

**North Carolina
Child Health Assessment and Monitoring Program
NC CHAMP 2010 Survey**

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Interviewer's Script –

CATI: Fill (CHILD) with child's first name from NC03Q04 – BRFSS adult survey. (This will become a user-defined field in CHAMP)

HELLO, my name is (**interviewer name**) and I'm calling from the North Carolina Department of Health and Human Services. This is about our follow-up survey of children's health in North Carolina.

Is this (**phone number from BRFSS adult questionnaire**)?

-Correct Number [**GO TO IntroAd**]

-Number is not the same [**GO TO WrongNum**]

WrongNum

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Intro Ad

A couple weeks ago, we spoke to an adult member of your household who agreed to participate in our follow-up survey of NC children. The person we would like to speak to is the **[CATI: FILL parent/guardian {01, 02, 03, 04 "Mother", 05, 06, 07, 08 "Father", 09 "Grandmother", 10 "Grandfather", 12 "Uncle", 11 "Aunt", 13 "Sister", 14 "Brother", or >14 "Some one in your family"} from NC03Q03a or NC03Q03b - BRFSS adult survey]** of (CHILD).

Are you (CHILD)'s **[CATI FILL: parent/guardian]**?

-Yes [**GO TO Introduction I**]

-No [**GO TO GetAdult**]

GetAdult

Is (CHILD)'s **[CATI FILL: parent/guardian]** available to speak with me?

-Yes, selected respondent is coming to the phone [**GO TO Introduction I**]

- No, selected respondent not available now (**schedule a callback**)

- No, selected respondent will not do survey, adult on phone will do survey [**GO TO Introduction II**]

Introduction I

HELLO, I am (**interviewer name**) calling for the North Carolina Department of Health and Human Services. We are gathering information on the health of children in our state. Several weeks ago we spoke to an adult member of your household who suggested that you would be the most knowledgeable person to talk to about (CHILD)'s health. In this survey we will be asking you questions about (CHILD)'s health behaviors and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be kept confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. This interview will take about 10 to 15 minutes.

Introduction II

In this survey we will be asking you questions about the health and health practices of your child named, (CHILD). You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. This interview will take about 10 to 15 minutes.

Section 1: Respondent Relationship to Child

K01Q01. Just to verify, are you (CHILD)'s biological, step, or adoptive mother/father?

[NOTE: If NOT mother or father, then ask: "Just to verify, what is your relationship to (CHILD)?"]

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship

- 77 Don't know
- 99 Refused

Section 2: General Health

K02Q01. Would you say that (CHILD)'s health is: excellent, very good, good, fair or poor?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

- 7 Don't know/Not sure
- 9 Refused

Section 3: General Information

K03Q01. Other than yourself, how many other adults, ages 18 and older, live in your household?

_____ # of Adults (1-12, 77, 88, 99)

- 88 None **[GO TO K03Q03]**
- 77 Don't know/not sure **[GO TO K03Q03]**
- 99 Refused **[GO TO K03Q03]**

[CATI: IF K03Q01 = 0 THEN GO TO K03Q03.]

K03Q02. What is their relationship to (CHILD)?

[PROMPT: IF respondent says "Mother" or "Father" PROBE: 'Is that his/her biological, adoptive, step, or foster mother/father?']

[NOTE: Mark all that apply.]

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (any type)
- 14 Brother (any type)
- 15 Female Guardian
- 16 Male Guardian

- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other Relationship
- 21 Respondent's Partner or Boy/Girlfriend
- 22 In-law of any type
- 23 Two or more of the same relationship type
- 77 Don't know/ Not Sure
- 99 Refused

K03Q03. Does (CHILD) live in the household full-time or part-time?

[NOTE: If part-time ask, "Does he/she live with you every weekend, every other weekend or some other amount of time?"]

- 1 Full time
- 2 Part time, every weekend
- 3 Part time, every other weekend
- 4 Part time, other

- 7 Don't know/Not sure
- 9 Refused

K03Q04a. Earlier someone said that (CHILD) was **[CATI FILL: CHILD AGE]** years old. Is this correct?

- 1 Yes **[GO TO K03Q05]**
- 2 No

- 7 Don't know/Not sure
- 9 Refused

[NOTE: Use this approach for assessing age: Child 0-11 months = 0 year
 Child 12-23 months = 1 year
 Child 24-35 months = 2 years]

K03Q04. How old is (CHILD)?

[NOTE: If parent refuses to give child's age, say "Many of the questions in this survey are for certain age groups only. Can you give us an approximate age?"]

[NOTE: Use this approach for assessing age: Child 0-11 months = 0 year
 Child 12-23 months = 1 year
 Child 24-35 months = 2 years]

- (0-17; code '0' if under 1 year)
 (if 18 since selected then code as '17')

- 77 Don't know/Not sure
- 99 Refused

[CATI: If Child Age < 3 then GO TO K04Q01.]

K03Q05. What grade is (CHILD) in?

- 1 Grade 1
- 2 Grade 2
- 3 Grade 3
- 4 Grade 4
- 5 Grade 5
- 6 Grade 6
- 7 Grade 7
- 8 Grade 8
- 9 Grade 9
- 10 Grade 10
- 11 Grade 11
- 12 Grade 12 or higher
- 13 Kindergarten
- 14 PreSchool
- 15 Not in School

- 77 Don't know/not sure
- 99 Refused

[CATI: If K03Q04 = 77,99 AND K03Q05 = 77,99 THEN GO TO KnoAge.]

KnoAge

Thank you very much, but we are only interviewing children of a certain age. **STOP**

Section 4: Birth Characteristics

K04Q01. Was (CHILD) born before (his/her) due date?

- 1 Yes
- 2 No **[GO TO K04Q03]**

- 7 Don't know/Not sure **[GO TO K04Q03]**
- 9 Refused **[GO TO K04Q03]**

K04Q02. How many weeks or months was (he/she) born early?

__ (1-16 weeks; For 0-7 days, enter 1 week)

- 77 Don't know/Not sure
- 99 Refused

K04Q03. How much did (he/she) weigh at birth?

For pounds and ounces from left to right, positions one and two will hold two leading zeros, three and four will hold the value of pounds from 0 to 30 and the last two columns will hold 00 to 15 ounces.

For kilograms and grams from left to right, position one will hold a leading nine, two and three will hold the value of kilograms 1-30 and the last three positions will hold the number of grams.

[Note: ex. 001102 is 11 pounds 02 ounces
ex. 904312 is 4.312 kilograms or 4312 grams]

_____ Weight (pounds and ounces or kilograms)

777777 Don't Know/Not sure
999999 Refused

Section 5: Weight/Height

[CATI: IF CHILD AGE < 2 GO TO NEXT SECTION]

K05Q01a. How much does (CHILD) weigh now?

