



City of New York
Department of Health and Mental Hygiene (DOHMH)
Request for Proposals (RFP) for
NYC Kids Survey
PIN: 20LL001500R0X00
Addendum #2

May 7, 2019

This Addendum contains the materials from the Pre-Proposal Conference held on April 9, 2019, responses to all questions received by DOHMH on or before April 19, 2019, and revisions to the RFP, and a change to an RFP attachment.

Except as otherwise stated in the attached and by any subsequent Addenda to the above-referenced RFP the solicitation remains unchanged.

Please note that the submission due date for proposals remains May 24, 2019 at 2:00 P.M.

I. Pre-Proposal Conference Materials:

Attached as Annex A are the PowerPoint presentation slides and the sign-in sheet from the Pre-Proposal Conference held on April 9, 2019

II. Answers to Questions Received about the RFP:

Answers to questions received by DOHMH are contained in Annex B.

III. Changes to RFP:

The following sections of the RFP have been revised and replaced as follows. Language that is crossed-out has been deleted; language in bold type has been added. **Proposers are required to use the new forms/sections in their proposal packages, or their proposal may be found non-responsive.**

A. RFP Section II (C) – Page 3 revision

C. Anticipated Available Annual Funding

It is anticipated that the total maximum available funding will be \$6,000,000 for the full term of the contract. **In each survey cycle, costs should be balanced as evenly as possible across fiscal years ending on June 30. Costs in any fiscal year should not exceed \$1,200,000.** Greater consideration will be given to Proposers that propose more competitive prices in combination with a high quality program. This funding estimate is based on a 30 minute questionnaire.

The selected contractor may be asked to expand the length of the NYC KIDS survey from a 30 minute questionnaire to a 38 minute questionnaire, contingent upon the availability of additional funding.

B. RFP Section III(A) – Page 5 revision

The Agency's specific goals and objects for this RFP are to:

1. Collect biennial representative survey data for three survey years (2021, 2023 and 2025) with the NYC KIDS Survey. Specifically, NYC KIDS will collect survey data on the health

conditions, needs and health behaviors of young NYC Residents (~~0 to 5 and 6 to 13~~ **0 to 13**) living in residential (non-group) households.

2. Obtain weighted prevalence estimates by obtaining a minimum response rate and cooperation of 20% and 85% respectively, using the American Association for Public Opinion Research (AAPOR) Response Rate #3 (RR3) and Cooperation Rate #3 (COOP3). (https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf.)

C. RFP Section III(B)(3)(a)(iii) – Page 7 revision

- iii. The contractor would develop a method for identifying frame overlap between CHS, OVS, and ASHR samples to be used in calculating probabilities of selection and weighting the data. The protocol and sampling plan should include a method for managing the samples to ensure that production goals are met in order to provide stable estimates at the city level and for each of NYC's five boroughs for children aged 0 to 5 and 6 to 13, and for children 0 to 5 in sub-borough areas. **(Please note that age strata were defined as 0-5 and 6-13 in 2017 and 1-4 and 5-13 in 2019. The distribution of sample across age strata also varied across years. Contractors should anticipate these kinds of design changes. These design changes should not have cost implications).**

D. RFP Section III(B)(3)(e) – Page 10 revisions

- ii. The contractor would provide DOHMH with a weighting plan which includes strategies for combining overlapping frames. ~~and including two nonprobability samples.~~
- iii. After DOHMH's approval of the weighting plan, the contractor will calculate a final survey weight for each case to support estimates for children ages 0 to 5 for each sub-borough area, and for ages 0 to 5 and 6 to 13 at the borough and city level and provide a final sample and weighting methodology report with final disposition reports and combined response and cooperation rates. **(Please note that, as indicated above in Section III(B)(3)(a)(iii), age strata were defined as 0-5 and 6-13 in 2017 and 1-4 and 5-13 in 2019. The distribution of sample across age strata also varied across years.)**

E. RFP Section III(D) – Page 10 revision

Participation by Minority Owned and Women Owned Business Enterprises in City Procurement

If the contract resulting from this Request for Proposals will be subject to M/WBE participation requirements under Section 6-129 of the Administrative Code of the City of New York, as indicated by the inclusion of Schedule B – M/WBE Utilization Plan (Attachment G) and the Participation Goals indicated in Part I thereof, proposers must complete the Schedule B – M/WBE Utilization Plan and submit it with their proposal. Please refer to the Schedule B – M/WBE Utilization Plan and the Notice to All Prospective Contractors (Attachment F) for information on the M/WBE requirements established for this solicitation and instructions on how to complete the required forms. If the proposer intends to seek a full or partial waiver of the Participation Goals on the grounds described in Section 10 of the Notice to All Prospective Contractors, including but not limited to, proposer's intention to use its own forces to perform any or all of the required contract work would result in a failure to attain the Participation Goals, the proposer must request and obtain

from the Agency a full or partial waiver of the Participation Goals (M/WBE Utilization Plan, Part III) in advance of proposal submission and submit the waiver determination with the proposal. Please note that if a partial waiver is obtained, the proposer is required to submit a completed Schedule B-M/WBE Utilization Plan based on the revised Participation Goals in order to be found responsive.

Proposers that are incorporated as non-profit organizations under Section 501(c)(3) of the U.S. Internal Revenue Code are exempt from Participation Goals.

F. RFP Section IV(A)(2)(c)(i)(c) – Page 17 revision

- c. Developing a method for identifying frame overlap between CHS, OVS, and ASHR samples to be used in calculating probabilities of selection and weighting the data. **(Please note that age strata were defined as 0-5 and 6-13 in 2017 and 1-4 and 5-13 in 2019. The distribution of sample across age strata also varied across years. Contractors should anticipate these kinds of design changes. These design changes should not have cost implications).**

G. RFP Section IV(A)(2)(c)(ii)(c) – Page 17 revision

- a. Conducting limited cognitive testing in **both English and** non-English interviews for key questions after obtaining translations.

H. RFP Section IV(A)(2)(c)(v) – Page 19 revisions

- b. Providing DOHMH with a weighting plan which includes strategies for combining overlapping frames. ~~and including two nonprobability samples.~~
- c. Calculating a final survey weight for each case to support estimates for children ages 0 to 5 for each sub-borough area, and for ages 0 to 5 and 6 to 13 at the borough and city level and provide a final sample and weighting methodology report with final disposition reports and combined response and cooperation rates after DOHMH's approval of the weighting plan. **(Please note that, as indicated above in Section III(B)(3)(a)(iii), age strata were defined as 0-5 and 6-13 in 2017 and 1-4 and 5-13 in 2019. The distribution of sample across age strata also varied across years.)**

I. RFP Section IV(A)(3)

3. Price Proposal

The payment structure will be 100% deliverable based. However, proposers are encouraged to propose innovative payment structures. The Agency will consider proposals to structure payments in a different manner and reserves the right to select any payment structure that is in the City's best interest. The Agency understands that the selected contractor may need financing for startup costs. The proposer should include this request in Year 1 of the budget and clearly indicate funds as startup costs.

The Price Proposal for providing the Scope of Services described in Section III of this RFP is contained in Attachment B to this RFP.

Proposers must provide for each deliverable a fully loaded, all-inclusive price that includes all costs associated with the performance of work, including (but not limited to) materials, labor, insurance, statutory and fringe benefits, taxes, overhead and profit. DOHMH will not reimburse Contractor for any other costs, so proposers must take this into consideration in developing their rates. The contractor will be paid for services in accordance with the Deliverables-Based prices and the deliverable prices shall remain fixed for the duration of the contract.

- Proposers must complete a Price Proposal form for both a 30 Minute Survey (page 2 of Attachment B) and an extended 38 Minute Survey (Page 3 of Attachment B).
- DOHMH anticipates awarding the contract at the 30 Minute Survey (page 2 of Attachment B) pricing.
- In the event DOHMH receives additional funding for the 38 minute survey, DOHMH may, at its sole discretion, opt to use the 38 minute survey and the prices proposed on the 38 Minute Survey Price Proposal Form.

In each survey cycle, costs should be balanced as evenly as possible across fiscal years ending on June 30. Costs in any fiscal year should not exceed \$1,200,000.

- J. RFP Section V (A)(5) – Page 21 revision – Proposal Package Contents (“Checklist”)** has been revised to include the option of submitting proof of organizations incorporated as non-profits under 501(c) of the U.S. Internal Revenue Code in lieu of Schedule B. Please see Annex C to this Addendum.
- K. Attachment B: Price Proposal Form** has been revised to correct the start date for Survey Year 2021 from March 1, 2020 to April 1, 2020 and to correct the number of interviews in Deliverable 4. Please see Annex D to this Addendum.
- L. Attachment C: Acknowledgment of Addenda** has been revised to reflect the issuance of this Addendum. Please see Annex E to this Addendum.
- M. 2017 NYC KIDS Questionnaire** has been included as Annex F to this Addendum.
- N. NYC KIDS 2017 Survey Final Response Rates** has been included as Annex G to this Addendum.

City of New York
Department of Health and Mental Hygiene (DOHMH)
Request for Proposals (RFP) for
Community Health Survey
PIN: 21LL000100R0X00
Addendum #1

Below are the PowerPoint Slides that were presented at the Pre-Proposal Conference on April 9, 2019:

NYC KIDS SURVEY RFP

PIN: 20LL001500R0X00

EPIN: 81619P0011

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE
PRE-PROPOSAL CONFERENCE
APRIL 9, 2019



1

Welcome and Overview of Conference

- Please be sure to sign the attendance sheet.
- Questions Sheet – all questions need to be in writing. DOHMH keeps track of all questions, and answers to all questions will be sent, in writing, to all potential proposers.
- In about 20 minutes, we'll collect the questions sheets. To the extent possible, we'll answer the questions raised at this conference **at** this conference.



2

Conference Agenda

1. Summary of the RFP from a Programmatic perspective
2. RFP Guidelines: Review of Basic Information, submission instructions, and basis of contract award
3. Q&A Intermission – DOHMH staff in attendance will retreat to another room and attempt to address the questions raised during this conference (Questions Sheets)
4. Q&A Reading and Closing



3

RFP Programmatic Summary

PROGRAM BACKGROUND AND KEY SCOPE ELEMENTS



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Program Background (pg.3 and Appendix B1, B-2 and B-3)

- The New York City Department of Health and Mental Hygiene (DOHMH) is seeking (1) contractor to conduct NYC KIDS in 2021, 2023, and 2025.
- The survey provides prevalence estimates for a range of health conditions, emotional development indicators and behaviors, and measures household and socio-environmental conditions that directly impact young New Yorkers.
- NYC households with children ages younger than 14* are identified using administrative records available to DOHMH. A focal child is randomly selected and a proxy interview is conducted with an eligible adult. (DOHMH targets approximately 7,500 interviews.)
- Funding is based on a 30 minute questionnaire. Contingent upon the availability of additional funding, the contractor may be asked to extend the length of the survey to 38 minutes.

**Please note: 2017 survey included children 0-13 and 2019 survey included children 1-13. Contractors should plan on a lower age boundary of either 0 or 1. This distinction should not have cost implications. Language reflecting this update to the RFP will be included via revision to the RFP in an Addendum.*



Goals and Objectives (pg. 5)

- Collect representative survey data for three survey years (2021, 2023 and 2025) with the NYC KIDS Survey. Specifically, NYC KIDS will collect survey data on the health conditions, needs and health behaviors of young NYC Residents (1 to 4 and 5 to 13)* living in residential (non-group) households.
- Obtain weighted prevalence estimates by obtaining a minimum response rate and cooperation of 20% and 85% respectively, using the American Association for Public Opinion Research (AAPOR) Response Rate #3 (RR3) and Cooperation Rate #3 (COOP3).

** Please note that age strata were defined as 0-5 and 6-13 in 2017 and 1-4 and 5-13 in 2019. The distribution of sample across age strata also varied across years. Contractors should anticipate these kinds of design changes. These design changes should not have cost implications. Language reflecting this updated RFP information will be reflected via revision to the RFP in an addendum.*



Program Expectations: Experience (pg. 5-6)

The contractor would have at least four (4) years of successful relevant experience in all of the following areas:

- Developing and implementing a plan for administering public health surveys.
- Hiring and training survey interviewers and other survey-related staff with the necessary skills to collect health survey data.
- Providing routine reports that describe the progress and challenges of public health research and surveillance initiatives.
- Conducting quality control on surveys and research and surveillance initiatives.



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Program Expectations – Experience (continued)

- Conducting surveys of children (with proxy responses provided by adults) that are of similar size and complexity to NYC KIDS in urban areas such as New York City in multiple languages (English, Spanish and Chinese).
- Collecting telephone health survey data using Random Digit Dialing (RDD) landline telephone and cell phone sampling frames and sampling from administrative records such as birth records or school records. (If contractors are proposing a different survey sampling frame or mode(s), contractors would have experience with those frames and/or modes.)

Greater consideration would be given to proposers with more than six years of successful relevant experience in these areas.

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Program Expectations: Organizational Capability (pg. 6-7)

- Have strong managerial, administrative and financial oversight that ensures completion of high-quality deliverables, on time, and within budget.
- Provide an adequate level of professional staffing to conduct the work of this contract. At minimum, assign the following senior project staff ("key staff") to work on this contract:
 - Two individuals to serve as project managers: a Project Manager and Deputy Project Manager to serve as the day to day contacts for DOHMH.
 - An experienced Sampling Statistician who would be dedicated to this contract.
- Have, or have the capability to develop electronic systems for tracking the survey, participation rates, and other aspects of the work of the contract.
- Have the capability to perform survey work in English, Spanish and Chinese.
- Meet DOHMH confidentiality and IT security requirements

9

Program Expectations – Approach (pg. 7-10)

- Biennially develop an approved protocol and sampling plan that will address the needs of the complex sample design with multiple strata and multiple sample frames. It will be
 - Designed to obtain weighted prevalence estimates by obtaining a minimum response rate and cooperation of 20% and 85% respectively (AAPOR RR#3 and COOP3).
 - Include a method for screening and identifying eligible households to participate in NYC KIDS, and randomly selecting one child from each eligible household.
 - Include a method for identifying sample frame overlap, to be used in calculating probabilities of selection and weighting the data.
 - Include a method for managing the samples to ensure that production goals are met for all sampling strata.
 - Include a protocol for sending incentives to participants.
 - **Submitted to DOHMH for approval.**

Note: Proposers may propose alternative, probability-based designs for NYC KIDS, including those using an address-based sample frame.

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Program Expectations – Approach (continued)

- Provide **feedback, cognitive testing, translations and CATI programming** for questionnaire provided by DOHMH
- Hire English-speaking and bilingual interviewers experienced with refusal conversion, train interviewers with DOHMH-approved materials at a time convenient for DOHMH to attend.
- Complete a minimum of 7,500 surveys on NYC children aged 0-13 with proxy reporting by an adult parent or guardian. Meet RR3 and COOP 3 minimum targets. Provide weekly production reports.
- Using a secure method of data transmission, provide preliminary de-identified data sets to DOHMH after the first month of data collection and on a quarterly basis thereafter for the duration of the field period.
- Provide regular unobtrusive monitoring and supervision of interviewers. Provide DOHMH staff with the ability to remotely monitor interviews or provide DOHMH access to completed surveys for independent quality control checks.

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Program Expectations – Approach (continued)

Data Cleanup and Sampling Weights

- Review, clean and code the data prior to delivery to DOHMH. Provide a final de-identified data set with para-data.
- Provide a weighting plan which includes strategies for combining overlapping frames. Use approved plan to calculate a final survey weight for each case to support reliable estimates citywide and for selected stratifications by age and geography.
- Provide a final sample and weighting methodology report with final disposition reports and combined response and cooperation rates.

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RFP Guidelines

REVIEW OF BASIC INFORMATION, SUBMISSION INSTRUCTIONS, AND
BASIS OF CONTRACT AWARD



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Anticipated Contract Term (pg. 3)

- April 1, 2020 – March 31, 2026 (6 year term)



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RFP Timetable (pg. 1)

- RFP Release date: April 2, 2019
- Pre-Proposal Conference: April 9, 2019 at 1:00pm
- M/WBE Waiver Application Due: May 3, 2019
- All Proposals due by 2:00 p.m. on May 10, 2019
- Agency Contact Person: Scott Wagner – RFP@health.nyc.gov
- Questions regarding this RFP must be transmitted in writing to the Agency Contact Person by [April 19, 2019](#)
- The Agency cannot guarantee a timely response to written questions regarding this RFP received less than one week prior to the proposal due date.



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Anticipated Funding & Payment Structure

(p. 3-4)

- Total Anticipated Funding Amount for the full term of the contract is \$6,000,000.
- Estimated number of Contracts: 1
- Anticipated payment structure: performance-based. The contractor will be paid upon completion of deliverables. Payment of each deliverable would be subject to DOHMH approval. Deliverables are detailed in the Price Proposal Form (Attachment B of the RFP).
 - ☐ Deliverable rates are *all-inclusive* – in calculating rates, proposers are instructed to include all costs associated with the performance of each deliverable in their Proposed Prices. There will be no separate or additional budget lines in the resulting contract for items other than the deliverables.



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Proposal Submission Instructions (pg. 1-2)

- All Proposals must be submitted to the Agency contact by hand or mail by **May 10, 2019 at 2:00 p.m.**. E-mailed or faxed proposals will **not** be accepted by the Agency.
- Please allow sufficient time to complete and submit Proposals. Proposals received after the proposal due and time are late and shall not be accepted by the Agency, except as provided under New York City's Procurement Policy Board Rules.
- Unless the Agency issues a written addendum to the RFP that extends the Proposal Due Date and Time for all proposers, the Proposal Due Date and Time prescribed above shall remain in effect.



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Proposal Package Contents and Attachments (pg. 21) "Checklist"

1. Proposal Cover Letter (Attachment A)
2. Technical Proposal (Narrative, 2 Letters of Reference for the Proposer, Resumes and/or Description for Key Staff Positions, Organizational Chart, Audit Report or Certified Financial Statement or a statement as to why no report or statement is available)
3. Acknowledgment of Addenda Form (Attachment C)
4. Price Proposal (Attachments B)
5. Subcontract Utilization Plan or Approved Waiver of Target Subcontracting Percentage or Subcontractor Utilization Plan and Approved Partial Waiver of Target Subcontract Percentage (Attachment G); For organizations incorporated as non-profits under Section 501(c)(3) of the U.S. Internal Revenue Code: copy of IRS determination letter
6. Doing Business Data Form (Attachment D)
7. Iran Contractor Compliance Form (Attachment H)
8. Electronic copy – USB, CD-ROM or DVD containing electronic copies of all hardcopy documents contained in the proposal submission.



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Evaluation Criteria (pg. 22)

Proposals will be evaluated and scored based on the following evaluation criteria and will be assessed according to responses in the corresponding sections of the Proposal Response Form:

A. Demonstrated quantity and quality of successful relevant experience	40 Points
B. Demonstrated level of organizational capability	25 Points
C. Quality of proposed approach	35 Points
Total	100 Points

Basis of Award and Procedures (pg. 22)

- An award will be made to the proposer achieving the highest technical score that offers a fair and reasonable price that does not exceed the maximum available funding set forth in the RFP.
- Contract award shall be subject to the timely completion of contract negotiations between the Agency and the selected proposer and a determination of contractor responsibility.



PASSPort

Procurement and Sourcing Solutions Portal

- All Vendors wishing to do business with the City must enroll in PASSPort (Formerly VENDEX).
- To complete the online disclosure process, please create an online account in PASSPort and file all disclosure information here: www.nyc.gov/passport
- If you have any questions regarding enrollment please contact help@mocs.nyc.gov



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M/WBE Goals and Instructions (Attachment G – Schedule B)

The Department of Health and Mental Hygiene (DOHMH) is committed to ensuring that there is diversity in City contracting- as per Local Law 1 of 2014, M/WBE goals have been applied to this contract.

M/WBE Utilization Goal – 13%

- General rule - contract goals can be met with the use of M/WBE prime and/or subcontracting work (minus dollars awarded to non-M/WBEs). Requests for full or partial **waivers** to the goal must be submitted to rfp@health.nyc.gov by May 3, 2019.
- Proposal package must include either
 - a completed "Schedule B – Part II: M/WBE Participation Plan"
 - OR
 - a fully approved "Schedule B – Part III – Request for Waiver of M/WBE Participation Requirement"
 - OR
 - For organizations incorporated as non-profits under Section 501(c)(3) of the U.S. Internal Revenue Code: copy of IRS determination letter

To search and find qualified M/WBEs, visit www.nyc.gov/buycertified

For assistance:

- DOHMH M/WBE unit – P: (347) 396-6602; E: mwbe@health.nyc.gov
- NYC Small Business Services – Certification Helpline: (212) 513-0311

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Schedule B Examples

Tips for correctly completing Schedule B.

Proposers have 3 options when considering how or whether MWBE Utilization fits in with their proposed approach to work.

1. **Regular Schedule B Submission**
2. **Partial Waiver request and approval**
3. **Full Waiver request and approval**

Options 2 and 3 require submission of a request PRIOR to the proposal due date, and requires approval of DOHMH and the Mayor's Office of Contract Services. If you request a waiver and it is denied, you must do a Regular Schedule B Submission

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Sample – do not use the figures provided in the sample

Schedule B – Part I
Pg. 1

Part I is completed by
DOHMH

It contains the “M/WBE
Participation Goal for
Services”

Procurement Title: ABC Widgets Service PIN: #A9999999CDE

SCHEDULE B – MWBE Utilization Plan
Part I: MWBE Participation Goals
Part I to be completed by contracting agency

Contract Overview

APT E-PIN # ***** PMS Project ID#: *****
Project Title/ Agency ABC Widgets Service - PIN #A9999999CDE
PIN # *****
Bid/Proposal *****
Response Date *****
Contracting Agency Department of NYC Agency
Agency Address 123 ABC St City New York State NY Zip Code *****
Contact Person Mother Nature Title ACCO
Telephone # ***** Email city@city.nyc.gov

Project Description (attach additional pages if necessary)

The Department of Health and Mental Hygiene seeks an appropriately qualified contractor to provide ABC Widget services. (Please provide the full description)

M/WBE Participation Goals for Services
Enter the percentages allowed for each group or for an unspecified goal. Please note that there are no goals for Asian Americans in Professional Services.
Prime Contract Industry:

Group	Percentage
<u>Unspecified</u>	<u>13%</u>
or	
<u>Black American</u>	<u>%</u>
<u>Hispanic American</u>	<u>%</u>
<u>Asian American</u>	<u>%</u>
<u>Women</u>	<u>%</u>
Total Participation Goals	13% Line 1

Regular Schedule

B Submission

(no waiver request)

Sample:

Schedule B – Part II

Pg. 2

Regular Submission (no
waiver request)

Complete Part II.

Proposer provides a plan for meeting the
Agency's goal.

"Total Bid/Proposal Value" equals the
"Total Proposed Price" from the Price
Proposal Form (Att. B)

Procurement Title: ABC Widgets Service

PN: #A64888888888

SCHEDULE B - Part II: MWBE Participation Plan

Part II to be completed by the bidder/proposer.

Please note: For Non-MWBE Prime Contractors who will NOT subcontract any services and will self-perform the entire contract, you must obtain a FULL waiver by completing the Waiver Application on pages 5 and 6 and timely submitting it to the contracting agency pursuant to the Notice to Prospective Contractors. Once a FULL WAIVER is granted, it must be included with your bid or proposal and you do not have to complete or submit this form with your bid or proposal.

Section I: Prime Contractor Contact Information			
Tax ID # <u>##-####</u>	FMS Vendor ID # <u>#####</u>		
Business Name <u>Widgets Work</u>	Contact Person <u>Father Time</u>		
Address <u>456 LMNOP Road</u>	<u>789 XYZ St, NY #####</u>		
Telephone # <u>###-###-####</u>	Email <u>fltime@widgetswork.com</u>		
Section II: MWBE Utilization Goal Calculations. Check the applicable box and complete subsection.			
PRIME CONTRACTOR ADOPTING AGENCY MWBE PARTICIPATION GOALS			
<input checked="" type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Agency MWBE Participation Goals.	Total Bid/Proposal Value	Agency Total Participation Goals (Line 1, Page 1)	Calculated MWBE Participation Amount
Calculate the total dollar value of your total bid that you agree will be awarded to MWBE subcontractors for services and/or credited to an MWBE prime contractor or Qualified Joint Venture.			
Please review the Notice to Prospective Contractors for more information on how to obtain credit for MWBE participation.	\$ <u>1,000,000</u>	X <u>10%</u>	= \$ <u>100,000</u> Line 2
<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Modified MWBE Participation Goals.	Total Bid/Proposal Value	Adjusted Participation Goal (From Partial Waiver)	Calculated MWBE Participation Amount
Calculate the total dollar value of your total bid that you agree will be awarded to MWBE subcontractors for services and/or credited to an MWBE prime contractor or Qualified Joint Venture.			
Please review the Notice to Prospective Contractors for more information on how to obtain credit for MWBE participation.	\$	X %	= Line 3

Sample:

Schedule B – Part II
Pg. 3

Regular Submission (no
waiver request)

In Section VI,

- o Enter the total amount of subcontracting you plan to do using both MWBEs and non-MWBEs
- o Include a list of work you plan to subcontract:
 - Type of work to be subcontracted
 - Dollar value of each type of work to be subcontracted
 - Whether each type of work is planned for an MWBE
 - Estimated timeframe for each type of work

Procurement Title: ABC Widgets Service PIN: #A#B#C#D#E#F#G#H#I#J#K#L#M#N#O#P#Q#R#S#T#U#V#W#X#Y#Z#

Check applicable box. The Proposer or Bidder will fulfill the MWBE Participation Goals:

☐ As an MWBE Prime Contractor that will self-perform and/or subcontract to other MWBE firms a portion of the contract value of which is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non-MWBE firms will not be credited towards fulfillment of MWBE Participation Goals. Please check all that apply to Prime Contractor:

☐ MBE ☐ WBE

☐ As a Qualified Joint Venture with an MWBE partner, in which the value of the MWBE partner's participation and/or the value of any work subcontracted to other MWBE firms is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non-MWBE firms will not be credited towards fulfillment of MWBE Participation Goals.

☒ As a non-MWBE Prime Contractor that will enter into subcontracts with MWBE firms the value of which is at least the amount located on Lines 2 or 3 above, as applicable.

Section IV: General Contract Information

What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of MWBE status? 15%

Enter brief description of the type(s) and dollar value of subcontracts for all services you plan on subcontracting if awarded this contract. For each item, indicate whether the work is designated for participation by MBEs and/or WBEs and the time frame in which such work is scheduled to begin and end. Use additional sheets if necessary.

1.	Widget Polishing - \$30,000 - designated for NYC-certified MWBE participation - Year 1
2.	Widget Disposal - \$50,000 - designated for NYC-certified MWBE Participation - Years 1-2
3.	Widget Site Assessment - \$20,000 - Year 1
4.	Widget Photography - \$50,000 - designated for NYC-Certified MWBE Participation, Year 1-2
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	

✓ Scope of Subcontract Work

Sample:

Schedule B - Part II
Pg. 4

Regular Submission
(no waiver request)

This is submitted
with your Proposal
Package.

Procurement Title: ABC Widgets Service PIN: #A#B#C#D#E#F#G#H#I#J#K#L#M#N#O#P#Q#R#S#T#U#V#W#X#Y#Z#


I) acknowledge my understanding of the MWBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;

2) affirm that the information supplied in support of this MWBE Utilization Plan is true and correct;

3) agree, if awarded this Contract, to comply with the MWBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;

4) agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the MWBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such goals are modified by the Agency; and

5) agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the MWBE Participation Goals, or if a partial waiver is obtained or such goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.

Signature  Date ## - ## - ####

Print Name Father Time Title Head Widget Worker

Full Waiver Request

For proposers requesting to be
completely waived from the Agency's
MWBE utilization goal (goal of 0%)



SCHEDULE B - Part II: M/WBE Participation Plan

Part II to be completed by the bidder/proposer.

Please note: For Non-M/WBE Prime Contractors who will NOT subcontract any services and will self-perform the entire contract, you must obtain a FULL waiver by completing the Waiver Application on pages 5 and 6 and timely submitting it to the contracting agency pursuant to the Notice to Prospective Contractors. Once a FULL WAIVER is granted, it must be included with your bid or proposal and you do not have to complete or submit this form with your bid or proposal.



