

North Carolina Child Health Assessment and Monitoring Program NC CHAMP 2016-2017 Survey

BRFSS CDC Optional Module 22: Random Child Assignment	2
BRFSS NC Module 1: CHAMP Follow-up	5
CHAMP Introductory Script	8
Section 1: Respondent Relationship to Child.....	9
Section 2: General Health	10
Section 3: General Information.....	10
Section 4: Birth Characteristics	12
Section 5: Weight/Height.....	13
Section 6: Breastfeeding	15
Section 7: Health Care Access and Utilization.....	15
Section 8: Immunizations	18
Section 9: Demographics	21
Section 10: School Performance	22
Section 11: Asthma	22
Section 12: Oral Health	24
Section 13: Children with Special Health Care Needs	24
Section 14: Nutrition.....	28
Section 15: Physical Activity.....	30
Section 16: Parent Perception of Child Weight.....	32
Section 17: Food Insecurity	32
Section 18: Family Involvement.....	33
Section 19: Child Safety	34
Section 20: Tobacco Indicator	34
Section 21: Sexual Behavior	35
Section 22: Child Discipline.....	35
Section 23: Gun Safety	37
Closing Statement.....	37
Section 24: Height/Weight Follow-up.....	38
Height/Weight Call-back Script.....	38

BRFSS CDC Optional Module 22: Random Child Assignment

CATI NOTE: If Core Q7.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.16 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

If Core Q7.16 is >1 and Core Q7.16 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.

1. What is the birth month and year of the “Xth” child?

$\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$	Code month and year
9 9 / 9 9 9 9	Don't know / Not sure
	Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

INTERVIEWER NOTE: One or more categories may be selected

1	Mexican, Mexican American, Chicano/a
2	Puerto Rican
3	Cuban
4	Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

4. Which one or more of the following would you say is the race of the child?

(Select all that apply)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

5. Which one of these groups would you say best represents the child's race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

6. How are you related to the child?

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

BRFSS NC Module 1: CHAMP Follow-up

CATI: if (C07Q16=88 or C07Q16=99) go to next NC module (No children in household)

CATI: if (QSTPATH=10) go to NC01Q01 (landline)

CATI: if (QSTPATH=20) and (M22Q06=1) go to NC01Q01 (cell phone parent)

CATI: if (QSTPATH=20) go to NC01Q01a (other cell phone respondent)

Please read

"We are conducting a study to learn more about the health of children in North Carolina. The information we collect will help us improve child health services in our state. We would like to call you back within the next two weeks to ask some additional questions about this child." **If needed** say, "the one we've just been talking about."

1a. Are you well-informed about the child's health and able to answer questions about the health and health practices of this child?

- 1 Yes
- 2 No (or don't know) **[Go to NC01Q07]**

1. All of the information we collect will be kept confidential. Would this be OK with you?

- 1 Yes **[If QSTPATH=10, go to NC01Q02
If QSTPATH=20 go to NC01Q03a]**
- 2 No **[go to next NC Module]**

2. Are YOU the person in the household who knows the most about the health and health practices of this child?

- 1 Yes
- 2 No (or don't know) **[Go to NC01Q03b]**

3a. **If M17Q06=1, ask:** Are you this child's biological, step, adoptive or foster parent?

- 1 Biological Parent
- 2 Step Parent
- 3 Adoptive Parent
- 4 Foster Parent

- 7 Don't know
- 9 Refused

CATI: If QSTPATH=20 or NC01Q02=1 go to NC01Q04

CATI note2: numeric answer for NC01Q03b needs to be UDF field "vNC01Q03b" for CHAMP

3b. Who would that person be in your household (the person who knows most about the health of the child)?

INTERVIEWER: IF respondent says “Mother” or “Father” PROBE: ‘Would this be his/her biological (real) mother/father?’

- 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

4. Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child or his/her initials.

_____ Child's name

If Parent refuses name, just ask for a **nick name or initials**.

CATI Note: Create NC01Q05 as UDF for export to CHAMP

5. **If landline, ask:** When would be the best time to call your household?

If cell phone, ask: When would be the best time to call you back?