[NOTE: If respondent's answer is metric, place a '9' in the first position, see example below.]

[NOTE: Round fractions up.]

_____ Enter weight in whole pounds or kilograms
(Ex. 99 lbs = 0099, 45 kg = 9045)

7 7 7 7 Don't know/ Not sure **[GO TO K05Q02a]**
9 9 9 9 Refused **[GO TO K05Q02a]**

[CATI: If weight < 3rd percentile for age/sex or > 97th percentile for age/sex then show:
"Interviewer you indicated the child weighs **[CATI FILL: K05Q01a]**. IS THIS CORRECT?"
Yes, correct as is -GO TO K05Q01b; No, reask question – GO TO K05Q01a.]

K05Q01b. How did you arrive at **[CATI FILL: K05Q01a]** for (CHILD)'s weight?

[NOTE: If SR says child was weighed more than 3 months ago (home, school, or doctor's office) select (2) estimated or guessed.]

[Please read 1-6.]

- 1 Your child told you. **[CATI: ask response #1 only if child age 3 years and older; if age ≤ 2 show: "THIS MENU ITEM NOT AVAILABLE (Child too young)"]**
- 2 You estimated or guessed your child's weight.
- 3 You used a bathroom scale within the past 3 months.
- 4 The child was weighed at the doctor's office in the past 3 months.
- 5 The child was weighed at school in the past 3 months, OR
- 6 Some other way.
- 7 Don't know/ Not sure
- 9 Refused

K05Q02a. How tall is (CHILD) now?

[NOTE: If respondent answers in metrics, place a '9' in the first position, see example below.]

[NOTE: Round fractions down.]

- — — — Enter height in feet and inches (Ex. 5 feet 9 inches = 509)
or meters and centimeters (Ex. 1 meter 75 centimeters = 9175)
- 7 7 7 7 Don't know/Not sure **[GO TO K05Q03]**
9 9 9 9 Refused **[GO TO K05Q03]**

[CATI: If height < 3rd percentile for age/sex or > 97th percentile for age/sex show:
"Interviewer you indicated that (CHILD) was **[CATI FILL: K05Q02a]** tall. IS THIS CORRECT?"
Yes, correct as is -GO TO K05Q02b; No, reask question – GO TO K05Q02a.]

K05Q02b. How did you arrive at **[CATI FILL: K05Q02a]** for (CHILD)'s height?

[NOTE: If SR says child was measured more than 3 months ago (home, school, or doctor's office) select (2) estimated or guessed.]

[Please read 1-6.]

- 1 Your child told you. **[CATI: ask response #1 only if child age 3 years and older; if age ≤ 2 show: "THIS MENU ITEM NOT AVAILABLE (Child too young)"]**
- 2 You estimated or guessed your child's height.
- 3 You used a tape measure or yard stick within the past 3 months.
- 4 The child's height was measured at the doctor's office in the past 3 months.
- 5 The child's height was measured at school in the past 3 months, OR
- 6 Some other way.

- 7 Don't know/ Not sure
- 9 Refused

K05Q03. How would you describe your child's weight? Would you say: very overweight, somewhat overweight, healthy weight, somewhat underweight, or very underweight?

- 1 Very overweight
- 2 Somewhat overweight
- 3 Healthy weight
- 4 Somewhat underweight
- 5 Very underweight

- 7 Don't know/Not sure
- 9 Refused

K05Q04. During the past year, has your child's physician or another health professional told you that your child was overweight?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 6: Breastfeeding

[CATI: If respondent is biological parent (K01Q01=1, 5) then GO TO K06Q01; else GO TO NEXT SECTION]

Now I am going to ask you a few questions about breastfeeding.

K06Q01. Was (CHILD) ever breastfed for any length of time?

- 1 Yes
- 2 No **[GO TO K06Q04]**

- 7 Don't know/Not sure **[GO TO K06Q04]**
- 9 Refused **[GO TO K06Q04]**

K06Q02. How old was (CHILD) when (he/she) completely stopped breastfeeding or being fed breast milk?

___ Enter value (Ex: 112 = 12 days; 205=Five weeks)

- 1__ Day(s)
- 2__ Week(s)
- 3__ Month(s)
- 888 Still breastfeeding
- 777 Don't know/Not sure
- 999 Refused

K06Q03. At what age did you first begin to give (CHILD) any formula, food or water other than human milk?

___ Enter Value (Example: 112 = 12 days; 205=Five weeks)

- 1__ Day(s)
- 2__ Week(s)
- 3__ Month(s)
- 888 Still EXCLUSIVELY breastfeeding
- 777 Don't know/ not sure
- 999 Refused

K06Q04. Did (his/her) doctors or health providers give you any help or encouragement for breastfeeding?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 7: Health Care Access and Utilization

These next questions are about health insurance.

K07Q01. Does (CHILD) have any kind of health care coverage, including private health insurance, prepaid plans such as HMOs, or government plans such as Health Check, Medicaid Program for Children, or NC Health Choice?

[NOTE: Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances. Health Check is the name of the benefits for children enrolled in the Medicaid program in North Carolina. NC Health Choice is the name of the health plan for uninsured children in North Carolina.]

- 1 Yes
- 2 No **[GO TO K07Q05]**

- 7 Don't know/Not sure **[GO TO K07Q04]**
- 9 Refused **[GO TO K07Q04]**

K07Q02. What is (her/his) primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills.

[NOTE: The State Employee Health Plan is also called the 'North Carolina Teacher's and Employee Health Plan'. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.]

[Please Read 1-10.]

- 1 The State Employee Health Plan
- 2 Blue Cross/Blue Shield of North Carolina
- 3 Other Private health insurance plan purchased from an employer or directly from insurance company.
- 4 NC Health Choice
- 5 Medicaid
- 6 Carolina ACCESS
- 7 Health Check
- 8 South Care
- 9 The military, CHAMPUS, TRI CARE or the VA
- 10 The Indian Health Service
- 11 Other

- 77 Don't know/Not sure
- 99 Refused

[CATI: IF K07Q02 ≠ 2 (BC/BS) GO TO K07Q04]

K07Q03. What type of NC Blue Cross/Blue Shield coverage does (CHILD) have?

[INTERVIEWER: If more than one type, ask "which type do you use to pay for most of (CHILD)'s medical care?"]

[Read 1-6 if necessary.]

- 1 Blue Care – an HMO (health maintenance organization)
- 2 Blue Options – a PPO (preferred provider organization)
- 3 Blue Advantage – purchased directly for self or family
- 4 Federal Employee Health Plan – PPO plan through federal employment
- 5 Other Blue Cross coverage
- 6 The State Employee Health Plan

- 77 Don't know/Not sure
- 99 Refused

K07Q04. During the past 12 months was there any time when (he/she) was not covered by ANY health insurance?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K07Q05. What kind of place does (he/she) go to most often for sick care?