Sample:

Schedule B – Part III
Pg. 5 (top)
Full Waiver Request

Complete Schedule
B – Part III

Procurement Title: ABC Widgets Service

PIN: #A8B888888C8D8

SCHEDULE B – PART III – REQUEST FOR WAIVER OF M/WBE PARTICIPATION REQUIREMENT

Contract Overview

Tax ID # ##-#### FMS Vendor ID # #####
Business Name Widgets Work
Contact Name Father Time Telephone # ###-###-#### Email ftime@widgetswork.com
Type of Procurement ☒ Competitive Sealed Bids ☐ Other Bid/Response Due Date ##-##-####
APT E-PIN # #####A##### Contracting Agency: Department of NYC Agency

M/WBE Participation Goals as described in bid/solicitation documents

13 %

Agency M/WBE Participation Goal

Proposed M/WBE Participation Goal as anticipated by vendor seeking waiver

0 %

of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted for services and/or credited to an M/WBE Prime Contractor or Qualified Joint Venture.

Basis for Waiver Request:

- ☒ Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.
- ☐ Vendor subcontracts some of this type of work but at a lower % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. (Attach subcontracting plan outlining services that the vendor will self-perform and subcontract to other vendors or consultants.)
- ☐ Vendor has other legitimate business reasons for proposing the M/WBE Participation Goal above. Explain under separate cover.

Sample:

Schedule B – Part III
Pg. 5 (bottom)
Full Waiver Request

Remember – in a
Full Waiver Request,
Proposer is expected
to demonstrate and
justify an MWBE
goal of 0%.

Info for contracts for
NYC government
agencies.

References

List 3 most recent contracts performed for NYC agencies (if any). Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.

CONTRACT NO.	999 20172009106	AGENCY	Dept. of Liberty	DATE COMPLETED	10/30/2018
Total Contract Amount	\$200,000	Total Amount Subcontracted	\$0		
Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract	
CONTRACT NO.	999 20172009102	AGENCY	Dept. of Truth	DATE COMPLETED	1/31/2018
Total Contract Amount	\$700,000	Total Amount Subcontracted	\$75,000		
Item of Work Subcontracted and Value of subcontract	Field Assessment; \$50,000	Item of Work Subcontracted and Value of subcontract	Photography; \$25,000	Item of Work Subcontracted and Value of subcontract	
CONTRACT NO.	999 20172009104	AGENCY	Dept. of Equity	DATE COMPLETED	4/20/2017
Total Contract Amount	\$17,000	Total Amount Subcontracted	\$0		
Item of Work Subcontracted and		Item of Work Subcontracted and		Item of Work Subcontracted and	

Sample:

Schedule B – Part III
Pg. 6 (top)
Full Waiver Request

Procurement Title: ABC Widgets Service		PIN: #NAB#*****C/D#	
Value of subcontract		Value of subcontract	
Value of subcontract		Value of subcontract	
CONTRACT NO.	999 20172009100	AGENCY	Dept. of Freedom
Total Contract Amount	\$15,000,000	Total Amount Subcontracted	\$3,000,000
Item of Work Subcontracted and Value of subcontract	Disposal \$1,000,000	Item of Work Subcontracted and Value of subcontract	Polishing \$1,500,000
Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract	Photography \$500,000
CONTRACT NO.		AGENCY	
Total Contract Amount		Total Amount Subcontracted	
Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract	
Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract	
CONTRACT NO.		AGENCY	
Total Contract Amount		Total Amount Subcontracted	
Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract	
Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract	

Sample:

Schedule B – Part III
Pg. 6 (bottom)
Full Waiver Request

Info for non-NYC
entities if you have
performed on fewer
than 3 NYC
government
contracts.

List 3 most recent contracts performed for other entities. Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.

(Complete ONLY if vendor has performed fewer than 3 New York City contracts.)

TYPE OF Contract	ENTITY	DATE COMPLETED
Manager at entity that hired vendor (Name/Phone No./Email)		
Total Contract Amount \$	Total Amount Subcontracted \$	
Type of Work Subcontracted		
TYPE OF Contract	AGENCY/ENTITY	DATE COMPLETED
Manager at agency/entity that hired vendor (Name/Phone No./Email)		
Total Contract Amount \$	Total Amount Subcontracted \$	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract
TYPE OF Contract	AGENCY/ENTITY	DATE COMPLETED
Manager at entity that hired vendor (Name/Phone No./Email)		
Total Contract Amount \$	Total Amount Subcontracted \$	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract

Sample:

Schedule B – Part III

Pg. 7

Full Waiver Request

Attach a separate written justification to support your request that includes details about your contracting history.

Submit to
rfp@health.nyc.gov on or
before the Waiver Request
deadline.

If your request is denied,
you must include a
completed Regular
Schedule B in your proposal
package.

Procurement Title: ABC Widgets Service		PIN: #B#B#B#C#D#	
VENDOR CERTIFICATION: I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith.			
Signature: <u>[Signature]</u>		Date: <u>## - ## - ####</u>	
Print Name: <u>Father Time</u>		Title: <u>Head Widget Worker</u>	
Shaded area below is for agency completion only			
AGENCY CHIEF CONTRACTING OFFICER APPROVAL			
Signature: _____		Date: _____	
CITY CHIEF PROCUREMENT OFFICER APPROVAL			
Signature: _____		Date: _____	
Waiver Determination			
Full Waiver Approved: <input type="checkbox"/>			
Waiver Denied: <input type="checkbox"/>			
Partial Waiver Approved: <input type="checkbox"/>			
Revised Participation Goal: _____ %			

*Please provide a justification to support the request for a full/partial waiver (ie: details about contract history)

Partial Waiver

For proposers requesting a goal less than the
Agency's goal (but more than 0%)

Sample:

Schedule B – Part II Pg. 2

Partial Waiver Request

- Complete Part II
- “Total Bid/Proposal Value” = the “Total Proposed Price” from the Price Proposal Form (Att. B)

Procurement Title: ABC Widgets Service

PIN: #AAB888888CDE

SCHEDULE B - Part II: MWBE Participation Plan

Part II to be completed by the bidder/proposer.

Please note: For Non-MWBE Prime Contractors who will NOT subcontract any services and will self-perform the entire contract, you must obtain a FULL waiver by completing the Waiver Application on pages 5 and 6 and timely submitting it to the contracting agency pursuant to the Notice to Prospective Contractors. Once a FULL WAIVER is granted, it must be included with your bid or proposal and you do not have to complete or submit this form with your bid or proposal.

Section I: Prime Contractor Contact Information				
Tax ID # ##-####		FMS Vendor ID # #####		
Business Name Widgets Work		Contact Person Father Time		
Address 456 LMNOP Road		789 XYZ St, NY #####		
Telephone # ###-###-####		Email ftimes@widgetework.com		
Section II: MWBE Utilization Goal Calculation: Check the applicable box and complete subsection.				
PRIME CONTRACTOR ADOPTING AGENCY MWBE PARTICIPATION GOALS				
<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Agency MWBE Participation Goals. Calculate the total dollar value of your total bid that you agree will be awarded to MWBE subcontractors for services and/or credited to an MWBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for MWBE participation.	Total Bid/Proposal Value	Agency Total Participation Goals (Line 1, Page 1)		Calculated MWBE Participation Amount
	\$	X	=	\$ Line 2
<input checked="" type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Modified MWBE Participation Goals. Calculate the total dollar value of your total bid that you agree will be awarded to MWBE subcontractors for services and/or credited to an MWBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for MWBE participation.	Total Bid/Proposal Value	Adjusted Participation Goal (From Partial Waiver)		Calculated MWBE Participation Amount
	\$ 1,000,000	X 0%	=	\$ 00,000 (Line 3)

Sample:

Schedule B – Part II Pg. 3

Partial Waiver Request

In Section VI,

- Enter the total amount of subcontracting you plan to do using both MWBEs and non-MWBEs
- Include a list of work you plan to subcontract:
 - Type of work to be subcontracted
 - Dollar value of each type of work to be subcontracted
 - Whether each type of work is planned for an MWBE
 - Estimated timeframe for each type of work

Procurement Title: ABC Widgets Service

PIN: #AAB888888CDE

Check applicable box. The Proposer or Bidder will fulfill the MWBE Participation Goals:	
<input type="checkbox"/> As an MWBE Prime Contractor that will self-perform and/or subcontract to other MWBE firms a portion of the contract the value of which is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non-MWBE firms will not be credited towards fulfillment of MWBE Participation Goals. Please check all that apply to Prime Contractor: <input type="checkbox"/> MBE <input type="checkbox"/> WBE	
<input type="checkbox"/> As a Qualified Joint Venture with an MWBE partner, in which the value of the MWBE partner's participation and the value of any work subcontracted to other MWBE firms is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non-MWBE firms will not be credited towards fulfillment of MWBE Participation Goals.	
<input checked="" type="checkbox"/> As a non-MWBE Prime Contractor that will enter into subcontracts with MWBE firms the value of which is at least the amount located on Lines 2 or 3 above, as applicable.	
Section IV: General Contract Information	
What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of MWBE status? 15%	
<input checked="" type="checkbox"/> Scopes of Subcontract Work	Enter brief description of the type(s) and dollar value of subcontracts for all services you plan on subcontracting if awarded this contract. For each item, indicate whether the work is designated for participation by MBEs and/or WBEs and the time frame in which each work is scheduled to begin and end. Use additional sheets if necessary.
	1. Widget Polishing - \$30,000 - designated for NYC-certified MWBE participation - Year 1
	2. Widget Disposal - \$50,000 - designated for NYC-certified MWBE Participation - Years 1-2
	3. Widget Site Assessment - \$20,000 - Year 1-2
	4. Widget Photography - \$50,000 - Year 1-2
	5. _____
	6. _____
	7. _____
	8. _____
	9. _____
	10. _____
	11. _____
	12. _____
	13. _____
	14. _____
	15. _____
	16. _____
17. _____	

Sample:

Schedule B - Part II

Pg. 4

Partial Waiver
Request

Procurement Title: ABC Widgets Service

PIN: ##AB####CDE#

1) acknowledge my understanding of the M/WBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;
2) affirm that the information supplied in support of this M/WBE Utilization Plan is true and correct;
3) agree, if awarded this Contract, to comply with the M/WBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;
4) agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the M/WBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such goals are modified by the Agency; and
5) agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the M/WBE Participation Goals, or if a partial waiver is obtained or such goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.

Signature Father Time Date ##-##-####
Print Name Father Time Title Head Widget Worker

Sample:

Schedule B – Part III

Pg. 5 (top)

Partial Waiver
Request

You also need to
complete Part III of
the form

Procurement Title: ABC Widgets Service

PIN: ##AB####CDE#

SCHEDULE B – PART III – REQUEST FOR WAIVER OF M/WBE PARTICIPATION REQUIREMENT

Contract Overview	
Tax ID #	##-#### FMS Vendor ID # #####
Business Name	Widgets Work
Contact Name	Father Time Telephone # ##-##-#### Email ftime@widgetswork.com
Type of Procurement	<input checked="" type="checkbox"/> Competitive Sealed Bids <input type="checkbox"/> Other Bid/Response Due Date ##-##-####
APT E-PIN # (for this procurement): #####	Contracting Agency: Department of NYC Agency

M/WBE Participation Goals as described in bid/solicitation documents	
13%	Agency M/WBE Participation Goal
Proposed M/WBE Participation Goal as anticipated by vendor seeking waiver	
8 %	of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted for services and/or credited to an M/WBE Prime Contractor or Qualified Joint Venture.
Basis for Waiver Request:	
<input type="checkbox"/> Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.	
<input type="checkbox"/> Vendor subcontracts some of this type of work but at a lower % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. (Attach subcontracting plan outlining services that the vendor will self-perform and subcontract to other vendors or consultants.)	
<input checked="" type="checkbox"/> Vendor has other legitimate business reasons for proposing the M/WBE Participation Goal above. Explain under separate cover.	

Sample:

Schedule B – Part III
Pg. 5 (bottom)
Partial Waiver
Request

Remember – in a Partial Waiver Request, Proposer is expected to demonstrate and justify your proposed modified MWBE goal.

Info for contracts for NYC government agencies.

References			
List 3 most recent contracts performed for NYC agencies (if any). Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.			
CONTRACT NO. 999 20172009106	AGENCY	Dept. of Liberty	DATE COMPLETED 10/30/2018
Total Contract Amount \$200,000	Total Amount Subcontracted \$0		
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract
CONTRACT NO. 999 20172009102	AGENCY	Dept. of Truth	DATE COMPLETED 1/31/2018
Total Contract Amount \$700,000	Total Amount Subcontracted \$75,000		
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Photography, \$25,000	Item of Work Subcontracted and Value of subcontract
Field Assessment, \$50,000			
CONTRACT NO. 999 20172009104	AGENCY	Dept. of Equity	DATE COMPLETED 4/20/2017
Total Contract Amount \$17,000	Total Amount Subcontracted \$0		
Item of Work Subcontracted and	Item of Work Subcontracted and		Item of Work Subcontracted and

Sample:

Schedule B – Part III
Pg. 6 (top)
Partial Waiver
Request

Procurement Title: ABC Widgets Service			PIN: #XAB#*****C#D#	
Value of subcontract	Value of subcontract	Value of subcontract		
CONTRACT NO. 999 20172009100	AGENCY	Dept. of Freedom	DATE COMPLETED	April 30, 2006
Total Contract Amount \$15,000,000	Total Amount Subcontracted \$3,000,000			
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Polishing	Item of Work Subcontracted and Value of subcontract	Photography
Disposal		\$1,500,000		\$500,000
\$1,000,000				
CONTRACT NO.	AGENCY		DATE COMPLETED	
Total Contract Amount	Total Amount Subcontracted			
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract	
CONTRACT NO.	AGENCY		DATE COMPLETED	
Total Contract Amount	Total Amount Subcontracted			
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract	

Sample:

Schedule B – Part III
Pg. 6 (bottom)

Partial Waiver
Request

Info for non-NYC entities
if you have performed
on fewer than 3 NYC
government contracts.

List 3 most recent contracts performed for other entities. Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.

(Complete ONLY if vendor has performed fewer than 3 New York City contracts.)

TYPE OF Contract	ENTITY	DATE COMPLETED
Manager at entity that hired vendor (Name/Phone No./Email)		
Total Contract Amount \$	Total Amount Subcontracted \$	
Type of Work Subcontracted		
TYPE OF Contract	AGENCY/ENTITY	DATE COMPLETED
Manager at agency/entity that hired vendor (Name/Phone No./Email)		
Total Contract Amount \$	Total Amount Subcontracted \$	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract
TYPE OF Contract	AGENCY/ENTITY	DATE COMPLETED
Manager at entity that hired vendor (Name/Phone No./Email)		
Total Contract Amount \$	Total Amount Subcontracted \$	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract

Sample:


Schedule B – Part III
Pg. 7

Partial Waiver
Request

Attach a separate written
justification to support your
request that includes details
about your contracting history.

Submit to rfp@health.nyc.gov
on or before the Waiver Request
deadline.

If your request is denied, you
must include a completed
Regular Schedule B in your
proposal package.

Procurement Title: ABC Widgets Service	PIN: ##AB####C#D#
VENDOR CERTIFICATION: I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith.	
Signature: 	Date: ## - ## - ####
Print Name: Father Time	Title: Head Widget Worker
Shaded area below is for agency completion only	
AGENCY CHIEF CONTRACTING OFFICER APPROVAL	
Signature: _____	Date: _____
CITY CHIEF PROCUREMENT OFFICER APPROVAL	
Signature: _____	Date: _____
Waiver Determination	
Full Waiver Approved: <input type="checkbox"/>	
Waiver Denied: <input type="checkbox"/>	
Partial Waiver Approved: <input type="checkbox"/>	
Revised Participation Goal: _____%	

*Please provide a justification to support the request for a full/partial waiver (ie: details about contract history)

Q & A Intermission

Thanks For Your Patience



45

Q & A Reading and Closing

Thanks for your interest in DOHMH's NYC Kids Survey RFP



46

Attached is the Sign-in Sheet from the Pre-Proposal Conference:

REP FOR THE PROVISION OF COMMUNITY HEALTH SURVEY
March 27, 2019 - 11:00am - 1:00pm
PIN: 201100150000X00

PLEASE WRITE LEGIBLY
PLEASE FILL OUT ALL FIELDS!

Pre-Proposal Conference Attendee Log						
Name of Attendee	Organization Name	Minority or Women Owned Business (MWBE)		RFP	Email	Telephone No.
		Is your firm minority or women owned (Y/N)	Is your firm a Certified MWBE (Y/N)			
1. Marion Montezinos	Market Analytics	Y	Y	Y	marion@marketanalytics.com	201-556-1188
2. Tom Murphy	KIT International	N	Y	Y	tom@kit-intl.com	914-597-5124
3. Christine Malesh	ICF	N	N	N	christine.malesh@icf.com	646-695-8134
4. Rachel Martonik	Abt Associates	N	N	N	rachel.martonik@abt-assoc.com	301-347-5184
5. Kim Doraio	MDHC	Y	Y	N	kim@mdavisco.com	215-790-8900
6. David Parker	Westat	N	N	N	david.parker@westat.com	301-251-4388
7. Anderson, Allison	DOHMH	N/A	N/A	N	allison@doh.nyc.gov	347-396-2424
8. Simone Walker	DOHMH				simone@doh.nyc.gov	347-396-2822
9. Rebecca Meyer	Guidance	N	N	N	rebecca@guidance.com	302-553-7266
10. Sheria McHenry	PHS	Y	Y	N	sheria@hhs.gov	301-435-4630
11. Michele McSpynn	Market Analytics	Y	Y	N	mckenna@marketanalytics.com	601-556-1158
12. SROKEN IMREDAH	DOHMH	N/A	N/A	N	simone@doh.nyc.gov	347-396-2822
13. Aurelie Aceves	Public Works Partners	Y	Y	N	aurelie@publicworks.com	202-410-3634
14. MOE Mabani	Public Works Partners	Y	Y	N	moe@publicworks.com	202-410-3634
15. Scott Wagner	DOHMH	N/A	N/A	N/A	scott@doh.nyc.gov	347-396-6496
16. Erik Valimwen	DOHMH	N/A	N/A	N/A	erik@doh.nyc.gov	347-396-6496
17. Debra Harper	DOHMH	N/A	N/A	N/A	debra@doh.nyc.gov	347-396-6496

Pre-Proposal Conference Attendee Log

Pre-Proposal Conference Attendee Log								
	Name of Attendee	Organization Name	Minority or Women Owned Business (MWBE)		RFP	Email	Telephone No.	Signature
			Is your firm minority or women owned? (Y/N)	Is your firm a Certified MWBE? (Y/N)				
18	Wynne Lambert	NYC DOHMH	✓	✓	✓	wlambert@nyc.gov	(517) 391-6806 518 783-4213	W Lambert
19	Leslie Foster	Sierra College Research Inst	N	N	N	lfoster@sierra.edu	845-863- 5322	Leslie Foster
20	Traavis Brodbeck	Sierra College Research Institute	N	N	N	tbroadbeck@sierra.edu	845-863- 3400	T Brodbeck
21	Kristina Perez	Zebra Strategies	Y	Y	Y	kristina.perez@zebrastategies.com	212 244- 3400	K Perez
22	Sharon Smith	DOHMH	N/A	N/A	N/A	ssmith@nyc.gov	247-396-6614	Sharon Smith
23	Neme Nwogu	GREENSWAT LLC	Y	Y	Y	neme@greenswat-llc.com	917-842-1637	N Nwogu
24	Margaret Tulvan	DOHMH	N/A	N/A	—	mtulvan@nyc.gov	x 6617	M Tulvan
25	Tina McVey	DOHMH	N/A	N/A	—	tmcvey@nyc.gov	x 2515	T McVey
26								
27								
28								
29								
30								
31								
32								
33								
34								

City of New York
Department of Health and Mental Hygiene (DOHMH)
Request for Proposals (RFP) for
NYC Kids Survey
PIN: 20LL001500R0X00
Addendum #1

Below are answers to the unduplicated questions received by DOHMH at the Pre-Proposal Conference and/or in writing by the Questions Due Date of April 19, 2019. Proposers are advised to read all questions and answers in order to have the most complete information.

Answers provided in writing herein should be considered the final and official responses to these questions.

Question 1: Can DOHMH provide a vendor's information to all bidders as a potential M/WBE partner for Project Managers, IT Managers, and Epidemiologist and Administrative services?

Answer 1: No. However, all potential proposers will receive a copy of the sign-in sheet for the pre-proposal conference. Please see sign-in sheet above.

Question 2: Would it be advantageous for a prime contractor to subcontract more than the 13% goal?

Answer 2: 13% is the MWBE utilization requirement. Proposers proposing a higher MWBE utilization amount will not receive a scoring advantage.

Question 3: If a vendor is a non-profit organization but might need to subcontract, does the vendor have to submit a partial waiver?

Answer 3: Non-profit proposers do not need to submit a Waiver of the M/WBE Participation Goals.

Question 4: Are we able to hand deliver the proposal directly to Scott Wagner at his office?

Answer 4: Yes.

Question 5: Has DOHMH explored using other sample sources for the survey? If so, which sources, and why were they rejected?

Answer 5: In 2009 and 2015 DOHMH conducted child health surveys using random digit dialing of cell and landline numbers. In 2015, 247,206 records were loaded and dialed between April 22 and July 20 to yield 3031 interviews with a combined RR3 of 32.3% and COOP3 of 90.2%. The 2016 NYC KIDS pilot study evaluated sample frames based on birth certificates (BC), school health records (ASHR), and a targeted cell (TC) phone sample of NYC addresses flagged as having children ages 0-15 from Marketing Systems Group consumer cellular database. Results of the pilot study were presented at the 2017 AAPOR conference ("Using Administrative Records as a Sampling Frame for a Child Health Telephone Survey", <https://www.aapor.org/Conference-Events/Recent-Conferences.aspx>). RR3 for the TC sample was 15.9% compared to 20.3% and 13.6% for the BC and ASHR samples, respectively. COOP3 for the TC sample was 75.5% compared to 82.8% and 80.3% for the BC and ASHR samples, respectively. Recruitment using the BC and ASHR sample frames was determined to be more efficient and respondent demographics were better aligned with Census demographics than the TC sample.

Question 6: What contact information will be provided by OVS and ASHR sample frames? Will addresses be available for use when contacting sampled records from OVS and ASHR?

Answer 6: The addresses may potentially be available to contact sampled households by mail for both data sources. However, address and location accuracy decline as time from birth or school enrollment increases. NYC KIDS is piloting the use of advance letters using birth certificate addresses in 2019.

Question 7: If addresses are available, what percentage will have complete addresses? And how many have been updated?

Answer 7: Nearly all birth certificates have complete addresses. Birth certificate addresses are not updated and are from the mother's most recent birth. ASHR addresses are systematically updated whenever a child changes schools. Addresses for sampled ASHR records are less likely to be available than addresses from birth certificates.

Question 8: Can the NYC Kids Study questionnaire be made available?

Answer 8: Yes, please Annex F.

Question 9: Are M/WBE's required to meet the M/WBE target and complete the utilization form?

Answer 9: New York City-certified M/WBEs must complete and submit Schedule B.

Question 10: Is there a vendor currently performing these services for DOHMH?

Answer 10: This survey is currently part of the Community Health Survey and is being broken out into a separate survey via this RFP. The current vendor is Abt Associates.

Question 11: What percent of the households in each of the two administrative samples can have addresses attached to them?

Answer 11: Address data are largely complete but become less accurate over time.

Question 12: The example in Appendix B shows a 2017 response rate under 19% for birth records, after a 20% response rate in the 2016 pilot. The pilot also showed only a 14% response rate for the education frame. Can you provide us with the 2017 final response rates for each frame? Given they are likely to be below 20%, what information can you provide to help the telephone approach meet the required 20%?

Answer 12: Appendix B provides an example of a weekly disposition report for NYC KIDS. We are including the final 2017 NYC KIDS disposition report (please see Annex G). DOHMH is looking for proposers to vendors to suggest efficient methods to improve response rates.

Question 13: Can DOHMH confirm that recruitment and re-contacting of NYC CHS respondents will be permissible?

Answer 13: Proposers should anticipate that contact information for eligible households interviewed for the CHS in the same year as NYC KIDS will be made available, even if they are not the contractor for the CHS. NYC KIDS is conducted between March and September, so not all eligible households interviewed for the CHS will be available for recruitment into NYC KIDS.

Question 14: Starting on page 3 of the RFP, it states that "Greater consideration will be given to Proposers that propose more competitive prices in combination with a high quality program." We assume this means a best value tradeoff between technical and price. This award consideration seems to contradict language on page 22 which states "An award will be made to the proposer achieving the highest technical score that offers a price that does not exceed the maximum available funding set forth in the RFP and is determined to be fair and reasonable." Please confirm that will be a best value competition as described on page 3.

Answer 14: This is not a best value RFP.

Question 15: Can exceptions be taken to any of the General Provisions listed in Appendix A? Specifically, Section 8.03 Indemnification?

Answer 15: Exceptions are rarely made to Appendix A.

Question 16: Are HireNYC requirements applicable? If so, does the HireNYC apply to subcontractors?

Answer 16: Yes, HireNYC is applicable to prime contractors. It does not apply to subcontractors.

Question 17: In the survey research marketplace, many large competitors (academic institutions and not-for-profit organizations that recover fee for internal research needs) are classified as 501(c)(3). Will these large organizations still be required to meet the M/WBE requirements, ensuring equal competition among all bidders?

Answer 17: Non-profit organizations incorporated under 501(c)(3) of the U.S. Internal Revenue Code are not required to meet the M/WBE Participation Goals.

Question 18: The solicitation lists the anticipated contract start date as April 1, 2020 through March 31, 2026. The price proposal lists Survey Year 2021 as March 1, 2020 to March 31, 2022. Can DOHMH verify the POP?

Answer 18: The correct start date is April 1, 2020. Please see the Revised Price Proposal Form, attached to this Addendum as Annex D.

Question 19: Is a full methodology report from the most recent cycle available?

Answer 19: No.

Question 20: Can DOHMH share the final sample dispositions from the last cycle?

Answer 20: Please see sample dispositions from last cycle below:

Response and Cooperation Rates	CHS Landline	CHS Cell	Birth Certificates	ASHR	Combined
$AAPOR\ RR3 = I / (I+P+R+NC+O+[e1*e2*UH]+[e1*(UO)])$	32.0%	31.3%	18.6%	15.6%	19.6%
$AAPOR\ COOP3 = I/((I+P)+R)$	43.7%	46.7%	59.1%	58.1%	57.4%

Question 21: What were the 2017 response rates (AAPOR RR3) and cooperation rates (AAPOR COOP 3)?

Answer 21: Please see answer 20 above.

Question 22: Please provide the percentage of cell vs landline completed interviews for most recent sample design.

Answer 22: In 2017, approximately 70% of interviews from CHS households were conducted on cell phones. Before dialing, roughly 85% of the birth certificate and ASHR numbers were identified as cellular telephone numbers.

Question 23: Please provide a description of any methodological research done by the incumbent contractor for the NYC KIDS Survey.

Answer 23: The incumbent made a presentation at the annual American Association for Public Opinion Research (AAPOR) conference, co-authored with DOHMH staff: Using De-Identified Administrative Records

as a Sampling Frame for a Child Health Telephone Survey: Results from a Pilot Study in New York City (2017). Abstract is available on AAPOR's Past Conferences website:

<https://www.aapor.org/Conference-Events/Recent-Conferences.aspx>

Question 24: What text is presented on the caller ID when the current contractor calls sampled phone numbers? Does it show the call is from DOHMH or somewhere else? Has NYC CHS ever experimented with the caller ID text? If so, what were the results?

Answer 24: Caller ID shows a current study-specific NYC phone number, as permitted by TCPA regulation. DOHMH is open to other Caller ID options as long as they're permitted by TCPA requirements.

Question 25: Is there any link to NYC CHS outside of addressing the overlap, per the guidance?

Answer 25: No.

Question 26: On page 3, it mentions "contract(s)". Please confirm that this will be just one award.

Answer 26: There will be one award.

Question 27: When will DOHMH post answers to questions submitted before or at the pre-proposal conference?

Answer 27: Questions will be posted in the addendum.

Question 28: When will DOHMH post answers to questions submitted on or before the April 19 deadline?

Answer 28: Approximately one week later, depending on the final number of questions received.

Question 29: How many questions will the vendor need to cognitively test each year?

Answer 29: Vendors should plan on testing approximately 35 questions for each survey. Cognitive testing will prioritize questions that are either entirely new or substantially different from questions asked previously in NYC KIDS or another large survey.

Please note that different questions are asked about children of different ages so the number of questions to be tested and programmed is 35% larger than the number of questions asked per interview.

Question 30: What percentage of the questionnaire will change on a bi-annual basis?

