Start Here

Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey.

We now have some follow-up questions to ask about:

If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.

We have selected only one child per household in an effort to minimize the amount of time you will need to complete the follow-up questions.

The survey should be completed by an adult who is familiar with this child's health and health care.

Your participation is important. Thank you.

A. This Child's Health

Has a doctor or other health care provider EVER told you that this child has...

A19 **Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?**

☐ Yes ☐ No

↳ **If yes, is it:**

☐ Mild ☐ Moderate ☐ Severe

Was this condition identified through a blood test done shortly after birth? *These tests are sometimes called newborn screening.*

☐ Yes ☐ No

↳ **If yes, was this child diagnosed with:**

Sickle Cell Disease?	☐ Yes	☐ No
Thalassemia?	☐ Yes	☐ No
Hemophilia?	☐ Yes	☐ No
Other Blood Disorders?	☐ Yes	☐ No

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Your participation is important. Thank you.

A. This Child's Health

Has a doctor or other health care provider EVER told you that this child has...

A20 Cystic Fibrosis?

☐ Yes ☐ No

↳ If yes, is it:

☐ Mild ☐ Moderate ☐ Severe

If yes, was this condition identified through a blood test done shortly after birth? *These tests are sometimes called newborn screening.*

☐ Yes ☐ No

Has a doctor or other health care provider EVER told you that this child has...

A21 Other genetic or inherited condition?

☐ Yes ☐ No

↳ If yes, specify:

↳ Is it:

☐ Mild ☐ Moderate ☐ Severe

Was this condition identified through a blood test done shortly after birth? *These tests are sometimes called newborn screening.*

☐ Yes ☐ No

A4 **DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children?**
If the frequency changed throughout the year, report the highest frequency.

- ☐ Never (in the past 12 months)
- ☐ 1-2 times (in the past 12 months)
- ☐ 1-2 times per month
- ☐ 1-2 times per week
- ☐ Almost every day

A5 **DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them?**
If the frequency changed throughout the year, report the highest frequency.

- ☐ Never (in the past 12 months)
- ☐ 1-2 times (in the past 12 months)
- ☐ 1-2 times per month
- ☐ 1-2 times per week
- ☐ Almost every day

C6 **Are you concerned about this child's weight?**

- ☐ Yes, it's too high
- ☐ Yes, it's too low
- ☐ No, I am not concerned

C7 **Has a doctor or other health care provider ever told you that this child is overweight?**

- ☐ Yes
- ☐ No

C28 **DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?**

- ☐ Yes
- ☐ No

D16 **Did you and this child receive a summary of your child's medical history (for example, medical conditions, allergies, medications, immunizations)?**

- ☐ Yes
- ☐ No

G1 **Is this child able to do the following...**
Mark (X) Yes or No for each item.

	Yes	No
a. Say at least one word, such as "hi" or "dog"?	☐	☐
b. Use 2 words together, such as "car go"?	☐	☐
c. Use 3 words together in a sentence, such as, "Mommy come now."?	☐	☐
d. Ask questions like "who," "what," "when," "where"?	☐	☐
e. Ask questions like "why" and "how"?	☐	☐
f. Tell a story with a beginning, middle, and end?	☐	☐
g. Understand the meaning of the word "no"?	☐	☐
h. Follow a verbal direction without hand gestures, such as "Wash your hands."?	☐	☐
i. Point to things in a book when asked?	☐	☐
j. Follow 2-step directions, such as "Get your shoes and put them in the basket."?	☐	☐
k. Understand words such as "in," "on," and "under"?	☐	☐

H6 **ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media?** *Do not include time spent doing schoolwork.*

- ☐ Less than 1 hour
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 4 or more hours

D14 If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults?

- [ ] Yes
- [ ] No

D17 **Have this child's doctors or other health care providers worked with you and this child to create a plan of care to meet his or her health goals and needs?**

- ☐ Yes
- ☐ No → *SKIP to question* D20

D18 **If yes, do you and this child have access to this plan of care?**

- ☐ Yes
- ☐ No

D19 **Does this plan of care address transition to doctors and other health care providers who treat adults?**

- ☐ Yes
- ☐ No
- ☐ No, child already sees providers who treat adults