[Read 1-9 if necessary.]

- 1 A doctor's office
- 2 A public health department/community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 A school nurse
- 7 A school based Health Center
- 8 Some other kind of place
- 9 No usual place

- 77 Don't know/Not sure
- 99 Refused

K07Q06. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as (CHILD)'s personal doctor or nurse?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K07Q07. Preventive care visits include things like a Well Child check-up, a routine physical exam, immunizations, or health screening tests. During the past 12 months has (CHILD) had a preventive care visit or Well Child check-up?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K07Q08. During the past 12 months did (he/she) receive all the medical care you felt (he/she) needed?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K07Q09. During the past 12 months, how often did (CHILD)'s doctors and other health care providers spend enough time with (him/her)? Would you say never, sometimes, usually, or always?

1 Never

2 Sometimes

3 Usually

4 Always

7 Don't know/Not sure

9 Refused

K07Q10. During the past 12 months, how often did (CHILD)'s doctors or other health care providers help you feel like a partner in (his/her) care? Would you say never, sometimes, usually, or always?

1 Never

2 Sometimes

3 Usually

4 Always

7 Don't know/Not sure

9 Refused

K07Q11. Thinking about (CHILD)'s health needs and all the services that (he/she) needs, have you had any difficulties trying to use these services during the past 12 months?

[NOTE: If the parent says that the child did not need any services, then say: "This question asks about difficulty using ANY services that your child needed because of (his/her) health. Did you have ANY difficulty using ANY services during the past 12 months?"]

1 Yes

2 No

7 Don't know/Not sure

9 Refused

[CATI: IF CHILD AGE < 2, GO TO NEXT SECTION]

K07Q12. Has (CHILD)'s doctor or other health care providers ever talked with you about how you can help (CHILD) to eat healthy?

[NOTE: If YES, Ask, 'Was this in the past year, or more than a year ago?']

- 1 Yes, in the past year
- 2 Yes, more than a year ago
- 3 No

- 7 Don't Know/Not Sure
- 9 Refused

K07Q13. Has (CHILD)'s doctor or other health care providers ever talked with you about how you can help (CHILD) to be more physically active?

[NOTE IF YES, Ask, 'Was this in the past year, or more than a year ago?']

- 1 Yes, in the past year
- 2 Yes, more than a year ago
- 3 No

- 7 Don't Know/Not Sure
- 9 Refused

Section 8: Immunizations

[CATI: IF AGE < 10 GO TO K08Q07]

These next questions are about vaccines and immunizations.

Human papillomavirus (Human Pap-uh-loh-muh Virus) or HPV can cause genital warts or certain cancers in both males and females. Two vaccines to prevent HPV infection are now available that some people call HPV shots, GARDASIL or Cervarix. I'll call it the HPV vaccine.

K08Q01. Have you ever heard of the HPV vaccine?

- 1 Yes
- 2 No **[GO TO K08Q05]**

- 7 Don't know/Not sure **[GO TO K08Q05]**
- 9 Refused **[GO TO K08Q05]**

K08Q02. Did you hear about the HPV vaccine through (CHILD)'s school?

- 1 Yes
- 2 No

- 7 Don't know/Not Sure
- 9 Refused

K08Q03. Has (CHILD) had any shots of the HPV vaccine?

- 1 Yes **[GO TO K08Q05]**
- 2 No

- 7 Don't know/Not sure **[GO TO K08Q05]**
- 9 Refused **[GO TO K08Q05]**

K08Q04. What is the MAIN reason (CHILD) has NOT received the HPV vaccine?

[NOTE: If needed, say: "The main reason is the most important reason."]

[Read 1-11 only if necessary.]

- 1 Haven't been to the doctor recently
- 2 Health care provider did not recommend / didn't know child needed it
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Vaccine costs too much or is not covered by insurance
- 6 Concerns about vaccine safety or side effects
- 7 Don't believe child needs the vaccine
- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason for not getting shot)
- 10 Because of religious reasons
- 11 Child too young
- 12 Other (Specify: K08Q04ot)

- 77 Don't know/Not sure
- 99 Refused

K08Q05. Meningitis is an infection around the brain. A vaccine is now available that protects against some types of meningitis. This is sometimes called the meningitis shot, meningococcal shot, or Menactra. I will call this the meningitis vaccine.

Has (CHILD) had the meningitis vaccine?

[PROBE: If no, then ask: 'Have you ever heard of the meningitis vaccine?']

- 1 Yes **[GO TO K08Q07]**
- 2 No
- 3 Never heard of vaccine **[GO TO K08Q07]**

- 7 Don't know/Not sure **[GO TO K08Q07]**
- 9 Refused **[GO TO K08Q07]**

K08Q06. What is the MAIN reason (CHILD) has NOT received the meningitis vaccine?

[NOTE: If needed, say: “The main reason is the most important reason.”]

[Read 1-11 only if necessary.]

- 1 Haven't been to the doctor recently
- 2 Health care provider did not recommend / didn't know child needed it
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Vaccine costs too much or is not covered by insurance
- 6 Concerns about vaccine safety or side effects
- 7 Don't believe child needs the vaccine
- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason why cannot get the shot)
- 10 Because of religious reasons
- 11 Child too young
- 12 Other (Specify: K08Q06ot)

- 77 Don't know/Not sure
- 99 Refused

K08Q07. Has (CHILD) ever had a tetanus shot?

[PROBE: If no, then ask: ‘Have you ever heard of the tetanus shot?']

[NOTE: Tetanus shot or booster is also called Td or Tdap.]

- 1 Yes **[GO TO K08Q09]**
- 2 No
- 3 No, never heard of tetanus shot **[GO TO K08Q09]**

- 7 Don't know/Not sure **[GO TO K08Q09]**
- 9 Refused **[GO TO K08Q09]**

K08Q08. What is the MAIN reason (CHILD) has NOT received a tetanus shot?

[NOTE: If needed, say: “The main reason is the most important reason.”]

[Read 1-11 only if necessary.]

- 1 Haven't been to the doctor recently
- 2 Health care provider did not recommend / didn't know child needed it
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Vaccine costs too much or not covered by insurance
- 6 Concerns about vaccine safety or side effects
- 7 Don't believe child needs the vaccine

- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason why cannot get the shot)
- 10 Because of religious reasons
- 11 Child too young
- 12 Other (Specify: K08Q08ot)

- 77 Don't know/Not sure
- 99 Refused

K08Q09. Have you ever refused or postponed to get a vaccine shot for (CHILD)?

