the following question is asked:

- Would you describe his/her health condition(s) as minor, moderate, or severe? **(K2Q47C-K2Q51C)**

14. To the best of your knowledge, has (he/she) had any of the following conditions within the past 6 months? (ages 1-17 years)

- A toothache **(K2Q52)**
- Decayed teeth or cavities **(K2Q53)**
- Broken teeth **(K2Q54)**
- Bleeding gums **(K2Q55)**

15. The following questions are asked for children identified as having special health care needs only. Do [CHILD'S NAME] medical, behavioral or other health conditions interfere with (his/her) ability to do any of the following things?

CSHCN ages 0-5

CSHCN ages 6-17

- | | |
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| <ul style="list-style-type: none"> - Participate with other children (K2Q60A) - Go on outings, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings? (K2Q60B) - Make friends (K2Q60C) | <ul style="list-style-type: none"> - Attend school on a regular basis (K2Q61A) - Participate in sports, clubs, or other organized activities (K2Q61B) - Make friends (K2Q61C) |
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16. Has [CHILD'S NAME] received a tetanus booster shot, Td, or Tdap shot since (he/she) turned 11 years of age? **(K2Q81C)**
(ages 12-17 years)
17. Has [CHILD'S NAME] ever received a meningitis shot? **(K2Q82)** (ages 12-17 years)
18. The human papillomavirus is a common virus known to cause genital warts and some cancers, such as cervical cancer in women. A vaccine to prevent HPV infection is available and is called the cervical cancer vaccine. Has [CHILD'S NAME] ever received any HPV shots? **(K2Q83)** (females ages 12-17 years)
- Please tell me how many HPV shots [CHILD'S NAME] has received. **(K2Q84)** (females ages 12-17 years)
19. Did a doctor or health care professional recommend that [CHILD'S NAME] receive HPV shots? **(K2Q85)** (females ages 12-17 years)

SECTION 3: Health Insurance Coverage

1. Does [CHILD'S NAME] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid? **(K3Q01)**
- If YES, [Is that coverage/Is (he/she) insured by] Medicaid or the State Children's Health Insurance Program, S-CHIP? **(K3Q02)**
 - If YES, During the past 12 months, was there any time when (he/she) was not covered by ANY health insurance? **(K3Q03)**
 - If NO, During the past 12 months, was there anytime when (he/she) had health care coverage? **(K3Q04)**
2. The next four questions are asked for insured children only.
- Does [CHILD'S NAME] health insurance offer benefits or cover services that meet (his/her) needs? **(K3Q20)**
 - Does [CHILD'S NAME] health insurance allow (him/her) to see the health care providers (he/she) needs? **(K3Q22)**
 - Not including health insurance premiums or costs that are covered by insurance, do you pay any money for [CHILD'S NAME] health care? **(K3Q21A)**
 - How often are these costs reasonable? **(K3Q21B)**

SECTION 4: Health Access and Utilization

1. Is there a place that [CHILD'S NAME] USUALLY goes when (he/she) is sick or you need advice about (his/her) health? **(K4Q01)**
- Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place? **(K4Q02)**
2. A personal doctor or nurse is a 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's assistant. Do you have one or more persons you think of as [CHILD'S NAME] personal doctor or nurse? **(K4Q04)**
3. During the past 12 months how many times did [CHILD'S NAME] see a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child checkup? **(K4Q20)**
4. During the past 12 months how many times did [CHILD'S NAME] see a dentist for preventive dental care, such as check-ups and dental cleanings? **(K4Q21)**
5. Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months has [CHILD'S NAME] received any treatment or counseling from a mental health professional? **(K4Q22)** (ages 2-17 years)
6. During the past 12 months, has [CHILD'S NAME] taken any medication because of difficulties with (his/her) emotions, concentration, or behavior? **(K4Q23)** *asked only for children who are not taking medication for ADD/ADHD
7. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. During the past 12 months, did [CHILD'S NAME] see a specialist? **(K4Q24)**
- If NO, during the past 12 months, did you or a doctor think that (he/she) needed to see a specialist? **(K4Q25)**
 - If YES, During the past 12 months, how much of a problem, if any, was it to get the care from the specialists that [CHILD'S NAME] needed? **(K4Q26)**
8. Sometimes people have difficulty getting health care when they need it. By health care, I mean medical care as well as other kinds of care like dental care and mental health services. During the past 12 months, was there any time when [CHILD'S NAME] needed health care but it was delayed or not received? **(K4Q27)**

