SECTION FC: CHILD HEALTH

FC1. INTERVIEWER CHECKPOINT

SEE COVERSHEET: P. 3, ITEM 15

☐ **1. ANY OWN OR CAREGIVEN CHILDREN UNDER 18 IN THE HH?**

☐ **2. ALL OTHERS → TURN TO P. 89, SECTION FD**

FC1a. Now let's talk about the health of your own child(ren) living with you and the child(ren) living with you for whom you are the primary caregiver. Since (W3 IW DATE) was there a time that (this child/any of these children) did not receive needed emergency or routine medical care?

1. YES	5. NO

FC2. Since (W3 IW DATE), has any child had an accident or injury, including burn or accidental poisoning, that required a doctor's or nurse's care?

1. YES	5. NO

FC3. (Does this child/Do any of these children) have a physical, learning, or mental health condition that limits their regular activities?

1. YES	5. NO → NEXT PAGE, FC9

FC4. How many of the children have these problems?

1. ONE	2. TWO	3. THREE	4. FOUR OR MORE

FC5. How old are these children? (DO NOT READ. CHECK ALL THAT APPLY)

A. UNDER 1 YR OLD	B. 1-4 YRS OLD	C. 5-9 YRS OLD	D. 10-14 YRS OLD	E. 15-17 YRS OLD

FC6. (Does this child/Do these children) receive SSI benefits?

1. YES	5. NO

FC7. (Does this child's/Do the children's) physical, learning or mental health conditions interfere with your work or regular activities?

1. YES	5. NO

FC8. Since (W3 IW DATE), has your doctor or health professional said that any of your children had...

	YES (1)	NO (5)
a. ...asthma?		
b. ...more than 3 ear infections in a year?		
c. ...speech impairment or delay?		
d. ...mental retardation?		
e. ...a serious emotional disturbance?		
f. ...anemia or iron deficiency?		
g. ...elevated levels of lead in the blood?		
h. ...developmental delay?		
j. ...a learning disability?		
k. ...hyperactivity, ADHD, or ADD?		
m. ...any other problems?		

FC9. Do you have a cat, dog, or other furred pet in the home?

1. YES	5. NO

FC10. (RB, P. 26) Now I want to ask you some questions about feelings you may have in your role as a mother or caretaker for the (child/children) now living with you, and how often you experience these feelings.

	ALMOST ALWAYS (1)	OFTEN (2)	SOME-TIMES (3)	RARELY (4)	NEVER (5)
a. How often do you feel that you have too little time to spend by yourself—almost always, often, sometimes, rarely, or never?					
b. How often do you wish you didn't have so many responsibilities?					
c. How often would you say that your (child gets/ children get) on your nerves?					
d. How often do you feel that your (child is/children are) making too many demands on you—(almost always, often, sometimes, rarely, or never)?					
e. Many women feel that they are not as good a mother as they would like to be. How often do you feel this way?					
f. How often do you find that being a mother is much more work than pleasure?					
g. How often do you feel that you are doing everything you can to give your child(ren) a good life?					
h. How often do you feel tired, worn out or exhausted from raising a family?					

FC11. During the past 30 days, did any children in the household between 5 and 18 receive free or reduced-cost lunches at school?

1. YES	5. NO

FC12. During the past 30 days, did any children in the household between 5 and 18 receive free or reduced-cost breakfast at school?

1. YES	5. NO

FC13. During the past 30 days, did any children in the household receive free or reduced-cost food at a daycare or Head Start program?

1. YES	5. NO