This first set of questions is about you and your child. This information will help us to describe the parents and children who take part in this study. Let’s start with questions about your child.

1. What is your child’s age?

 INTERVIEWER: IF CHILD IS LESS THAN 1 YEAR OLD ENTER 00

 ENTER NUMBER OF YEARS: (RANGE IS 00-18)

2**.** Is your child male or female?

Male

Female

3**.** Is your child of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino

No, Not Hispanic or Latino

4**.** What is your child’s race? Please choose one or more of the following...

White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Another race

5.These next questions are about you.What is your age?

Under 18

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 or older

6**.** Are you male or female?

Male

Female

7**.** Are you of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino

No, Not Hispanic or Latino

8**.** What is your race? Please choose one or more of the following...

White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Another race

9**.** What is the highest grade or level of school that you have completed? Is it:

8th grade or less

Some high school, but did not graduate

High school graduate or GED

Some college or 2-year degree

4-year college graduate, or

More than 4-year college degree

10**.** How are you related to [CHILD NAME]?

Mother or Father

Grandparent

Aunt or Uncle

Older Brother or Sister

Other Relative

Legal Guardian

Some other

These next questions are about care for your child to help with emotional problems.

11. In the last 12 months, did your child get any counseling or treatment for an emotional problem?

 YES

 NO

12. Some children have feelings that they want to end it all and may talk about hurting themselves on purpose. In the last 12 months, did your child talk about hurting him or herself on purpose for this reason?

 YES

 NO

 NOT SURE

13. Some children act on feelings that they want to end it all by hurting themselves on purpose. In the last 12 months, did your child try to hurt him or herself on purpose for this reason?

 YES

 NO

 NOT SURE

Emergency Dept. Care]14. Our records show that in the last 12 months, your child visited the emergency room at [HOSPITAL NAME]

on or near [DISCHARGE DATE]

because of talking about or trying to hurt him or herself on purpose. Is that correct?

 YES

 NO 🡪 END SURVEY

15.. During your child’s emergency room visit, did emergency room staff talk with you or another adult who went with your child to the ER about making your home safer by removing or locking up guns and rifles, medications, access to a car, or other objects that your child could use to hurt him or herself?

 YES

 NO

16. At the time of your child’s emergency room visit, was he or she taking prescription medicine for depression or feelings of sadness?

 YES

 NO 🡪 Go to Q18

17. During your child’s emergency room visit did the emergency room staff change the dose or amount of medicine your child took for depression or feelings of sadness?

 YES 🡪 Go to Q19

 NO

18. During your child’s visit to the emergency room, did the emergency room staff prescribe a medicine that your child had not taken before to treat depression or feelings of sadness?

 YES

 NO 🡪END SURVEY

19. Did the emergency room staff talk with you about how taking a medication for depression or feelings of sadness could help your child?

 YES

 NO

20. Medications for depression or feelings of sadness may cause a child to have problems like an upset stomach, nightmares, being more tired than is usual, or being more excited than is usual. Did the emergency room staff talk with you about how likely these kinds of problems were if your child took medication for depression or feelings of sadness?

 YES

 NO

21. Did the emergency room staff tell you the medication might cause your child to have more thoughts of hurting him or herself?

 YES

 NO