Answer 30: DOHMH's goal is that approximately 60% of questions will be asked every survey, approximately 25% will be drawn from a library of questions that have been used previously by us or another large survey, and approximately 15% will be questions that are either entirely new or substantially modified.

Question 31: Can we propose an incentive amount other than \$20?

Answer 31: Yes. For example, the incentive in 2019 is \$30. Vendors may propose incentives that seem best suited to the study.

Question 32: Can the documents that require signature (cover letter form, Subcontractor forms, Doing Business Data form, Iran Contractor Compliance form, and any other document) be printed on one sided paper?

Answer 32: Yes.

Question 33: Should the original and copy sets be bound or unbound?

Answer 33: DOHMH's preference is unbound.

Question 34: If the 4 versions of the Program Proposal (one original + three copies) are too large to fit in an envelope can we enclose them in a sealed box?

Answer 34: Yes.

Question 35: Is it acceptable to NYC DOHMH to include our financial statement with our Price Proposal rather than our Program Proposal?

Answer 35: No, the Price Proposal must be in separate envelope.

Question 36: Does DOHMH want any copies of the subcontractor forms (subcontractor utilization plan and/or approved waiver of target subcontracting percentage), or is just one original version of each form sufficient?

Answer 36: One copy is sufficient.

Question 37: If the 5 sealed inner envelopes (Program Proposal, Price Proposal, Electronic Copy, Subcontractor Documentation, and Doing Business Data Form/Iran Contractor Compliance) are too large to fit in an envelope can we enclose them in a box?

Answer 37: Yes.

Question 38: What is Mr. Scott Wagner's current title?

Answer 38: Mr. Scott Wagner's title is RFP Writer.

Question 39: Section 16 of Appendix C, DOITT Citywide Policy on Cloud, requires an annual independent review of the cloud service provider ("CSP"). Will that review be performed and paid for directly by the City, or is it expected that bidders will include the annual cost of hiring an independent assessor as part of their proposals?

Answer 39: The review will not be paid for by NYC. Proposers should include the cost for an annual independent review as part of their proposed pricing.

Question 40: With reference to the above question, if bidders are expected to include the annual cost of an independent assessor in our proposals, please provide the scope of work required so we can budget accurately.

Answer 40: The scope of work for an independent assessor is dependent on the services and pertaining regulations for the data that will be transmitted through a CPS. For example, general services requires SOC 2 compliance, patient data requires HIPAA compliance, and credit card information requires PCI compliance. For questions about other kinds of data, please contact NYC Cyber Command ("NYC3"):

<https://www1.nyc.gov/site/cyber/contact/contact-nyc-cyber-command.page>

Question 41: As the City requires Penetration Testing for all cloud solutions, will the NYC want to conduct their own tests or will they accept the CSP's test results from their own annual assessments?

Answer 41: At present, NYC3's preference is that a vendor has Penetration Testing performed by IBM. NYC3 will also accept Penetration Testing by other accredited entities. Vendors should contact NYC3 for details (see link above).

Question 42: Are monthly vulnerability scans of the systems sufficient or does the NYC require more frequent scans delivered to them?

Answer 42: Monthly vulnerability scans are sufficient.

Question 43: From a budgeting standpoint, are there any expectations for regularly scheduled reports or meetings with the NYC's IT Security personnel in addition to providing clean vulnerability scan results as a report?

Answer 43: The expectation is that monthly vulnerability scan reports will be sent electronically to DOHMH. If there is a new release of the CSP, a Penetration Testing report is required.

Question 44: If NYC previously approved a vendor's cloud services for use by DOHMH in 2019 for another project, will that approval extend for another project or must we resubmit the security requirements checklist for separate approval?

Answer 44: If DOHMH IT Security has an approved disposition for a cloud solution and the use case and data classification have not been changed, then there is no need to get approval again. If IT Security has no record of approval, then the vendor must submit a new cloud solution request for approval.

Question 45: The RFP states "DOHMH advises proposers to deliver proposals by hand". Please clarify if delivery by Federal Express is acceptable.

Answer 45: Yes, it is acceptable, but it is up to the proposer to ensure that Scott Wagner has the proposal by 2:00pm on the due date.

Question 46: Can you change the methodology once the survey is in place?

Answer 46: DOHMH will approve the protocol and sampling plan for each iteration and changes to the design of the NYC KIDS will be made as needed, pending DOHMH approval.

Question 47: Is it possible to model some of the responses if the number of desired completed interviews is unable to be met during the survey?

Answer 47: The design of NYC KIDS should provide direct estimates of prevalence for a range of child health measures. Modeled estimates may be useful for analysis of smaller populations. However, telephone interviews are deliverables in the current price proposal form.

Question 48: How much have the response and cooperation rates declined over each fielding period?

Answer 48: The final 2017 NYC KIDS response and cooperation rates were lower than those for the 2016 Pilot. However, these differences are primarily due to how rates were calculated for the 2016 Pilot, which included contacted screen-outs as completes. The final disposition reports for the 2017 NYC KIDS survey is included with this Addendum.

Question 49: What is the batch of interviews (3.5K-2K-2K) pertaining to?

Answer 49: In each survey cycle, costs should be balanced as evenly as possible across DOHMH fiscal years (July 1- June 30). We anticipate that this will mean 3,500 interviews conducted before June 30, and 4,000 (2,000 + 2,000) interviews after June 30.

Question 50: Let's say you have two vendors, one that is a nonprofit that does not require the MWBE application and one that is an MWBE that requires the MWBE application. Does being an MWBE give a higher score than a nonprofit that is not evaluated in meeting the requirements?

Answer 50: M/WBE participation requirements are not factored into the evaluation of proposals. The evaluation criteria for this RFP is set forth in Section V(B) of this RFP.

Question 51: Are home addresses included in the sample records? If so, is there a tag that identifies how accurate the home addresses are.

Answer 51: Name(s) and home addresses from birth records may potentially be available to contact and survey sampled households. This is less likely for the student records sample. In the 2016 Pilot, the reported household ZIP code matched the sample ZIP code 70% of the time for birth records and 84% of the time for student records. We are piloting the use of household-level recruitment letters using birth certificate addresses in 2019.

Question 52: Do any of the sample files include email addresses?

Answer 52: No. E-mail addresses are not collected on New York City birth certificates and it is also very unlikely that we would be able to obtain parent email addresses from the student records sample. It is possible that email addresses could be collected from eligible and consenting households that have completed the Community Health Survey (CHS).

Question 53: Does the percentage of the sample from the birth records and school records vary during each fielding period? For example, it is 80% of birth records for one year and 60% the next year.

Answer 53: Yes, the percentage of needed samples of birth records and student records may vary between iterations. However, the birth records sample is generally more effective than the student records sample in obtaining interviews from households with children ages 5 and under.

Question 54: For the telephone interview, is there a desired frame size for the Landline and Cell samples?

Answer 54: No, there is not a desired balance between landline or cell phone samples nor between RDD telephone samples and the birth records or student records frames.

Question 55: Is there a limit of how many subcontractors a contractor could utilize?

Answer 55: No.

Question 56: Are the previous sample files from other fielding periods available to develop a "golden sample", a sample of people who have previously been contacted or responded in the past?

Answer 56: No, we have not re-interviewed participating NYC KIDS households nor obtained their consent to do so. DOHMH is open to methodological innovations to improve efficiency and data collection.

Question 57: Have the records in the sample files been pre-screened? How reliable are they, do we know that the correct person still has the phone number or lives at the address?

Answer 57: No, the records in the sample files have not been pre-screened. Sampled birth and student records have been limited to ZIP code and telephone number, so we have not evaluated the accuracy of name and exact household location. In the 2016 Pilot, the reported household ZIP code matched the sample ZIP code 70% of the time for birth records and 84% of the time for student records.

Question 58: Is there a specific quota or requirement for surveys in other languages? What percentage of the surveys were conducted in Spanish and Chinese in past surveys?

Answer 58: No, there is not a specific quota or requirement for surveys in other languages. However, a large portion of New York City parents are foreign born. In 2017, 73% of interviews were conducted in English, 22% in Spanish, and approximately 5% in either Mandarin or Cantonese.

Question 59: For access to monitoring, do you require video monitoring or just audio monitoring? Does monitoring have to be live or can it be random samples of recordings?

Answer 59: For monitoring telephone interviews, we would like to be able to listen to the interview and watch the corresponding data be entered into the CATI system. If this is not possible, recordings of a random sample of interviews will be helpful.

Question 60: Let's suppose there is a household with three children, can the household be selected in each biennial survey? Does the focal child of the household have to vary each biennial survey; for example, if the oldest of the three was selected in 2019, are they no longer able to be selected in 2021 or 2023 thus only making their siblings eligible?

Answer 60: NYC KIDS is a cross-sectional survey that uses sampling with replacement across iterations. The same focal child can be randomly selected in 2 different survey years, although the frequency of this happening will be extremely rare.

Questions 61: Does the contractor have to handle the incentive payments, or can they have a subcontractor perform that task with direction, supervision, and guidance from the contractor?

Answer 61: The contractor would be able to subcontract the work for incentive payments. Please note that all subcontractors are subject to DOHMH approval.

Questions 62: The cognitive testing requirements differ between pg. 8 and pg. 17 of the RFP regarding the inclusion of cognitive testing in English. Please clarify the languages in which cognitive testing should be conducted.

Answer 62: Limited cognitive testing of the 30 minute questionnaire should be conducted in English, Spanish, and Chinese (please see revision above). Any cognitive testing needed for the addition of an 8-minute module will be done by DOHMH.

Questions 63: Please clarify who (DOHMH or the contractor) receives the OVS and ASHR frames, and who draws the samples from these frames.

Answer 63: Stratified random samples of birth records and student records are selected by the DOHMH Bureau of Vital Statistics (BVS) and DOHMH Office of School Health, respectively. Sampled records are then securely transmitted to the contractor to conduct NYC KIDS.

Questions 64: Is it correct that the age groupings differ between the sample and the final weights?

Answer 64: No, that is not correct. NYC KIDS sample weights will match the population from which the sample was drawn. For example in 2019, NYC KIDS will randomly sample children age 1-13 and will be weighted to Census data for the population of children age 1-13.

Questions 65: Can DOHMH describe the process for transferring sample from the CHS to the KIDS survey?

Answer 65: Currently, NYC KIDS (2017, 2019) is conducted by Abt Associates as part of the Community Health Survey (CHS) contract. Eligible households interviewed for the CHS in the same year as NYC KIDS are asked if they would like to participate in a child health survey. Consenting eligible respondents/households then have the option of immediately completing NYC KIDS or are called back to complete the survey.

Proposers should anticipate that contact information for eligible households interviewed for the CHS in the same year as NYC KIDS will be made available, even if they are not the contractor for the CHS. However, NYC KIDS is conducted between March and September, so not all eligible households interviewed for the CHS will be available for recruitment into NYC KIDS.

Questions 66: Can DOHMH please share information about the 2017 KIDS weighting methodology and/or variables used for weighting?

Answer 66: Appendix B-1 provides a summary of the weighting methodology for the 2017 NYC survey. In addition to adjustments for the child's probability of selection within households, area stratification, and sample frame overlap, post-stratification weights were calculated using Census data using the following: race/ethnicity, age group, sex, the percentage of children enrolled in public or private school at the area level, and the percentage of households above or below poverty at the area level.

Questions 67: Attachment B – Price Proposal Form totals 7,700 interviews (3,500 + 2,200 + 2,000), whereas the total number in section 3.d.i. on page 9 is 7,500 (3,500 + 2,000 + 2,000). Please clarify the correct number.

Answer 67: 4(B) of the Price Proposal Form has been revised from 2,200 to 2,000. Please see the revised Price Proposal Sheet in Annex D below.

Questions 68: It is stated in Section 3.v.b. on page 19 that the contractor would “provide DOHMH with a weighting plan which includes strategies for combining overlapping frames and including two-nonprobability samples.” Please clarify what the non-probability samples in this section are referring to.

Answer 68: Although the birth records and student records sample are drawn from administrative data, and do not cover all children in New York City, we do not consider these to be nonprobability samples. Please see the revisions to Sections III(B)(3)(e) and IV(A)(2)(c)(v) above.

Questions 69: The first page of Appendix B-1 says that 85% of interviews come from OVS records and 15% come from ASHR, whereas the 2017 NYC KIDS Example Weekly Progress Report shows that 832 of 6550 completes came from the CHS. What proportion of KIDS completes should we expect to come from CHS and can you confirm that CHS should be referenced in the sampling plan as well?

Answer 69: Yes, the CHS should be referenced in the sampling plan. In 2017, roughly 75% of completes came from birth records, 15% from student records, and 10% from CHS households.

Proposers should anticipate that contact information for eligible households interviewed for the CHS in the same year as NYC KIDS will be made available. In 2017, roughly 3000 CHS households both were eligible for NYC KIDS and consented to be interviewed, from which 889 interviews were completed. NYC KIDS is conducted between March and September, so not all eligible households interviewed for the CHS will be available for recruitment into NYC KIDS.

Questions 70: What is the eligibility age range for the 2021, 2023, and 2025 NYC KIDS Studies? This affects cost when estimating the percent of households that will be eligible.

Answer 70: The 2017 survey included children 0-13 and 2019 survey includes children 1-13, reflecting DOHMH program priorities. Contractors should plan on a lower age boundary of either 0 or 1.

Questions 71: Appendix B-1 shows that for 2017 5,500 of the 7,500 completes were assigned to 0-5 year olds, even though there are fewer of these children than 6-13 year olds. Is this allocation a result of the administrative frames that are available or is there an analytic reason for oversampling these ages?

Answer 71: The 2017 survey included children 0-13 and 2019 survey includes children 1-13, reflecting DOHMH program priorities. Contractors should plan on a lower age boundary of either 0 or 1.

Questions 72: Can we propose an alternative allocation between the two age groupings?

Answer 72: No. The proposed approach should meet the allocation goals described in the RFP.

Questions 73: The proposal package checklist on page 21 says “A sealed outer envelope, enclosing the four sealed inner envelopes.” There are five sealed envelopes listed above. Should this read “enclosing the five sealed inner envelopes”?

Answer 73: Yes, please see the Revised Proposal Package Contents (“Checklist”) included below as Annex C to this Addendum.

Questions 74: Is the NYC KIDS survey supposed to be a module of the CHS administered at the same time for eligible households with children in the target age range? If not, will the phone numbers for households identified as eligible in the CHS sample be made available to the NYC KIDS contractor for follow-up phone calls as part of the NYC KIDS survey?

Answer 74: The contract for the 2021-2025 NYC KIDS will be awarded independently of the CHS. Proposers should anticipate that contact information for eligible households interviewed for the CHS in the same year as NYC KIDS will be made available, even if they are not the contractor for the CHS. However, NYC KIDS is conducted between March and September, so not all eligible households interviewed for the CHS will be available for recruitment into NYC KIDS.

Questions 75: What CHS survey data for households with children will be made available for reduplication?

Answer 75: Proposers should anticipate that contact information for eligible households interviewed for the CHS in the same year as NYC KIDS will be made available, even if they are not the contractor for the CHS.

Questions 76: Can DOHMH expand on the rationale for separating the NYC KIDS survey from the CHS?

Answer 76: DOHMH has made the programmatic and operational decision to contract these as two separate studies.

Questions 77: Section 2.a.3 of the solicitation (Providing routine reports that describe the progress and challenges of public health research and surveillance initiatives) was removed from the CHS; should it be addressed in the NYC KIDS response?

Answer 77: This section remains in the NYC Kids RFP, and NYC Kids proposers are expected to address it in their proposal.

Questions 78: Section 3.a.i on p. 7 describes the OVS and the ASHR as the two data sources to be used as sample frames. However, 3.a.iii on p. 7 mentions the CHS as an additional source for the sample frame, and the CHS is mentioned in a few other places throughout the RFP. Please clarify whether the CHS is to be included as a third data source for the sampling frame.

Answer 78: Yes, the CHS should be referenced in the sampling plan as a third sample frame, although additional or alternative frames may also be proposed. Proposers should anticipate that contact information for eligible households interviewed for the CHS in the same year as NYC KIDS will be made available, even if they are not the contractor for the CHS. However, NYC KIDS is conducted between March and September, so not all eligible households interviewed for the CHS will be available for recruitment into NYC KIDS.

Questions 79: Please verify that CHS refers to the New York City Community Health Survey.

Answer 79: Yes, CHS refers to the New York City Community Health Survey.

Questions 80: If the CHS is to be used for the sample frame, what was the method used in the past for incorporating Community Health Survey data into the sample frame? Was sampling conducted among Community Health Survey respondents who are believed to be eligible for the NYC KIDS Survey, and how recent of data is used?

Answer 80: The CHS should be referenced in the sampling plan as a third sample frame, although additional or alternative frames may also be proposed. Currently, NYC KIDS (2017, 2019) is conducted by Abt Associates as part of the Community Health Survey (CHS) contract. Eligible households interviewed for the CHS in the same year as NYC KIDS are asked if they would like to participate in a child health survey. Consenting eligible respondents/households then have the option of immediately completing NYC KIDS or are called back to complete the survey.

Questions 81: Please specify which data sources have provided the sample frames for the age 0 to 5 and age 6 to 13 groups. Specifically, are all data sources used for the sample frame for both age groups, or are any data sources not needed for specific ages?

Answer 81: As in 2017, the 2019 NYC KIDS is based on three sample frames: NYC birth records, NYC public school student records, and eligible households interviewed for the Community Health Survey. A focal child no older than 13 is randomly sampled within the household, regardless of frame. Within households that have children in both age ranges and are contacted via the birth records sample, children in the younger age range are oversampled.

Questions 82: Page 10 references an information sheet that is sent with incentives. For budgeting purposes, what should offerors assume in terms of the number of pages that need to be printed for this information sheet?

Answer 82: In 2017 and 2019, this was a single 8 ½ by 11 page.

Questions 83: On page 149, Appendix 6.1, #16 it states “The CSP should be evaluated and authorized by an independent auditor on an annual basis to ensure compliance with HIPAA/HITECH, GLB, FERPA, PCIDSS, FTC, etc. and any standards.” Is this referring to a certification for a full Authorization to Operate (ATO)?

Answer 83: No, this is not referring to or related to ATO. Depending on the specific type of compliance, the vendor needs to either provide the appropriate certificate or auditor support document.

Questions 84: How open is the City to other sampling approaches?

Answer 84: DOHMH is open to methodological innovations to improve efficiency and data collection.

Questions 85: What was the medium used for the \$20 incentive in 2017? Exactly how was the incentive paid? Was it a check or another format?

Answer 85: The incentive then and now is a mailed check. In 2019, the amount is \$30.

Questions 86: What incidence rate was achieved in 2017? In 2019?

Answer 86: Final disposition reports for the 2017 NYC KIDS are provided with this Addendum.

Questions 87: Is there any mechanism by which the City of New York notifies residents of the research being conducted to enhance participation? Either as a general campaign? Or something specific to those selected for the study?

Answer 87: DOHMH has public web pages for our surveys to provide respondents with additional information and resources and to reassure them of the legitimacy of our studies. In any one year, DOHMH surveys less than 1% of the city’s residents, so we have not conducted campaigns to increase survey participation. For the 2019 NYC KIDS, we are piloting the use of household-level recruitment letters using birth certificate addresses.

Questions 88: In which format will files be provided?

Answer 88: Sample files may be provided in delimited text, csv, or MS Excel formats, although other formats may be possible. Survey questionnaire documents will typically be provided in MS Word format.

Questions 89: Beyond zip and home phone, what information is included on these records? [records from DOHMH's Office of Vital Statistics (OVS) and Automated Student Health Records (ASHR)].

Answer 89: Along with ZIP code and home telephone number, the birth records sample includes year and month of birth. Additional data from birth records, including name(s) and mailing address, may be available to contact and survey eligible respondents for NYC KIDS. This is less likely for the student records sample. For the 2019 NYC KIDS, we are piloting the use of household-level recruitment letters using birth certificate addresses. To date, the only data points available in the student records sample are ZIP code and home telephone.

Questions 90: Are records selected for the NYC Community Health Study to be eliminated from this study?

Answer 90: Given the size of the RDD sample frame, duplication between the CHS and NYC KIDS samples is possible but unlikely.

Questions 91: Do the cognitive interviews need to be conducted in person or can they be over the phone?

Answer 91: Cognitive interviews do not need to be conducted in person. Cognitive testing may be done over the telephone, or online, or via other means.

Questions 92: Will DOHMH consider the inclusion of a methodological experiment to explore efficiencies in the data collection effort?

Answer 92: DOHMH is open to methodological innovations to improve efficiency and data collection.

Questions 93: Can the agency make available detailed methodological reports from all previous or related data collection efforts, including final disposition reports?

Answer 93: Appendix B-1 summarizes the 2017 NYC KIDS methodology. Final disposition reports for the 2017 NYC KIDS are included with the Addendum to the RFP, along with the 2017 NYC KIDS questionnaire. Findings from the 2016 Pilot were presented at the 2017 American Association for Public Opinion Research (AAPOR) conference. The presentation is available on the 2017 AAPOR Conference website.

Questions 94: The RFP states: "In addition to the core interview lasting 30 minutes, an additional module lasting an average of 8 minutes will likely be added at each survey cycle. Contractors are therefore encouraged to submit bids for 30- and 38-minute surveys." Does DOHMH expect any changes to the core interview questions?

Answer 94: For the core 30-minute survey, our goal is that approximately 60% of questions will be asked every survey, approximately 25% will be drawn from a library of questions that have been used previously by us or another large survey, and approximately 15% will be questions that are either entirely new or substantially modified. If funding for an additional 8 minutes is available and DOHMH opts to extend the length of the survey to 38 minutes, contractors should assume that these additional questions will not require cognitive testing.

Questions 95: Please confirm the insurance coverages marked as applicable in Schedule A are the following: Workers Compensation, Disability Benefits Insurance, Employer's Liability and Commercial General Liability.

Answer 95: Yes, the above-referenced insurance is required.

Questions 96: Please confirm if the following insurance coverages are required for this contract: Commercial Automobile Liability Insurance, Professional Liability Insurance, Crime Insurance, and Cyber Liability Insurance.

Answer 96: The insurance requirements are listed in Appendix A.

Questions 97: Is an Acord form acceptable proof of insurance coverage for the Commercial General Liability requirements?

Answer 97: The selected contractor will be required to provide an ACORD form. An additional insured endorsement naming the City of New York as an additional insured is also required as proof of insurance coverage.

Questions 98: Will the Agency consider granting a waiver of the additional insured requirements?

Answer 98: No.

Questions 99: Would the Agency consider granting a waiver of the \$10,000 self-insurance retention requirement included in Appendix A, Article 7, Section 7.04.C. if the vendor is able to demonstrate evidence of good financial standing, such as letters of credit, surety or performance bonds, or a letter of good standing from the vendor's bank?

Answer 99: Article 7, Section 7.04C of Appendix A prohibits self-insurance programs, including a self-retention exceeding \$10,000.00. This is not a requirement.

Questions 100: Would NYC DOHMH please consider a due date extension of 1 week? Answers to questions could have major design implications, but once posted (after April 19th) it may be too close to the due date to allow offerors to make significant changes to proposals.

Answer 100: Addendum #1, issued on May 03, 2019, extends the RFP due date to May 24, 2019.

5. Proposal Package Contents (“Checklist”)

The Proposal Package should contain the following materials. Proposers should utilize this section as a “checklist” to ensure completeness prior to submitting their proposal to the Agency.

1. A sealed inner envelope labeled “Program Proposal,” containing one original set and three duplicate sets of the documents listed below in the following order:
 - ☐ Proposal Cover Letter Form (Attachment A)
 - ☐ Technical Proposal
 - ☐ Narrative
 - ☐ Two (2) Letters of Reference for the Proposer
 - ☐ Resumes and/or Description of Qualifications for Key Staff Positions
 - ☐ Organizational Chart
 - ☐ Audit Report or Certified Financial Statement or a statement as to why no report or statement is available
 - ☐ Acknowledgment of Addenda Form (Attachment C)
2. A separate sealed inner envelope labeled “Price Proposal” containing one original set and **three** duplicate sets of the Price Proposal.
 - ☐ Price Proposal Form (Attachment B)
3. A separate sealed inner envelope labeled “Electronic Copy” containing a USB drive, CD-ROM, or DVD containing electronic copies of all hard copy documents submitted in response to this RFP.
4. A separate sealed inner envelope containing:
 - ☐ “Subcontractor Utilization Plan” (Attachment G, Schedule B, Part II) [IF APPLICABLE] or;
 - ☐ Approved Waiver of Target Subcontracting Percentage (Attachment G, Schedule B, Part III) [IF APPLICABLE] or;
 - ☐ “Subcontractor Utilization Plan” (Attachment G, Schedule B, Part II) and Approved Partial Waiver of Target Subcontracting Percentage (Attachment G, Schedule B, Part III) [IF APPLICABLE]
 - ☐ **For organizations incorporated as non-profits under Section 501(c)(3) of the U.S. Internal Revenue Code: copy of IRS determination letter**
5. A separate sealed inner envelope labeled "Doing Business Data Form and Iran Contractor Compliance" that contains:
 - ☐ An original, completed Doing Business Data Form (Attachment D)
 - ☐ An original completed and notarized Iran Contractor Compliance Form (Attachment H).
6. A sealed outer envelope, enclosing the five sealed inner envelopes. The sealed outer envelope should have two labels containing:
 - ☐ The proposer’s name and address, the Title and PIN of this RFP and the name and telephone number of the Proposer’s Contact Person.
 - ☐ The name, title and address of the Authorized Agency Contact Person.

[NO FURTHER TEXT ON THIS PAGE]

ATTACHMENT B – REVISED PRICE PROPOSAL FORM (Page 1 of 3)**Title:** NYC KIDS SURVEY | **PIN:** 20LL001500R0X00**Proposer's Name:** _____**EIN:** _____

Note #1: Proposers are instructed to offer a maximum, not to exceed rate for each deliverable type. The rate must inclusive of all costs associated with the performance of work (for example, overhead, administrative fees, subcontracting fees). There will be no separate budget lines or payments for items other than the deliverables listed here.

Note #2: Proposers are instructed to complete the 30 Minute Survey Price Proposal Form on page 2 of this attachment and the 38 Minute Survey Price Proposal Form on page 3 of this attachment.

Note #3: Although this price proposal form requests pricing for both a 30 minute survey and a 38 minute survey, DOHMH **anticipates awarding the contract at the 30 minute survey pricing.**

Note #4: In the event DOHMH receives additional funding for the 38 minute survey, DOHMH may, at its sole discretion, opt to use the 38 minute survey and the prices proposed on the 38 Minute Survey Price Proposal Form.

Directions: The proposers are instructed to enter their proposed price per deliverable on the Price Proposal Form for each year, then calculate a subtotal for each year and a total proposed price for all six years of the contract term.

ATTACHMENT B – REVISED PRICE PROPOSAL FORM (Page 2 of 3)

Title: NYC KIDS SURVEY | PIN: 20LL001500R0X00

30 MINUTE NYC KIDS SURVEY PRICE PROPOSAL FORM

Deliverable	Description (as set forth in fully in Section III)	Proposed Price
I. Survey Year 2021: April 1, 2020 to March 31, 2022		
1	Protocol and Sampling Plan	\$ _____
2	Questionnaire Feedback, Translations, and CATI programming	\$ _____
3	Hire and Train Interviewers	\$ _____
4	A. Conduct NYC KIDS Survey – 3,500 telephone interviews	\$ _____
	B. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
	C. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
5	Data Cleanup and Sampling Weights	\$ _____
SUBTOTAL FOR PART I:		\$ _____
II. Survey Year 2023: September 1, 2022 to March 31, 2024		
1	Protocol and Sampling Plan	\$ _____
2	Questionnaire Feedback, Translations, and CATI programming	\$ _____
3	Hire and Train Interviewers	\$ _____
4	A. Conduct NYC KIDS Survey – 3,500 telephone interviews	\$ _____
	B. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
	C. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
5	Data Cleanup and Sampling Weights	\$ _____
SUBTOTAL FOR PART II:		\$ _____
III. Survey Year 2025: September 1, 2024 to March 31, 2026		
1	Protocol and Sampling Plan	\$ _____
2	Questionnaire Feedback, Translations, and CATI programming	\$ _____
3	Hire and Train Interviewers	\$ _____
4	A. Conduct NYC KIDS Survey – 3,500 telephone interviews	\$ _____
	B. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
	C. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
5	Data Cleanup and Sampling Weights	\$ _____
SUBTOTAL FOR PART III:		\$ _____
TOTAL PROPOSED PRICE (SUM OF SUBTOTALS FOR PARTS I, II AND III)		\$ _____

DOHMH will award a contract based upon the 30 Minute Survey Price Proposal Form above.

