

SSI child online assistance form

Start of Block: Introduction and consent

Q224 Thank you for contacting the Allegheny County Department of Human Services (DHS). We are here to help you complete the first step of the Supplemental Security Income (SSI) application for your child `#{e://Field/child_full_name}`. SSI provides cash payments of up to \$1,016 per month to families with limited resources and a child with a disability. This survey collects information about you and `#{e://Field/child_first_name}`. We will use this information to fill out the SSI Child Disability Report for `#{e://Field/child_first_name}` so you don't need to complete this report on your own. This survey will take 20 to 30 minutes. You don't need to complete it all at once - you can stop in the middle and return to it later without losing your progress. After you finish the survey, we will send you `#{e://Field/child_first_name}`'s completed Child Disability Report and instructions for the next steps of the SSI application process. Please call us at (412) 244 - 3549 if you need help or if you'd like to conduct this survey over the phone instead, and a DHS staff member will assist you. Click the blue arrow to get started.

Page Break

Q236 Before we proceed, please complete the captcha below.

Page Break

Q1 Are you a parent or guardian of \${e://Field/child_full_name}?

- Yes (1)
- No (2)

Skip To: End of Block If Are you a parent or guardian of \${e://Field/child_full_name}? = No

Display this question:

If Are you a parent or guardian of \${e://Field/child_full_name}? = Yes

Q232 Do you consent to answer questions about \${e://Field/child_first_name}'s health, medical history, and eligibility for SSI benefits?

- Yes (1)
- No (2)

Skip To: End of Block If Do you consent to answer questions about \${e://Field/child_first_name}'s health, medical history,... = No

Display this question:

*If Are you a parent or guardian of \${e://Field/child_full_name}? = Yes
And child_age_asof_04152026 >= 14*

Q259 Does your child \${e://Field/child_first_name} consent to have you answer questions about his or her health, medical history, and eligibility for SSI benefits?

- Yes (1)
- No (2)

Skip To: End of Block If Does your child \${e://Field/child_first_name} consent to have you answer questions about his or h... = No

End of Block: Introduction and consent

Start of Block: Child birth year validation attempt 1



Q229 Great, let's get started! First, please verify the year that `#{e://Field/child_full_name}` was born in.

End of Block: Child birth year validation attempt 1

Start of Block: Child birth year validation attempt 2



Q230 The year you entered does not match the year of birth we have on file for `#{e://Field/child_first_name}`. Please try entering `#{e://Field/child_first_name}`'s year of birth again:

End of Block: Child birth year validation attempt 2

Start of Block: Information about the parent and child

Q2 Thanks for verifying `#{e://Field/child_first_name}`'s birth year. Next, what is your full name?



Q227 What is your date of birth?

Q3 What is your mailing address?

Address (1) _____

City (2) _____

State (3) _____

Zip code (4) _____



Q4 How many years old is [\\${e://Field/child_first_name}](#)? Enter 0 if he or she is less than 1 year old.



Q5 What is your phone number?



Q6 What is your email address? We will use this email to send you the completed version of [\\${e://Field/child_first_name}](#)'s SSI form.

Q7 Can you speak and understand English?

- Yes (1)
- No (2)

Q15 Can you read English?

- Yes (1)
 - No (2)
-

Display this question:

If Can you speak and understand English? = No

Q8 What is your preferred language?

Display this question:

If Can you speak and understand English? = No

Q9 Is there someone we can contact who speaks and understands English and will give you messages?

Yes (1)

No (2)

Display this question:

If Is there someone we can contact who speaks and understands English and will give you messages? = Yes

Q11 What is this person's name?

Display this question:

If Is there someone we can contact who speaks and understands English and will give you messages? = Yes

Q12 What is this person's mailing address?

Address (1) _____

City (2) _____

State (3) _____

Zip code (4) _____

Display this question:

If Is there someone we can contact who speaks and understands English and will give you messages? = Yes

Q13 What is this person's relationship to $\{e://Field/child_first_name\}$?

Display this question:

If Is there someone we can contact who speaks and understands English and will give you messages? = Yes

Q14 What is this person's phone number?

Q16 Does $\{e://Field/child_first_name\}$ live with you?

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ live with you? = No

Q17 What is the name of the person $\{e://Field/child_first_name\}$ lives with?

Display this question:

If Does $\{e://Field/child_first_name\}$ live with you? = No

Q18 What is this person's relationship to $\{e://Field/child_first_name\}$?

Display this question:

If Does $\{e://Field/child_first_name\}$ live with you? = No

Q19 What is this person's mailing address?

- Address (1) _____
- City (2) _____
- State (3) _____
- Zip code (4) _____

Display this question:

If Does $\{e://Field/child_first_name\}$ live with you? = No

Q20 What is this person's phone number?

Display this question:

If Does $\{e://Field/child_first_name\}$ live with you? = No

Q21 Can this person speak and understand English?

- Yes (1)
- No (2)

Q23 Can $\{e://Field/child_full_name\}$ speak and understand English?

- Yes (1)
- No (2)

Display this question:

If Can $\{e://Field/child_full_name\}$ speak and understand English? = No

Q24 What languages can $\{e://Field/child_first_name\}$ speak?

Q25 Does $\{e://Field/child_first_name\}$ understand any other languages? List them here:

Q26 What is $\{e://Field/child_first_name\}$'s height?

Q27 What is $\{e://Field/child_first_name\}$'s weight?

End of Block: Information about the parent and child

Start of Block: Contact information

Q28 Does $\{e://Field/child_first_name\}$ have a legal guardian other than you? This includes your spouse.

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ have a legal guardian other than you? This includes your spouse. = Yes

Q29 What is this person's name?

Display this question:

If Does \${e://Field/child_first_name} have a legal guardian other than you? This includes your spouse. = Yes

Q30 What is this person's address?

Address (1) _____

City (2) _____

State (3) _____

Zip code (4) _____

Display this question:

If Does \${e://Field/child_first_name} have a legal guardian other than you? This includes your spouse. = Yes

Q31 What is this person's relationship to \${e://Field/child_first_name}?

Display this question:

If Does \${e://Field/child_first_name} have a legal guardian other than you? This includes your spouse. = Yes

Q32 Can this person speak and understand English?

Yes (1)

No (2)

Display this question:

If Can this person speak and understand English? = No

Q39 What is this person's preferred language?

Display this question:

If Does $\{e://Field/child_first_name\}$ have a legal guardian other than you? This includes your spouse. = Yes

Q33 Can this person read English?

Yes (1)

No (2)

Q34 Is there another adult who helps care for $\{e://Field/child_first_name\}$ and can help us get information about this child if necessary?

Yes (1)

No (2)

Display this question:

If Is there another adult who helps care for $\{e://Field/child_first_name\}$ and can help us get infor... = Yes

Q35 What is this person's name?

Display this question:

If Is there another adult who helps care for $\{e://Field/child_first_name\}$ and can help us get infor... = Yes

Q36 What is this person's mailing address?