Would you say -

- 1 Daytime
- 2 Evenings
- 3 Weekends

Do not read

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

CATI: IF NC01Q02 = 1 (BRFSS respondent also CHAMP respondent) or NC01Q03b > 14 then show:

6. **INT_Script1:** “In our follow-up survey, we will be asking about the CHILD’S HEIGHT AND WEIGHT. In the next few days, please be sure to measure the child’s height with the child’s shoes off and with

{his/her} back to the wall and weigh {him/her} on a scale with {his/her} shoes off. Thank you for your willingness to participate. The rest of this survey should only take a few more minutes.”

ELSE IF NC01Q03b ≤14 then show:

INT_Script2: “Please be sure to tell (CHILD)’s **[CATI fill NC01Q3b [see CHAMP vRelate code]:_____]** that we will be calling in the next two weeks. Also, please be sure that (CHILD)’s height is measured with {his/her} shoes off and back against the wall and weighed on a scale with {his/her} shoes off. We will be asking for (CHILD)’s height and weight in our follow-up survey. The rest of this survey should only take a few more minutes.

7. Thank you very much, but we are only interested in speaking with the person who knows most about the health of the child. The rest of this survey should only take a few more minutes.

CHAMP Introductory Script

IntroQst	<p>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)?</p> <p>1 Correct Number - CATI GO TO IntroAd 2 Number is not the same – CATI GO TO WrongNum</p>
WrongNum	<p>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.</p> <p>Interviewer: Press '1' to continue.</p>
IntroAd	<p>CATI, IF LANDLINE: 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 (parent/guardian identified in BRFSS) of (CHILD).</p> <p>Are you (CHILD)'s (parent/guardian identified in BRFSS)?</p> <p>1 Yes - CATI GO TO Intro2 2 No - CATI GO TO GetAdult</p> <p>CATI, IF CELL PHONE: Are you (CHILD)'s (parent/guardian identified in BRFSS)?</p> <p>[NOTE: If yes, ask: Is this a safe time to talk with you now or are you driving? If driving then press F3 and schedule call back]</p> <p>1 Yes, safe time to talk – CATI GO TO Intro2 2 No - CATI GO TO GetAdult</p>
GetAdult	<p>Is (CHILD)'s (parent/guardian identified in BRFSS) available to speak with me?</p> <p>1 Yes, SR adult is coming to the phone - CATI GO TO Intro1 2 No, SR adult not available now, schedule callback 3 No, SR adult will not do survey, adult on phone will do survey - CATI GO TO Intro2</p>
Intro1	<p>HELLO, I am (interviewer name) calling for the North Carolina Department of Health & 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</p>

this survey, I will provide a telephone number for you to call to get more information. This interview will take about 20 minutes.

1 Person interested, continue - **CATI GO TO K01Q01**

Intro2. 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 20 minutes.

1 Person interested, continue - **CATI GO TO K01Q01**

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 K03Q03a]**
- 77 Don't know/not sure **[GO TO K03Q03a]**
- 99 Refused **[GO TO K03Q03a]**

[CATI: IF K03Q01 = 0 THEN GO TO K03Q03a.]

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

[CATI: If vNC01Q01 >= 77777 SKP TO K03Q03]

K03Q03a. Earlier someone said that (CHILD) was **[CATI FILL: CHILD AGE]** years old. Is this correct?

- 1 Yes **[GO TO K03Q04]**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

K03Q03. 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 NEXT SECTION.]

K03Q04. 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 Pre-School
- 15 Not old enough for School
- 16 Older child no longer in school

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

[If K03Q03 = 77,99 then CHILD AGE is coded by grade]

[CATI: If K03Q03 = 77, 99 & ANS = 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]

K04Q02a. How many days, weeks or months was (he/she) born early?

___ Enter value

- 777 Don't know/Not sure
- 999 Refused

K04Q02b. [MARK PERIOD]

- 1 DAYS
- 2 WEEKS
- 3 MONTHS

[CATI NOTE: Ask for verification if value is more than 4 months premature.]

[IF (K04Q02a GT 4 AND K04Q02b EQ 3) OR IF (K04Q02a GT 16 AND K04Q02b EQ 2) OR IF (K04Q02a GT 100 AND K04Q02b EQ 1) THEN GO TO K04Q02bv. ELSE SKIP TO K04Q03.]

