

FINDING COMMON GROUND
WELFARE REFORM AND THE HEALTH OF CHRONICALLY ILL CHILDREN AND THEIR MOTHERS
(adapted from the study's questionnaire done by CU SPH)

Date: ___ ___ / ___ ___ / _____ **Interviewer:** _____
(Mo) (Dy) (Yr)

Language: (1) English (2) Spanish

CHILD HEALTH

A1. You've told me that your child has [insert diagnosis obtained during screening]. Does this health problem(s) ever make it difficult for [child's name] to take part in kids' activities like sports, gym class, playing outside, etc.?

- (1) Yes
- (0) No

We want to know if their illness limits their ability in any way

A2. In the past 6 months, how many times has [child's name] been to a hospital *emergency room* (that is, since [month])?

- (1) None
- (2) Once
- (3) Twice
- (4) Three times
- (5) Four or more times ((*SPECIFY*) # _____)

calendar

Count back six months prior to the month of this interview on the calendar to help R with recall

A2a. What for?

A3. In the past 6 months, how many times has [child's name] been admitted overnight to the *hospital* (that is, since [month])?

- (1) None [SKIP TO A4]
- (2) Once
- (3) Twice
- (4) Three times
- (5) Four or more times (*SPECIFY* # _____)

calendar

A3a. What for?

A4. Does your child currently go to school or day care?

If child is in school, but is currently on vacation, mark YES.

- (1) Yes
- (0) No

A4a. During the past 6 months, about how many days did [child's name] *not* attend because of illness or injury?

calendar

A5. During the past 6 months, did your child miss a doctor or health appointment because you couldn't miss work or school?

- (1) Yes
- (0) No [*PROBE*: confirm R is attending school or outside work]
- (2) Not currently attending school or working outside the home

A6. Is your child supposed to take any medications prescribed by a doctor on a regular basis?

By regular basis, we mean medications that are taken every day—or are part of a regular regimen to control the child's illness, including inhalers for asthma that may be taken only upon an attack.

- (1) Yes
What kind: _____
- (0) No

A6a. In the past 6 months. . .

- (1) have you given this medicine to your child regularly (ie, in the way the doctor prescribed it), [*SKIP TO* next section B1]
- (2) have you given it less regularly (ie, less frequently or smaller doses), or
- (3) did you not give the medicine to your child?

A6b. Why did you give it less regularly or not at all? [*PROBE*: Any other reason?]

Mark as many responses as R mentions.

- (a) Can't afford
- (b) No insurance
- (c) Insurance doesn't cover
- (d) Couldn't get to doctor's office
- (e) Couldn't get to pharmacy to refill
- (f) Wanted medicine to last longer
- (g) Couldn't get off from work
- (h) Lack of transportation
- (i) Language problems (eg, prescription in different language, couldn't follow the directions)
- (j) Other
(*SPECIFY*): _____

MOTHER'S HEALTH

B1. First can you tell me if...

	(A) <u>you routinely suffer from...</u>	
	<u>Yes</u>	<u>No</u>
a. asthma/respiratory problems?	(1) [GO TO B]	(0)
b. diabetes?	(1) [GO TO B]	(0)
c. heart/circulatory problems? (high blood pressure, heart disease, heart murmur, palpitations, irregular heart beats)	(1) [GO TO B]	(0)
d. headaches/migraines?	(1) [GO TO B]	(0)
e. epilepsy/seizures/convulsions?	(1) [GO TO B]	(0)
f. depression?	(1) [GO TO B]	(0)
g. bone/muscle problems? (arthritis, numbness in legs/arms, lower back/neck/shoulder pain)	(1) [GO TO B]	(0)
h. *gynecological problems? (severe cramps, endometriosis)	(1) [GO TO B]	(0)
i. digestive/stomach problems? (ulcers, colitis, vomiting, persistent diarrhea, heartburn)	(1) [GO TO B]	(0)

(B)
Have you sought medical care in the last 6 months
for this medical condition?

Yes No

[INTERVIEWER: IF R ANSWERED "YES" TO ANY QUESTION, GO TO B1AAA; IF R ANSWERED "NO" TO ALL QUESTIONS, SKIP TO B2.]

B1aaa. Does/do these/this health problem(s) ever make it difficult for you to take part in usual activities like working, driving, general housekeeping, etc?