- Address (1) _____
- City (2) _____
- State (3) _____
- Zip code (4) _____

Display this question:

If Is there another adult who helps care for \${e://Field/child_first_name} and can help us get infor... = Yes

Q37 What is this person's phone number?

Display this question:

If Is there another adult who helps care for \${e://Field/child_first_name} and can help us get infor... = Yes

Q38 What is this person's relationship to \${e://Field/child_first_name}?

Display this question:

If Is there another adult who helps care for \${e://Field/child_first_name} and can help us get infor... = Yes

Q40 Can this person speak and understand English?

- Yes (1)
- No (2)

Display this question:

If Can this person speak and understand English? = No

Q41 What is this person's preferred language?

Display this question:

If Is there another adult who helps care for \${e://Field/child_first_name} and can help us get infor... = Yes

Q42 Can this person read English?

Yes (1)

No (2)

End of Block: Contact information

Start of Block: The child's illnesses, injuries, or conditions and how they affect him/her

Q234 The next set of questions is about \${e://Field/child_full_name}'s health and medical history. Feel free to call DHS at (412) 244 - 3549 if you need help answering any of these questions.

Display this question:

If diagnosis1 Is Not Empty

Q249 Does \${e://Field/child_first_name} have a health condition that is related to \${e://Field/diagnosis1}?

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ have a health condition that is related to ... = Yes



Q250 What symptoms does $\{e://Field/child_first_name\}$ have associated with this diagnosis?

Page Break

Display this question:

If diagnosis2 Is Not Empty

Q251 Does $\{e://Field/child_first_name\}$ have a health condition that is related to $\{e://Field/diagnosis2\}$?

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ have a health condition that is related to ... = Yes



Q255 What symptoms does $\{e://Field/child_first_name\}$ have associated with this diagnosis?

Page Break

Display this question:

If diagnosis3 Is Not Empty

Q252 Does $\{e://Field/child_first_name\}$ have a health condition that is related to $\{e://Field/diagnosis3\}$?

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ have a health condition that is related to ... = Yes



Q256 What symptoms does $\{e://Field/child_first_name\}$ have associated with this diagnosis?

Page Break

Display this question:

If diagnosis4 Is Not Empty

Q253 Does $\{e://Field/child_first_name\}$ have a health condition that is related to $\{e://Field/diagnosis4\}$?

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ have a health condition that is related to ... = Yes



Q257 What symptoms does $\{e://Field/child_first_name\}$ have associated with this diagnosis?

Page Break

Display this question:

If diagnosis5 Is Not Empty

Q254 Does $\{e://Field/child_first_name\}$ have a health condition that is related to $\{e://Field/diagnosis5\}$?

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ have a health condition that is related to ... = Yes



Q258 What symptoms does $\{e://Field/child_first_name\}$ have associated with this diagnosis?

Page Break

Display this question:

If diagnosis1 Is Empty

Q52 Does $\{e://Field/child_first_name\}$ have any diagnosed physical or behavioral health conditions?

Yes (1)

No (2)

Display this question:

If diagnosis1 Is Not Empty

Q260 Does $\{e://Field/child_first_name\}$ have any other diagnosed physical or behavioral health conditions?

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ have any diagnosed physical or behavioral health conditions? = Yes

Or Does $\{e://Field/child_first_name\}$ have any other diagnosed physical or behavioral health conditions? = Yes



Q53 What is the diagnosis?

Display this question:

If Does $\{e://Field/child_first_name\}$ have any diagnosed physical or behavioral health conditions? = Yes

Or Does $\{e://Field/child_first_name\}$ have any other diagnosed physical or behavioral health conditi... = Yes



Q54 What symptoms does $\{e://Field/child_first_name\}$ have associated with this diagnosis?

Page Break

Display this question:

If Does $\{e://Field/child_first_name\}$ have any diagnosed physical or behavioral health conditions? = Yes

Or Does $\{e://Field/child_first_name\}$ have any other diagnosed physical or behavioral health conditi... = Yes

Q55 Does $\{e://Field/child_first_name\}$ have any other diagnoses?

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ have any other diagnoses? = Yes



Q56 What is the diagnosis?

Display this question:

If Does $\{e://Field/child_first_name\}$ have any other diagnoses? = Yes



Q259 What symptoms does $\{e://Field/child_first_name\}$ have associated with this diagnosis?

Page Break

Display this question:

If Does $\{e://Field/child_first_name\}$ have any other diagnoses? = Yes

Q261 Does $\{e://Field/child_first_name\}$ have any other diagnoses?

Yes (1)

No (2)

Display this question:

If Does $\{e://Field/child_first_name\}$ have any other diagnoses? = Yes



Q262 What is the diagnosis?

Display this question:

If Does $\{e://Field/child_first_name\}$ have any other diagnoses? = Yes



Q263 What symptoms does $\{e://Field/child_first_name\}$ have associated with this diagnosis?

End of Block: The child's illnesses, injuries, or conditions and how they affect him/her

Start of Block: Domain 1 - Acquiring and using information

Q58 The next set of questions asks whether $\{e://Field/child_full_name\}$ has a limitation in each of six domains. Social Security will ultimately make the decision of whether $\{e://Field/child_first_name\}$'s limitations make him or her eligible for SSI. They will do this by consulting with $\{e://Field/child_first_name\}$'s doctors and teachers. Please answer the following questions as best you can. Feel free to call DHS at (412) 244 - 3549 if you need any help. Let's begin!

Q59 Does $\{e://Field/child_first_name\}$ have a limitation with acquiring and using information? This is about their ability to learn and use new information. We can provide more information about this if you're not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Does $\{e://Field/child_first_name\}$ have a limitation with acquiring and using information? This i... = No

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with acquiring and using information? This i... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Equal to 0

Q61 Okay, here is more information on acquiring and using information: At age 0 to 1, your child should show interest in, and explore, their environment. At first, their actions are random; for example, when they accidentally touch the mobile over your crib. Eventually, their actions should become deliberate and purposeful, as when they shake noisemaking toys like a bell or rattle. Eventually, they should recognize and respond to familiar words, including family names and what their favorite toys and activities are called.

Display this question:

If Does \${e://Field/child_first_name} have a limitation with acquiring and using information? This i... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 1

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 2

Q62 Okay, here is more information on acquiring and using information: At age 1 to 2, your child is learning about the world around them. When they play, they should learn how objects go together in different ways. They should learn that by pretending, their actions can represent real things. This helps them understand that words represent things, and that words are simply symbols or names for toys, people, places, and activities. They should refer to themselves and things around them by pointing and eventually by naming. Eventually they should begin to respond to increasingly complex instructions and questions, and to produce an increasing number of words and grammatically correct simple sentences and questions.