K04Q02bv. Interviewer you indicated that (CHILD) was born [CATI FILL: K04Q02a K04Q02b] early. IS THIS CORRECT?

Yes, correct as is –Press 1 to CONTINUE (**GO TO K04Q03**)
No, PRESS F7 and enter correct value.

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, re-ask 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, re-ask 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. 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 or 5) then GO TO K06Q01; else GO TO NEXT SECTION]

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

K06Q01. Was (CHILD) ever breastfed or fed breastmilk?

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

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

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

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

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 **[GO TO K07Q03]**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

K07Q02. During the past 12 months was there any time when (he/she) was covered by ANY health insurance?

- 1 Yes
- 2 No **[GO TO K07Q06]**
- 7 Don't know/Not sure **[GO TO K07Q06]**
- 9 Refused **[GO TO K07Q06]**

K07Q03. 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.

[CATI: IF K07Q02 EQ 1 THEN ASK: "What was (her/his) primary health insurance plan at that time? This was the plan which paid the medical bills first or paid 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 Health Choice **[CATI: IF AGE<6 THEN SHOW "Only available for 6-17 yrs. Ask: 'Is (his/her) primary health insurance plan Medicaid?"]**
- 5 Medicaid
- 6 Carolina ACCESS
- 7 Health Check
- 8 South Care
- 9 The military, CHAMPUS or TRI CARE
- 10 The Indian Health Service
- 11 Other
- 77 Don't know/Not sure
- 99 Refused

[CATI: IF K07Q03 ≠ 2 (BC/BS) THEN GO TO K07Q05]

K07Q04. 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 product (preferred provider organization)
- 3 Blue Advantage – purchased directly for self or family
- 4 Federal Employee Health Plan – PPO plan through federal employment
- 5 The State Employee Health Plan
- 6 Other Blue Cross coverage

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

[CATI: IF K07Q02 = 1 THEN GO TO K07Q06]

K07Q05. During the past 12 months was there any time when (s/he) was not covered by ANY health insurance?

- 1 Yes
- 2 No

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

K07Q06. What kind of place does (s/he) go to most often for health 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

K07Q07. 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

K07Q08. 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

K07Q09. Was there a time in the past 12 months when (CHILD) needed to see a doctor but could not because of cost?

- 1 Yes
- 2 No

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

K07Q10. Thinking about (CHILD)'s health needs and all the services that (s/he) 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

Section 8: Immunizations

[CATI: If AGEYRS < 10 THEN GO TO K08Q04.]

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. How many shots of HPV vaccine has (CHILD) gotten?

- 1 1 shot **[GO TO K08Q03]**
- 2 2 shots **[GO TO K08Q03]**
- 3 3 shots **[GO TO K08Q03]**
- 4 At least 1 shot, but not sure how many **[GO TO K08Q03]**
- 5 0 shots, child has NOT gotten HPV vaccine **[GO TO K08Q02]**
- 6 Never heard of HPV vaccine **[GO TO K08Q03]**

- 8 Don't know/Not sure **[GO TO K08Q03]**
- 9 Refused **[GO TO K08Q03]**

K08Q02. 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 1-18 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/ not old enough
- 12 Child is afraid of getting shots
- 13 Child is not sexually active
- 14 Child was sick
- 15 Plan to/ have appointment to get shot
- 16 Didn't know it was for boys
- 17 Other (Specify: K08Q03ot)
- 18 Never heard of vaccine

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

K08Q03. Meningitis is an infection around the brain. Vaccines are now available that protect against some types of meningitis. They are sometimes called the meningitis shot, meningococcal shot, Menactra, or Menveo. 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

- 2 No
- 3 Never heard of vaccine
- 7 Don't know/Not sure
- 9 Refused

K08Q04. During the past 12 months, has (CHILD) had a flu shot or a flu vaccine that was sprayed into (his/her) nose?

[NOTE: A flu shot is an influenza vaccine injected into the arm.]

- 1 Yes
- 2 No
- 3 Too young (under 6 months)
- 7 Don't know/Not Sure
- 9 Refused

K08Q05. 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]**

K08Q06. 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)/seasonal or H1N1
- 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. 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

K09Q02. What is your age?