- (1) Yes
- (0) No
- (-7) INAP
- (-8) DK
- (-9) NR

We want to know if their illness
limits their ability in any way

B1bbb. In the last six months, have you missed school or work because of this health problem?

calendar

- (1) Yes
- (0) No [*PROBE*: confirm R is attending school or work] [SKIP TO B2]
- (2) Not currently attending school or working outside the home [SKIP TO B2]

B1ccc. How many days in the last 6 months?

B2. In the past 6 months, how many times have you been to a hospital *emergency room* (that is since [month])?

calendar

- (1) None [SKIP TO B3]
- (2) Once
- (3) Twice
- (4) Three times
- (5) Four or more times (*SPECIFY #* _____)

B2a. What for?

calendar

B3. In the past 6 months, how many times have *you* been admitted overnight to the *hospital*?

- (1) None [SKIP TO B4]
- (2) Once
- (3) Twice
- (4) Three times
- (5) Four or more times (*SPECIFY #*_____)

B3a. What for?

B4. During the past 6 months, did *you* miss a doctor or health appointment because you couldn't miss work or school?

- (1) Yes
- (0) No [*PROBE*: confirm R is attending school or outside work]
- (2) Not currently attending school or working outside the home

B5. Are *you* supposed to take any medications prescribed by a doctor on a regular basis?

- (1) Yes [GO TO B5a]
What kind: _____
- (0) No [GO TO B6]

B5a. In the past 6 months. . .

- (1) have you taken this medicine regularly (ie, in the way the doctor prescribed it), [SKIP TO B6]
- (2) have you taken it less regularly (ie, less frequently or smaller doses), or
- (3) did you not take the medicine?

B5b. Why did you take it less regularly or not at all? [*PROBE*: Any other reason?]

	<u>Mention</u>	<u>Not mentioned</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
(a) Can't afford	(1)	(0)	(-7)	(-8)	(-9)
(b) Didn't have insurance	(1)	(0)	(-7)	(-8)	(-9)
(c) Insurance doesn't cover	(1)	(0)	(-7)	(-8)	(-9)
(d) Couldn't get to doctor's office	(1)	(0)	(-7)	(-8)	(-9)
(e) Couldn't get to pharmacy to refill	(1)	(0)	(-7)	(-8)	(-9)
(f) Couldn't get off from work	(1)	(0)	(-7)	(-8)	(-9)
(g) Lack of transportation	(1)	(0)	(-7)	(-8)	(-9)
(k) Language problems (eg, prescription in different language, couldn't follow the directions)	(1)	(0)	(-7)	(-8)	(-9)
(h) Other (<i>SPECIFY</i>): _____	(1)	(0)	(-7)	(-8)	(-9)

B6. In the *past year*, have you been to a doctor or clinic for any of the following: . . .

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NR</u>	<u>INAP</u>
(a) annual check-up (physical)?	(1)	(0)	(-8)	(-9)	
(b) dental visit (cleaning/check-up)?	(1)	(0)	(-8)	(-9)	
← (c) *general gyn visit (eg, pap test, family planning)?	(1)	(0)	(-8)	(-9)	(-7) (male
(d) *mammogram?	(1)	(0)	(-8)	(-9)	(-7) respondent)
(e) eye check-up?	(1)	(0)	(-8)	(-9)	
(f) counseling?	(1)	(0)	(-8)	(-9)	

[INTERVIEWER: IF RESPONDENT IS MALE, SKIP TO C1].

B7. Have you had a baby in the past year?

- (1) Yes
- (0) No [SKIP TO C1]
- (-7) INAP
- (-8) DK
- (-9) NR

B7a. Did you receive prenatal care during your pregnancy?

- (1) Yes
- (0) No
- (-7) INAP
- (-8) DK
- (-9) NR

CHILD INSURANCE

C1. Does [child's name] have health insurance *now* (such as Medicaid, CHIP or private insurance)?

- (1) Yes
- (0) No [SKIP TO C1c]

C1a. What type of health insurance is it?



Use the list on the right to identify the correct type of insurance coverage if R provides you with the program name.

- (1) Medicaid
- (2) CHIP (i.e., Child Health Plus)
- (3) Private (through work)
- (4) Private (purchased by individual)
- (5) Other (*SPECIFY*): _____

C1b. Was there any time in the *past year* that [child's name] did not have health insurance?

- (1) Yes [SKIP TO C2a]
- (0) No [SKIP TO C4]

C1c. Did [child's name] have health insurance at any time in the *past year*?