Display this question:

If Does \${e://Field/child_first_name} have a limitation with acquiring and using information? This i... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 3

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 5

Q63 Okay, here is more information on acquiring and using information: At age 3 to 5, your child should begin to learn and use the skills that will help them to read and write and do arithmetic when they are older. For example, listening to stories, rhyming words, and matching letters are skills needed for learning to read. Counting, sorting shapes, and building with blocks are skills needed to learn math. Painting, coloring, copying shapes, and using scissors are some of the skills needed in learning to write. Using words to ask questions, give answers, follow directions, describe things, explain what they mean, and tell stories allows them to acquire and share knowledge and experience of the world around them. All of these are called “readiness skills,” and they should have them by the time they begin first grade.

Display this question:

If Does \${e://Field/child_first_name} have a limitation with acquiring and using information? This i... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 6

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 11

Q64 Okay, here is more information on acquiring and using information: At age 6 to 11, your child should be able to learn to read, write, and do math, and discuss history and science. They will need to use these skills in academic situations to demonstrate what they have learned; e.g., by reading about various subjects and producing oral and written projects, solving mathematical problems, taking achievement tests, doing group work, and entering into class discussions. They will also need to use these skills in daily living situations at home and in the community (e.g., reading street signs, telling time, and making change). They should be able to use increasingly complex language (vocabulary and grammar) to share information and ideas with individuals or groups, by asking questions and expressing their own ideas, and by understanding and responding to the opinions of others.

Display this question:

If Does \${e://Field/child_first_name} have a limitation with acquiring and using information? This i... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 12

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 17

Q65 Okay, here is more information on acquiring and using information: At age 12 to 17, your child should continue to demonstrate what they have learned in academic assignments (e.g., composition, classroom discussion, and laboratory experiments). They should also be able to use what they have learned in daily living situations without assistance (e.g., going to the store, using the library, and using public transportation). They should be able to comprehend and express both simple and complex ideas, using increasingly complex language (vocabulary and grammar) in learning and daily living situations (e.g., to obtain and convey information and ideas). They should also learn to apply these skills in practical ways that will help them enter the workplace after they finish school (e.g., carrying out instructions, preparing a job application, or being interviewed by a potential employer)

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with acquiring and using information? This i... = Not sure

Q66 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with acquiring and using information? We can provide some specific examples if you're still not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with acquiring an... = No

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with acquiring an... = Not sure

Q67 Okay, here are some examples of limitations in this domain. Keep in mind that these depend on the age of your child: 1. They do not demonstrate understanding of words about space, size, or time; e.g., in/under, big/little, morning/night. 2. They cannot rhyme words or the sounds in words. 3. They have difficulty recalling important things they learned in school yesterday. 4. They have difficulty solving mathematics questions or computing arithmetic answers. 5. They talk only in short, simple sentences and have difficulty explaining what they mean.

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with acquiring an... = Not sure

Q68 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with acquiring and using information? You must answer yes or no at this point. If you're still not sure, we encourage you to err on the side of 'yes'.

- Yes (1)
- No (2)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with acquiring an... = No

End of Block: Domain 1 - Acquiring and using information

Start of Block: Domain 2 - Focusing and maintaining attention

Q70 Does $\{e://Field/child_first_name\}$ have a limitation with attending and completing tasks? This is about their ability to focus and maintain attention. We can provide more information about this if you're not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Does $\{e://Field/child_first_name\}$ have a limitation with attending and completing tasks? This is... = No

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with attending and completing tasks? This is... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Equal to 0

Q71 Okay, here is more information on attending and completing tasks: At age 0 to 1, your child should begin to show sensitivity to their environment by responding to various stimuli (e.g., light, touch, temperature, movement). Very soon, they should be able to fix their gaze on a human face. They should stop their activity when they hear voices or sounds around them. Next, they should begin to attend to and follow various moving objects with your gaze, including people or toys. Eventually, as they are able to move around and explore their environment, they should begin to play with people and toys for longer periods of time.

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with attending and completing tasks? This is... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 1

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 2

Q72 Okay, here is more information on attending and completing tasks: At age 1 to 2, your child should be able to attend to things that interest them and have adequate attention to complete some tasks by themselves. As a toddler, they should demonstrate sustained attention, such as

when looking at picture books, listening to stories, or building with blocks, and when helping to put on their clothes.

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with attending and completing tasks? This is... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 3

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 5

Q73 Okay, here is more information on attending and completing tasks: At age 3 to 5, your child should be able to pay attention when they are spoken to directly, sustain attention to their play and learning activities, and concentrate on activities like putting puzzles together or completing art projects. They should also be able to focus long enough to do many more things by themselves, such as getting their clothes together and dressing themselves, feeding themselves, or putting away toys. They should usually be able to wait their turn and to change your activity when a caregiver or teacher says it is time to do something else.

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with attending and completing tasks? This is... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 6

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 11

Q74 Okay, here is more information on attending and completing tasks: At age 6 to 11, your child should be able to focus their attention in a variety of situations in order to follow directions, remember and organize their school materials, and complete classroom and homework assignments. They should be able to concentrate on details and not make careless mistakes in their work (beyond what would be expected in other children their age who do not have impairments). They should be able to change their activities or routines without distracting themselves or others, and stay on task and in place when appropriate. They should be able to sustain their attention well enough to participate in group sports, read by themselves, and complete family chores. They should also be able to complete a transition task (e.g., be ready for the school bus, change clothes after gym, change classrooms) without extra reminders and accommodation

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with attending and completing tasks? This is... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 12

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 17

Q75 Okay, here is more information on attending and completing tasks: At age 12 to 17, your child should be able to pay attention to increasingly longer presentations and discussions, maintain their concentration while reading textbooks, and independently plan and complete long-range academic projects. They should also be able to organize their materials and to plan their time in order to complete school tasks and assignments. In anticipation of entering the workplace, they should be able to maintain their attention on a task for extended periods of time, and not be unduly distracted by peers or unduly distracting to them in a school or work setting.

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with attending and completing tasks? This is... = Not sure

Q76 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with completing tasks? We can provide some specific examples if you're still not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with completing t... = No

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with completing t... = Not sure

Q77 Okay, here are some examples of limitations in this domain. Keep in mind that these depend on the age of your child: 1. They are easily startled, distracted, or overreactive to sounds, sights, movements, or touch. 2. They are slow to focus on, or fail to complete activities of interest to them, like games or art projects. 3. They repeatedly become sidetracked from activities or they frequently interrupt others. 4. They are easily frustrated and give up on tasks,

including ones they are capable of completing. 5. They require extra supervision to keep them engaged in an activity.

Display this question:

If Based on this description, does \${e://Field/child_first_name} have a limitation with completing t... = Not sure

Q78 Based on this description, does \${e://Field/child_first_name} have a limitation with completing tasks? You must answer yes or no at this point. If you're still not sure, we encourage you to err on the side of 'yes'.