ATTACHMENT B – REVISED PRICE PROPOSAL FORM (Page 3 of 3)

Title: NYC KIDS SURVEY | PIN: 20LL001500R0X00

38 MINUTE NYC KIDS SURVEY PRICE PROPOSAL FORM		
Deliverable	Description (as set forth in fully in Section III)	Proposed Price
I. Survey Year 2021: April 1, 2020 to March 31, 2022		
1	Protocol and Sampling Plan	\$ _____
2	Questionnaire Feedback, Translations, and CATI programming	\$ _____
3	Hire and Train Interviewers	\$ _____
4	A. Conduct NYC KIDS Survey – 3,500 telephone interviews	\$ _____
	B. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
	C. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
5	Data Cleanup and Sampling Weights	\$ _____
SUBTOTAL FOR PART I:		\$ _____
II. Survey Year 2023: September 1, 2022 to March 31, 2024		
1	Protocol and Sampling Plan	\$ _____
2	Questionnaire Feedback, Translations, and CATI programming	\$ _____
3	Hire and Train Interviewers	\$ _____
4	A. Conduct NYC KIDS Survey – 3,500 telephone interviews	\$ _____
	B. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
	C. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
5	Data Cleanup and Sampling Weights	\$ _____
SUBTOTAL FOR PART II:		\$ _____
III. Survey Year 2025: September 1, 2024 to March 31, 2026		
1	Protocol and Sampling Plan	\$ _____
2	Questionnaire Feedback, Translations, and CATI programming	\$ _____
3	Hire and Train Interviewers	\$ _____
4	A. Conduct NYC KIDS Survey – 3,500 telephone interviews	\$ _____
	B. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
	C. Conduct NYC KIDS Survey – 2,000 telephone interviews	\$ _____
5	Data Cleanup and Sampling Weights	\$ _____
SUBTOTAL FOR PART III:		\$ _____
TOTAL PROPOSED PRICE (SUM OF SUBTOTALS FOR PARTS I, II AND III)		\$ _____

The form above is for informational purposes only, unless, additional funding becomes available and DOHMH opts to utilize a 38 minute survey.

ATTACHMENT C
ACKNOWLEDGEMENT OF ADDENDA
RFP: NYC Kids Survey
PIN: 20LL001500R0X00

Directions: Complete Part I or Part II, whichever is applicable, and sign your name in Part III.

Part I

Listed below are the dates of issue for each Addendum received in connection with this RFP:

Addendum # 1, Dated May 2, 2019

Addendum # 2, Dated May 7, 2019

Addendum # 3, Dated _____, 201__

Addendum # 4, Dated _____, 201__

Addendum # 5, Dated _____, 201__

Addendum # 6, Dated _____, 201__

Addendum # 7, Dated _____, 201__

Addendum # 8, Dated _____, 201__

Addendum # 9, Dated _____, 201__

Addendum #10, Dated _____, 201__

Part II

_____ No Addendum was received in connection with this RFP.

Part III

Proposer's Name: _____

Date: _____

Signature of Authorized Representative:

**2017 NYC KIDS Questionnaire
(please see attached)**

2017 NYC KIDS SURVEY

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SOURCES

ABBREVIATIONS

CCHS	NYC Community Child Health Survey
CHEWDS	NYC Child Health, Emotional Wellness and Development Survey
CHS	Community Health Survey
FF	Fragile Families and Child Wellbeing Study
MPWS	Measuring Precarious Work Schedules working paper
NCS	National Comorbidity Survey
NSCH	National Survey of Child Health
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
NSCH	National Survey of Children's Health
NSFG	National Survey of Family Growth
PILOT	NYC KIDS 2016 Pilot Survey
SDQ	Strengths and Difficulties Questionnaire
HFSS	Household Food Security Survey
TOTS	The Oklahoma Toddler Survey

Screeners

Introduction

CATI create variable PTYPE (pre-assigned in sample file)
PTYPE EQ 1 CELL
PTYPE EQ 2 LANDLINE

CATI create variable STYPE "Sample Type" (pre-assigned in sample file)
STYPE=1 Birth Certificate Sample
STYPE=2 ASHR Sample
STYPE=3 CHS Sample

IF STYPE=3, USE CHILD_ELIG variable from NYC CHS:
IF CHILD_ELIG=1 GO TO 'RANDOM CHILD SELECTION'
IF CHILD_ELIG=2 AND KPTYPE=CELL GO TO QCONF_CELL
IF CHILD_ELIG=2 AND KPTYPE=LANDLINE, GO TO K.2A

IF CHILD_ELIG=3 AND KPTYPE=CELL GO TO K.ZIP
IF CHILD_ELIG=3 AND KPTYPE=LANDLINE GO TO KS.2A
IF CHILD_ELIG=4 AND KPTYPE=LANDLINE GO TO KS.2A.
IF CHILD_ELIG=4 AND KPTYPE=CELL GO TO KS.2A.

IFSTYPE=1 OR STYPE=2, START AT READ SCREEN BELOW:

READ SCREEN Hello, my name is _____. I am calling for the New York City Department of Health. We're doing an important survey about the health of New York City children. Your phone number was randomly chosen. I have a few questions to see if you are eligible for this survey. If you are eligible and complete the survey, we will send you a check for \$20 as a thank you.

K.CONF_ADULT Are you 16 years of age or older?

INTERVIEWER: Please confirm negative responses to ensure that respondent has heard and understood correctly.

1 YES [IF PTYPE=1, GO TO DRIVING, IF PTYPE=2, GO TO K.ZIP]
2 NO [IF PTYPE=1 GO TO CONF_ADULT2]
7 DON'T KNOW/NOT SURE
9 REFUSED

IF ((K.CONF_ADULT EQ 2, 7, OR 9) AND PTYPE=2)) OR (IF PTYPE=1 AND (K.CONF_ADULT EQ 7 OR 9)

READ SCREEN Thank you very much, but we are only interviewing persons aged 16 or older at this time. [END SURVEY]

Cell phone screener and safety questions

CATI: ASK SECTION IF PTYPE EQ 1 (CELL); ELSE GO TO K.ZIP

ASK IF K.CONF_ADULT EQ 2

K.CONF_ADULT2 Does this cell phone belong to you?

- 1 YES
- 2 NO [KCONF_ADULT3]
- 3 (VOL) THIS IS A LANDLINE PHONE [UPDATE PTYPE=LANDLINE, GO TOK.ZIP]
- 7 DON'T KNOW
- 9 REFUSED

ASK IF K.CONF_ADULT2 EQ 1

READ SCREEN Thank you very much, but we are only interviewing persons aged 16 or older at this time. [END SURVEY]

ASK IF K.CONF_ADULT2 EQ 7 OR 9

READ SCREEN Thank you very much for your time. [END SURVEY]

ASK IF K.CONF_ADULT2 EQ 2

K CONF_ADULT3 May I please speak to the owner of this cell phone?

- 1 YES, COMES TO PHONE [GO BACK TO INTRO]
- 2 NOT AVAILABLE [GO TO K CALLBACK1]
- 7 DON'T KNOW
- 9 REFUSED

READ IF K CONF_ADULT3=7 OR 9. Thank you very much for your time. END SURVEY

K.CALLBACK1 When would be a better time to call back and speak to the owner of this cell phone?

- 1 SCHEDULE CALLBACK
_____Day _____Time
- 9 REFUSED

ASK IF K.CALLBACK1 EQ 9

READ SCREEN Thank you very much for your time. [END SURVEY]

K.DRIVING To ensure your safety, are you driving a car right now?

- 1 YES [GO TO CALLBACK2]
- 2 NO [GO TO K.CONF_CELL]
- 7 DON'T KNOW
- 9 REFUSED

ASK IF K.DRIVING EQ 1

K.CALLBACK2 When is a better time to call you back?

- 1 SCHEDULE CALLBACK
_____Day _____Time
- 9 REFUSED

ASK IF PTYPE=1 (CELL)

K CONF_CELL In order to make sure our information is correct, I would just like to double check with you. Is this a cellular telephone?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES [GO TO K.ZIP]
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF DON'T KNOW OR REFUSED: Thank you very much for your time. END SURVEY

CATI: UPDATE 'PTYPE' VARIABLE. SET TO 1 IF KCONF_CELL=1 (CELL); SET TO 2 (LANDLINE) IF KCONF_CELL=2.

READ IF K.CALLBACK2 EQ 9

READ SCREEN Thank you very much for your time. [END SURVEY]

Geographic eligibility

K.ZIP We want people from all different neighborhoods in New York City to take part in this survey. So we can identify your neighborhood, please tell me, what is your zip code?

- _____ [record 5 digit zip]
- 77777 DON'T KNOW
 - 99999 REFUSED

IF K.ZIP = 77777 OR K.ZIP = 99999, ASK K BORO.

ASK IF K.ZIP DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST

K.CONFIRM. Just to confirm, is your zip code ([FILL ZIP FROM K.ZIP])?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF K.CONFIRM EQ 1, 7, OR 9 ASK K.BORO

IF K.CONFIRM EQ 2 ASK K.ZIP AGAIN. IF ZIP CODE STILL DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST, OR IF K.ZIP = 77777 OR K.ZIP = 99999, ASK K BORO.

ASK IF K.ZIP EQ 77777 OR 99999 OR IF K.CONFIRM EQ 1, 7, OR 9

K.BORO Do you live in the Bronx, Brooklyn, Manhattan, Queens, or Staten Island?

- 1 The Bronx
- 2 Brooklyn
- 3 Manhattan
- 4 Queens
- 5 Staten Island
- 6 DO NOT LIVE IN NYC

7 DON'T KNOW/NOT SURE
9 REFUSED

CATI: Create variable based on NHACs

1=Bronx
2=Bronx NHAC
3= Manhattan
4= Manhattan NHAC
5= Brooklyn
6= Brooklyn NHAC
7= Queens
8=Queen
9=Staten Island

ASK IF K.BORO EQ 6, 7 OR 9

READ SCREEN Thank you very much, but we are only interviewing people who live in New York City at this time. [END SURVEY]

Household and child enumeration

READ SCREEN Now I'm going to ask you about the people who usually live or stay with you.

KS.1 How many children ages 0 to 13 usually live or stay with you?

__ NUMBER OF CHILDREN [RANGE 0-25]
77 DON'T KNOW [TERMINATE]
99 REFUSED [TERMINATE]

ASK IF KS.1 EQ 0, 77, or 99

READ SCREEN Thank you very much for your time but we are only interviewing households with children ages 0 to 13 at this time. [END SURVEY]

ASK IF KS.1 GE 1

KS.2A ([IF KS.1 EQ 1] Is this child / [IF KS.1 GE 2] How many of these children are) 0 to 5 years old? ([IF KS.1 GE 2] Please count any child, no matter how young.)

READ IF NEEDED: Include all children who live or stay with you.

([DISPLAY IF KS.1=1] INTERVIEWER NOTE: If respondent says "Yes" enter 1, if "No" enter 0)

__ NUMBER OF CHILDREN [RANGE 0-25]
77 DON'T KNOW [TERMINATE]
99 REFUSED [TERMINATE]

[CATI: ADD LOGIC CHECK IF KS.1 GE KS.2A, IF NOT, RE-ASK KS.2A]

CATI Create variable KS.2B to store total number of children ages 6-13
KS.2B EQ KS.1 MINUS KS.2A

CATI Create variable SOTHER to store total number of other children ages 0-13
SOTHER EQ KS.1 MINUS 1

CATI Create variable SOTHER05 to store total number of other children ages 0-5
IF KS.2A =0, SOTHER05=0, ELSE SOTHER05 EQ KS.2A MINUS 1

Random child selection

CATI: CHILD SELECTION (0 – 5 OR 6 – 13)

IF ((KS.2A GE 1) AND (KS.2B EQ 0)), RANDOMLY SELECT WITHIN KS.2A (0-5 AGE GROUP)
IF ((KS.2A EQ 0) AND (KS.2B GE 1)), RANDOMLY SELECT WITHIN KS.2B (6-13 AGE GROUP)
IF ((KS.2A GE 1) AND (KS.2B GE 1)), RANDOMLY SELECT THE 0-5 AGE GROUP [IF STYPE EQ 1 90%; IF STYPE EQ 2, 25%; IF STYPE EQ 3, 60%] OF THE TIME, AND RANDOMLY SELECT THE 6-13 AGE GROUP [IF STYPE EQ 1, 10%; IF STYPE EQ 2, 75%; IF STYPE=3, 40%] OF THE TIME. WHEN GROUP IS SELECTED, RANDOMLY SELECT CHILD WITHIN THAT GROUP.

CATI: Create variable CHLDAGE to store selected child age group (1 EQ 0 to 5, 2 EQ 6 to 13)

CATI: create variable CHLDSLCT to store child selection within age group, FILL CHLDSLCT:
[IF MORE THAN ONE CHILD & MORE THAN ONE AGE GROUP create variable CHSLCTAT: 1 EQ oldest/2 EQ youngest/3 EQ second oldest/4 EQ second youngest/5 EQ third oldest/6 EQ fourth youngest] child who is [CHLDAGE] years old/
[IF MORE THAN ONE CHILD, BUT ONLY ONE CHILD IN SELECTED GROUP] child who is [CHLDAGE] years old/[IF ONLY ONE CHILD] child who is 0 to 13 years old

KS.4 We would like to ask some questions about the health of the (CHLDSLCT) who lives or stays with you .

1 CONTINUE

Parent/guardian identification

KS.5 What is your relationship to the (CHLDSLCT)?

READ IF NECESSARY:

- 1 Mother (birth, step-, foster-, adoptive-) [GO TO K.VERBAL CONSENT]
- 2 Father (birth, step-, foster-, adoptive-) [GO TO K. VERBAL CONSENT]
- 3 Sister (half-, step-, foster-, adoptive-)
- 4 Brother (half-, step-, foster-, adoptive-)
- 5 In-law of any type
- 6 Aunt
- 7 Uncle
- 8 Grandparent
- 9 Other family member
- 10 Other non-relative (including partner of child's parent)
- 11 Female guardian [GO TO K. VERBAL CONSENT]
- 12 Male guardian [GO TO K. VERBAL CONSENT]
- 77 DON'T KNOW
- 99 REFUSED

ASK IF KS.5 EQ 77 or 99

READ SCREEN Thank you very much for your time but we are only interviewing parents and guardians of children ages 0 to 13 at this time. [END SURVEY]

ASK IF KS.5 GE 3 AND LE 10

KS.6 Does the (CHLDSLCT) have a parent or guardian who lives or stays with you?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

ASK IF KS.6 EQ 7 OR 9

READ SCREEN Thank you very much for your time but we are only interviewing parents and guardians of children ages 0 to 13 at this time. [END SURVEY]

ASK IF KS.6 EQ 1

KS.7 May I speak to a parent of the (CHLDSLCT)?

- 1 YES, BROUGHT TO PHONE/ON PHONE [GO TO K.INTRO]
- 2 SCHEDULE CALLBACK (ON SAME/DIFFERENT PHONE) [GO TO KS.NAME]
- 7 DON'T KNOW
- 9 REFUSED

ASK IF KS.7 EQ 7 or 9

READ SCREEN Thank you very much for your time but we are only interviewing parents and guardians of children ages 0 to 13 at this time. [END SURVEY]

CATI: IF CHILD_ELIG=1, SET CHS_RECRUIT EQ 1

IF CHILD_ELIG=1 AND (KS.7 EQ 1 OR 2) THEN CHS_RECRUIT=2.

ASK IF KS.6 EQ 2

KS.6B Do you know enough about the (CHLDSLCT) to answer questions about this child's health, doctor visits, school and general activities?

- 1 YES [GO TO K.CONSENT]
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

IF KS.6B EQ 2, 7, OR 9

READ SCREEN Thank you for your time but we are only interviewing adults who know about the health and health care of the (CHLDSLCT). [END SURVEY]

ASK IF KS.7 EQ 1

K.INTRO Hello, my name is _____. I am calling for the New York City Department of Health. We're doing an important survey about the health of New York City children. Your phone number was randomly chosen. We would like to ask some questions about the health and daily routines of the (CHLDSLCT) who lives or stays with you. If you complete the survey, we will send you a check for \$20 as a thank you.

- 1 CONTINUE [GO BACK TO KS.5]
- 2 REFUSE SURVEY

ASK IF K.INTRO EQ 2

READ SCREEN Thank you very much for your time. [END SURVEY]

ASK IF KS.7 EQ 2

KS.NAME May I please have the first name or initials of the parent or guardian of the (CHLDSLCT) so we can ask for them when we call back?

- 1 GAVE RESPONSE (ENTER RESPONSE) [CATI: RECORD AS RESPONDENT NAME FOR CB]
- 7 DON'T KNOW [CB TO K.INTRO]
- 9 SOFT REFUSAL [SOFT REFUSAL, CB TO K.INTRO]

ASK IF KS.NAME EQ 1

KS.PHONE When I call to speak with [FILL KS.NAME/this person], should I use this phone number, or is a different number better?

- 1 USE CURRENT PHONE NUMBER – (SCHEDULE CALLBACK)
- 2 USE A DIFFERENT PHONE NUMBER(S) [CAPTURE PHONE NUMBER(S)]
- 7 DON'T KNOW (SCHEDULE CALLBACK)
- 9 REFUSED (SCHEDULE CALLBACK)

INTERVIEWER NOTE: IF NEW PHONE NUMBER GIVEN, SCHEDULE CALLBACK, THANK AND END SURVEY

Verbal consent

K.CONSENT This survey includes questions about the health and behavior of the (CHLDSLCT), yourself, and your household. It's completely voluntary and you can stop at any time or refuse to answer any question. Your answers are confidential. Neither the child's name nor yours will be linked to your answers. The New York City Department of Health will share with the public the anonymous responses of people who complete this survey so that more can be learned about the health of New Yorkers. The survey will range in length from 30 to 40 minutes. If you complete the survey, we will send you a check for \$20 as a thank you for your time. Do you have questions, or can we continue?

READ IF NEEDED: If you have questions I can't answer, I can give you a telephone number for more information.

- 1 CONTINUE
- 2 HAVE QUESTIONS – ANSWERED – CONTINUE
- 3 HAVE QUESTIONS – GO TO KS.NAME2 AND SET CALLBACK & FILL OUT SAF
- 9 REFUSED TO DO SURVEY – SOFT OR HARD REFUSAL

ASK IF K.CONSENT EQ 1, 2 or 3

KS.NAME2 [IF K.CONSENT=1,2 Before we begin, may I please have your initials or first name so we can ask for you in case we have to call back to finish the interview?]

[IF K.CONSENT=3 May I please have your initials or first name so we can ask for you when we call back?]

1 GAVE RESPONSE (ENTER RESPONSE) [CATI: RECORD AS RESPONDENT NAME FOR CB]
7 DON'T KNOW
9 REFUSED

Child age & name read-in

KS.9 Some of our questions are for children of certain ages. Can you please tell me the month and year the (CHLDSLCT) was born?

1 _____ MONTH [RANGE: 1 -12]
2 _____ YEAR [RANGE: 2003 - 2017]
77 DON'T KNOW
99 REFUSED

INTERVIEWER NOTE: [IF (MONTH GT CURRENT AND YEAR =2017) OR (MONTH < CURRENT AND YEAR = 2003)] "Let me double check the answers that I entered." [THEN RE-ASK KS.9]

ASK IF CHLDSLCT (AGE GROUP) EQ 0 to 5 AND KS.9 77 OR 99

READ SCREEN Thank you very much, but because some of our questions are only for children of certain ages, we can only interview you if we know the year and month (CHLDSLCT) was born. [END SURVEY]

CATI: Create variable AGEMO (AGE IN MONTHS)
CATI: Create variable AGEYR (AGE IN YEARS)
CATI: Create variable YEAR_BIRTH (BASED ON KS.9)

SUBTRACT YEAR AND MONTH OF BIRTH FROM DATE WHEN KS.9 IS FIRST ANSWERED
EX: IF KS.9=1/2017 AND CURRENT DATE=APRIL 2017, AGEMO=3 & AGEYR=0
IF KS.9=5/2014 AND CURRENT DATE=APRIL 2017, AGEMO=35 & AGEYR=2

CATI: IF CHLDAGE EQ 2 and KS.9 EQ 77 or 99, AGEYR EQ [6]
CATI: IF CHLDAGE EQ 2 and KS.9 EQ 77 or 99, AGEMO EQ [72]

CATI: Create variable YEAR_BRTH
YEAR_BRTH EQ YEAR CHLDSLCT WAS BORN

CATI: IF CHLDAGE EQ 2 and KS.9 EQ 77 or 99, YEAR_BRTH EQ [SURVEYYEAR MINUS 7]

CATI: CHECK IF AGEYR MATCHES THE AGE OF THE SELECTED CHILD (CHLDAGE). IF NOT, ASK KS.9CHK

KS.9CHK Let me double check the answers that I entered. The computer selected the (CHLDSLCT) for this interview, but the birth month and year I entered make this child (AGEYR) years old. Is the birth month and year [KS.9 MONTH] [KS.9 YEAR] incorrect, or is there not a child (CHLDAGE) living or staying with you?

1 BIRTH MONTH/YEAR INCORRECT [RE-ASK KS.9]

2 NO CHILD (0-5/6-13) IN THE HH [RE-ASK KS.1]

KS.10 [IF AGE GIVEN: I can refer to this child as the ([IF AGEMO LT 24: [AGEMO] month old / [IF AGEMO GE 24: [AGEYR]] year old), or if you prefer, you could give me a first name, nickname, or initials for this child.)

([IFKS.9 EQ 77 or 99: I can refer to this child as the 6 to 13 year old, or if you prefer, you could give me a first name, nickname or initials for this child.])

- 1 YES, GAVE NAME (SPECIFY) _____
- 2 NO, USE AGE
- 9 PREFER NOT TO USE EITHER

CATI: Create variable CHILD to store child name/child age/child
IF (KS.10 EQ 2 AND KS.9 EQ 77 or 99) CHILD EQ 'the 6 to 13 year old'
IF (KS.10 EQ 2 AND AGEMO LT 24) CHILD EQ 'the [AGEMO] month old'
IF (KS.10 EQ 2 AND AGEMO GE 24) CHILD EQ 'the [AGEYR] year old'
IF KS.10 EQ 1 CHILD EQ 'KS.10 YES, GAVE NAME (SPECIFY) ANSWER'
IF KS.10 EQ 9 CHILD EQ 'this child'

KS.11 Is (CHILD) male or female?

- 1 MALE
- 2 FEMALE
- 3 (VOL) SOMETHING ELSE
- 7 DON'T KNOW
- 9 REFUSED

CATI: Create variable HISHER to store child gender
IF KS.11 EQ 1 HISHER EQ 'his'
IF KS.11 EQ 2 HISHER EQ 'her'
IF KS.11 EQ 7 or 9 or 3, HISHER EQ 'his or her'

CATI: Create variable HESHE to store child gender
IF KS.11 EQ 1 HESHE EQ 'he'
IF KS.11 EQ 2 HESHE EQ 'she'
IF KS.11 EQ 7 or 9 or 3, HESHE EQ 'he or she'

CATI: Create variable HIMHER to store child gender
IF KS.11 EQ 1 HIMHER EQ 'him'
IF KS.11 EQ 2 HIMHER EQ 'her'
IF KS.11 EQ 7 or 9 or 3, HIMHER EQ 'him or her'

CATI: Create variable HIMHERSELF to store child gender
IF KS.11 EQ 1 HIMHERSELF EQ 'himself'
IF KS.11 EQ 2 HIMHERSELF EQ 'herself'
IF KS.11 EQ 7 or 9 or 3, HIMHERSELF EQ 'himself or herself'

CATI: Create variable PAST 12 MOS FILL
IF AGEMO GE 13 MONTHS PAST 12 MOS FILL EQ 'In the past 12 months,'
IF AGEMO LT 13 MONTHS PAST 12 MOS FILL EQ 'Since (HESHE) was born,'

CATI: Create variable THISPAST

IF SURVEYDATE BETWEEN MARCH 1 AND JUNE 1, THISPAST EQ 'this'
IF SURVEYDATE BETWEEN JUNE 2 AND JUNE 30, THISPAST EQ 'this or this past'
IF SURVEYDATE BETWEEN JULY 1 AND SEPTEMBER 30, THISPAST EQ 'the past'
IF SURVEYDATE BETWEEN OCTOBER 1 AND DECEMBER 31, THISPAST EQ 'this'

CATI: Create variable DOESDID

IF SURVEYDATE BETWEEN MARCH 1 AND JUNE 1, DOESDID EQ 'does'
IF SURVEYDATE BETWEEN JUNE 2 AND JUNE 30, DOESDID EQ 'does or did'
IF SURVEYDATE BETWEEN JULY 1 AND SEPTEMBER 30, DOESDID 'did'
IF SURVEYDATE BETWEEN OCTOBER 1 AND DECEMBER 31, DOESDID EQ 'does'

CATI: Create variable ISWAS

IF SURVEYDATE BETWEEN MARCH 1 AND JUNE 1, ISWAS EQ 'is'
IF SURVEYDATE BETWEEN JUNE 2 AND JUNE 30, ISWAS EQ 'is or was'
IF SURVEYDATE BETWEEN JULY 1 AND SEPTEMBER 30, ISWAS EQ 'was'
IF SURVEYDATE BETWEEN OCTOBER 1 AND DECEMBER 31, ISWAS EQ 'is'

CATI: Create variable SCHOOL_YEAR_NOTE

IF SURVEYDATE BETWEEN JUNE 1 AND SEPTEMBER 30, SCHOOLYEAR EQ 'READ IF NEEDED: I am asking about the 2016 to 2017 school year.'

CATI: Create variable PREK

IF SURVEYMONTH

EX: March 2017 survey, child born in 2012 is eligible for prek
EX: October 2017 survey, child born in 2013 is eligible for prek

EX: March 2017 survey, child born in 2012 is eligible for prek
EX: October 2017 survey, child born in 2013 is eligible for prek

IF SURVEYMONTH LE 9 (Jan. – Sept.) AND (YEAR_BIRTH EQ 2012), PREK EQ 1 (Yes)
IF SURVEYMONTH GE 10 (Oct. – Dec.) AND (YEAR_BIRTH EQ 2013), PREK EQ 1 (Yes)

CATI: Create variable KPLUS

EX: March 2017 survey, child born in 2011 is eligible for kplus
EX: October 2017 survey, child born in 2012 is eligible for kplus

IF SURVEYMONTH LE 9 (Jan. – Sept.) AND (YEAR_BIRTH EQ 2011 OR EARLIER), KPLUS EQ 1 (Yes)
IF SURVEYMONTH GE 10 (Oct. – Dec.) AND (YEAR_BIRTH EQ 2012 OR EARLIER), KPLUS EQ 1 (Yes)

CATI: IF CHLDAGE EQ 2 and KS.9 EQ 77 or 99, KPLUS EQ 1

CATI: Create variable CURRMON

CURRMON= Current Month

Ex: August 2017 survey, CURRMON=August

Parents in household and biological mother

ASK IF KS.5 EQ 1 OR 2

KS.12 Are you (CHILD)'s biological or birth ([IF KS.5 EQ 1] mother/ [IF KS.5 EQ 2] father)?

1 YES
2 NO
7 DON'T KNOW
9 REFUSED

CATI: Create variable B_PARENT
(IF KS.5 EQ 1 AND KS.12 EQ 1) B_PARENT EQ 1 (birth mother)
(IF KS.5 EQ 2 AND KS.12 EQ 1) B_PARENT EQ 2 (birth father)
ELSE B_PARENT EQ 0 (not birth parent)

ASK IF KS.5 EQ 1 OR 2

KS.13 Does (CHILD) have another parent who lives or stays with you?

INTERVIEWER NOTE: Parent includes biological/birth, step-, foster-, and adoptive- parent.

1 YES
2 NO
3 (VOL) NO OTHER PARENT
4 (VOL) OTHER PARENT IS DECEASED
5 (VOL) OTHER PARENT IS AWAY ON MILITARY DEPLOYMENT
7 (VOL) DON'T KNOW
9 (VOL) REFUSED

ASK IF KS.5 EQ 2 AND KS.13 EQ 1

KS.13B Is this other parent the (CHILD)'s biological or birth mother?