- (1) Yes [SKIP TO C2b]
- (0) No [SKIP TO C3]

C2a. Why did you not have health insurance for [child's name] during that time?

	<u>Mention</u>	<u>Not mentioned</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
(a) Can't afford it	(1)	(0)	(-7)	(-8)	(-9)
(b) Job doesn't provide	(1)	(0)	(-7)	(-8)	(-9)
(c) Lost coverage with job	(1)	(0)	(-7)	(-8)	(-9)
(d) Don't qualify (ie, Medicaid)	(1)	(0)	(-7)	(-8)	(-9)
(e) No longer on TANF	(1)	(0)	(-7)	(-8)	(-9)
(f) Other	(1)	(0)	(-7)	(-8)	(-9)

(SPECIFY): _____

[SKIP TO C3]

C2b. Why does [child's name] no longer have health insurance? [PROBE: Any other reason?]

	<u>Mention</u>	<u>Not mentioned</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
(a) Can't afford it	(1)	(0)	(-7)	(-8)	(-9)
(b) Job doesn't provide	(1)	(0)	(-7)	(-8)	(-9)
(c) Loss coverage with job	(1)	(0)	(-7)	(-8)	(-9)
(d) Don't qualify (ie, Medicaid)	(1)	(0)	(-7)	(-8)	(-9)
(e) No longer on TANF	(1)	(0)	(-7)	(-8)	(-9)
(f) Other	(1)	(0)	(-7)	(-8)	(-9)

(SPECIFY): _____

C3. When [child's name] is without health insurance, how do you cover the cost of medical care?
[PROBE: Anything else?]

	<u>Mentioned</u>	<u>Not Mentioned</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
(a) Pay for it yourself	(1)	(0)	(-7)	(-8)	(-9)
(b) Get free care	(1)	(0)	(-7)	(-8)	(-9)
(c) Treat the child yourself	(1)	(0)	(-7)	(-8)	(-9)
(d) Wait before seeing/don't go to doctor	(1)	(0)	(-7)	(-8)	(-9)
(e) Other	(1)	(0)	(-7)	(-8)	(-9)

(SPECIFY): _____

C4. Where do you *usually* go when [child's name] is sick, or when you need advice about his/her health?
[PROBE: Any other places?].

	<u>Mentioned</u>	<u>Not mentioned</u>	<u>DK</u>	<u>NR</u>
(a) Hospital clinic	(1)	(0)	(-8)	(-9)
(b) Private physician's office,	(1)	(0)	(-8)	(-9)
(c) Community health center	(1)	(0)	(-8)	(-9)
(d) Public health clinic	(1)	(0)	(-8)	(-9)
(e) HMO	(1)	(0)	(-8)	(-9)
(f) School nurse/clinic	(1)	(0)	(-8)	(-9)
(g) Pharmacist	(1)	(0)	(-8)	(-9)
(h) Herbalist (Botanica)	(1)	(0)	(-8)	(-9)
(i) Emergency room	(1)	(0)	(-8)	(-9)
(j) Other	(1)	(0)	(-8)	(-9)

(SPECIFY): _____

MOTHER'S INSURANCE

D1. Do you have health insurance *now* (such as Medicaid, CHIP, or private insurance)?

- (1) Yes
- (0) No [SKIP TO D1c]

D1a. What type of health insurance is it?

- (1) Medicaid
- (2) CHIP (including Family Health Plus)
- (3) Private (through work)
- (4) Private (purchased by individual)
- (5) Other (*SPECIFY*): _____

D1b. Was there any time in the past year that you did *not* have health insurance?

- (1) Yes [SKIP TO D2a]
- (0) No [SKIP TO D4]

D1c. Did you have health insurance at any time in the past year?

- (1) Yes [SKIP TO D2b]
- (0) No [SKIP TO D3]

D2a. Why did *you* not have health insurance during that time? [*PROBE*: Any other reason?]

	<u>Mention</u>	<u>Not mentioned</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
(a) Can't afford	(1)	(0)	(-7)	(-8)	(-9)
(b) Job doesn't provide	(1)	(0)	(-7)	(-8)	(-9)
(c) Loss coverage with job	(1)	(0)	(-7)	(-8)	(-9)
(d) Don't qualify (ie, Medicaid)	(1)	(0)	(-7)	(-8)	(-9)
(e) No longer on TANF	(1)	(0)	(-7)	(-8)	(-9)
(f) Other	(1)	(0)	(-7)	(-8)	(-9)
<i>(SPECIFY)</i> : _____					

[SKIP TO D3]

D2b. Why do *you* no longer have health insurance? [*PROBE*: Any other reason?]