- Yes (1)
- No (2)

Skip To: End of Block If Based on this description, does \${e://Field/child_first_name} have a limitation with completing t... = No

End of Block: Domain 2 - Focusing and maintaining attention

Start of Block: Domain 3 - Interacting and relating to others

Q80 Does \${e://Field/child_first_name} have a limitation with interacting and relating with others? This is about their emotional connections, relationships, language, and cooperation. We can provide more information if you're not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Does \${e://Field/child_first_name} have a limitation with interacting and relating with others? T... = No

Display this question:

If Does \${e://Field/child_first_name} have a limitation with interacting and relating with others? T... = Not sure

And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Equal to 0

Q81 Okay, here is more information on interacting and relating with others: At age 0 to 1, your child should begin to form intimate relationships by gradually responding visually and vocally to their caregiver(s), through mutual gaze and vocal exchanges, and by physically molding their body to the caregiver's while being held. They should eventually initiate give-and-take games (such as pat-a-cake, peek-a-boo) with their caregivers, and begin to affect others through their own purposeful behavior (e.g., gestures and vocalizations). They should be able to respond to a variety of emotions (e.g., facial expressions and vocal tone changes). They should begin to develop speech by using vowel sounds and later consonants, first alone, and then in babbling.

Display this question:

If Does \${e://Field/child_first_name} have a limitation with interacting and relating with others? T... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 1

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 2

Q82 Okay, here is more information on interacting and relating with others: At age 1 to 2, your child is dependent upon their caregivers, but should begin to separate from them. They should be able to express emotions and respond to the feelings of others. They should begin initiating and maintaining interactions with adults, but also show interest in, then play alongside, and eventually interact with other children their age. They should be able to spontaneously communicate their wishes or needs, first by using gestures, and eventually by speaking words clearly enough that people who know them can understand what they say most of the time

Display this question:

If Does \${e://Field/child_first_name} have a limitation with interacting and relating with others? T... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 3

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 5

Q83 Okay, here is more information on interacting and relating with others: At age 3 to 5, your child should be able to socialize with children as well as adults. They should begin to prefer playmates your own age and start to develop friendships with children who are their age. They should be able to use words instead of actions to express themselves, and also be better able to share, show affection, and offer to help. They should be able to relate to caregivers with increasing independence, choose their own friends, and play cooperatively with other children, one-at-a-time or in a group, without continual adult supervision. They should be able to initiate and participate in conversations, using increasingly complex vocabulary and grammar, and

speaking clearly enough that both familiar and unfamiliar listeners can understand what they say most of the time.

Display this question:

If Does \${e://Field/child_first_name} have a limitation with interacting and relating with others? T... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 6

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 11

Q84 Okay, here is more information on interacting and relating with others: At age 6 to 11, your child should be able to develop more lasting friendships with children who are their age. They should begin to understand how to work in groups to create projects and solve problems. They should have an increasing ability to understand another's point of view and to tolerate differences. They should be able to talk to people of all ages, to share ideas, tell stories, and to speak in a manner that both familiar and unfamiliar listeners readily understand

Display this question:

If Does \${e://Field/child_first_name} have a limitation with interacting and relating with others? T... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 12

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 17

Q85 Okay, here is more information on interacting and relating with others: At age 12 to 17, your child should be able to initiate and develop friendships with children who are their age and to relate appropriately to other children and adults, both individually and in groups. They should begin to be able to solve conflicts between themselves and peers or family members or adults outside their family. They should be able to intelligibly express their feelings, ask for assistance in getting their needs met, seek information, describe events, and tell stories, in all kinds of environments (e.g., home, classroom, sports, extra-curricular activities, or part-time job), and with all types of people (e.g., parents, siblings, friends, classmates, teachers, employers, and strangers)

Display this question:

If Does \${e://Field/child_first_name} have a limitation with interacting and relating with others? T... = Not sure

Q86 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with interacting with others? We can provide some specific examples if you're still not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with interacting... = No

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with interacting... = Not sure

Q87 That's okay, here are some examples of limitations in this domain. Keep in mind that these depend on the age of your child: 1. They do not reach out to be picked up and held by their caregiver. 2. They have no close friends, or their friends are all older or younger than them. 3. They avoid or withdraw from people they know, or they are overly anxious or fearful of meeting new people or trying new experiences. 4. They have difficulty playing games or sports with rules. 5. They have difficulty communicating with others; e.g., in using verbal and nonverbal skills to express themselves, carrying on a conversation, or in asking others for assistance. 6. They have difficulty speaking intelligibly or with adequate fluency.

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with interacting... = Not sure

Q88 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with interacting with others? You must answer yes or no at this point. If you're still not sure, we encourage you to err on the side of 'yes'.

- Yes (1)
- No (2)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with interacting... = No

End of Block: Domain 3 - Interacting and relating to others

Start of Block: Domain 4 - Moving and manipulating objects

Q90 Does $\{e://Field/child_first_name\}$ have a limitation with moving and manipulating objects? This is about how they use their body to move things, like their motor skills. We can provide more information if you're not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Does $\{e://Field/child_first_name\}$ have a limitation with moving and manipulating objects? This i... = No

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with moving and manipulating objects? This i... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Equal to 0

Q91 Okay, here is more information on moving and manipulating things: At age 0 to 1, your child should begin to explore their world by moving their body and by using their limbs. They should learn to hold their head up, sit, crawl, and stand, and sometimes hold onto a stable object and stand actively for brief periods. They should begin to practice their developing eye-hand control by reaching for objects or picking up small objects and dropping them into containers

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with moving and manipulating objects? This i... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 1

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 2

Q92 Okay, here is more information on moving and manipulating things: At age 1 to 2, your child should begin to explore actively a wide area of their physical environment, using their body with steadily increasing control and independence from others. They should begin to walk and run without assistance, and climb with increasing skill. They should frequently try to manipulate small objects and to use their hands to do or get something that they want or need. Their

improved motor skills should enable them to play with small blocks, scribble with crayons, and feed themselves

Display this question:

If Does \${e://Field/child_first_name} have a limitation with moving and manipulating objects? This i... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 3

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 5

Q93 Okay, here is more information on moving and manipulating things: At age 3 to 5, your child should be able to walk and run with ease. Their gross motor skills should let you climb stairs and playground equipment with little supervision, and let them play more independently; e.g., they should be able to swing by themselves and may start learning to ride a tricycle. Their fine motor skills should also be developing. They should be able to complete puzzles easily, string beads, and build with an assortment of blocks. They should be showing increasing control of crayons, markers, and small pieces in board games, and should be able to cut with scissors independently and manipulate buttons and other fasteners

Display this question:

If Does \${e://Field/child_first_name} have a limitation with moving and manipulating objects? This i... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 6

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 11

Q94 Okay, here is more information on moving and manipulating things: At age 6 to 11, your child's developing gross motor skills should let them move at an efficient pace about their school, home, and neighborhood. Their increasing strength and coordination should expand their ability to enjoy a variety of physical activities, such as running and jumping, and throwing, kicking, catching and hitting balls in informal play or organized sports. Their developing fine motor skills should enable them to do things like use many kitchen and household tools independently, use scissors, and write

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with moving and manipulating objects? This i...
= Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 12