[If necessary, say: 'By "postponed", we mean you waited at least a day or more to get a vaccine shot.']

[NOTE: A vaccine shot is a shot given to improve protection from getting a particular disease, such as measles or chicken pox.]

- 1 Yes
- 2 No **[GO TO NEXT SECTION]**

- 7 Don't know/Not Sure **[GO TO NEXT SECTION]**
- 9 Refused **[GO TO NEXT SECTION]**

K08Q10. Why did you postpone or refuse to get the vaccine shot?

[Read 1-11 only if necessary. Mark all that apply.]

- 1 Haven't been to the doctor recently
- 2 Health care provider did not recommend / didn't know child needed it
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Vaccine costs too much or not covered by insurance
- 6 Concerns about vaccine safety or side effects
- 7 Don't believe child needs the vaccine
- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason why cannot get the shot)
- 10 Because of religious reasons
- 11 Child too young
- 12 Other (Specify: K08Q10ot)

- 77 Don't know/not sure
- 99 Refused

K08Q11. Which vaccine shot did you postpone or refuse?

[Read 1-16 only if necessary. Mark all that apply.]

- 1 Refused all vaccines
- 2 Chickenpox (Varicella)
- 3 DTaP (Diphtheria, tetanus & pertussis - or whooping cough)
- 4 Hib (Haemophilus influenzae type b; note this is NOT the influenza or flu vaccine)
- 5 Hepatitis A (Hep A)
- 6 Hepatitis B (Hep B)
- 7 HPV (Human papillomavirus)
- 8 Flu shot (Influenza)
- 9 Measles, Mumps & Rubella (MMR)
- 10 Meningitis (meningococcal shot or Menactra)
- 11 Pneumonia (Pneumococcal)
- 12 Polio
- 13 Rotavirus (severe diarrhea or stomach flu)
- 14 Tetanus
- 15 Td (Tetanus and diphtheria)
- 16 Tdap (Tetanus, diphtheria & pertussis)
- 17 Don't remember name of vaccine(s)
- 18 Other (Specify: K08Q11ot)

- 77 Don't know/Not sure
- 99 Refused

Section 9: Demographics

Next, we have some basic questions about your family. We ask these questions to compare health indicators among different groups of people.

K09Q01. Is (CHILD) Hispanic or Latino?

- 1 Yes
- 2 No

- 7 Don't know/Not Sure
- 9 Refused

K09Q02. Which one or more of the following would you say is (his/her) race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian, Alaska Native, or Other?

[INTERVIEWER: Check all that apply.]

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander

- 5 American Indian, Alaska Native
- 6 Other: (specify: K09Q02ot)
- 7 Don't know/Not sure
- 9 Refused
- 8 No additional choices

[CATI: IF ONLY ONE RESPONSE TO K09Q02 THEN GO TO K09Q04]

K09Q03. Which one of these groups would you say best represents (CHILD)'s race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other: (specify: K09Q03ot)
- 7 Don't know/Not sure
- 9 Refused

K09Q04. What is the highest grade or year of school completed by anyone in your household?

[Read 1-6 Only if Necessary.]

- 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)
- 6 College 4 years or more (College graduate)
- 7 Don't know/Not sure
- 9 Refused

[CATI: IF CHILD K03Q05 = 15 (child not in school), GO TO NEXT SECTION]

K09Q05. Is (CHILD) enrolled in public school, private school or home schooled?

- 1 Public School (include charter schools)
- 2 Private School
- 3 Home Schooled
- 4 Child not in school **[GO TO NEXT SECTION]**
- 7 Don't know/Not sure **[GO TO NEXT SECTION]**
- 9 Refused **[GO TO NEXT SECTION]**

K09Q06. Since starting kindergarten, has (he/she) repeated any grades?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 10: School Performance

[CATI: If K09Q05 = 1, 2 (child in Public or Private school) then GO TO K10Q01; else GO TO K10Q03]

K10Q01. How would you describe (CHILD)'s grades in school over the past 12 months? Would you say they were MOSTLY A's, B's, C's, D's, or F's?

- 1 A's
- 2 B's
- 3 C's
- 4 D's
- 5 F's

- 6 School does not use letter grading system
- 7 Do not know
- 9 Refused

K10Q02. **QUESTION STEM:** During the past 12 months, about how many days did (CHILD) miss school:

K10Q02a. Because of an illness?

___ :Number of days

- 215 Entire school year
- 888 No school days missed
- 777 Don't know/Not sure
- 999 Refused

K10Q02b. Because of an injury?

___ :Number of days

- 215 Entire school year
- 888 No school days missed
- 777 Don't know/Not sure
- 999 Refused

K10Q02c. Because of some other reason?

___ :Number of days

215 Entire school year
888 No school days missed
777 Don't know/Not sure
999 Refused

[CATI: IF CHILD AGE < 5 THEN GO TO K10Q05.]

K10Q03. During the past 12 months, was (CHILD) on a sports team or did (he/she) take sports lessons after school or on weekends?

[NOTE: Include any teams run by the child's school or community groups.]

1 Yes
2 No

7 Don't know/Not sure
9 Refused

K10Q04. During the past 12 months, did (he/she) participate in any clubs or organizations after school or on weekends?

[NOTE: Examples of clubs or organizations are scouts, arts, religious groups, and Boys/Girls Clubs.]

1 Yes
2 No

7 Don't know/Not sure
9 Refused

[CATI: If K09Q05 = 1, 2 (child in Public or Private school) then GO TO K10Q05; else GO TO NEXT SECTION]

K10Q05. In the past 12 months, has (CHILD)'s school asked you what nutritious foods your family would like to see offered at the school?

1 Yes
2 No

7 Don't know/Not sure
9 Refused

K10Q06. **QUESTION STEM:** In the past 12 months, has (CHILD)'s school asked you to help with programs related to...

K10Q06a. Tobacco use prevention?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K10Q06b. Physical activity?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K10Q06c. Nutrition & healthy eating?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K10Q06d. Asthma?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 11: Asthma

[CATI: If CHILD AGE < 1 then GO TO NEXT SECTION]

These next questions are about childhood asthma.

K11Q01. Has a doctor ever told you that (CHILD) has asthma?