	<u>Mention</u>	<u>Not mentioned</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
(a) Can't afford it	(1)	(0)	(-7)	(-8)	(-9)
(b) Job doesn't provide	(1)	(0)	(-7)	(-8)	(-9)
(c) Loss coverage with job	(1)	(0)	(-7)	(-8)	(-9)
(d) Don't qualify (ie, Medicaid)	(1)	(0)	(-7)	(-8)	(-9)
(e) No longer on TANF	(1)	(0)	(-7)	(-8)	(-9)
(f) Other	(1)	(0)	(-7)	(-8)	(-9)
<i>(SPECIFY)</i> : _____					

D3. So when you are without health insurance, how do you cover the cost of medical care?

[PROBE: Anything else?]

	<u>Mentioned</u>	<u>Not Mentioned</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
(f) Pay for it yourself	(1)	(0)	(-7)	(-8)	(-9)
(g) Get free care	(1)	(0)	(-7)	(-8)	(-9)
(h) Treat the child yourself	(1)	(0)	(-7)	(-8)	(-9)
(i) Wait before seeing a doctor	(1)	(0)	(-7)	(-8)	(-9)
(j) Other	(1)	(0)	(-7)	(-8)	(-9)

(SPECIFY): _____

D4. Where do *you* usually go when you are sick, or need advice about your health? [PROBE: Anywhere else?]

	<u>Mentioned</u>	<u>Not mentioned</u>	<u>DK</u>	<u>NR</u>
(a) Hospital clinic	(1)	(0)	(-8)	(-9)
(b) Private physician's office	(1)	(0)	(-8)	(-9)
(c) Community health center	(1)	(0)	(-8)	(-9)
(d) Public health clinic	(1)	(0)	(-8)	(-9)
(e) HMO	(1)	(0)	(-8)	(-9)
(f) School nurse/clinic	(1)	(0)	(-8)	(-9)
(g) Pharmacist	(1)	(0)	(-8)	(-9)
(h) Herbalist (Botanica)	(1)	(0)	(-8)	(-9)
(i) Emergency room	(1)	(0)	(-8)	(-9)
(j) Other	(1)	(0)	(-8)	(-9)

(SPECIFY): _____

Some families receive different types of assistance. The first group of questions I am going to ask are about TANF (that is, welfare or cash assistance, what used to be called AFDC). [TANF/OTHER BENEFITS] E

E1. Does your family currently receive TANF (“welfare”)?

- (1) Yes [GO TO E1a]
- (0) No (includes recently applied for benefits) [SKIP TO E1b]

E1a. And who is covered by TANF? Is it . . .

Some Rs may only receive cash benefits for their children—not for themselves. Also, R may receive it, but not the child, because the child may receive SSI due to his/her medical disability.

- (1) your children only, [SKIP TO E1c]
- (2) your children and yourself, or [SKIP TO E1d]
[Interviewer: with or without partner is included here]
- (3) only you? [SKIP TO E1d]
- (-7) INAP
- (-8) DK
- (-9) NR

E1b. Do you not receive TANF because. . .

- (1) you don't need it or never applied, [SKIP TO E2],
- (2) you applied, but were denied benefits, [SKIP TO E2]
- (3) you used to receive it, but don't now, or [SKIP TO E1e]
- (4) you recently applied and are waiting for decision? (never received prior to now) [SKIP TO E2]

E1c. Do you not receive TANF benefits because. . .

- (1) you don't need it or never applied, [SKIP TO E2]
- (2) you applied, but were denied benefits, [SKIP TO E2]
- (3) you used to receive it, but don't now, or [SKIP TO E1e]
- (4) you recently applied and are waiting for
- (5) a decision? [SKIP TO E2]

E1e.

Did you...

If R says she reached her time limit, mark 2.

- (1) voluntarily stop receiving TANF, or [GO TO E1f] **“LEFT”**
- (2) were your benefits cut by the TANF agency? [SKIP TO E1g] **“LOST”**

E1f. Why did you voluntarily stop receiving TANF? [PROBE: Any other reason?]