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 17

Q95 Okay, here is more information on moving and manipulating things: At age 12 to 17, your child should be able to use their motor skills freely and easily to get about their school, the neighborhood, and the community. They should be able to participate in a full range of individual and group physical fitness activities. They should show mature skills in activities requiring eye-hand coordination, and should have the fine motor skills needed to write efficiently or type on a keyboard

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with moving and manipulating objects? This i...
= Not sure

Q96 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with moving and manipulating things? We can provide some specific examples if you're still not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with moving and m... = No

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with moving and m...
= Not sure

Q97 Okay, here are some examples of limitations in this domain. Keep in mind that these depend on the age of your child: 1. They experience muscle weakness, joint stiffness, or sensory loss (e.g., spasticity, hypotonia, neuropathy, or paresthesia) that interferes with their motor activities (e.g., they unintentionally drop things). 2. They have trouble climbing up and down stairs, or have jerky or disorganized locomotion or difficulty with their balance. 3. They have difficulty coordinating gross motor movements (e.g., bending, kneeling, crawling, running, jumping rope, or riding a bike). 4. They have difficulty with sequencing hand or finger

movements. 5. They have difficulty with fine motor movement (e.g., gripping or grasping objects). 6. They have poor eye-hand coordination when using a pencil or scissors.

Display this question:

If Based on this description, does \${e://Field/child_first_name} have a limitation with moving and m... = Not sure

Q98 Based on this description, does \${e://Field/child_first_name} have a limitation with moving and manipulating things? You must answer yes or no at this point. If you're still not sure, we encourage you to err on the side of 'yes'.

- Yes (1)
- No (2)

Skip To: End of Block If Based on this description, does \${e://Field/child_first_name} have a limitation with moving and m... = No

End of Block: Domain 4 - Moving and manipulating objects

Start of Block: Domain 5 - Caring for themselves

Q100 Does \${e://Field/child_first_name} have a limitation with caring for themselves? This is about having a healthy emotional and physical state, including how they cope with stress and how well they meet their emotional and physical needs. We can provide more information if you're not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Does \${e://Field/child_first_name} have a limitation with caring for themselves? This is about ha... = No

Display this question:

If Does \${e://Field/child_first_name} have a limitation with caring for themselves? This is about ha... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Equal to 0

Q101 Okay, here is more information on caring for themselves: At age 0 to 1, your child's sense of independence and competence begins in being able to recognize their body's signals (e.g., hunger, pain, discomfort), to alert their caregiver to their needs (e.g., by crying), and to console themselves (e.g., by sucking on your hand) until help comes. As they mature, their capacity for self-consolation should expand to include rhythmic behaviors (e.g., rocking).

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with caring for themselves? This is about ha... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 1

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 2

Q102 Okay, here is more information on caring for themselves: At age 1 to 2, your child should be trying to do more things for themselves that increase their sense of independence and competence in their environment. They might console themselves by carrying a favorite blanket with you everywhere. They should be learning to cooperate with their caregivers, but they should also want to show what they can do; e.g., pointing to the bathroom, pulling off your coat. They should be experimenting with their independence by showing some degree of contrariness (e.g., "No! No!") and identity (e.g., hoarding your toys)

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with caring for themselves? This is about ha... = Not sure

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 3

And And How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 5

Q103 Okay, here is more information on caring for themselves: At age 3 to 5, your child should want to take care of many of their physical needs by yourself (e.g., putting on your shoes, getting a snack), and also want to try doing some things that they cannot do fully (e.g., tying their shoes, climbing on a chair to reach something up high, taking a bath). Early in this age range, it may be easy for them to agree to do what their caregiver asks. Later, that may be difficult for them because they want to do things their way or not at all. These changes usually mean that they are more confident about their ideas and what they are able to do. They should also begin to understand how to control behaviors that are not good for them (e.g., crossing the street without an adult)

Display this question:

If Does \${e://Field/child_first_name} have a limitation with caring for themselves? This is about ha... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 6

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 11

Q104 Okay, here is more information on caring for themselves: At age 6 to 11, your child should be independent in most day-to-day activities (e.g., dressing themselves, bathing themselves), although they may still need to be reminded sometimes to do these routinely. They should begin to recognize that they are competent in doing some activities and that they have difficulty with others. They should begin to develop understanding of what is right and wrong, and what is acceptable and unacceptable behavior. They should begin to demonstrate consistent control over their behavior, and they should be able to avoid behaviors that are unsafe or otherwise not good for them. They should begin to imitate more of the behavior of adults they know

Display this question:

If Does \${e://Field/child_first_name} have a limitation with caring for themselves? This is about ha... = Not sure

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 12

And And How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Less Than or Equal to 17

Q105 Okay, here is more information on caring for themselves: At age 12 to 17, your child should feel more independent from others and should be increasingly independent in all of their day-to-day activities. They should begin to notice significant changes in their body's development, and this can result in anxiety or worrying about themselves and their body. Sometimes these worries can make them feel angry or frustrated. They should begin to discover appropriate ways to express their feelings, both good and bad (e.g., keeping a diary to sort out angry feelings or listening to music to calm themselves down). They should begin to think seriously about their future plans, and what they will do when you finish school

Display this question:

If Does \${e://Field/child_first_name} have a limitation with caring for themselves? This is about ha... = Not sure

Q106 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with caring for themselves? We can provide specific examples if you're still not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with caring for t... = No

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with caring for t... = Not sure

Q107 Okay, here are some examples of limitations in this domain. Keep in mind that these depend on the age of your child: 1. They continue to place non-nutritive or inedible objects in their mouth. 2. They often use self-soothing activities showing developmental regression (e.g., thumbsucking, re-chewing food), or they have restrictive or stereotyped mannerisms (e.g., body rocking, headbanging). 3. They do not dress or bathe themselves appropriately for their age because they have an impairment that affects this domain. 4. They engage in self-injurious behavior (e.g., suicidal thoughts or actions, self-inflicted injury, or refusal to take your medication), or they ignore safety rules. 5. They do not spontaneously pursue enjoyable activities or interests. 6. They have disturbance in eating or sleeping patterns.

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with caring for t... = Not sure

Q108 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with caring for themselves? You must answer yes or no at this point. If you're still not sure, we encourage you to err on the side of 'yes'.

- Yes (1)
- No (2)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with caring for t... = No

End of Block: Domain 5 - Caring for themselves

Start of Block: Domain 6 - Health and physical well-being

Q110 Does $\{e://Field/child_first_name\}$ have a limitation with their general health and physical well-being? This is about the cumulative effects of physical or mental impairments on functioning. We can provide more information if you're not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Does $\{e://Field/child_first_name\}$ have a limitation with their general health and physical well-... = No

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with their general health and physical well-... = Not sure

Q111 Okay, here is more information. Any of the following counts as a limitation in this domain:
1. A physical or mental disorder
2. Taking medications or receiving medical treatments that cause effects that limit activities
3. Having a chronic illness where the symptoms are stable, or where the symptoms are episodic.