1 YES
2 NO
7 DON'T KNOW
9 REFUSED

CATI: Create variable YOU OR PARENT FILL
IF KS.13 EQ 1 YOU OR PARENT FILL EQ 'you or (CHILD)'s other parent'
IF KS.13 NE 1 YOU OR PARENT FILL EQ 'you'

CATI: Create variable YOU AND PARENT FILL
IF KS.13 EQ 1 YOU AND PARENT FILL EQ 'you and (CHILD)'s other parent'
IF KS.13 NE 1 YOU AND PARENT FILL EQ 'you'

CATI: Create variable YOURS AND PARENT FILL
IF KS.13 EQ 1 YOURS AND PARENT FILL EQ 'yours and (CHILD)'s other parent's'
IF KS.13 NE 1 YOURS AND PARENT FILL EQ 'your'

CATI: Create variable I WE FILL
IF KS.13 EQ 1 I WE FILL EQ 'We'
IF KS.13 NE 1 I WE FILL EQ 'I'

ASK IF KS.5 EQ 1 OR 2

KS.14 Does (CHILD) have another parent who doesn't live or stay with you?

INTERVIEWER NOTE: Parent includes biological/birth, step-, foster-, and adoptive- parent.

1 YES

2 NO

3 (VOL) NO OTHER PARENT

4 (VOL) OTHER PARENT IS DECEASED

5 (VOL) OTHER PARENT IS AWAY ON MILITARY DEPLOYMENT

7 (VOL) DON'T KNOW

9 (VOL) REFUSED

School and Child Care Enrollment

READ SCREEN Now I'm going to ask you about (CHILD)'s school and child care experiences.

IF JUNE 1 <=SURVEYDATE<= SEPTEMBER 30 READ: For the next questions, I am asking about the previous school year. That is the 2016-2017 school year.

ASK IF KPLUS EQ 1

(CHILD IS ELIGIBLE FOR PUBLIC KINDERGARTEN OR OLDER)

K1.1 What grade (ISWAS) (CHILD) in (THISPAST) school year?

INTERVIEWER NOTE: If parent mentions that school is no longer in session, ask about the past school year. If child changed grades during the year, record most recent grade.

CATI: SCHOOL_YEAR_NOTE (READ IF NEEDED: I am asking about the 2016 to 2017 school year.')

___GRADE [RANGE 01 - 10]

44. PRE-KINDERGARTEN

55. KINDERGARTEN

66. (VOL) (CHILD) (ISWAS) NOT IN SCHOOL (THISPAST) SCHOOL YEAR

77. DON'T KNOW

99. REFUSED

CATI: IF K1.1 EQ 44 THEN PREK EQ 1 and KPLUS EQ 0.

IF K1.1=44, SKIP TO K1.2a

ASK IF PREK EQ 1 AND K1.1 NE 44

(CHILD IS ELIGIBLE FOR PRE-K FOR ALL)

K1.2 "Does (CHILD) attend any Pre-K program?"

INTERVIEWER NOTE: Pre-K is pre-kindergarten.

CATI: SCHOOL_YEAR_NOTE

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

ASK IF PREK EQ 1 and K1.2 EQ 1 OR K1.1 EQ 44

K1.2a "Is (CHILD)'s Pre-K located in a New York City public elementary school?"

INTERVIEWER NOTE: Pre-K is pre-kindergarten.

CATI: SCHOOL_YEAR_NOTE

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

**ASK IF YEAR_BIRTH EQ 2010 OR 2011 (OR 2012 AND IF OCT 1<=SURVEYDATE<=DECEMBER 31)
AND K1.2 NE 1 AND K1.1 NE 44.
(CHILD IS ELIGIBLE FOR PUBLIC KINDERGARTEN OR OLDER, SKIP IF TOO OLD TO HAVE
PARTICIPATED IN UPK/PRE-K FOR ALL)**

K1.3 Pre-K for All, formerly known as Universal Pre-K, is the free high quality pre-Kindergarten program in New York City. Did (CHILD) EVER go to Pre-K for All or Universal Pre-K?

INTERVIEWER NOTE: Pre-K is pre-kindergarten.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**ASK IF KPLUS EQ 1 AND K1.1 NE 66
(CHILD IS ELIGIBLE FOR PUBLIC KINDERGARTEN OR OLDER)
K1.4 (THISPAST) school year, (DOESDID) (CHILD) go to...**

INTERVIEWER NOTE: If child changed schools during year, record most recent type of school.

CATI: SCHOOL_YEAR_NOTE

READ:

1. a New York City Public School
2. a New York City Charter School
3. a Private, Parochial, or Independent School, or
4. (ISWAS) (HESHE) home schooled?
5. (VOL) SOMETHING ELSE
7. DON'T KNOW
9. REFUSED

**INTERVIEWER NOTE: IF RESPONDENT SAYS CHILD GOES TO PUBLIC SCHOOL OR PUBLIC
CHARTER BUT NOT IN NYC, MARK AS OPTION 5- (VOL) SOMETHING ELSE.**

**ASK IF K1.4 GE 2
(CHILD IS NOT CURRENTLY GOING TO PUBLIC SCHOOL)**

K1.4a Has (CHILD) EVER gone to a New York City public school, including public charter schools?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**ASK IF KPLUS EQ 1
(CHILD IS ELIGIBLE FOR PUBLIC KINDERGARTEN OR OLDER)**

K1.5 ([IF K1.1 GE 1 AND LE 10] Since starting Kindergarten,) Has (CHILD) repeated ([IF K1.1 GE 1
AND LE 10, 66,77, OR 99] any grades/[IF K1.1 EQ -55] Kindergarten)?

1. YES
2. NO

- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK IF AGEYR LE 5 YRS (AGES 0 YRS - 5 YRS), SKIP IF K1.1 EQ 44, 55, 66, 77, 99 OR K1.2 EQ 1 (CHILD IS YOUNGER THAN 6 AND NOT IN KINDERGARTEN OR PREK FOR ALL)

K1.6 A child care program is any type of care for (CHILD) outside your home such as day care, nursery, or pre-school. Does (CHILD) go to a child care program?

INTERVIEWER NOTE: ONLY COUNT PROGRAMS IN WHICH THE CHILD IS CURRENTLY ENROLLED. IF CHILD IS IN MORE THAN ONE PROGRAM ASK PARENT TO THINK OF THE CHILD CARE PROGRAM CHILD SPENDS THE MOST TIME IN.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

CATI: IF K1.1 EQ (01-10, 44, 55) OR K1.2 EQ 1 OR K1.6 EQ 1 THEN SCHOOLCHILDCARE EQ 1 [INCLUDES ALL CHILDREN IN SCHOOL, PREK, OR CHILD CARE].

CATI: IF K1.1 EQ 44 OR K1.2 EQ 1 OR K1.6 EQ 1 THEN PREKCHILDCARE EQ 1 [INCLUDES ALL CHILDREN IN PREK OR CHILDCARE]

CATI: IF K1.1 EQ (01-10, 55) THEN SCHOOL EQ 1 [INCLUDES ALL CHILDREN IN SCHOOL]
CATI: IF K1.4 EQ 4, 5, 7, 9 THEN SCHOOL EQ 0 [DROPS HOME SCHOOLED CHILDREN AND SCHOOL REF/DK]

**ASK IF K1.6 EQ 1
(CHILD IS IN A CHILD CARE PROGRAM)**

K1.7 Is this child care program in someone's home or residence?

READ IF NEEDED:

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

**ASK IF K1.6 EQ 1
(CHILD IS IN A CHILD CARE PROGRAM)**

K1.8 How many children attend this child care program at any one time?

READ IF NEEDED: Please count the maximum number of children that attend or can attend the program at any one time, regardless of whether or not they are in the same class as (CHILD)

READ:

- 1. Less than 3
- 2. 3 to 6
- 3. 7 to 12 or
- 4. More than 12
- 7. DON'T KNOW
- 9. REFUSED

**ASK IF PREKCHILDCARE EQ 1
(CHILD IS IN PRE-K OR CHILD CARE)**

K1.9 In a typical week during (THISPAST) school year, how many hours (doesdid) (CHILD) attend this ([IF K1.6 EQ 1] child care)] /([IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-K) program?

(INTERVIEWER NOTE:
ENTER 32 HOURS FOR FULL-DAY PRE-K
ENTER 25 HOURS FOR 5 HOUR A DAY PART-TIME PRE-K
ENTER 13 HOURS FOR HALF-DAY PRE-K
IF THE PROGRAM HAS OPTIONAL EXTENDED DAY THAT CHILD ATTENDS ADD THOSE HOURS EVEN IF THEY ARE PAID FOR DIFFERENTLY)

CATI: SCHOOL_YEAR_NOTE

___HOURS [RANGE 1 - 168]
777. DON'T KNOW
999. REFUSED

**ASK IF PREKCHILDCARE EQ 1
(CHILD IS IN PRE-K OR CHILDCARE)**

K1.10 Besides hours spent at this ([IF K1.6 EQ 1] child care)] /([IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-K) program, in a typical week during (THISPAST) school year, how many hours (ISWAS) (CHILD) cared for by someone other than a parent or another household member?

(INTERVIEWER: LIVE-IN BABYSITTERS ARE NOT HOUSEHOLD MEMBERS)

CATI: SCHOOL_YEAR_NOTE

___HOURS [RANGE 0 - 168]
777. DON'T KNOW
999. REFUSED

**ASK IF PREKCHILDCARE NE 1 AND SCHOOL NE 1
(ASK IF QUESTIONS K1.10 OR K1.11 WERE NOT ASKED)**

K1.12 In a typical week during (THISPAST) school year, how many hours (ISWAS) (CHILD) cared for by someone other than a parent or another household member?

(INTERVIEWER: LIVE-IN BABYSITTERS ARE NOT HOUSEHOLD MEMBERS)

INTERVIEWER NOTE: (IF NEEDED) SCHOOL YEAR IS FROM SEPTEMBER TO JUNE.

CATI: SCHOOL_YEAR_NOTE

___HOURS [RANGE 0 - 168]
777. DON'T KNOW
999. REFUSED

ASK <6 years

K1.13 In a typical week during (THISPAST) school year, (DOESDID) any childcare provider care for (CHILD) at times OTHER than weekdays between 8AM and 6PM so that you and other household members can work?

CATI: SCHOOL_YEAR_NOTE

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

**ASK IF AGEYRS GE 8
(CHILD IS 8 YEARS OLD OR OLDER)**

K1.14 In a typical week in (THISPAST) school year, how many hours a week (DOESDID) (CHILD) take care of (HIMHERSELF) before or after school without supervision?

INTERVIEWER NOTE: Only count weekdays (Monday through Friday).

CATI: SCHOOL_YEAR_NOTE

- ____HOURS [RANGE 0 - 168]
777. DON'T KNOW
999. REFUSED

**IF SCHOOLCHILDCARE EQ 1
(CHILD ENROLLED IN SCHOOL, PREK, OR CHILD CARE PROGRAM)**

K1.15 In the past 12 months how many days did (CHILD) miss ([IF SCHOOL EQ 1] school) [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k) ([if K1.6 EQ 1] going to (HISHER) child care program))? Do not count official school/child care program holidays or closings for weather.

READ IF NEEDED: Your best guess is fine.

- ____DAYS [RANGE 0 - 365]
777. DON'T KNOW
999. REFUSED [CHEWDS/NCHS]

ASK IF K1.15 GE 1, SKIP IF K1.15 EQ 0, 777 OR 999

K1.16 How many of these ([FILL DAYS FROM K1.15]) days did (CHILD) miss because of illness or injury?

- ____DAYS
777. DON'T KNOW
999. REFUSED [CHEWDS/NCHS]

[CATI: ADD LOGIC CHECK IF K1.16 GT K1.15, REASK K1.16]

ASK <6

K1.17 Thinking about the cost of the care that (CHILD) receives from all child care providers combined, how difficult is it for your household to afford child care? Would you say very difficult, somewhat difficult, not too difficult or not at all difficult?

INTERVIEWER NOTE: ANY CHILDCARE PROVIDED INCLUDING BABYSITTERS.

1. Very difficult
2. Somewhat difficult
3. Not too difficult
4. Not at all difficult
5. (VOL) DOES NOT RECEIVE ANY CHILD CARE OUTSIDE OF PARENTS AND HOUSEHOLD MEMBERS
7. DON'T KNOW/NOT SURE
9. REFUSED

IF K1.17 NE 5

K1.18 (DOESDID) a government program such as Head Start or the Administration for Children's Services, also known as ACS, help you pay for all or part of the cost of child care during (THISPAST) school year?

CATI: SCHOOL_YEAR_NOTE

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**ASK IF SCHOOLCHILDCARE EQ 1
(CHILD IS IN SCHOOL/PREK/CHILD CARE PROGRAM)**

K1.19 Teacher-led school events include curriculum night, open school day, parent-teacher conferences, or other events in the classroom. How many of (CHILD)'s teacher-led school events DID (YOU OR PARENT FILL) attend (THISPAST) school year?

INTERVIEWER NOTE: IF ASKED DO NOT INCLUDE PARENT LED EVENTS LIKE SCHOOL FAIRS OR MOVIE NIGHTS.

CATI: SCHOOL_YEAR_NOTE

READ:

1. All
2. Most
3. Some
4. None
5. SCHOOL/CHILDCARE DOESN'T HAVE THESE EVENTS (VOL)
6. CHILD IS HOME-SCHOOLED (VOL)
7. DON'T KNOW
9. REFUSED

Unmet Need for Child Care

ASK SECTION IF ageyrs < 6 and SCHOOLCHILDCARE EQ 1 , IF agerys >= 6 or SCHOOLCHILDCARE NE 1, SKIP TO CHILD CARE QUALITY SECTION.

K2.1 (PAST 12 MOS FILL) How easy or difficult was it for you to find back-up child care on days when (CHILD)'s program was closed or on school half-days? Would you say it was very easy, somewhat easy, somewhat difficult or very difficult?

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
5. (VOL)Not applicable
7. DON'T KNOW
9. REFUSED

K2.2 (PAST 12 MOS FILL) was there ever a time when you needed child care for (CHILD) for a week or longer, but couldn't find a child care program...

2.2A

...with a space for the hours you needed?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

2.2B (PAST 12 MOS FILL) was there ever a time when you needed child care for (CHILD) for a week or longer, but couldn't find a child care program...

...that you could afford?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

2.2C READ IF NEEDED: (PAST 12 MOS FILL) was there ever a time when you needed child care for (CHILD) for a week or longer, but couldn't find a child care program...

...in a location that was convenient?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

Child Care Quality

K3.1a-K3.1e ASK IF PREKCHILDCARE EQ 1 (ASK IF CHILD IS ENROLLED IN PREK OR CHILD CARE PROGRAM)

READ: Now I'll ask some questions about the child care program (CHILD) attends.

K3.1a Since (CHILD) started (HISHER) [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k/ ([IF K1.6 EQ 1] child care)] program, what kind of impact would you say it has had on (HISHER) language skills, very positive, somewhat positive, none, somewhat negative, or very negative ?

1. Very positive
2. Somewhat positive
3. None
4. Somewhat negative
5. Very negative
7. DON'T KNOW/NOT SURE
9. REFUSED

[SOURCE]

K3.1b Since (CHILD) started (HISHER) [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k/ ([IF K1.6 EQ 1] child care) program, what kind of impact has it had on (HISHER)

Social development and friendships?

READ IF NEEDED:

1. Very positive
2. Somewhat positive
3. None
4. Somewhat negative
5. Very negative
7. DON'T KNOW/NOT SURE
9. REFUSED

[SOURCE]

K3.1c READ IF NEEDED (Since (CHILD) started receiving care from (HISHER) [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k)/([IF K1.6 EQ 1] child care) program)) What kind of impact has it had on (HISHER))

Healthy eating?

READ IF NEEDED:

1. Very positive
2. Somewhat positive
3. None
4. Somewhat negative
5. Very negative
7. DON'T KNOW/NOT SURE
9. REFUSED

K3.1d (READ IF NEEDED (Since (CHILD) started receiving care from (HISHER) [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k)/([IF K1.6 EQ 1] child care) program)) What kind of impact has it had on (HISHER))

[IF AGEYR LE 2] Physical development?

[IF AGEYR GE 3] Physical exercise?

READ IF NEEDED:

1. Very positive
2. Somewhat positive
3. None
4. Somewhat negative
5. Very negative
7. DON'T KNOW/NOT SURE
9. REFUSED

K3.1e

(READ IF NEEDED) (Since (CHILD) started receiving care from (HISHER) [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k)/([IF K1.6 EQ 1] child care) program)) What kind of impact has it had on (HISHER))

Preparation for kindergarten and elementary school?

READ IF NEEDED:

1. Very positive
2. Somewhat positive
3. None
4. Somewhat negative
5. Very negative
7. DON'T KNOW/NOT SURE
9. REFUSED

ASK PREKCHILDCARE EQ 1

[ASK IF CHILD IS ENROLLED IN PREK OR CHILD CARE]

K3.2 Does (CHILD)'s [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k)/([IF K1.6 EQ 1] child care) program limit the amount of sugary foods or drinks that it provides to [HIMHER]?

1. YES
2. NO
3. (VOL.) PROGRAM DOES NOT PROVIDE FOOD
7. DON'T KNOW
9. REFUSED

[SOURCE]

ASK PREKCHILDCARE EQ 1

[ASK IF CHILD IS ENROLLED IN PREK OR CHILD CARE]

K3.3 In a typical day, does (CHILD)'s [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k)/([IF K1.6 EQ 1] child care) program allow [CHILD] to watch television, or use a computer, tablet or cell phone?

INTERVIEWER NOTE: this is referring to electronics use by the child, not the use of electronics by the teacher as part of a lesson.

1. YES, most or all days
2. YES, sometimes
3. NO
7. DON'T KNOW
9. REFUSED

[SOURCE]

K3.4a-3.4e ASK PREKCHILDCARE EQ 1

[ASK IF CHILD IS ENROLLED IN PREK OR CHILD CARE]

3.4 READ: For each of the following statements please tell me whether you strongly agree, agree, neither agree or disagree, disagree or strongly disagree.

K3.4a (CHILD'S) [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k/([IF K1.6 EQ 1] child care) program...
Is affordable.

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
7. DON'T KNOW/NOT SURE
9. REFUSED

[SOURCE]

K3.4b (CHILD)'s [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k/([IF K1.6 EQ 1] child care) program)

Provides a variety of activities

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
7. DON'T KNOW/NOT SURE
9. REFUSED

[SOURCE]

K3.4c ((CHILD)'s [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k/([IF K1.6 EQ 1] child care) program)

Has enough staff members

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
7. DON'T KNOW/NOT SURE
9. REFUSED

[SOURCE]

K3.4d ((CHILD)'s [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k/([IF K1.6 EQ 1] child care) program)

Provides a nurturing and caring environment

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
7. DON'T KNOW/NOT SURE
9. REFUSED

[SOURCE]

K3.4e ((CHILD)'s [IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k/([IF K1.6 EQ 1] child care) program)

Has opportunities to meet or talk with staff to discuss (CHILD'S) progress or needs

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree

- 5. Strongly disagree
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

[SOURCE]

ASK IF SCHOOL EQ 1

[CHILD IN KINDERGARTEN +]

K3.5 For the following statement, please tell me if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree. (CHILD'S) school offers opportunities to meet or talk with teachers or staff to discuss (CHILD'S) progress or needs?

- 1. Strongly agree
- 2. Agree
- 3. Neither agree or disagree
- 4. Disagree
- 5. Strongly disagree
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

[SOURCE]

ASK IF SCHOOLCHILDCARE EQ 1

(CHILD IS IN SCHOOL, PREK, OR DAYCARE PROGRAM)

K3.6 [IF K1.6 EQ 1] During the past 12 months, [IF K1.1 LT 66 OR K1.2 EQ 1] During (THISPAST) school year, how many times has (CHILD'S) ([IF K1.1 LT 66 1 OR K1.2 EQ 1] school) ([IF K1.6 EQ 1] child care program) contacted you or another adult in your household about any behavioral problems (CHILD) is having there?

CATI: SCHOOL_YEAR_NOTE

READ:

- 1. No times
- 2. 1 time, or
- 3. 2 or more times?
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

[SOURCE]

ASK IF PREKCHILDCARE EQ 1

[ASK IF IN PREK OR CHILD CARE]

K3.7 READ: I'm going to ask about interactions you may have had with (CHILD's) ([IF K1.6 EQ 1] child care)/([IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k) provider related to (HISHER) behavior in the past 12 months.

K3.7a IN THE PAST 12 MONTHS, were you ever asked to pick up (CHILD) early from a program because of (HISHER) behavior such as hitting, kicking, biting, tantrums, or not following rules?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

[SOURCE]

K3.7b (In the past 12 months), were you ever asked to keep (CHILD) home for at least one full day because of (HISHER) behavior (such as hitting, kicking, biting, tantrums, or not following rules)?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE

9. REFUSED

[SOURCE]

K3.7c (In the past 12 months), were you told that (CHILD) could no longer attend a ([IF K1.6 EQ 1] child care program)/ ([IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k program) because of (HISHER) behavior (such as hitting, kicking, biting, tantrums, or not following rules)?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

[SOURCE]

ask if ageyrs >= 10

[CHILD is age 10, 11,12 or 13]

K3.8 Since starting 3rd grade, has (CHILD) ever been suspended or expelled from school?

INTERVIEWER: IF YES – PROBE FOR SUSPENDED, EXPELLED OR BOTH “Was (CHILD) suspended, expelled or both suspended and expelled?”

- 11. YES, SUSPENDED
- 22. YES, EXPELLED
- 33. YES BOTH SUSPENDED AND EXPELLED
- 44. NO
- 77. DON'T KNOW
- 99. REFUSED

[FCH]

INTERVIEWER NOTE: DO NOT READ TO RESPONDENT. FOR DOHMH PURPOSES ONLY.
NOTE: SUSPENSION/EXPULSION FOR CHILDREN YOUNGER THAN 3RD GRADE IS BEING PHASED OUT DURING THE 2016-2017 SCHOOL YEAR.

Health Care Access

READ SCREEN Now I'm going to ask you about (CHILD)'s health insurance.

K4.1 Is (CHILD) insured by Medicaid or Child Health Plus?

READ IF NEEDED: Medicaid and Child Health Plus are state health insurance programs available for low income families.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[CCHS, CHEWDS]

ASK IF K4.1 GT 1

(CHILD IS NOT COVERED BY MEDICAID OR CHILD HEALTH PLUS)

K4.2 Is (CHILD) covered by any kind of health insurance?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[NSCH]

ASK IF K4.1 EQ 1 OR IF K4.2 EQ 1

(CHILD HAS ANY HEALTH INSURANCE COVERAGE)

K4.3 (PAST 12 MOS FILL) was there any time when (CHILD) was not covered by ANY health insurance?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[NSFG 2011-2013]

K4.4 Where does (CHILD) usually go for medical care when (HESHE) is sick?

READ IF NEEDED: Medical care is treatment for a disease or injury including doctor's visits, tests, and procedures.

INTERVIEWER NOTE: If child has never been sick, then ask "Where would you take (CHILD) if (HESHE) were sick"?

BEGIN READING ANSWER CHOICES

1. Private doctor's or pediatrician's office

IF R CLEARLY PICKS '1', STOP READING, OTHERWISE READ ENTIRE LIST

2. Hospital emergency room
3. Hospital outpatient clinic
4. Community health clinic
5. Urgent care center
6. Retail store clinic such as a Duane Reade DR Walk-in Medical Care or CVS Minute-Clinic

- 7. School or school based clinic
- 8. Some other place (specify)_____
- 9. No usual place
- 77. DON'T KNOW
- 99. REFUSED

[CHS adapted]

If K4.4 NE 1

(CHILD DOES NOT USUALLY GO TO A PRIVATE DOCTOR OR PEDIATRICIAN FOR SICK CARE)

K4.5 Well-child care includes routine visits or check-ups to keep (CHILD) healthy including shots, vaccines and checking (CHILD)'s growth. Where does (CHILD) usually goes for well-child care?

BEGIN READING ANSWER CHOICES

- 1. Private doctor's or pediatrician's office

IF R CLEARLY PICKS '1', STOP READING, OTHERWISE READ ENTIRE LIST

- 2. Hospital emergency room
- 3. Hospital outpatient clinic
- 4. Community health clinic
- 5. Urgent care center
- 6. Retail store clinic such as a Duane Reade DR Walk-in Medical Care or CVS Minute-Clinic
- 7. School or school based clinic
- 8. Some other place (specify)_____
- 9. No usual place
- 77. DON'T KNOW
- 99. REFUSED

K4.6 (PAST 12 MOS FILL) has (CHILD) received any well-child care?

READ IF NEEDED: Well-child care is routine visits or check-ups to keep (CHILD) healthy including shots, vaccines, and checking (CHILD)'s growth.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

K4.7 Preventive dental care includes check-ups, cleanings, sealants, or fluoride treatments. It does not include fillings or braces. (PAST 12 MOS FILL) how many times has (CHILD) seen a dentist or other oral health professional for preventive dental care?

- ____TIMES RANGE[0-9]
- 66. VOL (CHILD HAS NO TEETH)
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

[NSCH adapted]

Overall Health Status

READ SCREEN Now I'm going to ask you about (CHILD)'s health.

K5.1 In general, how is (CHILD)'s physical health?

READ:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. DON'T KNOW
9. REFUSED

[NSFG 2011-2013]

K5.2 In general, how is (CHILD)'s mental and emotional health?

READ:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. DON'T KNOW
9. REFUSED

[CHEWDS]

Prenatal and Infancy

ASK IF AGEYRS LT 6

(CHILD IS LESS THAN 6 YRS)

READ SCREEN I would like you to think back to the time when (CHILD) was a newborn.

[SOURCE]

ASK IF AGEYRS LT 6

(CHILD IS LESS THAN 6 YRS)

K6.1 Was (CHILD) born with low birthweight, that is, weighting less than 5 pounds 8 ounces or 2500 grams?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[NEW]

ASK IF AGEYRS LT 6

(CHILD IS LESS THAN 6 YRS)

K6.2 Was (CHILD) born prematurely, that is more than 4 weeks early or at less than 37 weeks?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[CHEWDS]

ASK IF AGEYR LT 3

(CHILD IS LESS THAN 3 YRS)

K6.3 Was (CHILD) ever breastfed or fed breastmilk?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[NIS 2015]

ASK IF K6.3 EQ 1

(CHILD WAS EVER BREASTFED OR FED BREASTMILK)

K6.4 How old was (CHILD) when (HESHE) completely stopped breastfeeding or being fed breastmilk?

INTERVIEWER: Answer can be recorded in any combination of time periods – for example 2 years and 2 months

[MULTIPLE RESPONSE]

1. ENTER YEARS [RANGE 0 – 6]
2. ENTER MONTHS [RANGE 0 – 36]
3. ENTER WEEKS [RANGE 0 – 52]
4. ENTER DAYS [RANGE 0 – 366]
44. (VOL) STILL BREASTFEEDING

77. DON'T KNOW
99. REFUSED

[NIS 2015]

[CATI: ADD LOGIC CHECK IF K6.4 GT AGEYR OR IF K6.4 GT AGEMO, RE-ASK K6.4. IF
K6.4=77/99 SKIP TO K6.5]

ASK IF K6.3 EQ 1

(CHILD WAS EVER BREASTFED OR FED BREASTMILK)

K6.5 How old was (CHILD) when (HESHE) was FIRST ever fed formula?
[MULTIPLE RESPONSE]

- 1. ENTER YEARS [RANGE 0 – 6]
- 2. ENTER MONTHS [RANGE 0 – 36]
- 3. ENTER WEEKS [RANGE 0 – 52]
- 4. ENTER DAYS [RANGE 0 – 366]
- 44. (VOL) AT BIRTH
- 55. (VOL) CHILD HAS NEVER BEEN FED FORMULA
- 77. DON'T KNOW
- 99. REFUSED

[SOURCE]

[CATI: ADD LOGIC CHECK IF K6.5 GT AGEYR OR IF K6.5 GT AGEMO, RE-ASK K6.5. IF
K6.5=77/99 SKIP TO K6.6]

ASK IF AGEYR LT3 AND KS.5 EQ 1 AND KS.12 EQ 1

(CHILD IS LESS THAN 3 YEARS AND RESPONDENT IS THE BIOLOGICAL MOTHER)

K6.6 Did you give birth to any other children before (CHILD) was born?

[INTERVIEWER: IF CHILD IS A TWIN, PROBE IF THERE IS AN OLDER SIBLING, IF THERE IS,
ANSWER 6.6 AND 6.7 ABOUT OLDER SIBLING, IF NO OLDER SIBLING, MARK 'NO'.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[SOURCE]

ASK IF K6.6 EQ 1

(RESPONDENT IS THE BIOLOGICAL MOTHER WHO GAVE BIRTH TO A PREVIOUS CHILD)

K6.7 Please tell me about the child born just before (CHILD). How old was he or she when (CHILD) was born?