- 1 Yes
- 2 No **[GO TO NEXT SECTION]**

- 7 Don't know/Not sure **[GO TO NEXT SECTION]**
- 9 Refused **[GO TO NEXT SECTION]**

- K11Q02. Does (CHILD) still have asthma?
- 1 Yes
 - 2 No **[GO TO NEXT SECTION]**
 - 7 Don't know/Not sure **[GO TO NEXT SECTION]**
 - 9 Refused **[GO TO NEXT SECTION]**
- K11Q03. During the past 12 months, has (he/she) had to visit a hospital emergency room or urgent care clinic because of (his/her) asthma?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- K11Q04. Is (he/she) using a medicine every day, (such as a Beclovent, Azmacort, Pulmicort, Flovent, Advair, Singulair, or Vancertil inhaler) that was prescribed by a doctor to keep (him/her) from having asthma problems?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- K11Q05. Does (he/she) use a rescue medication SUCH AS Albuterol, Alupent, Ventolin, Proventil, Xopenex or Maxair inhaler?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- K11Q06. During the past 12 months, how many days of daycare or school did (he/she) miss due to asthma?
- ___ Days missed from school or daycare
- 8 8 8 NONE
 - 2 1 5 Entire school year
 - 5 5 5 NOT APPLICABLE (child not in daycare or school) **[GO TO K11Q08]**
 - 7 7 7 Don't know/Not sure
 - 9 9 9 Refused

[CATI: If K09Q05 = 1, 2 (child in Public or Private school) then GO TO K11Q07; else GO TO K11Q08]

K11Q07. At school, is (CHILD) allowed to self administer emergency medication for asthma?

[NOTE: IF NEEDED say, 'Self-administer means that your child does not need help or supervision of others to use (his/her) emergency medication.']

- 1 Yes
- 2 No, unable to self administer
- 3 No, not allowed due to school policy

- 7 Don't know/Not sure
- 9 Refused

K11Q08. Has a doctor or other health professional EVER given you or (CHILD) an asthma action plan?

[Note: IF NEEDED, SAY, "An asthma action plan is a printed form that tells when to change amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room."]

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

[CATI: If K11Q01 = 1 (child has asthma) then GO TO Asthma Follow-up; else GO TO NEXT SECTION.]

Child Asthma Follow-up

[NOTE: Child Asthma Follow-up to be administered April through June only.]

CH_AFU01. We are conducting a study to learn more about the health of children who have ever had asthma. The information we collect will help develop and improve asthma programs in North Carolina. We would like to call you back within two weeks to ask some additional questions about (CHILD)'s asthma. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask some additional asthma-related questions?

[Note: Asthma call-back interview will take 5-15 minutes.]

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

CH_AFU02. What is a good time to call you back? Would you say: Daytime, Evenings or Weekends?

[Note: If respondent says no best time to call then select 2 for evenings.]

- 1 Daytime
- 2 Evenings
- 3 Weekends

Section 12: Children with Special Health Care Needs

These next questions are about any kind of health problems, concerns, or conditions that may affect your child's behavior, learning, growth, or physical development.

K12Q01. Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

[NOTE: This only applies to medications prescribed by a doctor. Over-the-counter drugs such as headache medication are not included. This question refers to current conditions. The respondent should only reply with "Yes" if the child currently has a special health care need.]

- 1 Yes
- 2 No [GO TO K12Q04]
- 7 Don't know/Not sure [GO TO K12Q04]
- 9 Refused [GO TO K12Q04]

K12Q02. Is (CHILD)'s need for prescription medicine because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

K12Q03. Has (CHILD)'s need for prescription medication lasted or is it expected to last 12 months or longer?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

K12Q04. Does (CHILD) need or use more medical care, **[CATI: If age ≥ 2 yrs, SHOW: “mental health or educational services”]** than is usual for most children of the same age?

[NOTE: This refers to a current condition. The respondent should only reply with ‘Yes’ if the child currently has a special health care need.]

- 1 Yes
- 2 No **[GO TO K12Q07]**

- 7 Don't know/Not sure **[GO TO K12Q07]**
- 9 Refused **[GO TO K12Q07]**

K12Q05. Is (CHILD)'s need for medical care, **[CATI: If age ≥ 2 yrs, SHOW: “mental health or educational services”]** because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K12Q06. Has (CHILD)'s need for medical care, mental health or educational services lasted or is it expected to last 12 months or longer?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K12Q07. Is (CHILD) limited or prevented_in any way in (his/her) ability to do the things most children of the same age can do?

[NOTE: Limited or prevented: things the child can't do as much or can't do at all that most children the same age can do. The respondent should reply “Yes” if the child currently has a special health care need.]

- 1 Yes
- 2 No **[GO TO K12Q10]**

- 7 Don't know/Not sure **[GO TO K12Q10]**
- 9 Refused **[GO TO K12Q10]**

K12Q08. Is (CHILD)'s limitation in abilities because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K12Q09. Has (CHILD)'s limitation in abilities lasted or is it expected to last 12 months or longer?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K12Q10. Does (CHILD) need or get SPECIAL THERAPY, such as physical, occupational, or speech therapy?

[NOTE: Special therapy includes physical, occupational, or speech therapy. Do not include psychological therapy. This question refers to current conditions. The respondent should only reply with "Yes" if the child currently has a special health care need.]

- 1 Yes
- 2 No **[GO TO K12Q13]**

- 7 Don't know/Not sure **[GO TO K12Q13]**
- 9 Refused **[GO TO K12Q13]**

K12Q11. Is (CHILD)'s need for special therapy because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K12Q12. Has (CHILD)'s need for special therapy lasted or is it expected to last for at least 12 months?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K12Q13. Does (CHILD) have any kind of emotional, developmental, or behavioral problem for which (he/she) needs treatment or counseling?

[NOTE: Treatment or counseling means remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem. Emotional problems such as depression or schizophrenia. Developmental problems such as stunted growth. Behavioral problems such as aggressive behavior or Attention Deficit Disorder. These questions refer to a current condition. The respondent should only reply "Yes" if the child currently has a special health care need.]

- 1 Yes
- 2 No **[GO TO K12Q15]**

- 7 Don't know/Not sure **[GO TO K12Q15]**
- 9 Refused **[GO TO K12Q15]**

K12Q14. Has (CHILD)'s emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

[CATI: IF K12Q01=2 AND K12Q04=2 AND K12Q07=2 AND K12Q10=2 AND K12Q13=2 THEN GO TO NEXT SECTION.]

K12Q15. What condition does (CHILD) have?

[NOTE: Read 1-16 only if necessary. Mark all that apply.]

- 1 Learning Disability
- 2 ADHD/ADD (Attention Deficit Hyperactivity Disorder)
- 3 Depression
- 4 Anxiety problems
- 5 Behavior or conduct problems (e.g. conduct disorder)
- 6 Autism or Asperger's Disorder
- 7 Developmental delay that affects ability to learn
- 8 Speech problems (including stuttering, stammering)
- 9 Tourette Syndrome
- 10 Asthma
- 11 Diabetes
- 12 Epilepsy or seizure disorder
- 13 Hearing Problems
- 14 Vision Problems (not corrects with glasses)
- 15 Bone, joint or muscle problems
- 16 Brain Injury or concussion
- 17 Other (specify: K12Q15ot)
- 77 Don't know/Not sure
- 99 Refused

[CATI: IF CHILD AGE < 12 GO TO NEXT SECTION]

K12Q16. Has (CHILD)'s doctor or health care provider ever worked with you or (CHILD) to develop a written plan to help manage (his/her) health condition as (CHILD) becomes an adult?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 13: Child Health Conditions

These next questions are about health conditions.