Display this question:

If Does $\{e://Field/child_first_name\}$ have a limitation with their general health and physical well-... = Not sure

Q116 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with their general health and well-being? We can provide specific examples if you're still not sure.

- Yes (1)
- No (2)
- Not sure (3)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with their genera... = No

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with their genera... = Not sure

Q117 Okay, here are some examples of limitations in this domain: 1. They have generalized symptoms, such as weakness, dizziness, agitation (e.g., excitability), lethargy (e.g., fatigue or loss of energy or stamina), or psychomotor retardation because of their impairment(s). 2. They have somatic complaints related to their impairments (e.g., seizure or convulsive activity, headaches, incontinence, recurrent infections, allergies, changes in weight or eating habits, stomach discomfort, nausea, headaches, or insomnia). 3. They have limitations in their physical functioning because of their treatment (e.g., chemotherapy, multiple surgeries, chelation, pulmonary cleansing, or nebulizer treatments). 4. They have exacerbations from one impairment or a combination of impairments that interfere with their physical functioning. 5. They are medically fragile and need intensive medical care to maintain their level of health and physical well-being.

Display this question:

If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with their genera... = Not sure

Q118 Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with general health and well-being? You must answer yes or no at this point. If you're still not sure, we encourage you to err on the side of 'yes'.

Yes (1)

No (2)

Skip To: End of Block If Based on this description, does $\{e://Field/child_first_name\}$ have a limitation with general heal... = No

End of Block: Domain 6 - Health and physical well-being

Start of Block: Final questions about child's health conditions



Q199 When do you estimate that $\{e://Field/child_first_name\}$ became disabled? Please enter a date in the format mm/dd/yyyy.

Q208 Do [\\${e://Field/child_first_name}](#)'s illnesses, injuries or conditions cause pain or other symptoms?

Yes (4)

No (5)

Q257 Beyond the diagnoses and symptoms we've just discussed, is there anything else you'd like to add about [\\${e://Field/child_first_name}](#)'s disabling illnesses, injuries, or conditions, and how they affect him or her?

Yes (1)

No (2)

Display this question:

If Beyond the diagnoses and symptoms we've just discussed, is there anything else you'd like to add... = Yes



Q258 Please provide additional information on [\\${e://Field/child_first_name}](#)'s disabling illnesses, injuries, or conditions, and how they affect him or her.

End of Block: Final questions about child's health conditions

Start of Block: Medical tests

Q136 The next set of questions is about [\\${e://Field/child_first_name}](#)'s medical tests. It's okay if you don't know all of the details - you can leave answers blank if you are not sure. Feel free to call DHS at (412) 244 - 3549 if you need help answering any of these questions. Has [\\${e://Field/child_first_name}](#) had any medical tests for their illnesses, injuries, or conditions?

These may include tests like an EKG, biopsy, hearing or vision test, blood test, breathing test, CAT scan, x-ray, or MRI.

Yes (1)

No (2)

Display this question:

*If The next set of questions is about \${e://Field/child_first_name}'s medical tests. It's okay if yo... =
Yes*

Q137 Which of the following tests has `#{e://Field/child_first_name}` had? Please only consider specialized tests beyond the standard tests that are part of normal check-ups.

	Date of test (1)	Location of test (2)	Who sent the child for the test (3)
EKG - heart test (1)			
Treadmill - exercise test (2)			
Cardiac catheterization (3)			
Biopsy (4)			
Speech or language (5)			
Hearing test (6)			
Vision test (7)			
IQ test (8)			

EEG - brain wave test (14)			
HIV test (9)			
Blood test besides HIV (10)			
Breathing test (11)			
X-ray (12)			
MRI/CAT scan (13)			

Display this question:

If The next set of questions is about \${e://Field/child_first_name}'s medical tests. It's okay if yo... = Yes

Q207 Has [\\${e://Field/child_first_name}](#) had any other tests besides the ones listed above?
Please list them here:

	Kind of test (5)	Date of test (1)	Location of test (2)	Who sent the child for the test (3)	Name of body part (4)
Test 1 (1)					
Test 2 (2)					
Test 3 (3)					
Test 4 (4)					

End of Block: Medical tests

Start of Block: Additional child examinations

Q142 The next set of questions is about other examinations that your child has had. It's okay if you don't know all of the details - you can leave answers blank if you are not sure. Feel free to call DHS at (412) 244 - 3549 if you need help answering any of these questions. Has [\\${e://Field/child_first_name}](#) been tested or examined by Head Start?

Yes (1)

No (2)

Display this question:

If The next set of questions is about other examinations that your child has had. It's okay if you d... =
Yes

Q143 Please provide the following information about the Head Start agency where
\${e://Field/child_first_name} was examined. Again, it's okay if you don't know some of these
details.

- Name of agency (1) _____
- Street address (2) _____
- City (3) _____
- State (4) _____
- Zip code (5) _____
- Phone number (6) _____
- Type of test (7) _____
- Date of test (8) _____

Page Break

Q145 Has $\{e://Field/child_first_name\}$ been tested or examined by a public or community health department?

Yes (1)

No (2)

Display this question:

If Has $\{e://Field/child_first_name\}$ been tested or examined by a public or community health departm... = Yes

Q146 Please provide the following information about the public or community health department where $\{e://Field/child_first_name\}$ was examined. Again, it's okay if you don't know some of these details.

Name of agency (1) _____

Street address (2) _____

City (3) _____

State (4) _____

Zip code (5) _____

Phone number (6) _____

Type of test (7) _____

Date of test (8) _____

Page Break _____

Q147 Has $\{e://Field/child_first_name\}$ been tested or examined by a child welfare or social services agency, or by WIC?

Yes (1)

No (2)

Display this question:

*If Has $\{e://Field/child_first_name\}$ been tested or examined by a child welfare or social services a...
= Yes*

Q148 Please provide the following information about the child welfare/social services/WIC agency where $\{e://Field/child_first_name\}$ was examined. Again, it's okay if you don't know some of these details.

Name of agency (1) _____

Street address (2) _____

City (3) _____

State (4) _____

Zip code (5) _____

Phone number (6) _____

Type of test (7) _____

Date of test (8) _____

Page Break _____

Q149 Has `#{e://Field/child_first_name}` been tested or examined by Early Intervention services?

Yes (1)

No (2)

Display this question:

If Has `#{e://Field/child_first_name}` been tested or examined by Early Intervention services? = Yes

Q150 Please provide the following information about the Early Intervention agency where `#{e://Field/child_first_name}` was examined. Again, it's okay if you don't know some of these details.

Name of agency (1) _____

Street address (2) _____

City (3) _____

State (4) _____

Zip code (5) _____

Phone number (6) _____

Type of test (7) _____

Date of test (8) _____

Page Break _____

Q151 Has $\{e://Field/child_first_name\}$ been tested or examined by a program for children with special health care needs?

Yes (1)

No (2)

Display this question:

If Has $\{e://Field/child_first_name\}$ been tested or examined by a program for children with special... = Yes

Q152 Please provide the following information about the special health needs program where $\{e://Field/child_first_name\}$ was examined. Again, it's okay if you don't know some of these details.