- 1 GAVE ANSWER IN MONTHS ONLY [RANGE: 0-36]
- 2 GAVE ANSWER IN YEARS ONLY [RANGE: 0-30]
- 3 GAVE ANSWER IN MONTHS AND YEARS [RANGE: 0-30]
- 44. (CHILD) has no older siblings
- 77. DON'T KNOW
- 99. REFUSED

ASK IF AGEYRS LT 3

(CHILD IS LESS THAN 3 YRS)

K6.8 How much time off or leave did you take from work to care for (CHILD) when (CHILD) was a newborn? By work, I mean any job for pay including full-time, part-time, and temporary or summer jobs.

READ IF NEEDED: Your best guess is fine

[MULTIPLE RESPONSE]

1. ____ DAYS [RANGE 1 - 30]
2. ____ WEEKS [RANGE 1 - 52]
3. ____ MONTHS [RANGE 1 - 24]
4. ____ YEARS [RANGE 1 - 10]
55. (VOL) WAS NOT WORKING AT THE TIME
66. (VOL) LEFT WORK AND NEVER RETURNED TO ANY JOB
88. (VOL) NONE
77. DON'T KNOW
99. REFUSED

ASK IF AGEYRS LT 3 AND KS.13 EQ 1

(CHILD IS LESS THAN 3 YRS AND IF THERE IS ANOTHER PARENT LIVING IN THE HOUSEHOLD)

K6.9 How much time off or leave did (CHILD)'s other parent take from work to care for (CHILD) when (CHILD) was a newborn? By work, I mean any job for pay including full-time, part-time, and temporary or summer jobs.)

[INTERVIEWER: ASKING ABOUT THE PARENT AT THE TIME THE CHILD WAS BORN]

[MULTIPLE RESPONSE]

1. ____ DAYS [RANGE 1 - 30]
2. ____ WEEKS [RANGE 1 - 52]
3. ____ MONTHS [RANGE 1 - 24]
4. ____ YEARS [RANGE 1 - 10]
55. (VOL) WAS NOT WORKING AT THE TIME
66. (VOL) LEFT WORK AND NEVER RETURNED
88. (VOL) NONE
77. DON'T KNOW
99. REFUSED

Sleep

Now I'm going to ask you about (CHILD)'s sleep.

ASK IF AGEYR LT 1 YRS/ AGEYR GE 1 TO LT 3

(CHILD IS LESS THAN 1 YRS / CHILD IS 1 TO LESS THAN 3 YRS)

K7.1 [IF AGEYRS LT 1] Do you most often lay your baby down to sleep on (HISHER) side, back or stomach?

[IF AGEYR GE 1 AND LT 3 YEARS] When (CHILD) was less than one year old, did you most often lay (HIMHER) down to sleep on (HISHER) side, back or stomach?

1. On (HISHER) side
2. On (HISHER) back
3. On (HISHER) stomach
7. DON'T KNOW/NOT SURE
- 9 REFUSED

[PRAMS]

ASK IF AGEYR LT 1 YRS/ AGEYR GE 1 TO LT 3

(CHILD IS LESS THAN 1 YRS / CHILD IS 1 TO LESS THAN 3 YRS)

K7.2 [IF AGEYRS LT 1] How often does (CHILD) sleep in the same bed with you or anyone else?

[IF AGEYR GE 1 AND LT 3 YEARS] When (CHILD) was less than one year old, how often did (HESHE) sleep in the same bed with you or anyone else?

INTERVIEWER NOTE: a co-sleeper is not the same bed

READ:

1. Always
2. Often
3. Sometimes
4. Never
7. DON'T KNOW/NOT SURE
- 9 REFUSED

[SOURCE]

ASK IF AGEYR GE 1 YRS

(CHILD IS 1 YRS OR OLDER)

K7.3 On a typical WEEKNIGHT in the past 7 days, what time did (CHILD) go to sleep at night?

READ IF NEEDED: Your best guess is fine.

INTERVIEWER NOTE: Round to nearest 5 or 10 minutes as needed.

INTERVIEWER NOTE: If multiple times reported, ask for the most typical time.

____[RANGE 01-12]:____[RANGE 0-55]

77. DON'T KNOW

99. REFUSED

[SOURCE]

ASK IF K7.3 NE 77 OR 99

(RESPONDENT ANSWERED WITH A BEDTIME FOR CHILD)

K7.3a AMPM INTERVIEWER: IS THIS AM OR PM?

1. AM
2. PM

[SOURCE]

**ASK IF AGEYR GE 1 YRS
(CHILD IS 1 YRS OR OLDER)**

K7.4 On a typical WEEKDAY in the past 7 days, what time did (CHILD) wake up in the morning?

READ IF NEEDED: Your best guess is fine.

INTERVIEWER NOTE: Round to nearest 5 or 10 minutes as needed.

INTERVIEWER NOTE: If multiple times reported, ask for the most typical time.

____[RANGE 01-12]:____[RANGE 0-55]

77. DON'T KNOW

99. REFUSED

[SOURCE]

ASK IF K7.4 NE 77 OR 99

(RESPONDENT ANSWERED WITH A WAKE-UP TIME FOR CHILD)

K7.4a AMPM INTERVIEWER: IS THIS AM OR PM?

1. AM

2. PM

[SOURCE]

**ASK IF AGEYR GE 1 YRS AND LT 6 YRS
(CHILD IS 1 YRS OR OLDER AND LESS THAN 6 YRS)**

K7.5 On a typical WEEKDAY in the past 7 days, how many hours of sleep did (CHILD) get during (HIS/HER) nap or naps?

READ IF NEEDED: Your best guess is fine.

INTERVIEWER NOTE: Round to nearest 5 or 10 minutes as needed.

____HOURS [RANGE 0 - 24], ____MINUTES [RANGE 0 - 55]

88. (VOL) DOESN'T TAKE NAPS

77. DON'T KNOW

99. REFUSED

[SOURCE]

**ASK IF AGEYR LT 6 YRS
(CHILD IS LESS THAN 6 YRS)**

K7.6 Does (CHILD) have a bedtime routine?

READ IF NEEDED: A bedtime routine is the same set of activities around the same time every night.

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

[TOTS]

Health Conditions

READ SCREEN Now I'm going to ask you some more questions about (CHILD)'s health.

**ASK IF AGEYR GE 6 YRS
(CHILD IS 6 YEARS OR OLDER)**

K8.1 – Does (CHILD) need prescription glasses or contacts?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[SOURCE]

**ASK IF K8.1 EQ 1
(CHILD NEEDS GLASSES OR CONTACTS)**

K8.2 – Does (CHILD) have prescription glasses or contacts?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[SOURCE]

ASK ALL

K8.3 (PAST 12 MOS FILL) has a doctor, nurse, or other health professional told you or another caregiver that (CHILD) was overweight or obese?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CCHS, CHEWDS]

ASK ALL

K8.4 (PAST 12 MOS FILL) has a doctor, nurse, or other health professional told you or another caregiver that (CHILD) has diabetes?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[SOURCE]

ASK IF K8.4 EQ 1

K8.4a Is (CHILD) now taking insulin?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NYC HANES]

Asthma

ASK ALL

K8.5 Has a doctor or health professional ever told you or another caregiver that (CHILD) has asthma?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK IF AGEYR LT 3 YRS AND K8.5 NE 1

ASK IF CHILD IS YOUNGER THAN 3 YRS AND WAS NOT CONFIRMED TO HAVE ASTHMA

K8.6 (PAST 12 MOS FILL) has (CHILD) experienced breathing or other respiratory problems such as wheezing or shortness of breath?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK IF K8.5 EQ 1 and ageyrs GE6 and LT 10

(CHILD HAS ASTHMA and is ages 6,7,8,9)

K8.7 – (PAST 12 MOS FILL) has (CHILD) taken asthma medication that was prescribed by a doctor, including pills, a pump or inhaler?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

[SOURCE]

ASK IF K8.5 EQ 1

(CHILD HAS ASTHMA)

K8.8 (PAST 12 MOS FILL) has (CHILD) had an episode of asthma or an asthma attack?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CCHS, CHEWDS]

ASK IF K8.5 EQ 1

READ: The next questions ask about (CHILD)'s asthma symptoms in the past 30 days..

ASK IF K8.5 EQ 1 and ageyrs GE6 and LT 10

(CHILD HAS ASTHMA and is ages 6,7,8,9)

K8.9 In the past 30 days, on how many days did [CHILD] have wheezing, tightness in the chest, or cough?

- [_ _] (0 to 30)
- 77. DON'T KNOW
- 99. REFUSED

[SOURCE]

ASK IF K8.5 EQ 1 and ageyrs GE6 and LT 10

(CHILD HAS ASTHMA and is ages 6,7,8,9)

K8.10. In the past 30 days, on how many days did [CHILD] have to slow down or stop his/her play or activities because of asthma, wheezing or tightness in the chest, or cough?

[_ _] (0 to 30)

77. DON'T KNOW

99. REFUSED

[SOURCE]

ASK IF K8.5 EQ 1 and ageyrs GE6 and LT 10

(CHILD HAS ASTHMA and is ages 6,7,8,9)

K8.11 In the past 30 days, during how many nights did [child] wake up because of asthma, wheezing or tightness in the chest, or cough?

[_ _] (0 to 30)

77. DON'T KNOW

99. REFUSED

[SOURCE]

ASK IF K8.5 EQ 1 AND K1.16 GE 1 AND NOT 777, 999 and ageyrs GE6 and LT 10

(CHILD HAS ASTHMA AND MISSED SCHOOL/PREK/DAYCARE BECAUSE OF ILLNESS and is ages 6,7,8,9)

K8.12 You said earlier that in the past 12 months, (CHILD) missed [FILL 1.16] days of ([IF SCHOOL EQ 1] school)/[IF K1.2 EQ 1 OR K1.1 EQ 44] Pre-k)/[IF K1.6 EQ 1] childcare) because of illness or injury. How many of those days did (CHILD) miss because of asthma?

____ DAYS (0-365)

777. DON'T KNOW

999. REFUSED

[SOURCE]

CATI: ADD LOGIC CHECK IF K8.12 GT 1.16, RE-ASK K8.12.

ASK IF K8.5 EQ 1 AND SCHOOL EQ 1

(CHILD HAS ASTHMA AND IS ENROLLED IN KINDERGARTEN OR ABOVE)

K8.13 Have you ever heard of the asthma form called a Medication Administration Form that you must give (CHILD)'s school every year?

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

[PILOT]

ASK IF K8.13 EQ 1

(RESPONDENT IS AWARE OF MEDICATION ADMINISTRATION FORM)

K8.14 Did [YOU OR PARENT FILL] submit a Medication AdministrationForm for (THISPAST) school year?

CATI: SCHOOL_YEAR_NOTE

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

[PILOT]

Child Mental Health

ASK IF AGEYR GE 3 YRS

(AGE 3 YRS OR OLDER)

READ SCREEN Now I'm going to read a list of conditions. For each condition, please tell me if a mental health professional such as a psychiatrist, psychologist, school counselor, or clinical social worker ever told you or another caregiver that (CHILD) has the condition, even if (HESHE) does not have the condition now.

K9.1a DEPRESSION

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

READ SCREEN AS NEEDED: [Has a mental health professional such as a psychiatrist, psychologist, school counselor, or clinical social worker ever told you or another caregiver that (CHILD) has]

K9.1b ANXIETY PROBLEMS

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

K9.1c ATTENTION DEFICIT DISORDER OR ATTENTION DEFICIT HYPERACTIVE DISORDER, THAT IS, A.D.D. OR A.D.H.D.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

K9.1d OPPOSITIONAL DEFIANT DISORDER, CONDUCT DISORDER, OR ANY OTHER BEHAVIORAL OR CONDUCT PROBLEM

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CCHS,CHEWDS]

ASK IF AGEMO GE 18 MONTHS

(CHILD IS AGE 18 MONTHS OR OLDER)

K9.2 [Has a mental health professional such as a psychiatrist, psychologist, school counselor, or clinical social worker ever told you or another caregiver that (CHILD) has]

AUTISM, ASPERGER'S (ASS-per-gerz) DISORDER, PERVASIVE DEVELOPMENTAL DISORDER (PDD), OR AUTISM SPECTRUM DISORDER (ASD)

- 1. YES
- 2. NO

7. DON'T KNOW
9. REFUSED

[NSCH]

**ASK IF AGEYR GE 3 YRS
(CHILD IS AGE 3 YRS OR OLDER)**

READ: Now I will ask you about different types of treatment for emotions, concentration, and behavior difficulties that (CHILD) may have received in the past 12 months. This includes prescription medications and counseling.

**ASK IF AGEYR GE 3 YRS
(CHILD IS AGE 3 YRS OR OLDER)**

K9.3- During the past 12 months, has (CHILD) taken any prescription medication because of difficulties with (HISHER) emotions, concentration, or behavior?

1 YES
2 NO
7 DON'T KNOW
9 REFUSED

[CHEWDS, CCHS, NSCH]

**ASK IF AGEYR GE 3 YRS
(CHILD IS AGE 3 YRS OR OLDER)**

K9.4 - Counseling can include psychotherapy, play therapy, family therapy, and talk therapy. Aside from medication, during the past 12 months, did (CHILD) receive any counseling from a mental health professional?

INTERVIEWERS: Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

1 YES
2 NO
7 DON'T KNOW
9 REFUSED

[CHEWDS, CCHS]

**ASK IF AGEYR GE 6 YEARS
(CHILD IS AGE 6 YEARS OR OLDER)**

K9.5 - Sometimes students get counseling through the school system for difficulties with emotions, concentration, or behavior. During the past 12 months, did (CHILD) receive any counseling from a school social worker, school psychologist, school nurse, school counselor, or from a mental health service provider in a SCHOOL-BASED CLINIC ?

1 YES
2 NO
7 DON'T KNOW
9 REFUSED

[CHEWDS]

Development

**ASK IF AGEMO GE 3 MONTHS AND AGEYR LT 6 YRS
(AGES 3 MONTHS - 5 YRS)**

READ SCREEN Have you or another caregiver ever had any concerns about any of the following?

**ASK IF AGEMO GE 3 MONTHS AND AGEYR LT 6 YRS
(CHILD IS AGES 3 MONTHS THROUGH 5 YRS)**

K10.1 [Have you or another caregiver ever had any concerns about]

how (CHILD) was learning to sit up, balance, crawl, or walk?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CCHS, CHEWDS]

**ASK IF AGEMO GE 3 MONTHS AND AGEYR LT 6 YRS
(CHILD IS AGES 3 MONTHS THROUGH 5 YRS)**

K10.2 [Have you or another caregiver ever had any concerns about]

how (CHILD) was learning to make speech sounds, talk and understand things that others say?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CCHS, CHEWDS]

**ASK IF AGEMO GE 3 MONTHS AND AGEYR LT 6 YRS
(CHILD IS AGES 3 MONTHS THROUGH 5 YRS)**

K10.3 [Have you or another caregiver ever had any concerns about]

how (CHILD) was learning to do things for (HIMHERSELF)?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CCHS, CHEWDS]

**ASK IF AGEMO GE 3 MONTHS AND AGEYR LT 6 YRS
(CHILD IS AGES 3 MONTHS THROUGH 5 YRS)**

K10.4 [Have you or another caregiver ever had any concerns about]

how (CHILD) was learning pre-school or school skills, like the alphabet and counting?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CCHS, CHEWDS]

**ASK IF AGEMO GE 3 MONTHS AND AGEYR LT 6 YRS
(CHILD IS AGES 3 MONTHS THROUGH 5 YRS)**

K10.5 [Have you or another caregiver ever had any concerns about]

(CHILD)'s emotional or behavioral development?

- 1. YES
- 2. NO
- 7. DON'T KNOW

9. REFUSED

[CCHS,CHEWDS]

**ASK IF AGEMO GE 3 MONTHS AND AGEYR LT 6 YRS
(CHILD IS AGES 3 MONTHS THROUGH 5 YRS)**

K10.6 Did a health professional, mental health professional, teacher, or day care worker ever have any of these concerns about (CHILD)'s learning and behavioral development?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CCHS,CHEWDS]

ASK IF K10.6 EQ 1

K10.7 About how many months or years old was (CHILD) when a professional first had these concerns about (HIMHER)?

- 1 GAVE ANSWER IN MONTHS ONLY [RANGE 0 - 36]
- 2 GAVE ANSWER IN YEARS ONLY [RANGE 0 - AGEYR]
- 3 GAVE ANSWER IN MONTHS AND YEARS [RANGE: 0-AGEYR]
- 77. DON'T KNOW
- 99. REFUSED

[CCHS,CHEWDS]

[CATI: ADD LOGIC CHECK IF K10.7 GT AGEYR OR IF K10.7 GT AGEMO, RE-ASK K10.7. IF K10.7=77/99 SKIP TO K10.7]

**ASK IF AGEMO GE 3 MONTHS AND AGEYR LT 6 YRS
(CHILD IS AGES 3 MONTHS THROUGH 5 YRS)**

K10.8 (PAST 12 MOS FILL), has (CHILD) had any problem
([IF AGEYRS LT 1] crawling, sitting, or rolling over)?

([IF AGEYRS GE 1 AND LT 6] standing, walking, or using (HISHER) arms or legs)?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[SOURCE]

**ASK IF AGEMO GE 3 MONTHS AND AGEYR LT 6 YRS
(CHILD IS AGES 3 MONTHS THROUGH 5 YRS)**

K10.9 (PAST 12 MOS FILL), has (CHILD) had difficulty using (HISHER) hands

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[SOURCE]

Delays and Disabilities

READ: Now I am going to ask you about some services (CHILD) might have received.

**ASK IF AGEYRS LT 6
(CHILD IS YOUNGER THAN 6 YEARS)**

K11.1 Have you ever heard of the Early Intervention Program, also known as EI?

READ IF NEEDED: The Early Intervention Program supports families with children ages birth to three who have disabilities or developmental delays

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

ASK IF K11.1 EQ 1

K11.2 Has (CHILD) ever been referred to The Early Intervention Program?

READ IF NEEDED: The Early Intervention Program supports families with children ages birth to three who have disabilities or developmental delays

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

**ASK ALL
AGES 0-13**

K11.3 Has (CHILD) ever received an Individualized Family Service Plan or IFSP?

READ IF NEEDED: The IFSP is the written plan for the early intervention services (CHILD) and family will receive.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

**ASK IF AGEMO GE 30 MONTHS
(CHILD IS TWO AND A-HALF YEARS OLD OR OLDER)**

K11.4 Has (CHILD) ever received an Individualized Educational Plan, also called IEP, from the Department of Education?

READ IF NEEDED: An IEP documents (CHILD)'s eligibility for special education services and the school's plan for providing education that will meet (CHILD)'s unique needs.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

Social & Emotional Wellness

READ: Now I'm going to read you a statement about (CHILD) in the last month.

ASK IF AGE MO GE 6 MONTHS AND AGE YR LE 5 YEARS

K12.1 – (HESHE) bounces back quickly when things don't go (HISHER) way. Would you say never, rarely, sometimes, usually, or always during the past month?

INTERVIEWER NOTE: BOUNCES BACK MEANS RECOVERS, OR RETURNS TO NORMAL

- 1 NEVER
- 2 RARELY
- 3 SOMETIMES
- 4 USUALLY
- 5 ALWAYS
- 7 DON'T KNOW
- 9 REFUSED

[FROM NSCH]

ASK IF AGE YR GE 6 YEARS (6 to 13 years)

K12.2 [HESHE] stays calm and in control when faced with a challenge. Would you say never, rarely, sometimes, usually, or always during the past month?

- 1 NEVER
- 2 RARELY
- 3 SOMETIMES
- 4 USUALLY
- 5 ALWAYS
- 7 DON'T KNOW
- 9 REFUSED

[FROM NSCH]

Strengths and Difficulties Questionnaire (SDQ) AGE YR GE 4 (4-13 YEARS) BLUE AGE YR EQ 3 GREEN (3 YEARS)

IF AGE YR LT 3, SKIP TO LANGUAGE AND LEARNING SECTION

ASK K12.3-K12.35 IF AGE YR GE 3 YEARS LE 13 YEARS

READ: I am going to read a list of items that describe children. For each item, please tell us if it has been not true, somewhat true, or certainly true for [CHILD]. It would help if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of (CHILD)'s behavior over the LAST SIX MONTHS...

['READ' IS FROM NHIS INTRO TO SDQ]

K12.3 - (CHILD) is considerate of other people's feelings

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true

3 Certainly true
9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.4 - (CHILD) is restless, overactive, cannot stay still for long

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true
2 Somewhat true
3 Certainly true
9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.5 - (CHILD) often complains of headaches, stomach-aches or sickness

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true
2 Somewhat true
3 Certainly true
9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.6 - (CHILD) shares readily with other children, for example toys, treats, pencils

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true
2 Somewhat true
3 Certainly true
9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.7 - (CHILD) often loses (HIS/HER) temper

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true
2 Somewhat true
3 Certainly true
9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.8 - (CHILD) is rather solitary, prefers to play alone

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.9 - (CHILD) is generally well behaved, usually does what adults request

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.10 - (CHILD) has many worries or often seems worried

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.11 - (CHILD) is helpful if someone is hurt, upset or feeling ill

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.12 - (CHILD) is constantly fidgeting or squirming

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.13 - (CHILD) has at least one good friend

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.14 - (CHILD) often fights with other children or bullies them

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.15 - (CHILD) is often unhappy, depressed or tearful

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.16 - (CHILD) is generally liked by other children

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.17 - (CHILD) is easily distracted, concentration wanders

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.18 - (CHILD) is nervous or clingy in new situations, easily loses confidence

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.19 - (CHILD) is kind to younger children

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

ASK IF AGEYRS GE 4

K12.20a - (CHILD) often lies or cheats

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

ASK IF AGEYRS EQ 3

K12.20b - (CHILD) often argumentative with adults?

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.21 - (CHILD) is picked on or bullied by other children

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true

2 Somewhat true

3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.22 - (CHILD) often offers to help others (parents, teachers, other children)

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true

2 Somewhat true

3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

ASK IF AGEYRS GE 4

K12.23a - (CHILD) thinks things out before acting

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true

2 Somewhat true

3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

ASK IF AGEYRS EQ 3

K12.23b - (CHILD) can stop and think things out before acting

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true

2 Somewhat true

3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

ASK IF AGEYRS GE 4

K12.24a - (CHILD) steals from home, school or elsewhere

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true

2 Somewhat true

3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

ASK IF AGEYRS EQ 3

K12.24b - (CHILD) can be spiteful to others

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true

2 Somewhat true

3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.25 - (CHILD) gets along better with adults than with other children

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true

2 Somewhat true

3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.26 - (CHILD) has many fears, is easily scared

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true

2 Somewhat true

3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.27 - (CHILD) has a good attention span, sees work through to the end

PROMPT AS NEEDED: Would you say not true, somewhat true, or certainly true?

READ IF NEEDED: During the last six months..

1 Not true

2 Somewhat true

3 Certainly true

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.28 - Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people? Would you say no difficulties, yes - minor difficulties, yes - definite difficulties, or yes - severe difficulties?

1 No difficulties

2 Yes – minor difficulties

3 Yes – definite difficulties

4 Yes – severe difficulties

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

ASK IF K12.28= 2,3,4, ELSE SKIP TO NEXT SECTION

[If YES to 12.28 then answer the following questions about these difficulties; [else skip to NEXT SECTION (LANGUAGE AND LEARNING)]]

READ: Now I'm going to ask you a few questions about these difficulties.

K12.29 - How long have these difficulties been present? Would you say less than a month, 1-5 months, 6-12 months, or over a year?

[INTERVIEWER-QUESTION REFERS TO: difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people]

1 Less than a month

2 1-5 months

3 6-12 months

4 Over a year

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.30- Do the difficulties upset or distress your child? Would you say not at all, only a little, a medium amount, or a great deal?

[INTERVIEWER-QUESTION REFERS TO: difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people]

1 Not at all

2 Only a little

3 A medium amount

4 A great deal

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

READ: Now I'm going to ask you if these difficulties interfere with your child's everyday life in four different areas. For each area please tell me if the difficulties interfere not at all, only a little, a medium amount, or a great deal.

K12.31 - Do the difficulties interfere with (CHILD)'s home life? Would you say not at all, only a little, a medium amount, or a great deal?

[INTERVIEWER-QUESTION REFERS TO: difficulties in one or more of the following areas:
emotions, concentration, behavior or being able to get on with other people]

- 1 Not at all
- 2 Only a little
- 3 A medium amount
- 4 A great deal
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.32 - Do the difficulties interfere with (CHILD)'s friendships?

PROMPT AS NEEDED: Would you say not at all, only a little, a medium amount, or a great deal?

[INTERVIEWER-QUESTION REFERS TO: difficulties in one or more of the following areas:
emotions, concentration, behavior or being able to get on with other people]

- 1 Not at all
- 2 Only a little
- 3 A medium amount
- 4 A great deal
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.33 - Do the difficulties interfere with (CHILD)'s classroom learning?

PROMPT AS NEEDED: Would you say not at all, only a little, a medium amount, or a great deal?

[INTERVIEWER-QUESTION REFERS TO: difficulties in one or more of the following areas:
emotions, concentration, behavior or being able to get on with other people]

- 1 Not at all
- 2 Only a little
- 3 A medium amount
- 4 A great deal
- 9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.34 - Do the difficulties interfere with (CHILD)'s leisure activities?

PROMPT AS NEEDED: Would you say not at all, only a little, a medium amount, or a great deal?

[INTERVIEWER-QUESTION REFERS TO: difficulties in one or more of the following areas:
emotions, concentration, behavior or being able to get on with other people]

- 1 Not at all
- 2 Only a little
- 3 A medium amount
- 4 A great deal

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

K12.35 - Do the difficulties put a burden on you or the family as a whole?

PROMPT AS NEEDED: Would you say not at all, only a little, a medium amount, or a great deal?

[INTERVIEWER-QUESTION REFERS TO: difficulties in one or more of the following areas:
emotions, concentration, behavior or being able to get on with other people]

1 Not at all

2 Only a little

3 A medium amount

4 A great deal

9 ADMINISTRATIVE USE ONLY/NO ANSWER PROVIDED

[SDQ]

Language and Learning

**ASK IF AGEYRS LT 6
(CHILD IS YOUNGER THAN 6 YEARS)**

K13.1 In the past 7 days, how many days did you or other family members read a book or story to (CHILD)?

READ IF NEEDED: This includes reading a book with or without pictures

___ DAYS [RANGE 0 - 7]

77. DON'T KNOW

99. REFUSED

[NSCH]

**ASK IF AGEYRS LT 6
(CHILD IS YOUNGER THAN 6 YEARS)**

K13.2 In the past 7 days, how many days did you or other family members tell stories or sing songs to (CHILD)?

___ DAYS [RANGE 0 - 7]

77. DON'T KNOW

99. REFUSED

[NSCH]

**ASK IF AGEYRS LT 6
(CHILD IS YOUNGER THAN 6 YEARS)**

K13.3 ON A TYPICAL DAY, how often do you do the following things with (CHILD) even if (HESHE) is not old enough to talk?

K13.3b Talk about the things you see, hear, and do together

READ IF NEEDED:

1. Never
2. Rarely
3. Sometimes
4. Often
7. DON'T KNOW
9. REFUSED

K13.3c Respond to (CHILD)'s sounds, actions, and words

READ IF NEEDED:

1. Never
2. Rarely
3. Sometimes

- 4. Often
- 7. DON'T KNOW
- 9. REFUSED

[Seattle]

**ASK IF AGEYRS LT 6
(CHILD IS YOUNGER THAN 6 YEARS)**

K13.4 How often do you or any family member take (CHILD) to the park, library, or community center, or to a place of worship, or on any other kind of outing for (HISHER) learning or development? Would you say...

READ:

- 1. About once a day,
- 2. Several times a week
- 3. About two or three times a month
- 4. Once a month or less
- 5. Or Never
- 7. DON'T KNOW
- 9. REFUSED

[SIPPS ADAPTED]

ASK IF ageyrs lt 10

K13.5 About how many children's books are there in your house, including library books? Please only include books that are for children.

IF NEEDED: Your best guess is fine.

	NUMBER OF BOOKS RANGE (0-500)
777	DK
999	REFUSED

[NSECH 2000]

**READ IF AGRYR GE 6 YRS OR IF K1.1 EQ 55
(CHILD IS AT LEAST 6 YEARS OLD OR ENROLLED IN KINDERGARTEN)**

Now I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for (CHILD) in the past six months.