	<u>Mentioned</u>	<u>Not mentioned</u>	<u>DK</u>	<u>NR</u>
a. Got a job (including a new job, raise, etc.)	(1)	(0)	(-8)	(-9)
b. Started receiving SSI instead	(1)	(0)	(-8)	(-9)
c. Too many requirements to comply with	(1)	(0)	(-8)	(-9)
d. Was embarrassed (stigma)	(1)	(0)	(-8)	(-9)
e. Increase in income (from source other than job)	(1)	(0)	(-8)	(-9)
f. Other	(1)	(0)	(-8)	(-9)

(SPECIFY): _____

[SKIP TO E1h]

E1g. Why were your benefits cut?

	<u>Mentioned</u>	<u>Not mentioned</u>	<u>DK</u>	<u>NR</u>
a. Got a job (including a new job, raise, etc.)	(1)	(0)	(-8)	(-9)
b. Increase in income (from source other than job)	(1)	(0)	(-8)	(-9)
c. Got married	(1)	(0)	(-8)	(-9)
d. Didn't comply with TANF rules	(1)	(0)	(-8)	(-9)

(SPECIFY): _____

e. Reached time limit	(1)	(0)	(-8)	(-9)
f. Other	(1)	(0)	(-8)	(-9)

(SPECIFY): _____

E1h. How long has it been since you last received TANF?

Circle weeks or months depending on R's answer

← _____ weeks / months

[INTERVIEWER: circle either weeks or months]

- (-7) INAP
- (-8) DK
- (-9) NR

calendar

E2. Now with regard to other benefits, do you currently receive...

We are referring to subsidized housing

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NR</u>
a. child care benefits?	(1)	(0)	(-8)	(-9)
b. <u>WIC?</u>	(1)	(0)	(-8)	(-9)
c. <u>housing benefits?</u>	(1)	(0)	(-8)	(-9)

WIC is the Supplemental Program for Women, Infants and Children. This is a program that provides nutritional supplements and baby supplies such as diapers for low-income families.

E3. With regard to Food Stamps, do you receive them . . .

- (1) solely for yourself,
- (2) solely for your child(ren),
- (3) for all of you, or
- (0) not at all?

E4. With regard to SSI do you receive this. . .
 (SSI=Supplemental Security Income assistance for individuals with permanent disabilities.)

- (1) solely for yourself,
- (2) solely for your child,
- (3) for both of you, or
- (0) not at all?

E5. Some families have had difficulties in some of the following areas.
 In the past 6 months, have *you* had a problem with. . .

	<u>Yes</u>		<u>No</u>	<u>DK</u>	<u>NR</u>
a. housing (eg, paying rent, having to move in with friends, family)?	(1)	Explain:_____	(0)	(-8)	(-9)
b. not enough food at home?	(1)	Explain:_____	(0)	(-8)	(-9)
c. phone service being cut off?	(1)	Explain:_____	(0)	(-8)	(-9)
d. utility service being cut off (electric, gas, heat)?	(1)	Explain:_____	(0)	(-8)	(-9)
f. any other similar problems?	(1)	Explain:_____	(0)	(-8)	(-9)

EMPLOYMENT

F1. Are you currently working outside your home?

- (1) Yes
- (0) No [PROBE: Not at all? Not even part-time?] [SKIP TO F1c]

F1a. Is this a...

- (1) a part- or full-time job *not* associated with TANF, or
- (2) a workfare position (through the TANF office)?
- (3) Other _____

Workfare means R isn't paid by the organization where she works, rather, she is working in order to receive her TANF check.

F1b. How many hours a week do you usually work at this and any other job altogether?

F1c. Have you worked outside the home *anytime* in the *past 4 years* (that is, since around the time welfare reform began in 1997?)

- (1) Yes [SKIP TO F3]
- (0) No [GO TO F1d]

F1d. During this time, did you try to *find* or did you *want* to work?

- (1) Yes
- (0) No [SKIP TO next section **Box G**]

F2. Have any of the following made it difficult for you to find work/a job?

	<u>Yes</u>	<u>No</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
a. Your child's health?	(1)	(0)	(-7)	(-8)	(-9)
b. Your health?	(1)	(0)	(-7)	(-8)	(-9)
c. The health of another family member?	(1)	(0)	(-7)	(-8)	(-9)
d. Lack of child care?	(1)	(0)	(-7)	(-8)	(-9)
e. Any other reason?	(1)	(0)	(-7)	(-8)	(-9)

(SPECIFY):_____

Read and record a response for each item.