_____ Enter value (in years)

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

[CATI: IF K03Q04 = 15 or 16 (child not in school), GO TO NEXT SECTION]
[CATI: IF AGEYRS < 3 THEN GO TO NEXT SECTION]

K09Q03. 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

- 7 Don't know/Not sure

Section 10: School Performance

[CATI: If K09Q03 > 2 (child in Public or Private school) then GO TO NEXT SECTION]

K10Q01. **QUESTION STEM:** During the past 12 months, about how many days did (CHILD) miss school:

K10Q01a. Because of an illness?

--- :Number of days

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

K10Q01b. Because of an injury?

--- :Number of days

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

K10Q01c. 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

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
7 Don't know/Not sure

9 Refused

[CATI: IF K11Q01 ≠ 1 (CHILD DOES NOT HAVE ASTHMA), 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 Vanceril 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

K11Q6. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you or (CHILD) an asthma action plan?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

Section 12: Oral Health

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

K12Q01. 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.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure

- 8 Never
- 9 Refused

K12Q02. Does (CHILD) have dental insurance that helps pay for any routine dental care including cleanings, x-rays and examinations? These insurance plans may include prepaid plans such as HMOs or government plans such as Medicaid or NC Health Choice.

- 1 Yes
- 2 No

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

Section 13: Children with Special Health Care Needs

These next questions are about any kind of health problems, concerns, or conditions that may affect (CHILD'S) behavior, learning, growth, or physical development.

K13Q01. 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 K13Q04]**

- 7 Don't know/Not sure **[GO TO K13Q04]**
- 9 Refused **[GO TO K13Q04]**

K13Q02. 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

K13Q03. 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

K13Q04. 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 K13Q07]**

- 7 Don't know/Not sure **[GO TO K13Q07]**
- 9 Refused **[GO TO K13Q07]**

K13Q05. 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

K13Q06. 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

K13Q07. 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 K13Q10]**
- 7 Don't know/Not sure **[GO TO K13Q10]**
- 9 Refused **[GO TO K13Q10]**

K13Q08. 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

K13Q09. 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

K13Q10. 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 K13Q13]**
- 7 Don't know/Not sure **[GO TO K13Q13]**
- 9 Refused **[GO TO K13Q13]**

K13Q11. 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

K13Q12. 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

K13Q13. 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 K13Q15]**

- 7 Don't know/Not sure **[GO TO K13Q15]**
- 9 Refused **[GO TO K13Q15]**

K13Q14. 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 K13Q01=2 AND K13Q04=2 AND K13Q07=2 AND K13Q10=2 AND K13Q13=2 THEN GO TO NEXT SECTION.]

K13Q15. What condition does (CHILD) have?

[NOTE: Read 1-18 only if necessary. Mark all that apply.]

- 1 Acid Reflux
- 2 ADHD/ADD (Attention Deficit Hyperactivity Disorder)
- 3 Allergies or hay fever
- 4 Anxiety problems
- 5 Asthma
- 6 Autism or Asperger's Disorder

- 7 Behavior or conduct problems (e.g. conduct disorder, ODD)
- 8 Bone, joint or muscle problems
- 9 Depression
- 10 Developmental delay that affects ability to learn
- 11 Diabetes
- 12 Heart condition
- 13 Hearing Problems
- 14 Learning Disability
- 15 Respiratory problems
- 16 Skin condition (e.g., acne, eczema, rashes)
- 17 Speech problems (including stuttering, stammering)
- 18 Other (specify: K13Q15ot)

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

K13Q16. Would you describe (his/her) condition as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

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

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

K13Q17. 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 14: Nutrition

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

The next questions are about (CHILD)'s eating habits.

K14Q01. On a TYPICAL DAY, how many servings of fruit does (CHILD) eat?
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

K14Q02. On a TYPICAL DAY, how many servings of 100% fruit juice does (CHILD) drink? 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.]