K13.6 [In the past six months]

(CHILD) cares about doing well in school

READ IF NEEDED:

- 1. Not true
- 2. Somewhat true
- 3. Certainly true
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

READ IF AGRYR GE 6 YRS OR IF K1.1 EQ 55
(CHILD IS AT LEAST 6 YEARS OLD OR ENROLLED IN KINDERGARTEN)
K13.7 [In the past six months]

(CHILD) enjoys reading

READ IF NEEDED:

1. Not true
2. Somewhat true
3. Certainly true
7. DON'T KNOW
9. REFUSED

READ IF AGRYR GE 6 YRS OR IF K1.1 EQ 55
(CHILD IS AT LEAST 6 YEARS OLD OR ENROLLED IN KINDERGARTEN)
K13.8 [In the past six months]

(CHILD) struggles with (HISHER) school work

READ IF NEEDED:

1. Not true
2. Somewhat true
3. Certainly true
7. DON'T KNOW
9. REFUSED

Parent Involvement

ASK IF KS.14 EQ 1

(CHILD HAS OTHER PARENT WHO DOES NOT LIVE IN HOUSEHOLD)

K14.2 How often does (CHILD) spend time with (HISHER) parent who does not live with you? You can tell me the number of times per week, per month, or per year.

- ___ TIMES PER WEEK [RANGE: 1 – 75]
- ___ TIMES PER MONTH [RANGE: 1 – 75]
- ___ TIMES PER YEAR [RANGE: 1 – 75]

888 NEVER/CHILD DOES NOT SEE OTHER PARENT

777 DON'T KNOW

999 REFUSED

[PILOT]

ASK IF KS.5 EQ 2 OR (KS.5 EQ 1 AND KS.13 EQ 1)

[ASK IF R IS FATHER OR OTHER PARENT IS IN HH]

K14.3 How often ([if KS.5 EQ 2] do you)[IF KS.5 EQ 1 AND KS.13 EQ 1] does (CHILD)'s other parent) take care of and/or play with (CHILD)? Would you say often, sometimes, rarely, or never?

READ IF NECESSARY:

1. Often
2. Sometimes
3. Rarely
4. Never
7. DON'T KNOW
9. REFUSED

[PILOT]

Social Support

ASK IF AGEYRS < 6

READ Now I'm going to ask a few questions about (YOU AND PARENT FILL).

K15.1 How well do you feel that (YOU AND PARENT FILL) are handling the day-to-day demands of raising children?

READ:

1. Very well
2. Somewhat Well
3. Not Very Well
7. DON'T KNOW
9. REFUSED

[NSCH adapted]

ASK IF AGEYRS < 6

K15.2 Is there someone outside of your household that (YOU AND PARENT FILL) can rely on for day-to-day support with parenting or raising children?

1. YES
2. NO

7. DON'T KNOW
9. REFUSED

[SOURCE]

Household Demographics

READ SCREEN Now I'm going to ask you about your household.

K16.1 What languages are usually spoken in your home?

INTERVIEWER NOTE: ENTER ALL RESPONSES GIVEN

READ IF NEEDED:

1. English
2. Spanish
3. Russian
4. Chinese (includes Mandarin & Cantonese)
5. Indian (includes Hindi & Tamil)
6. Italian
7. French (French-Creole)
8. Yiddish
9. OTHER (SPECIFY) _____
77. DON'T KNOW
99. REFUSED

[NSFG 2011-2013]

CATI: MULTIPLE RESPONSES

ASK IF KS.5 EQ 1 OR (KS.5 EQ 2 AND KS.13B EQ 1), SKIP IF CHS_RECRUIT EQ 1 AND KS.5 EQ 1 [R IS MOTHER OR OTHER PARENT IS PARENT WHO LIVES WITH R, SKIP IF R IS CHS R AND MOTHER OF CHILD]

K16.2 What is the highest grade or year of school [IF KS.5 EQ 1] you have)/[IF KS.13B EQ 1] that (CHILD)'s other parent has) completed?

READ IF NEEDED:

1. Never attended school or only attended kindergarten
2. Grades 1 through 8 (elementary)
3. Grades 9 through 11 (some high school)
4. Grade 12 or GED (high school graduate)
5. College 1 year to 3 years (some college or technical school), or
6. College 4 years or more (college graduate)
7. DON'T KNOW
9. REFUSED

[CCHS, CHEWDS ADAPTED]

ASK ALL

[SKIP IS K16.2=6]

K16.3 What is the highest grade or year of school completed by ANYONE in your household, including you?

INTERVIEWER: REPEAT QUESTION IF NEEDED AND EMPHASIZE 'ANYONE'.

READ IF NEEDED:

1. Never attended school or only attended kindergarten
2. Grades 1 through 8 (elementary)
3. Grades 9 through 11 (some high school)

4. Grade 12 or GED (high school graduate)
5. College 1 year to 3 years (some college or technical school), or
6. College 4 years or more (college graduate)
7. DON'T KNOW
9. REFUSED

[PILOT, CCHS, CHEWDS]

SKIP IF CHS_RECRUIT EQ 1 OR 2

K16.4 Is your home or apartment owned or rented?

1. OWNED BY YOU/FAMILY
2. RENTED
3. (VOL) OCCUPIED WITHOUT PAYMENT OF RENT
7. DON'T KNOW
9. REFUSED

[CHS]

SKIP IF CHS_RECRUIT EQ 1 OR 2

K16.4a: ASK IF K16.4 = 2

(RENTED)

Are you...

READ:

- 1 A public housing resident living in a building owned by the New York City Housing Authority, or
- 2 Part of a household that receives rental assistance such as Section 8 or any other rental assistance program, or
- 3 Part of a household living in a rent-controlled or rent-stabilized home, or
- 4 None of these
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

[SOURCE]

SKIP IF CHS_RECRUIT EQ 1 OR 2

K16.5 Including yourself, how many people ages 14 to 17 usually live or stay with you?

__ NUMBER OF CHILDREN [RANGE 0-10]

77. DON'T KNOW

99. REFUSED

[SOURCE]

SKIP IF CHS_RECRUIT EQ 1 OR 2

K16.6 How many members of your household, INCLUDING YOURSELF, are 18 years of age or older?

READ IF NEEDED: Household members are those who spend a majority of their time living in the household.

__ NUMBER OF PEOPLE [RANGE 0-10]

77. DON'T KNOW

99. REFUSED

[SOURCE]

CATI create variable CHILDNUM (number of children 0-17 in HH) and ADULTNUM (number of adults in HH)

CHILDNUM EQ KS.1 PLUS K16.5

ADULTNUM EQ K16.6

IF K16.5=77/99 DO NOT CALCULATE CHILDNUM
IF K16.6=77/99 DO NOT CALCULATE ADULTNUM

ASK IF AGEYRS < 6

READ: Now for some questions about your employment ([IF KS.13 EQ 1] and (CHILD)'s other parent's employment).

SKIP IF CHS_RECRUIT EQ 1

K16.7

Are you currently. . .

01 Employed for wages or salary

IF R DOES NOT PICK #1, READ ALL OF THE REMAINING ANSWER CHOICES

02 Self-employed

03 A Homemaker

04 A Student

05 Retired

06 Unable to work

07 Unemployed for 1 year or more, or

08 Unemployed for less than 1 year?

77 DON'T KNOW/NOT SURE

99 REFUSED

[SOURCE]

**ASK IF AGEYRS < 6 AND ((K16.7 NE 1 OR 2) OR (CHS_RECRUIT EQ 1 AND CHS Q8.13 NE 1 OR 2))
(CHILD LESS THAN 6 YEARS OLD AND NOT EMPLOYED OR SELF-EMPLOYED CURRENTLY, OR
NOT EMPLOYED OR SELF-EMPLOYED FROM CHS)**

K16.8 Were you employed IN THE PAST 12 MONTHS?

(INTERVIEWER NOTE: "YES" INCLUDES SELF-EMPLOYED WITHIN THE PAST 12 MONTHS)

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

[SOURCE]

**ASK IF AGEYRS < 6 AND IF ((K16.7 EQ 1 OR 2) OR K16.8 EQ 1, OR
IF CHS_RECRUIT EQ 1 AND CHS Q8.13 EQ 1 OR 2)**

**(CHILD LESS THAN 6 YEARS OLD AND EMPLOYED OR SELF EMPLOYED CURRENTLY OR
WITHIN THE PAST 12 MONTHS)**

K16.9 ([IF K16.7/Q8.13 EQ 1 OR 2] In the past 30 days/ [IF K16.8 EQ 1] In the last 30 days you worked), did your work schedule change from week to week?

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

**ASK IF AGEYRS < 6 AND ((K16.7 EQ 1 OR 2) OR K16.8 EQ 1, OR
IF CHS_RECRUIT EQ 1 AND CHS Q8.13 EQ 1 OR 2)**

**(CHILD LESS THAN 6 YEARS OLD AND EMPLOYED OR SELF-EMPLOYED CURRENTLY OR
WITHIN THE PAST 12 MONTHS)**

K16.10 ([IF K16.7 EQ 1 OR 2/ Q8.13 EQ 1 OR 2] In the past 30 days/ [IF K16.8 EQ 1] In the last 30 days
you worked), how difficult was it for you to take time off during work to take care of personal or family
matters?

READ:

1. Not Difficult
2. A Little Difficult
3. Very Difficult
4. (VOL). DID NOT NEED TO TAKE TIME OFF
7. DON'T KNOW
9. REFUSED

[SOURCE]

ASK IF AGEYRS < 6

K16.11 (PAST 12 MOS FILL) did you have to quit a job, not take a job, or change jobs because of
problems with child care for (CHILD)?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[SOURCE]

ASK K16.12 – K16.16 IF AGEYRS < 6 AND KS.13 EQ 1

ASK IF KS.13 EQ 1

(CHILD LESS THAN 6 YEARS OLD AND OTHER PARENT IN HH)

K16.12 Is (CHILD)'s other parent currently. . .

01 Employed for wages or salary

IF R DOES NOT PICK #1, READ ALL OF THE REMAINING ANSWER CHOICES

- 02 Self-employed
- 03 A Homemaker
- 04 A Student
- 05 Retired
- 06 Unable to work
- 07 Unemployed for 1 year or more, or
- 08 Unemployed for less than 1 year ?
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

[SOURCE]

ASK IF AGEYRS < 6 AND K16.12 NOT EQ 1 OR 2

**(CHILD LESS THAN 6 YEARS OLD AND OTHER PARENT NOT EMPLOYED OR SELF EMPLOYED
CURRENTLY)**

K16.13 Was (CHILD's) other parent employed IN THE PAST 12 MONTHS?

(INTERVIEWER NOTE: "YES" INCLUDES SELF-EMPLOYED WITHIN THE PAST 12 MONTHS)

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[SOURCE]

**ASK IF AGEYRS < 6 AND K16.12 EQ 1 OR 2 OR K16.13 EQ 1
(CHILD LESS THAN 6 YEARS OLD AND OTHER PARENT EMPLOYED OR SELF-EMPLOYED
CURRENTLY OR WITHIN THE PAST 12 MONTHS)**

K16.14 ([IF K16.12 EQ 1 OR 2] In the past 30 days/ [IF K16.13 EQ 1] In the last 30 days (CHILD)'s other parent worked), did (CHILD)'s other parent's work schedule change from week to week?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**ASK IF AGEYRS < 6 AND K16.12 EQ 1 OR 2 OR K16.13 EQ 1
(CHILD LESS THAN 6 YEARS OLD AND OTHER PARENT EMPLOYED OR SELF-EMPLOYED
CURRENTLY OR WITHIN THE PAST 12 MONTHS)**

K16.15 ([IF K16.12 EQ 1 or 2] In the past 30 days)/ [IF K16.13 EQ 1] In the last 30 days (CHILD)'S other parent worked), how difficult was it for (CHILD)'s other parent to take time off during work to take care of personal or family matters?

READ:

1. Not Difficult
2. A Little Difficult
3. Very Difficult
4. DID NOT NEED TO TAKE TIME OFF
7. DON'T KNOW
9. REFUSED

[SOURCE]

ASK IF AGEYRS < 6 AND KS.13 EQ 1

K16.16 (PAST 12 MOS FILL) did (CHILD)'s other parent have to quit a job, not take a job, or change jobs because of problems with child care for (CHILD)?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[SOURCE]

ASK ALL

K16.17 At any time in the past 12 months, even for one month, did you ([IF K16.6 GE 2 OR K16.6 EQ 77,99 OR (IF CHS_RECRUIT=1 or 2 AND (CQHH>1 OR QHH>1) or ANYONE) living or staying with you receive any cash aid from the Family Assistance program or TANF (TAN-IF), Food Stamps or EBT, or any other benefit or welfare programs?

[INTERVIEWER: This includes WIC and SNAP programs.]

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[NSFG 2011-013]

CATI: IF K16.5=0-10 and K16.6=0-10 THEN
 CREATE NEW VARIABLE **NHOUSE = ADULTNUM + CHILDNUM**
 IF K16.5=77/99 OR K16.6=77/99 DO NOT CALCULATE NHOUSE.
 USE NHOUSE to create a field (PVTYLV) to populate the fill for K16.18 and K16.19

IF NHOUSE = 1 THEN PVTYLV = 12,060
 IF NHOUSE = 2 THEN PVTYLV = 16,240
 IF NHOUSE = 3 THEN PVTYLV = 20,420
 IF NHOUSE = 4 THEN PVTYLV = 24,600
 IF NHOUSE = 5 THEN PVTYLV = 28,780
 IF NHOUSE = 6 THEN PVTYLV = 32,960
 IF NHOUSE = 7 THEN PVTYLV = 37,140
 IF NHOUSE = 8 THEN PVTYLV = 41,320
 IF NHOUSE GT 8 THEN PVTYLV = 41,320 + (NHOUSE-8 * 4,180)

SKIP IF CHS_RECRUIT EQ 1 OR 2

READ SCREEN: The next question is about your combined household income.
 [READ IF NHOUSE>1: By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.]

ASK IF NHOUSE IS CALCULATED

K16.18 Is your ([IF K16.6 GE 2] household's) annual income from all sources [INSERT]:

- 02. Less than \$ (PVTYLV*2) IF "NO," ASK 05; IF "YES," ASK 01
- 01. Less than \$ (PVTYLV)
- IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (< 100%)
- 05. Less than \$ (PVTYLV*5) IF "NO," ASK 06 (500-599%); IF "YES," ASK 04 (300-399%)
- 06. Less than \$ (PVTYLV*6) IF "NO," CODE 07 (>600%); IF "YES," CODE 06 (500-599%)
- 04. Less than \$ (PVTYLV*4) IF "NO," CODE 05; IF "YES," ASK 03 (200-299%)
- 07. \$ (PVTYLV*6)
- 03. Less than \$ (PVTYLV*3) IF "NO," CODE 04; IF "YES," CODE 03
- 77. DON'T KNOW
- 99. REFUSED

[SOURCE]

ASK IF K16.18 EQ 77 OR 99

K16.19 Can you just tell me if your household's annual income is less than \$ PVTYLV?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[SOURCE]

ASK IF SOTHER GE 1 [MORE THAN ONE CHILD 0-13 IN HOUSEHOLD]

K16.20 In addition to (CHILD), you mentioned there ([IF SOTHER GE 2] are/[IF SOTHER EQ 1] is) (FILL SOTHER) ([IF SOTHER GE 2] other children/[IF SOTHER EQ 1] other child) age 0 to 13 living or

staying with you. ([IF SOTHERGE 2] How many of the other (SOTHER) children have/[IF SOTHER EQ 1] Has the other child) EVER gone to public school, a public charter school, or free pre-K in New York City?

(IF SOTHER EQ 1 INTERVIEWER NOTE: If respondent says "Yes," code 1, if "No" code 0) .

___CHILDREN [RANGE 0 – SOTHER]

77. DON'T KNOW

99. REFUSED

[SOURCE]

Parent 1 Demographics

READ SCREEN Now I'm going to ask some questions about you.

SKIP IF CHS_RECRUIT EQ 1

K17.1 What is your age?

____ YEARS [RANGE 16 - 99]

777. DON'T KNOW

999. REFUSED

[CHS, CHEWDS]

ASK IF K17.1 EQ 777 OR 999

(R DOES NOT SUPPLY EXACT AGE FOR K17.1)

K17.2 We are only asking this information to make sure that we have talked to enough people in each age group. Can you just tell me if you are...

READ:

1. 65 or older

2. 45 to 64

3. 30 to 44

4. 25 to 29

5. 18 to 24, or

6. 16 to 17

7. DON'T KNOW

9. REFUSED

[CHS, CHEWDS]

SKIP IF CHS_RECRUIT EQ 1

K17.3

On your original birth certificate, was your sex assigned as male or female?

1. MALE

2. FEMALE

7. DON'T KNOW/NOT SURE

9. REFUSED

[modified CHS, CHEWDS]

SKIP IF CHS_RECRUIT EQ 1

K17.4 Where were you born? Please tell me the country or U.S. Territory.

1 USA

2 Outside USA [List of countries, includes Puerto Rico and other US territories]

INTERVIEWER: PUERTO RICO AND OTHER US TERRITORIES ARE CONSIDERED OUTSIDE OF THE UNITED STATES

ASK IF Q17.4 = 2 [ASK IF BORN OUTSIDE U.S.]

Q17.4a

60. AFRICA

61. ALBANIA
62. ANTIGUA
01. ARGENTINA
64. AUSTRIA
02. AUSTRALIA
03. BANGLADESH
04. BARBADOS
05. BELARUS
68. BELIZE
06. BOLIVIA
07. BRAZIL
08. CANADA
09. CARIBBEAN
106. CENTRAL AFRICA
10. CHILE
11. CHINA
12. COLOMBIA
13. COSTA RICA
14. CUBA
73. CZECHOSLOVAKIA
15. DOMINICAN REPUBLIC
107. EASTERN AFRICA
16. ECUADOR
17. EGYPT
18. EL SALVADOR
74. ENGLAND
75. EUROPE
19. FRANCE
20. GERMANY
21. GHANA
22. GREECE
78. GRENADA
23. GUATEMALA
111. GUINEA
24. GUYANA
25. HAITI
26. HONDURAS
27. HONG KONG
28. HUNGARY
29. INDIA
81. IRAN
30. IRELAND
31. ISRAEL
32. ITALY
33. JAMAICA
34. JAPAN
35. KOREA
112. LIBERIA
87. MALAYSIA
114. MALI
36. MEXICO
37. NICARAGUA
38. NIGERIA
104. NORTHERN AFRICA
39. PAKISTAN
40. PANAMA

- 41. PERU
- 42. PHILIPPINES
- 43. POLAND
- 44. PUERTO RICO
- 45. ROMANIA
- 46. RUSSIA
- 113. SENEGAL
- 47. SIERRA LEONE
- 48. SOUTH AMERICAN
- 49. SPAIN
- 108. SOUTHERN AFRICA
- 102. ST. LUCIA
- 103. ST. VINCENT
- 50. TAIWAN
- 51. TRINIDAD AND TOBAGO
- 52. TURKEY
- 53. UKRAINE
- 54. UNITED KINGDOM (INCLUDES ENGLAND, N. IRELAND, SCOTLAND, WALES)
- 109. UZBEKISTAN
- 55. VENEZUELA
- 56. VIETNAM
- 110. VIRGIN ISLANDS
- 105. WESTERN AFRICA
- 57. WEST INDIAN
- 58. YUGOSLAVIA
- 77. DON'T KNOW/NOT SURE
- 99. REFUSE

66. OTHER (SPECIFY)_____

SKIP IF CHS_RECRUIT EQ 1

K17.5 Are you Hispanic or ([IF K.17.3 EQ 1] Latino, [IF K17.3 EQ 2] Latina, [IF K17.3 EQ 3, 7 OR 9] Latino or Latina)?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CHS, CHEWDS]

SKIP IF CHS_RECRUIT EQ 1

K17.6 ([IF K17.5 EQ 1] Some people, aside from being Hispanic or ([IF K.17.3 EQ 1] Latino, [IF K17.3 EQ 2] Latina, [IF K17.3 EQ 3, 7 OR 9] Latino or Latina), also consider themselves to be a member of a racial group.) I am going to read a list of six race categories. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Enter all responses given

READ:

- 01. White
- 02. Black or African American
- 03. Asian
- 04. Middle Eastern or North African
- 05. Native Hawaiian or Other Pacific Islander
- 06. American Indian, Alaska Native, or
- 07. Something Else (Specify)_____
- 77. DON'T KNOW
- 99. REFUSED

[modified CHS, CHEWDS]

CATI: MULTIPLE RESPONSES

Parent 2 Demographics

**CATI: ASK SECTION IF KS.13 EQ 1
(ANOTHER PARENT LIVES OR STAYS HERE)**

READ SCREEN Now I'm going to ask you about (CHILD)'s other parent who lives or stays with you.

K18.1 What is (CHILD)'s other parent's age?

____ YEARS [RANGE 10 - 99]
777. DON'T KNOW
999. REFUSED

[CHS, CHEWDS]

**ASK IF K18.1=777 OR 999
(R DOES NOT PROVIDE EXACT AGE FOR K18.1)**

K18.2 Can you just tell me if (CHILD)'s other parent is...

READ:

1. 65 or older
2. 45 to 64
3. 30 to 44
4. 25 to 29
5. 18 to 24
6. 16 to 17, or
7. Less than 16
77. DON'T KNOW
- 9.9 REFUSED

[CHS, CHEWDS]

K18.3 Is (CHILD)'s other parent male or female?

1. MALE
2. FEMALE
3. (VOL) SOMETHING ELSE
7. DON'T KNOW
9. REFUSED

[modified CHS, CHEWDS]

K18.4 **Where** was (CHILD)'s other parent born?**Please tell me the country or U.S. Territory.**

1 USA

2 Outside USA [List of countries, includes Puerto Rico and other US territories

**INTERVIEWER: PUERTO RICO AND OTHER US TERRITORIES ARE CONSIDERED OUTSIDE OF
THE UNITED STATES**

ASK IF Q18.4 = 2 [ASK IF BORN OUTSIDE U.S.]

Q18.4a

60. AFRICA

61. ALBANIA

62. ANTIGUA
01. ARGENTINA
64. AUSTRIA
02. AUSTRALIA
03. BANGLADESH
04. BARBADOS
05. BELARUS
68. BELIZE
06. BOLIVIA
07. BRAZIL
08. CANADA
09. CARIBBEAN
106. CENTRAL AFRICA
10. CHILE
11. CHINA
12. COLOMBIA
13. COSTA RICA
14. CUBA
73. CZECHOSLOVAKIA
15. DOMINICAN REPUBLIC
107. EASTERN AFRICA
16. ECUADOR
17. EGYPT
18. EL SALVADOR
74. ENGLAND
75. EUROPE
19. FRANCE
20. GERMANY
21. GHANA
22. GREECE
78. GRENADA
23. GUATEMALA
111. GUINEA
24. GUYANA
25. HAITI
26. HONDURAS
27. HONG KONG
28. HUNGARY
29. INDIA
81. IRAN
30. IRELAND
31. ISRAEL
32. ITALY
33. JAMAICA
34. JAPAN
35. KOREA
112. LIBERIA
87. MALAYSIA
114. MALI
36. MEXICO
37. NICARAGUA
38. NIGERIA
104. NORTHERN AFRICA
39. PAKISTAN
40. PANAMA
41. PERU

- 42. PHILIPPINES
- 43. POLAND
- 44. PUERTO RICO
- 45. ROMANIA
- 46. RUSSIA
- 113. SENEGAL
- 47. SIERRA LEONE
- 48. SOUTH AMERICAN
- 49. SPAIN
- 108. SOUTHERN AFRICA
- 102. ST. LUCIA
- 103. ST. VINCENT
- 50. TAIWAN
- 51. TRINIDAD AND TOBAGO
- 52. TURKEY
- 53. UKRAINE
- 54. UNITED KINGDOM (INCLUDES ENGLAND, N. IRELAND, SCOTLAND, WALES)
- 109. UZBEKISTAN
- 55. VENEZUELA
- 56. VIETNAM
- 110. VIRGIN ISLANDS
- 105. WESTERN AFRICA
- 57. WEST INDIAN
- 58. YUGOSLAVIA
- 77. DON'T KNOW/NOT SURE
- 99. REFUSE
- 66. OTHER (SPECIFY)_____

K18.5 Is (CHILD)'s other parent Hispanic or ([IF K.18.3 EQ 1] Latino, [IF K18.3 EQ 2] Latina, [IF K18.3 EQ 3, 7 OR 9] Latino or Latina)?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[CHS, CHEWDS]

K18.6 ([IF K18.5 EQ 1] Some people, aside from being Hispanic or Latino, also consider themselves to be a member of a racial group.) I am going to read a list of six race categories. Please choose one or more races that (CHILD)'s other parent consider's ([IF K18.3 EQ 1] himself/[IF K18.3 EQ 2] herself/[IF 18.3 EQ 3, 7 or 9] himself or herself) to be:

INTERVIEWER NOTE: Enter all responses given

READ:

- 01. White
- 02. Black or African American
- 03. Asian
- 04. Middle Eastern or North African
- 05. Native Hawaiian or Other Pacific Islander
- 06. American Indian, Alaska Native, or
- 07. Something Else (Specify)_____
- 77. DON'T KNOW
- 99. REFUSED

[modified CHS, CHEWDS]

CATI: MULTIPLE RESPONSES

Parent 1 Health

READ SCREEN Now I'm going to ask you about your own health.

K19.1 In general, how is your physical health?

READ:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. DON'T KNOW
9. REFUSED

[NSFG 2011-2013, CHS]

K19.2 In general, how is your mental health?

READ IF NEEDED:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. DON'T KNOW
9. REFUSED

[CCHS, CHEWDS]

Parent 2 Health

**CATI: ASK SECTION IF KS.13 EQ 1
(ANOTHER PARENT LIVES OR STAYS HERE)**

READ SCREEN Now I'm going to ask you about the health of (CHILD)'s other parent who lives or stays with you.

K20.1 In general, how is (CHILD)'s other parent's physical health?

READ:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. DON'T KNOW
9. REFUSED

[NSFG 2011-2013, CHS]

K20.2 In general, how is (CHILD)'s other parent's mental health?

READ IF NEEDED:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. DON'T KNOW
9. REFUSED

[CCHS, CHEWDS]

Child Demographics

READ SCREEN Now I'm going to ask you about (CHILD).

K21.1 Is (CHILD) Hispanic or ([IF KS.11 EQ 1] Latino, [IF KS.11 EQ 2] Latina, [IF KS.11 EQ 7 OR 9] Latino or Latina)?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

[CPS 2015]

ASK IF K21.1 EQ 1

K21.2 Is (CHILD) Puerto Rican, Cuban, Dominican, Mexican, Central American or South American; or a member of some other Hispanic or ([IF KS.11 EQ 1] Latino, [IF KS.11 EQ 2] Latina, [IF KS.11 EQ 3, 7 OR 9] Latino or Latina), group?

INTERVIEWER NOTE: Enter all responses given

1. PUERTO RICAN
2. CUBAN/CUBAN-AMERICAN
3. DOMINICAN/DOMINICAN-AMERICAN
4. MEXICAN/MEXICAN-AMERICAN/CHICANO
5. CENTRAL OR SOUTH AMERICAN
6. OTHER LATIN AMERICAN
7. OTHER HISPANIC/LATINO
77. DON'T KNOW
99. REFUSED

[CPS 2015]

CATI: MULTIPLE RESPONSES

K21.3 ([IF 21.2 EQ 1] Some people, aside from being Hispanic or Latino, also consider themselves to be a member of a racial group.) I am going to read a list of six race categories. Please choose one or more races that you consider (CHILD) to be:

INTERVIEWER NOTE: Enter all responses given

READ:

01. White
02. Black or African American
03. Asian
04. Middle Eastern or North African
05. Native Hawaiian or Other Pacific Islander
06. American Indian, Alaska Native, or
07. Something Else (Specify)_____
77. DON'T KNOW
99. REFUSED

[modified CHS, CHEWDS]

CATI: MULTIPLE RESPONSES

ASK IF K21.3 EQ 3

K21.4 Which of the following Asian groups is (HESHE)?

INTERVIEWER NOTE: Enter all responses given

READ:

1. Chinese
2. Asian Indian
3. Filipino
4. Korean
5. Japanese
6. Vietnamese
7. Something Else (Specify)_____
77. DON'T KNOW
99. REFUSED

[CHS]

CATI: MULTIPLE RESPONSES

ASK IF CHILDAE EQ 1

K21.5 Was (CHILD) born in New York City?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

ASK IF K21.5 GT 1

(CHILD NOT BORN IN NYC)

K21.6 Where was (CHILD) born? **Please tell me the country or U.S. Territory.**

1 USA

2 Outside USA [List of countries, includes Puerto Rico and other US territories

INTERVIEWER: PUERTO RICO AND OTHER US TERRITORIES ARE CONSIDERED OUTSIDE OF THE UNITED STATES

ASK IF Q21.6 = 2 [ASK IF BORN OUTSIDE U.S.]