- What type of care was delayed or not received? **(K4Q28)**

SECTION 5: Medical Home

1. During the past 12 months, did [CHILD'S NAME] need a referral to see any doctors or receive any services? **(K5Q10)**
 - Was getting referrals a big problem, small problem, or not a problem? **(K2Q11)**
2. Does anyone help you arrange or coordinate [CHILD'S NAME] care among the different doctors or services that (he/she) uses? **(K5Q20)** **asked for children who used more than two services*
3. During the past 12 months, have you felt that you could have used extra help arranging or coordinating [CHILD'S NAME] care among the different health care providers or services? **(K5Q21)** **asked for children who used more than two services*
 - If YES, during the past 12 months, how often did you get as much help as you wanted with arranging or coordinating [CHILD'S NAME] care? **(K5Q22)** **asked for children who used more than two services*
4. Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among [CHILD'S NAME] doctors and other health care providers? **(K5Q30)** **asked for children who used more than two services*
5. Do [CHILD'S NAME] doctor or other health care providers need to communicate with (his/her) child care providers, school, or other programs? **(K5Q31)**
 - Overall, are you very satisfied, somewhat satisfied, or very dissatisfied with that communication? **(K5Q32)**
6. During the past 12 months, how often did [CHILD'S NAME] doctors and other health care providers spend enough time with (him/her)? **(K5Q40)**
7. During the past 12 months, how often did [CHILD'S NAME] doctors and other health care providers listen carefully to you? **(K5Q41)**
8. When [CHILD'S NAME] is seen by doctors and other health care providers, how often are they sensitive to your family's values and customs? **(K5Q42)**
9. Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child now, and what to expect in the future. During the past 12 months, how often did you get the specific information you needed from [CHILD'S NAME] doctors and other health care providers? **(K5Q43)**
10. During the past 12 months, how often did [CHILD'S NAME] doctors or other health care providers help you feel like a partner in (his/her) care? **(K5Q44)**
11. An interpreter is someone who repeats what one person says in a language used by another person. During the past 12 months, did you or [CHILD'S NAME] need an interpreter to help speak with (his/her) doctors or other health care providers? **(K5Q45)**
 - When you or [CHILD'S NAME] needed an interpreter, how often were you able to get someone other than a family member to help you speak with (his/her) doctors or other health care providers? **(K5Q46)**

SECTION 6: Early Childhood (0–5 years) **questions asked for children ages 0-5 years only*

1. Do you have any concerns about [CHILD'S NAME] learning, development, or behavior? **(K6Q01)**
2. Are you concerned about how (he/she):
 - Talks and makes speech sounds? **(K6Q02)** *(ages 4 months – 5 years)*
 - Understands what you say? **(K6Q03)** *(ages 4 months – 5 years)*
 - Uses (his/her) hands and fingers to do things? **(K6Q04)** *(ages 4 months – 5 years)*
 - Uses (his/her) arms and legs? **(K6Q05)** *(ages 4 months – 5 years)*
 - Behaves? **(K6Q06)** *(ages 4 months – 5 years)*
 - Gets along with others? **(K6Q07)** *(ages 4 months – 5 years)*
 - Is learning to do things for (himself/herself) **(K6Q08)** *(ages 10 months to 5 years)*
 - Is learning pre-school or school skills? **(K6Q09)** *(ages 18 months - 5 years)*
3. During the past 12 months did [CHILD'S NAME] doctors or other health care providers ask if you have concerns about (his/her) learning, development, or behavior? **(K6Q10)**
 - If YES, during the past 12 months did (his/her) doctors or other health care providers give you specific information to address your concerns about (his/her) learning, development, or behavior? **(K6Q11)**