[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

K14Q03. On a TYPICAL DAY, how many servings of vegetables does (CHILD) eat, not including french fries? 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

K14Q04. On a TYPICAL DAY, how many times does (CHILD) drink sweetened beverages such as soda pop, sweet tea, fruit punch, Kool-aid, sports drinks or fruit drinks? (Do not count 100% fruit juices.)

[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

Section 15: Physical Activity

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

K15Q01. On a typical day, how much total time does your child spend in physically active play?

- 1 None
- 2 Less than 20 min
- 3 20 minutes to 1 hour
- 4 1 hour to 2 hours
- 5 2 hours to 3 hours
- 6 3 hours or more

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

K15Q02. 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 roller skating; 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

K15Q03a. On an average weekday, about how much time does (CHILD) usually spend in front of a TV watching TV programs, videos, DVDs, or playing video games?

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

- ___ Enter value
- 888 DOES NOT SPEND ANY TIME WATCHING TV/VIDEOS OR DVDS
- 777 Don't know/Not sure
- 999 Refused

[CATI: IF K15Q03a = 777, 999 THEN GO TO K15Q04a; IF K15Q03a = 888 THEN GO TO K15Q03bv.]

K15Q03b. MARK PERIOD

- 1 MINUTES
- 2 HOURS

K15Q03bv. Interviewer you indicated that (CHILD) watches TV, videos or DVD's **[CATI INSERT K15Q03a K15Q03b]** a day **[CATI: IF K15Q03a = 888, show “does NOT watch ANY tv, videos, or DVD’s”]**. Is this correct?

- 1 Yes correct as is.
- 2 No, (will skip to K15Q03a to re-ask)

[CATI IF (K15Q03a > 12) AND (K15Q03b = 2) THEN GO TO K15Q03bb. ELSE GO TO K15Q04a.]

K15Q03bb. Interviewer you indicated that (CHILD) watched TV, videos or DVD's **[CATI INSERT K15Q03a K15Q03b]** a day. This is NOT an allowed value.

- 1 Skip to K15Q03a to re-ask.

K15Q04a. On an average weekday, about how much time does (CHILD) usually spend with computers, cell phones, handheld video games, and other electronic devices?

[NOTE: Average weekday, “On average, or think about a week and what the average would be.”]

___ Enter value

- 888 DOES NOT SPEND ANY TIME USING ELECTRONIC DEVICES
- 777 Don't know/Not sure
- 999 Refused

[CATI: IF K15Q04a = 777, 999 THEN GO TO K15Q05; IF K15Q04a = 888 THEN GO TO K15Q04bv.]

K15Q04b. MARK PERIOD

- 1 MINUTES
- 2 HOURS

K15Q04bv. Interviewer you indicated that (CHILD) spends **[CATI INSERT K15Q04a K15Q04b]** a day **[CATI: IF K15Q04a = 888, show “does NOT spend ANY time using electronic devices.”]** using computers, cell phones, handheld video games, and other electronic devices. Is this correct?

- 1 Yes correct as is.
- 2 No, (will skip to K15Q04a to re-ask)

[CATI IF (K15Q04a > 12) AND (K15Q04b = 2) THEN GO TO K15Q04bb. ELSE GO TO K156Q05.]

K15Q04bb. Interviewer you indicated that (CHILD) plays video games, computer games or uses the Internet **[CATI INSERT K15Q04a K15Q04b]** a day. This is NOT an allowed value.

- 1 Skip to K15Q04a to re-ask.

Section 16: Parent Perception of Child Weight

K16Q01. 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

Section 17: Food Insecurity

[CATI: IF CHILD AGE > 5, GO TO K17Q02]

K17Q01. 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

K17Q02. Is your household currently enrolled in the Supplemental Nutrition Assistance Program, otherwise known as SNAP or the Food Stamp Program?

- 1 Yes
- 2 No

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

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

[CATI: If K09Q03 ≠ 1, 2 (child not in Public or Private school) or K03Q04=15, 16 (child not in school) GO TO K17Q04.]

K17Q03. 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

K17Q04. 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

Section 18: Family Involvement

K18Q01. How many times does your household eat dinner together in a typical week?

- Number of times

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

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

K18Q02. 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 19: Child Safety

These next questions are about child safety.

K19Q01. In the past month, was (CHILD) injured so that he/she could not participate in his/her usual activities for at least one day?

