1. In the past 12 months, how many hours a week have you spent on average providing care related to your child’s health? (Check ONE box)

- □ 2 up to 6 hours a week
- □ 6 up to 11 hours a week
- □ 11 or more hours a week

2. In the past 12 months, did you or another adult in your family have to stop working or work less hours in order to care for your child? (Check ONE box)

- □ Yes
- □ No

3. In the past 12 months, have you had trouble paying bills because of financial difficulties caused by your child’s care needs? (Check ONE box)

- □ Yes
- □ No