Name of agency (1) _____

Street address (2) _____

City (3) _____

State (4) _____

Zip code (5) _____

Phone number (6) _____

Type of test (7) _____

Date of test (8) _____

Page Break _____

Q153 Has $\{e://Field/child_first_name\}$ been tested or examined by a center for mental health or developmental disabilities?

Yes (1)

No (2)

Display this question:

If Has $\{e://Field/child_first_name\}$ been tested or examined by a center for mental health or developmental disabilities = Yes

Q154 Please provide the following information about the mental health/developmental disabilities center where $\{e://Field/child_first_name\}$ was examined. Again, it's okay if you don't know some of these details.

Name of agency (1) _____

Street address (2) _____

City (3) _____

State (4) _____

Zip code (5) _____

Phone number (6) _____

Type of test (7) _____

Date of test (8) _____

Page Break _____

Display this question:

If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14

Q141 Has \${e://Field/child_first_name} received Vocational Rehabilitation or other employment support services to help them go to work?

Yes (1)

No (2)

Display this question:

If Has \${e://Field/child_first_name} received Vocational Rehabilitation or other employment support...
= Yes

Q155 Please provide the following information about the employment support service that examined \${e://Field/child_first_name}. Again, it's okay if you don't know some of these details.

Name of agency (1) _____

Street address (2) _____

City (3) _____

State (4) _____

Zip code (5) _____

Phone number (6) _____

Type of test (7) _____

Date of test (8) _____

End of Block: Additional child examinations

Start of Block: Education

Display this question:

If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 5

Q156 The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. It's okay if you don't know all of the details - you can leave answers blank if you are not sure. Feel free to call DHS at (412) 244 - 3549 if you need help answering any of these questions. Is $\{e://Field/child_first_name\}$ currently enrolled in any school?

- Yes (1)
- No - too young (2)
- No - other reason (3)

Display this question:

If The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I... = No - other reason

Q160 Has $\{e://Field/child_first_name\}$ ever attended any school?

- Yes (1)
- No (2)

Display this question:

If The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I... = No - other reason

Q158 What is the reason $\{e://Field/child_first_name\}$ is not enrolled in school?

Display this question:

If The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I... = Yes

Q157 What grade is $\{e://Field/child_first_name\}$ in?

Display this question:

If The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I... = Yes

Q159 Please provide some information about the school $\{e://Field/child_first_name\}$ is currently attending. Again, feel free to leave some of these fields blank if you're not sure.

Name of school (1) _____

Dates when child attended this school. Your answer should say "mm/dd/yyyy - current", where mm/dd/yyyy is the date when your child first started going to the school. (2)

Teacher's name (put the teacher who knows your child the best) (3)

School address - Street address (4)

School address - City (5)

School address - State (6)

School address - Zip code (7)

School address - County (8)

School phone number (9)

Page Break

Display this question:

If The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I... = Yes

Q169 Has $\{e://Field/child_first_name\}$ been tested for behavioral or learning problems at $\{Q159/ChoiceTextEntryValue/1\}$?

Yes (1)

No (2)

Display this question:

If Has $\{e://Field/child_first_name\}$ been tested for behavioral or learning problems at ... = Yes

Q170 Please provide some information about these tests:

	Type of test (1)	When test was done (2)
Test 1 (1)		
Test 2 (2)		
Test 3 (3)		

Display this question:

If The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I... = Yes

Q171 Is $\{e://Field/child_first_name\}$ in special education at $\{Q159/ChoiceTextEntryValue/1\}$?

- Yes (1)
- No (2)

Display this question:

If Is $\{e://Field/child_first_name\}$ in special education at $\{q://QID159/ChoiceTextEntryValue/1\}$? = Yes

Q172 What is the name of his or her special education teacher at $\{Q159/ChoiceTextEntryValue/1\}$?

Display this question:

If The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I... = Yes

Q173 Is $\{e://Field/child_first_name\}$ in speech or language therapy at $\{Q159/ChoiceTextEntryValue/1\}$?

- Yes (1)
- No (2)

Display this question:

If Is $\{e://Field/child_first_name\}$ in speech or language therapy at ... = Yes

Q174 What is the name of his or her speech or language therapist at $\{Q159/ChoiceTextEntryValue/1\}$?

Display this question:

If The next set of questions is about the schools that \${e://Field/child_first_name} has attended. I... = No - other reason

And Has \${e://Field/child_first_name} ever attended any school? = Yes

Q178 Please provide some information about the last school that \${e://Field/child_first_name} attended. Again, feel free to leave some of these fields blank if you're not sure.

Name of school (1) _____

Please put the first and last date that your child attended this school. Your response should look like "mm/dd/yyyy - mm/dd/yyyy" (2)

Teacher's name (put the teacher who knows your child the best) (3)

School address - Street address (4)

School address - City (5)

School address - State (6)

School address - Zip code (7)

School address - Phone number (8)

School address - County (9)

Page Break _____

Display this question:

If The next set of questions is about the schools that \${e://Field/child_first_name} has attended. I... = No - other reason

And Has \${e://Field/child_first_name} ever attended any school? = Yes

Q179 Was \${e://Field/child_first_name} tested for behavioral or learning problems at \${Q178/ChoiceTextEntryValue/1}?

Yes (1)

No (2)

Display this question:

If Was \${e://Field/child_first_name} tested for behavioral or learning problems at ... = Yes

Q180 Please provide some information about these tests:

	Type of test (1)	When test was done (2)
Test 1 (1)		
Test 2 (2)		
Test 3 (3)		

Display this question:

If The next set of questions is about the schools that \${e://Field/child_first_name} has attended. I... = No - other reason

And Has \${e://Field/child_first_name} ever attended any school? = Yes

Q181 Was $\{e://Field/child_first_name\}$ in special education at $\{Q178/ChoiceTextEntryValue/1\}$?

Yes (1)

No (2)

Display this question:

If Was $\{e://Field/child_first_name\}$ in special education at $\{q://QID178/ChoiceTextEntryValue/1\}$? = Yes

Q182 What was the name of his or her special education teacher at $\{Q178/ChoiceTextEntryValue/1\}$?

Display this question:

If The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I... = No - other reason

And Has $\{e://Field/child_first_name\}$ ever attended any school? = Yes

Q183 Was $\{e://Field/child_first_name\}$ in speech or language therapy at $\{Q178/ChoiceTextEntryValue/1\}$?

Yes (1)

No (2)

Display this question:

If Was $\{e://Field/child_first_name\}$ in speech or language therapy at ... = Yes

Q184 What was the name of his or her speech or language therapist at $\{Q178/ChoiceTextEntryValue/1\}$?

Display this question:

If Has $\{e://Field/child_first_name\}$ ever attended any school? = Yes

Or The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I...
= Yes

Q185 Has $\{e://Field/child_first_name\}$ attended any other schools in the past 12 months besides the schools you mentioned above?