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

K19Q02. Do you currently have any prescription medications in your household?

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

K19Q03. Do you keep all of these prescription medications in a locked place? By locked we mean you need a key or combination to open the place where medications are stored

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

Section 20: Tobacco Indicator

K20Q01. Which of these best describes the rules about smoking inside the home where (CHILD) lives: smoking is NEVER allowed, smoking is SOMETIMES allowed or allowed in some places, or smoking is ALWAYS allowed inside where (s/he) lives?

[NOTE: 'home' refers to the place or places where the child lives including a house, apartment, condo, trailer or other place of residence.]

- 1 Never allowed inside the home where the child lives
- 2 Sometimes allowed or allowed in some places where the child lives
- 3 Always allowed inside the home where the child lives

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

Section 21: Sexual Behavior

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

K21Q01. Have you or other members of your family ever talked with (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

K21Q02. Have you or other members of your family discussed with (CHILD) about reducing (his/her) chance of getting HIV or other 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 22: Child Discipline

[CATI: If CHILD AGE < 3 then GO TO NEXT SECTION.]

The next 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.

K22Q01. Shouted, yelled at or screamed at (him/her)?

- 1 Yes
- 2 No

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

K22Q02. 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 K22Q04.]

K22Q03. Spanked (him/her) on the bottom with a bare hand?

- 1 Yes
- 2 No

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

K22Q04. 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

K22Q05. Hit or slapped (him/her) on the hand, arm or leg?

- 1 Yes
- 2 No

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

K22Q06. Slapped (him/her) on the face, head or ears?

- 1 Yes
- 2 No

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

K22Q07. 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

Section 23: Gun Safety

These last few questions are about firearms. We are asking these in a health survey because of our interest in firearm related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

K23Q01. Do you have any guns in or around your home?

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

K23Q02. Is/are the gun/s in or around your home ever kept loaded?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

K23Q03. Is/are the gun/s in or around your home ever kept unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

K23Q04. Is/are the gun/s in or around your home ever kept both unlocked and loaded?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

[CATI: If K05Q01a=7777 or K05Q01b=1,2,6,7,9 OR K05Q02a=7777 OR K05Q2b=1,2,6,7,9 GO TO SECTION 24: Height/Weight Follow-Up]

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. If you are interested in survey results,

just Google 'North Carolina CHAMP' which will direct you to our web site. Thank you very much for your time and cooperation!

[Interviewer note: If respondent asks for web site address, say "www.schs.state.nc.us/SCHS/champ"] [NOTE: SCHS = State Center for Health Statistics]

Section 24: 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.

K24Q01. During the next few days, could you (weigh/measure) (CHILD) and tell us the results? You could call us or we could call you.

- 1 Yes, respondent will call Survey Lab **[GO TO K24Q02a]**
- 2 Yes, Survey Lab to call the respondent **[schedule callback]**
- 3 No, not willing to weigh/measure
- 4 No way to weigh/measure child

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

K24Q02a. 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 (height/weight). If no one answers, please leave this information on our voice mail. Thanks for your cooperation.

CATI: GO TO CLOSING STATEMENT.

Height/Weight Call-back Script

K24Q03. 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 K04Q01a = 7777 or K04Q01b = 1, 2, 6, 7, 9; "measure" if K04Q02a = 7777 or K04Q02b = 1,2,6,7,9; "weigh and measure" if K04Q01a =7777 or K04Q01b = 1, 2, 6, 7, 9 AND K04Q02a = 7777 or K04Q02b = 1,2,6,7,9]** (CHILD)?

- 1 Parent has child's weight only **[Go to K24Q01; schedule callback for height]**
- 2 Parent has child's height only **[Go to K24Q01; schedule a callback for weight]**
- 3 Parent has child's weight and height
- 4 Has neither **[schedule a callback]**

K24Q04. 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: K24Q04]. IS THIS CORRECT?" **Yes, correct as is -GO TO K24Q05; No, re-ask question - GO TO K24Q04.]**

K24Q05. 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: K24Q05] tall. IS THIS CORRECT?" **Yes, correct as is -CONTINUE; No, re-ask question - GO TO K24Q05.]**