Q21.6a

- 60. AFRICA**
- 61. ALBANIA**
- 62. ANTIGUA**
- 01. ARGENTINA**
- 64. AUSTRIA**
- 02. AUSTRALIA**
- 03. BANGLADESH**
- 04. BARBADOS**
- 05. BELARUS**
- 68. BELIZE**
- 06. BOLIVIA**
- 07. BRAZIL**

08. CANADA
09. CARIBBEAN
106. CENTRAL AFRICA
10. CHILE
11. CHINA
12. COLOMBIA
13. COSTA RICA
14. CUBA
73. CZECHOSLOVAKIA
15. DOMINICAN REPUBLIC
107. EASTERN AFRICA
16. ECUADOR
17. EGYPT
18. EL SALVADOR
74. ENGLAND
75. EUROPE
19. FRANCE
20. GERMANY
21. GHANA
22. GREECE
78. GRENADA
23. GUATEMALA
111. GUINEA
24. GUYANA
25. HAITI
26. HONDURAS
27. HONG KONG
28. HUNGARY
29. INDIA
81. IRAN
30. IRELAND
31. ISRAEL
32. ITALY
33. JAMAICA
34. JAPAN
35. KOREA
112. LIBERIA
87. MALAYSIA
114. MALI
36. MEXICO
37. NICARAGUA
38. NIGERIA
104. NORTHERN AFRICA
39. PAKISTAN
40. PANAMA
41. PERU
42. PHILIPPINES
43. POLAND
44. PUERTO RICO
45. ROMANIA
46. RUSSIA
113. SENEGAL
47. SIERRA LEONE
48. SOUTH AMERICAN
49. SPAIN
108. SOUTHERN AFRICA

- 102. ST. LUCIA
- 103. ST. VINCENT
- 50. TAIWAN
- 51. TRINIDAD AND TOBAGO
- 52. TURKEY
- 53. UKRAINE
- 54. UNITED KINGDOM (INCLUDES ENGLAND, N. IRELAND, SCOTLAND, WALES)
- 109. UZBEKISTAN
- 55. VENEZUELA
- 56. VIETNAM
- 110. VIRGIN ISLANDS
- 105. WESTERN AFRICA
- 57. WEST INDIAN
- 58. YUGOSLAVIA
- 77. DON'T KNOW/NOT SURE
- 99. REFUSE
- 66. OTHER (SPECIFY)_____

**ASK IF K21.5 GT 1
(CHILD NOT BORN IN NYC)**

K21.7 What age was (CHILD) when (HESHE) came to live in NYC?

- 1 GAVE ANSWER IN MONTHS ONLY [RANGE: 0-60]
- 2 GAVE ANSWER IN YEARS ONLY [RANGE: 0-13]
- 3 GAVE ANSWER IN MONTHS AND YEARS [RANGE: 0-30]
- 77. DON'T KNOW
- 99. REFUSED

[CATI: ADD LOGIC CHECK IF K21.7 GT AGEYR OR IF AGEMO, RE-ASK K21.7. IF K21.7=77/99 SKIP TO K21.8]

**ASK IF AGEYR GE 3 YRS AND K21.5 EQ 1
(CHILD IS 3 YEARS OR OLDER AND WAS BORN IN NYC)**

K21.8 Did (CHILD) spend 6 months or more outside of New York City at any one time before (HESHE) was 3 years old?

INTERVIEWER NOTE: Only count continuous months.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

**ASK IF AGEYR GE 1 AND LT 3 YRS AND K21.5 EQ 1
(CHILD IS 1 OR OLDER AND YOUNGER THAN 3 AND BORN IN NYC)**

K21.9 Did (CHILD) spend 6 months or more outside of New York City at any one time?

INTERVIEWER NOTE: Only count continuous months.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

ASK ALL

K21.10 - Since (HESHE) was born, how many times has (CHILD) moved to a new address?

INTERVIEWER: THIS INCLUDES ANY AND ALL TIMES A CHILD HAS CHANGED THEIR PRIMARY RESIDENCE. DO NOT INCLUDE TEMPORARY CHANGES IN RESIDENCE SUCH AS A CHILD VISITING ANOTHER RESIDENCE DURING SUMMER VACATION OR OTHER BREAKS IN THE SCHOOL YEAR.

____TIMES [RANGE: 0 - 10 OR MORE TIMES]
 77 DON'T KNOW
 99 REFUSED

[CCHS 2009, K15.4]

ASK ALL

K21.11 In the past 12 months, was there ever a time when (CHILD) did not have a regular place to live; that is (HESHE) had to stay in a family shelter, in a public place like a car or abandoned building, or temporarily stayed with family or friends?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

ASK IF K21.11 EQ 1

K21.12 - Where did (CHILD) stay? {ACCEPT ALL THAT APPLY}

INTERVIEWER: READ EACH OPTION AND PAUSE BRIEFLY TO ALLOW 'R' TO RESPOND

- 1 Family shelter, hotel, motel or transitional housing
- 2 Car, abandoned building, park, or other public place
- 3 Stayed with family or friends
- 4 or, some place else (SPECIFY) _____
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

[IF CHILDREN 0-5 LIVE IN HH, BUT 6-13 WAS SELECTED AGE]

CHLDAGE EQ 1 AND K21.5 NE 1 AND SOTHER05 GE 1) OR (CHLDAGE EQ 2 AND KS.2A GE 1)

K21.13 –

[IF CHLDAGE EQ 1]: Now I'd like to ask about the ([IF SOTHER05 EQ 1] other child / [IF SOTHER05 GE 2 [SOTHER05] children) aged 0 to 5 in the household. Not counting (CHILD), (IF SOTHER05 EQ 1) was this other child / [IF SOTHER05 GE 2 were any of these children) born in New York City?

[IF CHLDAGE EQ 2]: Now I'd like to ask about the ([IF KS.2A EQ 1] other child / [IF KS.2A GE 2 [KS.2A] children) aged 0 to 5 in the household. Not counting (CHILD), (IF KS.2A EQ 1) was this other child / [IF KS.2A GE 2 were any of these children) born in New York City?

1. YES
2. NO

77. DON'T KNOW
99 REFUSED

Housing Quality and Environmental Risk Factors

READ SCREEN Now I'm going to ask you about your home and neighborhood.

ASK ALL [22.1-22.5 Changed 6/28 to be asked of all respondents]

K22.1 Does your home or apartment have open cracks or holes in the interior walls, ceiling, or floors?
Do NOT include very small hairline cracks.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

ASK ALL

K22.2 In the past 90 days, have you seen any cockroaches in your home?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

ASK ALL

K22.3 In the past 90 days, have you seen any mice or signs of mice in your home?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

ASK ALL

K22.4 During this past winter, did you at any time have to use additional sources of heat because your regular system did not provide enough heat? Additional sources could include the kitchen stove, a fireplace or a portable or space heater.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

ASK ALL

K22.5 How safe from crime are the public spaces in your apartment building, for example, the lobby, elevators, and stairwells?

READ:

1. Very Safe,
2. Somewhat Safe,
3. Not Safe,
4. or is this not applicable since you live in a private home
7. DON'T KNOW

9. REFUSED

ASK ALL

K22.6 How often do your concerns for safety from CRIME in your neighborhood prevent (CHILD) from walking, riding a bicycle, or playing outside?

READ:

1. Never
2. Rarely
3. Sometimes
4. Always
7. DON'T KNOW
9. REFUSED

ASK ALL

K22.7 How often do your concerns for safety from TRAFFIC in your neighborhood prevent (CHILD) from walking, riding a bicycle, or playing outside?

READ IF NEEDED

1. Never
2. Rarely
3. Sometimes
4. Always
7. DON'T KNOW
9. REFUSED

ASK ALL

K22.8 How often does anyone smoke cigarettes, cigars, or other tobacco products inside your home or apartment?

READ:

1. All of the time
2. Most of the time
3. Only occasionally
4. None of the time
7. DON'T KNOW
9. REFUSED

[CHS]

Physical Activity and Screen Time

READ: The next few questions are about (CHILD)'s physical activity and other activities.

**ASK IF AGE MO GE 12 MONTHS
(CHILD AGE 1 OR OLDER)**

K23.1

In the past 7 days, how many days was (CHILD) physically active for at least 60 minutes total, not including school PE or recess?

READ IF NEEDED: Your best guess is fine.

___ DAYS [RANGE 0 - 7]
77. DON'T KNOW
99. REFUSED

[CCHS 2009 K13.1]

ASK ALL

K23.2 -

On a typical WEEKDAY in the past 7 days, how much time did (CHILD) spend watching TV, or using a cell phone, tablet, or computer? ([IF KPLUS EQ 1] Do not include time (CHILD) spends doing homework.)

READ IF NEEDED: Your best guess is fine.

INTERVIEWER NOTE: Round to nearest 5 or 10 minutes as needed.

___ HOURS [RANGE 0 - 24], ___ MINUTES [RANGE 0 - 55]
777. DON'T KNOW
999. REFUSED

**ASK IF AGE YR GE 3
(CHILD AGE 3 OR OLDER)**

K23.3 -

In the past 12 months, how often has (CHILD) ridden a bicycle in one of the five boroughs of New York City? Would you say once a week or more, several times a month, at least once a month, a few times a year, never or does the (CHILD) not know how to ride a bike?

IF ASKED: This does not include a stationary bike.

1 ONCE A WEEK OR MORE
2 SEVERAL TIMES A MONTH
3 AT LEAST ONCE A MONTH
4 A FEW TIMES A YEAR
5 NEVER
6 OR (CHILD) DOESN'T KNOW HOW TO RIDE A BIKE
7 [VOL] PHYSICALLY UNABLE TO RIDE A BIKE
77 DON'T KNOW
99 REFUSED

Nutrition

READ: Now I'll ask some questions about what (CHILD) drinks and eats.

ASK ALL – [Change made 6/26/2017 for all new cases going forward to be asked K24.1a to allow answer in ounces.]

K24.1a - On days when you are with (CHILD) most of the day, how many total cups of water does (CHILD) drink? A cup is about 8 ounces

READ IF NEEDED: Please include tap water, bottled plain water, or seltzer water.

READ IF NEEDED: Your best guess is fine.

INTERVIEWER NOTE: Round UP to the nearest half a cup. Record half cups as .5

___ CUPS [RANGE 0 – 76]

___ OUNCES [RANGE 0 – 99]

77. DON'T KNOW

99. REFUSED

READ SCREEN: These next questions are about how many times per day, per week, or per month (CHILD) drinks certain kinds of beverages.

ASK ALL

K24.2 How often does (CHILD) usually drink sugar sweetened soda? Do NOT include diet soda or seltzer.

READ IF NEEDED: How many sodas does (HESHE) drink per day, per week or per month?

READ IF NEEDED: One drink of soda would equal a 12-ounce can, bottle or glass.

___ TIMES PER DAY [RANGE: 1 – 75]

___ TIMES PER WEEK [RANGE: 1 – 75]

___ TIMES PER MONTH [RANGE: 1 – 75]

888 NONE / NEVER / RARELY DRINK SODA

777 DON'T KNOW

999 REFUSED

CATI: IF >10 A DAY, READ “Just to confirm, you answered that (CHILD) usually drinks [READ IN NUMBER OF DRINKS] sugar sweetened sodas per day. Is this correct?” IF NO, RE-ASK K11.3

[CHEWDS, CCHS 2009, K12.8]

ASK ALL

K24.3 How often does (CHILD) usually drink other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do NOT include diet soda, sugar free drinks, or 100% juice.

READ IF NEEDED: How many sweetened drinks does (HESHE) drink per day, per week or per month?

READ IF NEEDED: One drink of sweetened drinks would equal a 12-ounce can, bottle or glass.

___ TIMES PER DAY [RANGE: 1 – 75]

___ TIMES PER WEEK [RANGE: 1 – 75]

___ TIMES PER MONTH [RANGE: 1 – 75]

888 NONE / NEVER / RARELY DRINK SWEETENED DRINKS

777 DON'T KNOW
999 REFUSED

CATI: IF >10 A DAY, READ "Just to confirm, you answered that (CHILD) usually drinks [READ IN NUMBER OF DRINKS] sweetened drinks per day. Is this correct?" IF NO, RE-ASK K24.3

[CHEWDS, CCHS 2009, K12.9]

**ASK IF AGEMO GE 12 MOS
(CHILD IS 1 YEAR OR OLDER)**

K24.4 - How many total servings of fruit did (CHILD) eat yesterday? A serving would equal one medium apple or a banana.

INTERVIEWER NOTE: ONE SERVING = ½ CUP

__ NUMBER OR SERVINGS [] [RANGE 0 - 15]
77 DON'T KNOW
99 REFUSED

[CHEWDS, CCHS 2009, K12.2]

**ASK IF AGEMO GE 12 MOS
(CHILD IS 1 YEAR OR OLDER)**

K24.5 - How many total servings of vegetables did (CHILD) eat yesterday? A serving would equal a small handful of broccoli, or 1/2 cup of carrots.

INTERVIEWER NOTE: ONE SERVING = ½ CUP

__ NUMBER OF SERVINGS ([RANGE 0 - 15]
77 DON'T KNOW
99 REFUSED

[CHEWDS, CCHS 2009, K12.3]

Economic Hardship and Food Insecurity

K25.1 Since (CHILD) was born, how often has it been very hard to get by on your family's income, for example, it was hard to cover the basics like food or housing?

READ:

1. Very Often
2. Somewhat Often
3. Not Very Often
4. Never
7. DON'T KNOW
9. REFUSED

[NSCH]

READ SCREEN Now I'm going to read you two statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months—that is, since last (CURRMON).

K25.2a The first statement is “(I WE FILL) worried whether our food would run out before (I WE FILL) got money to buy more.” Was that often true, sometimes true, or never true for your household in the last 12 months?

1. Often true
2. Sometimes true
3. Never true
7. DON'T KNOW
9. REFUSED

K25.2b The second statement is “The food that (I WE FILL) bought just didn't last, and (I WE FILL) didn't have money to get more.” Was that often, sometimes, or never true for your household in the last 12 months?

READ IF NEEDED:

1. Often true
2. Sometimes true
3. Never true
7. DON'T KNOW
9. REFUSED

Adverse Childhood Experiences

READ SCREEN Now I'm going to ask you about events that may have happened during (CHILD)'s life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any question you do not want to answer.

ASK IF AGEYRS EQ 4,5,10,11,12, OR 13.

K26.1 Did [CHILD] ever live with a parent or guardian who got divorced or separated after [CHILD] was born?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK IF AGEYRS EQ 4,5,10,11,12, OR 13.

K26.2 Did [CHILD] ever live with a parent or guardian who died?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK IF AGEYRS EQ 4,5,10,11,12, OR 13.

K26.3 Did [CHILD] ever live with a parent or guardian who served time in jail or prison after [CHILD] was born?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK IF AGEYRS EQ 4,5,10,11,12, OR 13.

K26.4 Did [CHILD] ever see or hear any parents, guardians, or any other adults in [his/her] home slap, hit, kick, punch, or beat each other up?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK IF AGEYRS EQ 4,5,10,11,12, OR 13.

K26.5 Was [CHILD] ever the victim of violence or witness any violence in [his/her] neighborhood?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK IF AGEYRS EQ 4,5,10,11,12, OR 13.

K26.6 Did [CHILD] ever live with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK IF AGEYRS EQ 4,5,10,11,12, OR 13.

K26.7 Did [CHILD] ever live with anyone who had a problem with alcohol or drugs?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

ASK ALL

K26.8 Was [CHILD] ever treated or judged unfairly because of [his/her] race or ethnic group?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[NSCH]

Telephone Module

READ: And now, because this is a telephone survey I need to ask you a few more questions about your telephone usage.

ASK IF PTYPE EQ 1

K27.1 Do you also have a landline telephone that is used to make and receive calls in your home?

READ ONLY IF NECESSARY: "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. This would also include a cordless phone that receives service by being connected to outside telephone lines through a jack in the wall."

INTERVIEWER: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1. YES (GO TO 27.2)
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

ASK IF PTYPE=2 (LANDLINE SAMPLE) OR IF K27.1=1 (CELL PHONE SAMPLE WITH LANDLANE)

K27.2 - Do you have more than one telephone number in your household? Do NOT include cell phones or numbers that are only used by a computer or fax machine.

INTERVIEWER NOTE: Cordless telephones should be counted as landline telephones. Do not include business telephone numbers.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

K27.3 -(IF PTYPE=1, NOT including this cell phone,) How many working cell phone numbers do you (IF "K16.6" >1 OR IF [(CHS_RECRUIT=1 or 2) AND (CQHH>1OR QHH>1)], read: and other adults in your household) have ?Please do not include cell phones used only by children 15 years of age and younger.

(IF NEEDED: The respondent should NOT include cell phones used only for business calls.)

Enter # (RANGE=0 through 7; 7=7 or more; 8=Don't Know;9=Refused)

ASK IF K27.1=1 OR (IF PTYPE =2 AND K27.3>0)

K27.4 - Of all of the phone calls that you or your family receives, are...(Read List)

- 1 all or almost all calls received on cell phones,
- 2 some received on cell phones and some received on land lines, or
- 3 very few or none on cell phones.
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Closing

READ SCREEN Thank you for participating in this important study. If you have any questions about this survey or survey results, your rights, or where to get help with a health problem, I can provide you with the appropriate telephone numbers.

Would you like any of these phone numbers?

- 1 YES
- 2 NO

IF YES: Which number would you like?

1 MORE INFORMATION ABOUT THE SURVEY OR SURVEY RESULTS-

READ: You can call the principal investigator at 347-396-2812.

2 INFORMATION ABOUT PARTICIPANTS RIGHTS

READ: You can call the Institutional Review Board Chairperson at 347-396-6118.

3 INFORMATION ABOUT A HEALTH PROBLEM NOT RELATED TO THE SURVEY

READ: You can get connected with New York City government services by calling 311.

4 INFORMATION ABOUT A MENTAL HEALTH PROBLEM NOT RELATED TO THE SURVEY

READ: THE NUMBER IS 1-888-NYC-WELL, TEXT "WELL" TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL

IF CHS_RECRUIT=1 AND GAVE COMPLETE ADDRESS FOR CELL PHONE INCENTIVE ASK CHS ADDRESS; ELSE GO TO ADDRESS

CHS ADDRESS As a thank you for your time, we would like to provide you with \$20. Can you please give me a name and address where I can send the \$20 dollar payment? The name and address you provided will only be used to mail you the payment. It will not be shared with the Department of Health or anyone else for any other purposes.

Would you like us to send it to the same name and address as your check for completing the earlier survey?

- 1 YES (USE CHS ADDRESS INFO, GO TO PT_INTRO1)
- 2 NO (GO TO CHS ADDRESSb).
- 9 REFUSED INCENTIVE (GO TO PT_INTRO1)

IF CHS_ADDRESS=2

CHS ADDRESSb. Okay, could you please give me the name and address of where you'd like your payment to be sent?

- 1 GAVE ADDRESS (GO TO COLLECT ADDRESS)
- 2 REFUSED INCENTIVE (GO TO PT_INTRO1)

ADDRESS As a thank you for your time, we would like to provide you with \$20. Can you please give me a name and address where I can send the \$20 dollar payment? The name and address you provided will only be used to mail you the payment. It will not be shared with the Department of Health or anyone else for any other purposes.

1 GAVE ADDRESS (GO TO COLLECT ADDRESS)
2 REFUSED INCENTIVE (GO TO PT_INTRO1)

COLLECT NAME AND ADDRESS

NAME (What is your name?) ENTER NAME

ADDRESS (What is the street address?) ENTER STREET ADDRESS

APARTMENT NUMBER (What is the apartment number?) ENTER APARTMENT NUMBER

CITY (What is the city?) ENTER CITY

STATE (What is the state?) ENTER STATE

ZIP (What is your zip code?) ENTER ZIP CODE

IF ((STYPE=1) AND (LANGUAGE = ENGLISH OR SPANISH) AND ((K17.1 EQ 18 TO 98) OR (K17.2 EQ 1 TO 5)) AND AGEYR LT 3), GO TO PT_INTRO3.

IF ((kchldage=2) and (STYPE=1) AND (KS.2A = 1 to 25) AND (LANGUAGE = ENGLISH OR SPANISH) AND ((K17.1 EQ 18 TO 98) OR (K17.2 EQ 1 TO 5)) , GO TO PT_INTRO1.

IF ((kchldage=1) and (STYPE=1) AND (KSOTHER5 = 1 to 25) AND (LANGUAGE = ENGLISH OR SPANISH) AND ((K17.1 EQ 18 TO 98) OR (K17.2 EQ 1 TO 5)) AND AGEYR EQ 3,4,5, GO TO PT_INTRO1.

ELSE, GO TO CLOSING.

PT_Intro1. Columbia University is partnering with the New York City Department of Health and Mental Hygiene in a study of families with young children.

PT_ELIG. ((IF KS.2A GR 1 AND LE 25) Do you have any children)/((IF KS.2A EQ1) Is your child))
UNDER 3 years old?

1 YES (GO TO INTRO3 in Poverty Tracker Questionnaire)
2 NO (GO TO CLOSING)

RANDOMIZE INCENTIVE AMOUNT FOR THE FIRST 400 RESPONDENTS; AFTER 400, CLIENT WILL DECIDE TO GO WITH \$15 OR \$20 BASED ON RESULTS

PT_Intro3. We would now like to invite you to participate in an additional 5-8 minute survey for Columbia University. This is in partnership with the New York City Department of Health and Mental Hygiene. You will receive [randomize] [\$15/\$20] for participating. If you agree to participate in this follow-up study, researchers at Columbia University and the Department of Health will combine the information from both surveys. Your answers, however, will never be tied to your name or contact information and will be completely confidential. Do we have your permission to proceed with the Columbia University survey?

1. Yes (GO TO A.1 in Poverty Tracker Questionnaire, SET PTRECRUIT=1)
2. Schedule Callback (SET PTCB=1)
3. No (GO TO CLOSING, TERMINATE)

CLOSING Thanks again for completing the survey. [TERMINATE]

**2017 NYC KIDS Final Response Rates
(please see attached)**

Sample Disposition Report
2017 NYC KIDS

		CHS Landline 30652a	CHS Cell 30652m	Birth Certificates 30662m	ASHR 30662m	Total
Interview (Category 1)						
Complete	1.1 I	248	641	5,499	1,119	7,507
Complete (Removed from Analysis)	1.25 I			-	1	1
Partial	1.2 P	3	7	261	48	319
		3.4 recs / complete	3.4 recs / complete	14 recs / complete	14 recs / complete	
Eligible, non-interview (Category 2)						
Refusal and breakoff	2.1 R	-	-	-	-	-
Refusal	2.11 R	266	578	1,053	231	2,128
Break off	2.12 R	50	148	2,492	528	3,218
Non-contact	2.2 NC	205	672	-	-	877
Respondent never available	2.21 NC	1	-	7	2	10
Physically or mentally unable/incompetent	2.32 O	1	3	107	26	137
Language	2.33 O	2	1	90	11	104
Unknown eligibility, non-interview (Category 3)						
Always busy	3.12 UH	-	-	1,891	333	2,224
No answer	3.13 UH	-	-	3,025	857	3,882
No Answer All Attempts	3.131 UH	-	-	-	-	-
Answering machine-don't know if household	3.14 UH	-	-	7,663	1,792	9,455
Call blocking	3.15 UH	-	-	68	21	89
No screener completed	3.21 UO	-	-	24,684	6,062	30,746
Foreign Language - Other	3.22 UO	-	-	-	-	-
Other	3.9 UO	-	-	-	-	-
Not eligible (Category 4)						
Screen-outs	4.1 SO	17	57	6,977	1,146	8,197
Fax/data line	4.2 NWC	-	4	89	40	133
Non-working/disconnect	4.3 NWC	22	28	7,141	2,235	9,426
No Answer All Attempts	4.31 NWC	-	-	-	-	-
Temporarily out of service	4.33 NWC	-	-	1,056	207	1,263
Cell phone	4.45 NWC	-	-	-	-	-
Business, government office, other organizations	4.51 NWC	12	9	1,127	369	1,517
No eligible Respondent	4.7 NWC	4	10	1,442	383	1,839
Quota filled	4.8 NWC	-	-	-	-	-

Sample Disposition Report
2017 NYC KIDS

Other	4.9 NWC	-	-	2	-	2
Total phone numbers used		831	2,158	64,674	15,411	83,074
Completes (1.0)	I	248	641	5499	1120	7,508
Partial Interviews (1.2)	P	3	7	261	48	319
Refusal and break off (2.11, 2.12)	R	316	726	3545	759	5,346
Non Contact (2.20)	NC	206	672	7	2	887
Other (2.320)	O	3	4	197	37	241
Unknown household (3.12-3.15) - No Contact Made	UH	0	0	12647	3003	15,650
Unknown other (3.21, 3.9) - Contact Made	UO	0	0	24684	6062	30,746
Not Eligible: Nonworking, Nonresidential, or Ported (4.2-4.51, 4.7)	NWC	38	51	10857	3234	14,180
Screen Out: Working and Residential but Not Eligible (4.1)	SO	17	57	6977	1146	8,197
e1=(I+P+R+NC+O)/(I+P+R+NC+O+SO)		97.9%	97.3%	57.7%	63.2%	63.6%

Sample Disposition Report
2017 NYC KIDS

$e2 = (I+P+R+NC+O+UO+SO) / (I+P+R+NC+O+UO+SO+NWC)$					95.4%	97.6%	79.1%	73.9%	79.0%
AAPOR RR1 = $I / (I+P+R+NC+O+UH+UO)$					32.0%	31.3%	11.7%	10.2%	
AAPOR RR2 = $(I+P) / (I+P+R+NC+O+UH+UO)$					32.3%	31.6%	12.3%	10.6%	
AAPOR RR3 = $I / (I+P+R+NC+O+e1^*e2^*UH) + [e1^*(UO)]$					32.0%	31.3%	18.6%	15.6%	
AAPOR RR4 = $(I+P) / (I+P+R+NC+O+e1^*e2^*UH) + [e1^*(UO)]$					32.3%	31.6%	19.5%	16.2%	
AAPOR COOP1 = $I / (I+P+R+O+e1^*UO)$					43.5%	46.5%	23.2%	19.3%	
AAPOR COOP2 = $(I+P) / (I+P+R+O+e1^*UO)$					44.0%	47.0%	24.3%	20.2%	
AAPOR COOP3 = $I / ((I+P)+R)$					43.7%	46.7%	59.1%	58.1%	
AAPOR COOP4 = $(I+P) / ((I+P)+R)$					44.3%	47.2%	61.9%	60.6%	
Survey Incidence (Screening Incidence)					97.7%	97.0%	57.0%	63.7%	

Sample frame	Completed interviews/partials by frame:	Combining factor:			
CHS Landline	251	0.032			
CHS Cell	648	0.083			
Birth Certificates	5,760	0.736			
ASHR	1,168	0.149			
Response and Cooperation Rates	CHS Landline	CHS Cell	Birth Certificates	ASHR	Combined
AAPOR RR1 = $I / (I + P + R + NC + O + UH + UO)$	32.0%	31.3%	11.7%	10.2%	13.8%
AAPOR RR2 = $(I + P) / (I + P + R + NC + O + UH + UO)$	32.3%	31.6%	12.3%	10.6%	14.3%
AAPOR RR3 = $I / (I + P + R + NC + O + [e1 * e2 * UH] + [e1 * (UO)])$	32.0%	31.3%	18.6%	15.6%	19.6%
AAPOR RR4 = $(I + P) / (I + P + R + NC + O + [e1 * e2 * UH] + [e1 * (UO)])$	32.3%	31.6%	19.5%	16.2%	20.4%
AAPOR COOP1 = $I / (I + P + R + O + [e1 * UO])$	43.5%	46.5%	23.2%	19.3%	25.2%
AAPOR COOP2 = $(I + P) / (I + P + R + O + [e1 * UO])$	44.0%	47.0%	24.3%	20.2%	26.2%
AAPOR COOP3 = $I / ((I + P) + R)$	43.7%	46.7%	59.1%	58.1%	57.4%
AAPOR COOP4 = $(I + P) / ((I + P) + R)$	44.3%	47.2%	61.9%	60.6%	59.9%