Yes (1)

No (2)

Skip To: End of Block If Has $\{e://Field/child_first_name\}$ attended any other schools in the past 12 months besides the sc... = No

Display this question:

If Has $\{e://Field/child_first_name\}$ attended any other schools in the past 12 months besides the sc... = Yes

Q186 Please provide some information about the next school that `{e://Field/child_first_name}` attended in the past 12 months. Again, feel free to leave some of these fields blank if you're not sure.

Name of school (1) _____

Please put the first and last date that your child attended this school. Your response should look like "mm/dd/yyyy - mm/dd/yyyy" (2)

Teacher's name (put the teacher who knows your child the best) (3)

School address - Street address (4)

School address - City (5)

School address - State (6)

School address - Zip code (7)

School address - Phone number (8)

School address - County (9)

Page Break _____

Display this question:

If Has $\{e://Field/child_first_name\}$ attended any other schools in the past 12 months besides the sc... = Yes

Q187 Was $\{e://Field/child_first_name\}$ tested for behavioral or learning problems at $\{Q186/ChoiceTextEntryValue/1\}$?

Yes (1)

No (2)

Display this question:

If Was $\{e://Field/child_first_name\}$ tested for behavioral or learning problems at ... = Yes

Q188 Please provide some information about these tests:

	Type of test (1)	When test was done (2)
Test 1 (1)		
Test 2 (2)		
Test 3 (3)		

Display this question:

If Has $\{e://Field/child_first_name\}$ attended any other schools in the past 12 months besides the sc... = Yes

Q189 Was $\{e://Field/child_first_name\}$ in special education at $\{Q186/ChoiceTextEntryValue/1\}$?

Yes (1)

No (2)

Display this question:

If Was $\{e://Field/child_first_name\}$ in special education at $\{q://QID186/ChoiceTextEntryValue/1\}$? = Yes

Q190 What was the name of his or her special education teacher at $\{Q186/ChoiceTextEntryValue/1\}$?

Display this question:

If Has $\{e://Field/child_first_name\}$ attended any other schools in the past 12 months besides the sc... = Yes

Q191 Was $\{e://Field/child_first_name\}$ in speech or language therapy at $\{Q186/ChoiceTextEntryValue/1\}$?

Yes (1)

No (2)

Display this question:

If Was $\{e://Field/child_first_name\}$ in speech or language therapy at ... = Yes

Q192 What was the name of his or her speech or language therapist at $\{Q186/ChoiceTextEntryValue/1\}$?

End of Block: Education

Start of Block: Daycare/preschool

Display this question:

If How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old.
Text Response Is Less Than or Equal to 4

Or The next set of questions is about the schools that $\{e://Field/child_first_name\}$ has attended. I...
= No - too young

Q175 Is $\{e://Field/child_first_name\}$ currently attending daycare or preschool?

Yes (1)

No (2)

Display this question:

If Is $\{e://Field/child_first_name\}$ currently attending daycare or preschool? = Yes

Q176 Please provide some information about their daycare/preschool. Again, feel free to leave some of these fields blank if you're not sure.

Name of daycare/preschool/caregiver (1)

Dates when child attended this daycare. Your answer should say "mm/dd/yyyy - current", where mm/dd/yyyy is the date when your child first started going to the daycare. (2)

Teacher's/caregiver's name (3)

Address of facility - Street address (4)

Address of facility - City (5)

Address of facility - State (6)

Address of facility - Zip code (7)

Address of facility - Phone number (8)

Address of facility - County (9)

End of Block: Daycare/preschool

Start of Block: Work history

Display this question:

If How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 14

Q161 This is the final set of questions - you're almost finished! This set of questions asks about $\{e://Field/child_full_name\}$'s work history. Feel free to call DHS at (412) 244 - 3549 if you need help answering any of these questions. Has $\{e://Field/child_full_name\}$ ever worked in a paid

job? This includes employment provided for individuals with disabilities in a protected environment under an institutional program.

Yes (1)

No (2)

Skip To: End of Block If This is the final set of questions - you're almost finished! This set of questions asks about ... = No

Display this question:

If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 14

Q162 What dates did \${e://Field/child_first_name} work in their first job? It's okay to give approximate dates.

Display this question:

If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 14

Q163 What is/was the name of their employer for their first job?

Display this question:

If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 14

Q205 Do you know roughly where \${e://Field/child_first_name}'s first job is/was located? It's okay if you don't know the exact address.

Display this question:

If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 14

Q166 What is/was the name of $\{e://Field/child_first_name\}$'s supervisor in their first job? It's okay if you don't know.

Display this question:
If If How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 14

Q167 What is/was $\{e://Field/child_first_name\}$'s job title in their first job? Also, briefly describe the work and any problems that $\{e://Field/child_first_name\}$ had doing the job.

Display this question:
If If How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 14

Q209 Has $\{e://Field/child_first_name\}$ had any other jobs?

- Yes (1)
- No (2)

Skip To: End of Block If Has $\{e://Field/child_first_name\}$ had any other jobs? = No

Display this question:
If If How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old. Text Response Is Greater Than or Equal to 14

Q210 What dates did $\{e://Field/child_first_name\}$ work in their second job? It's okay to give approximate dates.

Display this question:

*If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14*

Q211 What is/was the name of their employer for their second job?

Display this question:

*If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14*

Q212 Do you know roughly where \${e://Field/child_first_name}'s second job is/was located? It's okay if you don't know the exact address.

Display this question:

*If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14*

Q213 What is/was the name of their supervisor in their second job? It's okay if you don't know.

Display this question:

*If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14*

Q214 What is/was \${e://Field/child_first_name}'s job title in their second job? Also, briefly describe the work and any problems that \${e://Field/child_first_name} had doing the job.

Display this question:

*If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14*

Q215 Has your child had any other jobs?

Yes (1)

No (2)

Skip To: End of Block If Has your child had any other jobs? = No

Display this question:

*If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14*

Q216 What dates did \${e://Field/child_first_name} work in their third job? It's okay to give approximate dates.

Display this question:

*If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14*

Q217 What is/was the name of their employer for their third job?

Display this question:

*If If How many years old is \${e://Field/child_first_name}? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14*

Q218 Do you know roughly where \${e://Field/child_first_name}'s third job is/was located? It's okay if you don't know the exact address.

Display this question:

If How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14

Q219 What is/was the name of their supervisor in their third job? It's okay if you don't know.

Display this question:

If How many years old is $\{e://Field/child_first_name\}$? Enter 0 if he or she is less than 1 year old.
Text Response Is Greater Than or Equal to 14

Q220 What is/was $\{e://Field/child_first_name\}$'s job title in their third job? Also, briefly describe the work and any problems that $\{e://Field/child_first_name\}$ had doing the job.

End of Block: Work history

Start of Block: Final step

Q198 Great, that is all the information we needed! Please type the word 'done' in this box to show that you completed the survey. Then click the blue arrow.

End of Block: Final step