4. Sometimes a child's doctor or other health care providers will ask parent to fill out a questionnaire at home or during their child's visit. During the past 12 months, did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about [CHILD'S NAME] development, communication, or social behaviors? **(K6Q12)** *(ages 10 months to 5 years)*
 - Did this questionnaire ask you about your concern or observations about how [CHILD'S NAME] talks or makes speech sounds **(K6Q13A)** *(ages 10-23 months only)*
 - Did this questionnaire ask you about how [CHILD'S NAME] interacts with you and others? **(K6Q13B)** *(ages 10-23 months only)*
 - Did this questionnaire ask you about your concerns or observations about word and phrases [CHILD'S NAME] uses and understands? **(K6Q14A)** *(ages 24-71 months only)*
 - Did this questionnaire ask you about your concerns or observations about how [CHILD'S NAME] behaves and gets along with you and others **(K6Q14B)** *(ages 24-71 months only)*
5. Does [CHILD'S NAME] have any developmental problems for which (he/she) has a written intervention plan called an Individual Family Services Plan (IFSP) or Individualized Education Program (IEP)? **(K6Q15)**
6. Does [CHILD'S NAME] receive care for at least 10 hours per week from someone not related to (him/her)? This could be a day care center, preschool, Head Start program, nanny, au pair, or any other non-relative. **(K6Q20)**
 - Was this care provided in your home, in someone else's home, or in a center such as school or day care facility? **(K6Q20B)**
7. Does [CHILD'S NAME] receive care for at least 10 hours per week from a relative other than (his/her) parents or guardians? **(K6Q21)**
 - If YES, Was this care provided in your home or somewhere else? **(K6Q22)**
8. During the past month, did you need child care for [CHILD'S NAME]? **(K6Q25A)**
 - Does [CHILD'S NAME] behavior limit your ability to find child care for (him/her)? **(K6Q25B)** *asked for CSHCN only
 - Does [CHILD'S NAME] health limit your ability to find child care for (him/her)? **(K6Q25C)** *asked for CSHCN only
 - During the past month, how many times have you had to make different arrangements for childcare at the last minute due to circumstances beyond your control? **(K6Q26)**
9. During the past 12 months, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for [CHILD'S NAME]? **(K6Q27)**
10. During the past 12 months, has [CHILD'S NAME] been injured and required medical attention? **(K6Q30)**
 - If YES, did the injury occur at home, at child-care, or some other place? **(K6Q31)**
11. Was [CHILD'S NAME] ever breastfed or fed breast milk? **(K6Q40)**
 - If YES, how old was [CHILD'S NAME] when [he/she] completely stopped breastfeeding or being fed breast milk? **(K6Q41)**
 - If YES, how old was [CHILD'S NAME] when [he/she] was first fed formula? **(K6Q42)**
 - This next question is about the first thing [CHILD'S NAME] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [CHILD'S NAME] might have been given, even water. How old was [CHILD'S NAME] when [he/she] was first fed anything other than breast milk or formula? **(K6Q43)**
12. During the past week, how many days did you or other family members read to [CHILD'S NAME]? **(K6Q60)**
13. During the past week, how many days did you or other family members tell stories or sing songs to [CHILD'S NAME]? **(K6Q61)**
14. During the past week, how many days did [CHILD'S NAME] play with other children [his/her] age? **(K6Q63)**
15. During the past week, how many days did you or any family member take [CHILD'S NAME] on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings? **(K6Q64)**
16. On an average weekday, about how much time does [CHILD'S NAME] usually watch TV or watch videos? **(K6Q65)**

SECTION 7: Middle Childhood and Adolescence (6-17 years) *questions asked for children ages 6-17 only