K13Q01. Has a doctor or health professional ever told you that (CHILD) has diabetes or high blood sugar?

- 1 Yes **[GO TO K13Q03]**
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K13Q02. Has a doctor or health professional ever told you that (CHILD) has borderline diabetes or pre-diabetes?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

[CATI: IF CHILD AGE < 3 GO TO K13Q04]

K13Q03. Has a doctor or health professional ever told you that (CHILD) has high blood pressure?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K13Q04. Has a doctor or health professional ever told you that (CHILD) has a permanent hearing loss or hearing impairment?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 14: Oral Health

[CATI: IF CHILD AGE < 1, GO TO NEXT SECTION]

K14Q01. How would you rate the condition of (CHILD)'s teeth? Would you say their condition is: excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

- 7 Don't know/Not sure
- 9 Refused

K14Q02. Does (he/she) have a dentist or dental clinic where (he/she) goes regularly?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K14Q03. About how long has it been since (CHILD) last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

[Please read 1-6.]

- 1 Never
- 2 6 months or less
- 3 More than 6 months, but not more than 1 year ago
- 4 More than 1 year, but not more than 2 years ago
- 5 More than 2 years, but not more than 5 years ago
- 6 More than 5 years ago

- 7 Don't know/Not sure
- 9 Refused

Section 15: Family Involvement

K15Q01. How many times in a TYPICAL WEEK do members of your household eat a main meal together that was prepared at home?

[NOTE: 'main meal' = most substantial meal of the day.]

- Number of times
- 88 None
77 Don't know/Not sure
99 Refused

[CATI: IF AGE > 6 THEN GO TO NEXT SECTION].

K15Q02. During the past week, how many days did you or other family members read to (CHILD)?

[NOTE: Reading stories includes books with words or pictures but not books read by or with the assistance of an audio tape, record, CD, or computer.]

- Number of days (1 to 7 days, 77, 88, or 99)
- 88 None
77 Don't know/Not sure
99 Refused

Section 16: Nutrition

[CATI: IF CHILD AGE < 1, GO TO NEXT SECTION]

K16Q01. In a typical week, how many of (CHILD)'s meals come from fast food restaurants, like McDonalds, Taco Bell, or KFC (Kentucky Fried Chicken)?

[If needed say: "We are interested in all meals: breakfast, lunch, dinner, or snack sandwiches."]

- 1 1 meal per week
2 2 meals per week
3 3 meals per week
4 4 meals per week
5 5 or more meals per week
6 Child does not eat any fast food meals in a typical week
- 7 Don't know/Not sure
9 Refused

K16Q02. On a TYPICAL DAY, how many times does (he/she) drink sweetened beverages such as soda pop, sweet tea, fruit punch, Kool-aid, sports drinks or fruit drinks? Do not count 100% fruit juices. Would you say 1 time, 2 times, 3 or more times, or none?

[NOTE, Typical day: "On average, or think about a week and what the average would be."]

- 1 1 time
- 2 2 times
- 3 3 or more times
- 4 None

- 7 Don't know/not sure
- 9 Refused

K16Q03. On a TYPICAL DAY, how many servings of 100% fruit juice does (CHILD) drink? Would you say: 1 serving, 2 servings, 3 or more servings, or none?

[NOTE: A serving of fruit juice is a little less than a cup or 6 oz.]

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None

- 7 Don't know/not sure
- 9 Refused

K16Q04. On a TYPICAL DAY, how many servings of fruit does (CHILD) eat? Would you say: 1 serving, 2 servings, 3 or more servings, or none?

[NOTE: A serving of fruit is 1/2 cup or a medium piece of fruit.]

[NOTE, Typical day: "On average, or think about a week and what the average would be."]

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None

- 7 Don't know/not sure
- 9 Refused

K16Q05. On a TYPICAL DAY, how many servings of vegetables does (he/she) eat, not including french fries? Would you say: 1 serving, 2 servings, 3 or more servings, or none?

[If necessary, say 'such as carrots, celery, or broccoli.']

[NOTE: A serving of vegetables is 1/2 cup of cooked or raw vegetable, or 1 cup of raw leafy salad greens.]

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None

- 7 Don't know/ Not sure
- 9 Refused

K16Q06. What type of milk does (CHILD) usually drink?

[Read 1-6 if necessary.]

- 1 Skim or non-fat
- 2 Lowfat (1/2 - 1%)
- 3 Reduced fat (2%; or Soymilk)
- 4 Whole (or goat's milk)
- 5 Flavored lowfat or skim
- 6 Flavored 2% or whole

- 88 Doesn't drink milk
- 77 Don't know/not sure
- 99 Refused

Section 17: Whole Grain Foods

[CATI: IF CHILD AGE < 1, GO TO NEXT SECTION]

These next questions are about whole grain foods.

K17Q01. In the past week, has (CHILD) eaten any whole grain foods, such as whole grain breakfast cereals, whole wheat bread, brown rice, soft corn or whole wheat tortillas?

[If necessary say: "Whole grain foods usually have words such as 'whole wheat' or 'whole oats' as the first ingredient."]

- 1 Yes
- 2 No **[GO TO NEXT SECTION]**

- 7 Don't know/Not sure **[GO TO NEXT SECTION]**
- 9 Refused **[GO TO NEXT SECTION]**

K17Q02. **QUESTION STEM:** In the past week, how many times did (CHILD) eat:

K17Q02a. Whole grain cereals like Cheerios, Wheaties, Life, Bran Flakes or Grape Nuts?

- Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

K17Q02b. Whole wheat breads or whole grain breads like 100% whole wheat or 12 grain bread?

- Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

K17Q02c. Brown rice?

- Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

K17Q02d. Soft corn or whole wheat tortillas?

- Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 18: Food Insecurity

[CATI: IF CHILD AGE > 5, GO TO K18Q02]

K18Q01. Is (CHILD) currently enrolled in the WIC program?

[NOTE: WIC stands for Women, Infants, and Children.]

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K18Q02. Is your household currently enrolled in the Food Stamp Program?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

[CATI: If K09Q05 ≠ 1, 2 (child not in Public or Private school) or K03Q05=15 (child not in school) GO TO K18Q04.]