[SKIP TO next section Box G]

F3. In the past 4 years, has...

	(A) ...made it hard for you to find a job?					(B) ...caused you to miss work?					(C) ...caused you to lose a job?				
	<u>Yes</u>	<u>No</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>	<u>Yes</u>	<u>No</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>	<u>Yes</u>	<u>No</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
a. your child's health ...	(1)	(0)	(-7)	(-8)	(-9)➤	(1)	(0)	(-7)	(-8)	(-9) ➤	(1)	(0)	(-7)	(-8)	(-9)
b. your own health ...	(1)	(0)	(-7)	(-8)	(-9)➤	(1)	(0)	(-7)	(-8)	(-9) ➤	(1)	(0)	(-7)	(-8)	(-9)
c. the health of another family member ...	(1)	(0)	(-7)	(-8)	(-9)➤	(1)	(0)	(-7)	(-8)	(-9) ➤	(1)	(0)	(-7)	(-8)	(-9)
d. lack of childcare...	(1)	(0)	(-7)	(-8)	(-9)➤	(1)	(0)	(-7)	(-8)	(-9) ➤	(1)	(0)	(-7)	(-8)	(-9)
e. any other thing...	(1)	(0)	(-7)	(-8)	(-9)➤	(1)	(0)	(-7)	(-8)	(-9) ➤	(1)	(0)	(-7)	(-8)	(-9)
	(SPECIFY): _____					(SPECIFY): _____					(SPECIFY): _____				

Question reads as follows:

In the past three years, has *your child's health* made it hard for you to find a job? Has it caused you to miss work? Has your child's health caused you to lose a job?

Ask the question in column A, B, and C for each of the items listed. Repeat the question stem for each new item for example, "In the past 3 years, has your own health..."

For question e, *do not forget* to fill in the line specifying the "other thing" that has made it hard to find a job, etc.

CHILD CARE

G1. Who usually takes care of [child's name] while you are working/in school/at job training? [PROBE: Anyone else?]

	<u>Mentioned</u>	<u>Not Mentioned</u>	<u>INAP</u>	<u>DK</u>	<u>NR</u>
a. Child in school	(1)	(0)	(-7)	(-8)	(-9)
b. Other parent	(1)	(0)	(-7)	(-8)	(-9)
c. Grandparent	(1)	(0)	(-7)	(-8)	(-9)
d. Child cares for self	(1)	(0)	(-7)	(-8)	(-9)
e. Older sibling Age: _____	(1)	(0)	(-7)	(-8)	(-9)
f. Other relative	(1)	(0)	(-7)	(-8)	(-9)
g. Babysitter	(1)	(0)	(-7)	(-8)	(-9)
h. Informal, home-based day care	(1)	(0)	(-7)	(-8)	(-9)
i. Day Care center	(1)	(0)	(-7)	(-8)	(-9)
j. Afterschool program	(1)	(0)	(-7)	(-8)	(-9)
k. Night/evening care	(1)	(0)	(-7)	(-8)	(-9)
l. Other	(1)	(0)	(-7)	(-8)	(-9)
	(SPECIFY): _____				

G2. What happens with your child care arrangement when your child is sick? [PROBE: That is, is your child still cared for in the same way, or is that not possible? How so?]

G3. Has your child's health problem made it . . . to find child care when you need it?

- (1) harder,
- (2) easier, or
- (3) made no difference

MOTHER'S HEALTH/FEELINGS

These next set of questions are about how you feel and how things have been with you during the last 6 months. For each question, please give the one answer that comes closest to the way you have been feeling from responses on the card. Remember that your answers are strictly confidential and that you don't have to answer a question if don't want to.

How much of the time during the last 6 months, have you....

H1. ...been a very nervous person?

- (5) all of the time,
- (4) most of the time,
- (3) a good bit of the time,
- (2) some of the time,
- (1) a little of the time, or
- (0) none of the time?

H2. ...felt calm and peaceful?

- (5) all of the time,
- (4) most of the time,
- (3) a good bit of the time,
- (2) some of the time,
- (1) a little of the time, or
- (0) none of the time?

H3. ...felt downhearted and blue?

- (5) all of the time,
- (4) most of the time,
- (3) a good bit of the time,
- (2) some of the time,
- (1) a little of the time, or
- (0) none of the time?