1. What kind of school is [CHILD'S NAME] currently enrolled in? **(K7Q01)**
 - If NOT ENROLLED, at any time during the past 12 months, was [CHILD'S NAME] enrolled in a public school, a private school, or home school? **(K7Q01F)**
2. During the past 12 months, about how many days did [CHILD'S NAME] miss school because of illness or injury? **(K7Q02)**
3. During the past 12 months, how many times has [CHILD'S NAME] school contacted you or another adult in your household about any problems [he/she] is having with school? **(K7Q04)**
4. Since starting kindergarten, has [he/she] repeated any grades? **(K7Q05)**
5. Does [CHILD'S NAME] have a health problem, condition, or disability for which [he/she] has a written intervention plan called an Individualized Education Program or IEP? **(K7Q11)**
6. During the past 12 months, was [CHILD'S NAME] on a sports team or did [he/she] take sports lessons after school or on the weekends? **(K7Q30)**
7. During the past 12 months, did [CHILD'S NAME] participate in any clubs or organizations after school or on weekends? **(K7Q31)**
 - If NO, during the past 12 months, did [he/she] participate in any other organized events or activities? **(K7Q32)**
8. During the past 12 months, how often did you attend events or activities that [CHILD'S NAME] participated in? Would you say never, sometimes, usually or always? **(K7Q33)**
9. Regarding [CHILD'S NAME] friends, would you say that you have met all of [his/her] friends, most of [his/her] friends, some of [his/her] friends, or none of [his/her] friends? **(K7Q34)**
10. Sometimes it is difficult to make arrangements to look after children all the time. During the past week, did [CHILD'S NAME] take care of [himself/herself] or stay alone without an adult or teenager, even for a small amount of time? **(K7Q35)**
 - If YES, during the past week, how many hours did [CHILD'S NAME] take care of [himself/herself]? **(K7Q36)**
11. During the past 12 months, how often has [CHILD'S NAME] been involved in any type of community service or volunteer work at school, church, or in the community? Would you say once a week or more, a few times a month, a few times a year, or never? **(K7Q37)**
12. During the past week, did [CHILD'S NAME] earn money from any work, including regular jobs as well as babysitting, cutting grass or other occasional work? **(K7Q38)**
 - If YES, during the past week, how many hours did [CHILD'S NAME] work for pay? **(K7Q39)**
13. During the past week, on how many nights did [CHILD'S NAME] get enough sleep for a child [his/her] age? **(K7Q40)**
14. During the past week, on how many days did [CHILD'S NAME] exercise, play a sport, or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard? **(K7Q41)**
15. On an average weekday, about how much time does [he/she] usually spend reading for pleasure? **(K7Q50)**
16. On an average weekday, about how much time does [CHILD'S NAME] use a computer for purposes other than schoolwork? **(K7Q51)**
17. On an average weekday, about how much time does [CHILD'S NAME] usually watch TV, watch videos or play video games? **(K7Q60)**
18. Are there family rules about what television programs [he/she] is allowed to watch? **(K7Q61)**
19. Is there a television in [CHILD'S NAME] bedroom? **(K7Q62)**
20. I am going to read a list of items that sometimes describe children. For each item, please tell me how often this was true for [CHILD'S NAME] during the past month:
 - [He/She] argues too much. **(K7Q70)**
 - [He/She] bullies or is cruel or mean to others. **(K7Q71)**
 - [He/She] shows respect for teachers and neighbors. **(K7Q72)**
 - [He/She] gets along well with other children. **(K7Q73)**
 - [He/She] is disobedient. **(K7Q74)**
 - [He/She] is stubborn, sullen, or irritable. **(K7Q75)**
 - [He/She] tries to understand other people's feelings. **(K7Q76)**
 - [He/She] tries to resolve conflicts with classmates, family, or friends. **(K7Q77)**
 - [He/She] feels worthless or inferior. **(K7Q78)**
 - [He/She] is unhappy, sad, or depressed. **(K7Q79)**
 - [He/She] is withdrawn, and does not get involved with others. **(K7Q80)**
 - [He/She] cares about doing well in school. **(K7Q82)**
 - [He/She] does all required homework. **(K7Q83)**

SECTION 8: Family Functioning

1. About how often does [CHILD'S NAME] attend a religious service? **(K8Q12)**
2. During the past week, how many days did all the family members who live in the household eat a meal together? **(K8Q11)**
3. How well can you and [CHILD'S NAME] share ideas or talk about things that really matter? **(K8Q21)** *(ages 6-17 years)*
4. In general, how well do you feel you are coping with the day to day demands of (parenthood/raising children)? **(K8Q30)**
5. During the past month, how often have you felt [CHILD'S NAME] is much harder to care for than most other children (his/her) age? **(K8Q31)**
6. During the past month, how often have you felt (he/she) does things that really bother you a lot? **(K8Q32)**
7. During the past month, how often have you felt angry with (him/her)? **(K8Q34)**
8. Is there someone that you can turn to for day-to-day emotional help with [parenthood/raising children]? **(K8Q35)**