K18Q03. During the past 12 months, did (CHILD) receive free or reduced-cost breakfasts or lunches at school?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

[CATI: IF CHILD AGE < 1, GO TO NEXT SECTION]

K18Q04. In the last 12 months, how often did you rely on only a few kinds of low-cost food to feed (CHILD) because there wasn't enough money to buy food? Would you say very often, often, sometimes, seldom, or never?

[NOTE: Low cost food means item such as macaroni and cheese, peanut butter, rice, beans, pasta, and sugar sweetened beverages, lacking variety with little or no meat, vegetables, or fruit.]

- 1 Very often
- 2 Often
- 3 Sometimes
- 4 Seldom
- 5 Never

- 7 Don't know/Not sure
- 9 Refused

K18Q05. In the last 12 months, did you ever cut the size of (his/her) meals because there wasn't enough money for food?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 19: Physical Activity

[CATI: IF CHILD AGE < 2, GO TO NEXT SECTION]

K19Q01. During the past week, on how many days did (CHILD) exercise, play a sport, or participate in physical activity for at least 60 minutes that made (him/her) sweat or breathe hard?

[NOTE: Include active sports such as baseball, softball, basketball, swimming, soccer, tennis, or football; riding a bike or rollerskating; walking or jogging; jumping rope; gymnastics; and active dance such as ballet.]

__ : Number of Days (1 to 7 days; 88=none)

- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

K19Q02. On a TYPICAL DAY, about how much time does (CHILD) usually spend watching TV, videos, or DVDs?

[NOTE: Typical day, "On average, or think about a week and what the average would be."]

__ . __ Hours (0.5 to 14.00)
(0.5 = 30 minutes or less)
(3.5 = 3 hours 30 minutes)
PLEASE ROUND UP TO NEXT HALF HOUR or HOUR
code in half hour increments only

- 88 DOES NOT SPEND ANY TIME WATCHING TV/VIDEOS OR DVDS
- 77 Don't know/Not sure
- 99 Refused

K19Q03. On a TYPICAL DAY, about how much time does (CHILD) usually spend playing video games, computer games or using the Internet?

[NOTE: Typical day, "On average, or think about a week and what the average would be."]

__._. Hours (0.5 to 24.00)
(0.5 = 30 minutes or less)
(3.5 = 3 hours 30 minutes)
PLEASE ROUND UP TO NEXT HALF HOUR or HOUR
code in half hour increments only

88 DOES NOT SPEND ANY TIME PLAYING VIDEO/COMPUTER GAMES OR USING INTERNET

77 Don't know/Not sure

99 Refused

K19Q04. How important do you believe it is for schools to provide routine physical activity opportunities, in addition to physical education, throughout the school day? Would you say: Very important, Somewhat important or Not at all important?

[NOTE: Physical education is a class taught by a physical education teacher, whereas, physical activity is bodily movement of any type.]

1 Very Important
2 Somewhat Important
3 Not At All Important

7 Don't know/Not sure
9 Refused

Section 20: Parent Opinion

K20Q01. To what extent do you believe overweight in children is a serious problem in your community? Would you say: very serious, serious, not very serious, or not a problem?

1 Very serious
2 Serious
3 Not very serious
4 Not a problem

7 Don't know/Not sure
9 Refused

K20Q02. Have you heard that there is now a Local Wellness Policy for all the schools in your county? A Local Wellness Policy supports healthy eating and physical activity at school.

[NOTE: A Local Wellness policy is a set of guidelines used by schools to address goals for nutrition education, physical activity, nutrition standards for foods and beverages sold on school campus during the school day, and other school-based activities that promote student wellness.]

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 21: Child Safety

These next questions are about child safety.

[CATI: IF CHILD AGE > 12 THEN GO TO K21Q02.]

K21Q01. In the past month, has (CHILD) been home alone for more than one hour without the supervision of an adult or a child 13 or older?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K21Q02. Has (CHILD) ever been injured so that (he/she) could not participate in (his/her) usual activities for one day or more? **If yes, ask:** Was this in the past month, in the past year, or more than a year ago?

- 1 Yes, in the past month
- 2 Yes, in the past year
- 3 Yes, more than a year ago
- 4 No, this has never happened

- 7 Don't know/Not sure
- 9 Refused

K21Q03. During the past 12 months, has (CHILD) had an injury that needed medical attention?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 22: Tobacco Indicators

[CATI: IF CHILD AGE < 9 THEN GO TO NEXT SECTION.]

K22Q01. How often have you discussed the dangers of tobacco use with (CHILD) in the last 12 months?

___ : Enter value. Ex. 112 = 12 days, 205 = five weeks.

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- 4__ Times per year

- 888 Never
- 777 Don't know / Not sure
- 999 Refused

Section 23: Parent Education

[CATI: IF CHILD AGE < 11 THEN GO TO NEXT SECTION]

K23Q01. There are many different teen health issues that parents might be interested in learning more about. I am going to ask you to rate from 1 to 5 your level of interest in learning more about specific teen health topics. A rating of 1 means you are not at all interested in learning more about this topic, and a rating of 5 means that you are extremely interested in learning more about this topic.

QUESTION STEM: Please rate from 1 to 5 your level of interest in learning more about:

K23Q01a. Helping teens maintain a healthy weight

- 1 Not at all interested
- 2 Somewhat interested
- 3 Interested
- 4 Very interested
- 5 Extremely interested

- 7 Don't know/Not Sure
- 9 Refused

K23Q01b. Teens and driving safety

- 1 Not at all interested
- 2 Somewhat interested
- 3 Interested
- 4 Very interested
- 5 Extremely interested

- 7 Don't know/Not Sure
- 9 Refused

K23Q01c. Talking with teens about their health

- 1 Not at all interested
- 2 Somewhat interested
- 3 Interested
- 4 Very interested
- 5 Extremely interested

- 7 Don't know/Not Sure
- 9 Refused

K23Q01d. Teens and tobacco

- 1 Not at all interested
- 2 Somewhat interested
- 3 Interested
- 4 Very interested
- 5 Extremely interested

- 7 Don't know/Not Sure
- 9 Refused

K23Q01e. Sexually transmitted diseases

- 1 Not at all interested
- 2 Somewhat interested
- 3 Interested
- 4 Very interested
- 5 Extremely interested

- 7 Don't know/Not Sure
- 9 Refused

K23Q01f. Preventing teen pregnancy

- 1 Not at all interested
- 2 Somewhat interested
- 3 Interested
- 4 Very interested
- 5 Extremely interested

- 7 Don't know/Not Sure
- 9 Refused

K23Q01g. Are there any other teen health issues that you might be interested in learning more about?

- 1 Yes (Specify:K23Q01ot)
- 8 None
- 7 Don't know/Not Sure
- 9 Refused

[CATI: If K23Q01a =1 AND K23Q01b =1 AND K23Q01c =1 AND K23Q01d =1 AND K23Q01e =1 AND K23Q01f =1 THEN GO TO NEXT SECTION.]