H4. ...been a happy person?

- (5) all of the time,
- (4) most of the time,
- (3) a good bit of the time,
- (2) some of the time,
- (1) a little of the time, or
- (0) none of the time?
- (-8) DK
- (-9) NR

QH5. ...felt so down in the dumps that nothing could cheer you up?

- (5) all of the time,
- (4) most of the time,
- (3) a good bit of the time,
- (2) some of the time,
- (1) a little of the time, or
- (0) none of the time?

For the next few questions keep in mind that “drug use” can refer to the use of street drugs such as marijuana (or pot), cocaine, amphetamines (speed), and heroin, as well as prescription drugs taken in excess of recommended amounts. “Drinking” refers to any beverage that contains alcohol such as beer, wine, wine coolers, and liquor. Again, your responses to these questions are confidential.

I1. Have you *ever* felt you should cut down on your drinking or drug use?

- (1) Yes
- (0) No

I2. Have people *ever* annoyed you by criticizing your drinking or use of drugs?

- (1) Yes
- (0) No

I3. Have you *ever* felt bad or guilty about drinking or using drugs?

- (1) Yes
- (0) No

I4. Have you *ever* taken a drink or a drug first thing in the morning (“eye-opener”) to steady your nerves or get rid of a hangover?

- (1) Yes
- (0) No

I5: In the past *year*, has drinking or taking drugs interfered with doing something important, like working, going to school or taking care of your family?

- (1) Yes
- (0) No

Some women may experience some form of abuse in their relationships, so these final questions are about any violence or abuse you may have experienced.

**[DV]
J**

J1. Do you feel safe in your current relationship?

- (1) Yes
- (0) No
- (2) Not currently in a relationship

J2. Is there a partner from a previous relationship who is making you feel unsafe now?

- (1) Yes
- (0) No

J3. In the past six months, have you been hit, kicked, punched or otherwise hurt by someone?

- (1) Yes
- (0) No [SKIP TO K1]

J3a. If so, by whom?

- (1) Spouse
- (2) Boyfriend/Girlfriend
- (3) Parent
- (4) Other family member (*SPECIFY*): _____
- (5) Stranger
- (6) Other (*SPECIFY*): _____
- (-9) NR

J3b. Did you need to see a doctor or go to the hospital?

- (1) Yes
- (0) No

This last set of questions covers some general information about yourself.

[DEMOGRAPHIC]

K

K1. What is the highest grade or year in school that you have completed?

___ ___ years

K2. What is the highest degree you have ever received?

- (1) None/did not complete high school
- (2) High school diploma/GED
- (3) Vocational/technical/business degree, certificate or license
- (4) Associates
- (5) Bachelors
- (6) Masters/other professional

K3. With regard to your marital status, are you...

- (1) single (or separated/widowed),
- (2) legally married (*and* living together), or
- (3) living with your partner, but not married?

K4. How would you identify yourself racially or ethnically?

[INTERVIEWER: **DO NOT READ**, CODE 1ST RESPONSE OR PROBE ONLY FOR ONE]

- (1) Dominican
- (2) White/ Anglo
- (3) Black/African American
- (4) Other (*SPECIFY*): _____

K5. Were you born in this country?

- (1) Yes
- (0) No *Which country?*: _____

K6. How old are you?

___ ___ years

K7. What language do you speak most comfortably?

- (1) English
- (2) Spanish
- (3) Both
- (4) Other (*SPECIFY*): _____

K8. How many people are currently living with you or staying in your home (including other relatives or friends)?

K9. Finally, please tell me which number is closest to your total household income. By total income I mean all money coming into your household every month from any jobs that you or another adult have, including public assistance, and from friends or relatives, child support, or any other source.

- (1) Under \$250 per month (under \$3,000 per year)
- (2) \$251-\$500 per month (\$3,012 - \$6,000 per year)
- (3) \$501-\$999 per month (\$6,012 - \$11,988 per year)
- (4) \$1000-\$1499 per month (\$12,000 - \$17,988 per year)
- (5) \$1500-\$1999 per month (\$18,000 - \$23,988 per year)
- (6) \$2000-\$2499 per month (\$24,000 - \$29,988 per year)
- (7) \$2500-\$2999 per month (\$30,000 - 35,988 per year)
- (8) \$3000 or above per month (\$36,000 and above per year)