SECTION 9: Parental Health

1. Including the adults and all the children, how many people live in this household? **(K9Q00)****
2. Earlier you told me you are [CHILD'S NAME] (Mother/Father). Are you [CHILD'S NAME] biological, adoptive, step, or foster (mother/father)? **(K9Q10)****
3. Does [CHILD'S NAME] have any (other) parents, or people who act as (his/her) parents, living here? **(K9Q11)****
 - What is their relationship to [CHILD'S NAME]? **(K9Q12)****
4. Are you and [CHILD'S NAME] [FATHER TYPE] or [MOTHER TYPE] currently married or living together as partners? **(K9Q17A)****
5. Are you [MOTHER TYPE] currently married, separated, divorced, widowed, or never married? **(K9Q17B)**** *asked only when the respondent is the mother*
6. Would you say that your relationship is completely happy, very happy, fairly happy, or not too happy? **(K9Q18)**
7. Would you say that, in general, ([CHILD'S NAME] [MOTHER TYPE]/your) health is excellent, very good, good, fair, or poor? **(K9Q20)**
8. Would you say that, in general, ([CHILD'S NAME] [FATHER TYPE]/your) health is excellent, very good, good, fair, or poor? **(K9Q21)**
9. Would you say that, in general, ([CHILD'S NAME] [MOTHER TYPE]/your) mental and emotional health is excellent, very good, good, fair, or poor? **(K9Q23)**
10. Would you say that, in general, ([CHILD'S NAME] [FATHER TYPE]/your) mental and emotional health is excellent, very good, good, fair, or poor? **(K9Q24)**
11. During the past week, on how many days did (you/[CHILD'S NAME] MOTHER TYPE) exercise, play sports, or participate in physical activity for at least 20 minutes that made [you/her] sweat and breathe hard? **(K9Q30)**
12. During the past week, on how many days did [FATHER TYPE] exercise, play sports, or participate in physical activity for at least 20 minutes that made him sweat and breathe hard? **(K9Q31)**
13. Does anyone living in your household use cigarettes, cigars, or pipe tobacco? **(K9Q40)**
 - Does anyone smoke inside the [CHILD'S NAME] home? **(K9Q41)**

SECTION 10: Neighborhood and Community Characteristics

1. Please tell me if the following places and things are available to children in your neighborhood, even if [CHILD'S NAME] does not actually use them:
 - Sidewalks or walking paths? **(K10Q11)**
 - A park or playground area? **(K10Q12)**
 - A recreation center, community center, or boys' or girls' club? **(K10Q13)**
 - A library or bookmobile? **(K10Q14)**
2. In your neighborhood, is there litter or garbage on the street or sidewalk? **(K10Q20)**
3. How about poorly kept or dilapidated housing? **(K10Q22)**

4. How about vandalism such as broken windows or graffiti? **(K10Q23)**
5. Now, for the next four questions, I am going to ask you how much you agree or disagree with each of these statements about your neighborhood or community:
 - "People in this neighborhood help each other out." **(K10Q30)**
 - "We watch out for each other's children in this neighborhood." **(K10Q31)**
 - "There are people I can count on in this neighborhood." **(K10Q32)**
 - "If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child." **(K10Q34)**
6. How often do you feel [CHILD'S NAME] is safe in your community or neighborhood? **(K10Q40)**
7. How often do you feel (he/she) is safe at school? **(K10Q41)**

SECTION 11: Additional Demographics

1. Is [CHILD'S NAME] of Hispanic or Latino origin? **(K11Q01)**
2. Is [CHILD'S NAME] White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander? **(K11Q02)****
3. At any time during the past 12 months, did [CHILD'S NAME] receive services from any Indian Health Service hospital or clinic? **(K11Q03)** **asked only for American Indian or Alaska Native children*
4. What is the highest grade or year of school ([MOTHER TYPE/FATHER TYPE/OTHER] has) completed? **(K11Q20-K11Q21)****
5. Was [CHILD/ CHILD'S MOTHER/ CHILD'S FATHER] born in the United States? **(K11Q30-K11Q33)**
 - How long has [CHILD/ CHILD'S MOTHER/ CHILD'S FATHER] been in the United States? **(K11Q34A-K11Q37A)**
6. How many times has [CHILD'S NAME] ever moved to a new address? **(K11Q43)**
7. Was anyone in the household employed at least 50 weeks out of the 52 weeks? **(K11Q50)**
8. At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from a state or a county welfare program? **(K11Q60)**
9. During the past 12 months, did ([CHILD'S NAME]/any child in the household) receive Food Stamps? **(K11Q61)**
10. During the past 12 months, did ([CHILD'S NAME]/any child in the household) receive free or reduced-cost breakfasts or lunches at school? **(K11Q62)**