K23Q02. How would you prefer to learn more about any of these topics?

[NOTE: Please read 1-9. Mark all that apply.]

- 1 From other parents
- 2 Child's school
- 3 Child's doctor or health provider
- 4 TV
- 5 The internet
- 6 A DVD
- 7 A book or magazine
- 8 A telephone helpline or call-in parenting line
- 9 Other (specify: K23Q02ot)

- 77 Don't know/ not sure
- 99 Refused

Section 24: Sexual Behavior

[CATI: If CHILD AGE < 11 then GO TO NEXT SECTION]

K24Q01. Have you or other members of your family ever talked with your child about what you expect them to do or not do when it comes to sex?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K24Q02. Do you believe (CHILD) has ever had sexual intercourse?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K24Q03. Do you feel that your child is well informed about HIV and STDs?

[NOTE: HIV = the virus that causes AIDS; STDs = sexually transmitted diseases]

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K24Q04. Do you feel well prepared to talk with (CHILD) about reducing (his/her) chances of getting HIV and STDs?

[NOTE: HIV = the virus that causes AIDS; STDs = sexually transmitted diseases]

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K24Q05. Have you discussed with (CHILD) about reducing (his/her) chances of getting HIV and STDs?

[NOTE: HIV = the virus that causes AIDS; STDs = sexually transmitted diseases]

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Section 25: Child Discipline

These last few questions are about child discipline, and I want to remind you that your answers are kept confidential.

All adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this approach with (CHILD) in the past month.

K25Q01. Shouted, yelled at or screamed at (him/her)?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

K25Q02. Insulted or called (CHILD) dumb, lazy, or another name like that?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

[CATI: If CHILD AGE > 12 then GO TO K25Q04.]

K25Q03. Spanked (him/her) on the bottom with a bare hand?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K25Q04. Hit (him/her) on the bottom or legs with something like a belt, hairbrush, or other hard object?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K25Q05. Hit or slapped (him/her) on the hand, arm or leg?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K25Q06. Slapped (him/her) on the face, head or ears?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K25Q07. Rewarded (him/her) for good behavior such as giving (him/her) a special privilege, a favorite food or taking (him/her) to a favorite place.

1 Yes

2 No

7 Don't know/Not sure

9 Refused

[CATI: If Height/Weight K05Q01a = 7777 or K05Q01b = 1, 2, 6, 7 or K05Q02a = 7777 or K05Q02b = 1,2,6,7 then GO TO Height/Weight Follow-up; else GO TO Closing Statement]

Section 26: Height/Weight Follow-up

Finally, we have a couple of follow-up questions on your child's height and weight. For research purposes, we need to gather information that is as up-to-date and accurate as possible.

K26Q01. During the next few days, could you [CATI FILL: "weigh" if K05Q01a = 7777 or K05Q01b = 1, 2, 6, 7, 9; OR FILL: "measure" if K05Q02a = 7777 or K05Q02b = 1,2,6,7,9; OR FILL: "weigh and measure" if K05Q01a =7777 or K05Q01b = 1, 2, 6, 7, 9 AND K05Q02a = 7777 or K05Q02b = 1,2,6,7,9] (CHILD) and tell us the results? You could call us or we could call you.
INTERVIEWER: If parent agrees...

When asking for **weight READ:** "Please weigh (him/her) with (his/her) shoes off."
When asking for **height READ:** "Please measure height with (his/her) shoes off and against a wall with (his/her) back to the wall."

- 1 Yes, respondent will call Survey Lab [GO TO K26Q02a]
- 2 Yes, Survey Lab to call the respondent [schedule a callback]
- 3 No, not willing to weigh/measure [GO TO NEXT SECTION]
- 4 No way to weigh/measure child [GO TO NEXT SECTION]
- 7 Don't know/not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

K26Q02a. Please call our toll-free number, (888) 772-6711, in the next few days and provide the person who answers the phone with your phone number and (CHILD)'s [CATI FILL: "weight" if K05Q01a = 7777 or K05Q01b = 1, 2, 6, 7, 9; OR FILL: "height" if K05Q02a = 7777 or K05Q02b = 1,2,6,7,9; OR FILL: "weight and height" if K05Q01a = 7777 or K05Q01b = 1, 2, 6, 7, 9 AND K05Q02a = 7777 or K05Q02b = 1,2,6,7,9]. If no one answers, please leave this information on the voice mail. Thanks for your cooperation.

[NOTE: Click Continue then Schedule callback for 5 days from now.]

- 1 Continue

Height/Weight Call-back Script

K26Q03a. Hello. This is **(interviewer name)** calling from the NC Department of Health and Human Services. Recently you completed our study on children's health in North Carolina and I'm calling back to see if you've had a chance to **[CATI FILL: "weigh" if K05Q01a = 7777 or K05Q01b = 1, 2, 6, 7, 9; "measure" if K05Q02a = 7777 or K05Q02b = 1,2,6,7,9; "weigh and measure" if K05Q01a =7777 or K05Q01b = 1, 2, 6, 7, 9 AND K05Q02a = 7777 or K05Q02b = 1,2,6,7,9]** (CHILD)?

- 1 Parent has child's weight only **[Go to K26Q04; schedule a callback for height]**
- 2 Parent has child's height only **[Go to K26Q05; schedule a callback for weight]**
- 3 Parent has child's weight and height
- 4 Has neither **[schedule a callback]**

K26Q04a. How much does (CHILD) weigh now?

[NOTE: If respondent's answer is metric place a '9' in the first position, see example below. Round fractions up.]

__ __ Enter weight in whole pounds or kilograms
(Ex. 99 lbs = 0099, 45 kg = 9045)

[CATI: If weight < 3rd percentile for age/sex or > 97th percentile for age/sex then show: "Interviewer you indicated the child weighs **[CATI FILL: K26Q04]**. IS THIS CORRECT?" **Yes, correct as is -GO TO K26Q05; No, reask question – GO TO K26Q04.]**

K26Q05. How tall is (CHILD)?

[INTERVIEWER NOTE: If respondent's answer is metric place a '9' in the first position, see example below. Round fractions down.]

__ __ __ Enter height in feet and inches (Ex. 5 feet 9 inches = 509)
or meters and centimeters (Ex. 1 meter 75 centimeters = 9175)

[CATI: If height < 3rd percentile for age/sex or > 97th percentile for age/sex show: "Interviewer you indicated that (CHILD) was **[CATI FILL: K26Q05]** tall. IS THIS CORRECT?" **Yes, correct as is -CONTINUE; No, reask question – GO TO K26Q05.]**

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health and health practices of North Carolina children. Thank you very much for your time and cooperation!