

# 2006 North Carolina CHAMP

## Child Health Assessment and Monitoring Program Survey

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## BRFSS Random Child Selection

If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), ⇒ Go next section.

If Core Q11.6 = 1; INTERVIEWER: “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 Q11.6 is > 1 and Core Q11.6 does not equal 88 or 99; INTERVIEWER: “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 [second/third/fourth, etc.] child.”

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.**

**INTERVIEWER:** “I have some additional questions about one specific child. The child I will be referring to is the [Fill: random number with format, e.g., 1<sup>st</sup> child]. All of the following questions about children will be about this child.”

**Note:** If there are two children with the same birth date, randomly select one (first born, second born).

1. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

2. In what month and year was [FILL: he/she] born?

- \_\_/\_\_\_\_ Month / Year
- 77/7777 Don't know/Not sure (Probe by repeating the question)
- 99/9999 Refused

## BRFSS CHAMP Follow-up

### 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 in a few days to ask some additional questions about this child.” **If needed** say, “The child selected for this interview.”

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

- 1 Yes
- 2 No ⇒ **Go to next NC Module**

2. Who in the household knows most about the about the health and health practices of this child?

**INTERVIEWER:** If respondent says “me,” then ask, “and what is your relationship to this child?”

### Check one

- 01 Mother
- 02 Father
- 03 Grandmother
- 04 Grandfather
- 05 Uncle
- 06 Aunt
- 07 Other (please record) \_\_\_\_\_ (export field)
- 77 Don't know/Not sure
- 99 Refused

3. 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.

- \_\_\_\_\_ Ch\_name (export field-30 bytes)
- 9 Refused – **INTERVEIWER:** If parent **refuses**, encourage use initials or nickname

**INTERVIEWER:** “In our follow-up survey, we will be asking about the **child’s height and weight**. It would be helpful to have him/her weighed and measured before we call you back. Thank you very much for your cooperation.”

# 2006 CHAMP Questionnaire

## Interviewer's Script

**CATI: Fill (CHILD) with child's first name from NC04Q03 – BRFSS adult survey.** (This will become a user-defined field in CHAMP)

HELLO, my name is \_\_\_\_\_ 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)?

-If **"No,"** Thank you very much, but I seem to have dialed the wrong number. **STOP**

-If **"Yes,"** Within the last two weeks, 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 "Mother", 02 "Father", 03 "Grandmother", 04 "Grandfather", 05 "Uncle", 06 "Aunt", or 07 "other person as recorded"} from NC04Q02 - BRFSS adult survey) of (CHILD).

Are you (CHILD)'s (FILL: parent/guardian)?

-If **"Yes,"** Go to Introduction I.

-If **"No,"** Is (CHILD)'s (FILL: parent/guardian) available to speak with me?

-If the selected respondent is available for the interview, **Go to Introduction II**

-If respondent is NOT available for the interview, schedule appointment.

## Introduction I

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.

## Introduction II

HELLO, I am (interviewer name) calling for the North Carolina Department of Health and Human Services. We are gathering information on the health and health practices of children in our state. Within the last two weeks 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.

## Section 1: General Health

1. Would you say that in general (CHILD)'s health is:

**Please read**

- 1 Excellent
  - 2 Very Good
  - 3 Good
  - 4 Fair
- or**
- 5 Poor
  - 7 Don't know/Not sure
  - 9 Refused

## Section 2: Parent/child Relationship

**Ask Q1 if respondent is (CHILD)'s mother or father. Otherwise go to Q2.**

1. Are you (CHILD)'s?

**If mother read**

- 1 Biological mother,
- 2 Step mother or,
- 3 Adoptive mother,

**Or - if father read**

- 4 Biological father,
  - 5 Step father or,
  - 6 Adoptive father
- 
- 7 Don't know/Not sure
  - 9 Refused

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

**INTERVIEWER:** 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

3p. Earlier someone said that (CHILD) was (CATI fill-in) years old. Is this correct?

- 1 Yes (Go to Section 3, Q1)
- 2 No (Go to Q3)
- 7 Don't know/Not sure (Go to Q3)
- 9 Refused (Go to Q3)

3. How old is (CHILD)? **INTERVIEWER:** 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?"

- \_\_ (0-17; code '0' if under 1 year)
- 77 Don't know/Not sure
- 99 Refused

### Section 3: Birth Characteristics

**Ask children ages 0-17 unless otherwise specified.**

1. Was (CHILD) born before {his/her} due date?

- 1 Yes
- 2 No **Go to Q3**
- 7 Don't know/Not sure **Go to Q3**
- 9 Refused **Go to Q3**

2. How many weeks or months was {he/she} born early?

- \_\_ (1-16 weeks)
- 77 Don't know/Not sure
- 99 Refused

3. How much did {he/she} weigh at birth?

- Weight (pounds and ounces) (ex. 7 pounds 6 ounces = 000706)  
OR (kilograms) (ex. 4.312 kilograms = 904312)
- 777777 Don't Know/Not sure
- 999999 Refused

## Section 4: Weight/Height

Ask children ages 0-17 unless otherwise specified.

1. How much does (CHILD) now weigh?

**Interviewer:** If respondent says “don’t know” say: “Most children that are XX years old weigh XX pounds. Based on that, what is your best estimate of his/her weight?”

**NOTE:** If respondent answers in metrics, put “9” in first blank. [Round fractions up]

----	Weight in pounds (ex. 99lbs = 0099) OR in kilograms (ex. 45kg = 9045)
7777	Don’t know/Not sure
9999	Refused

2. About how tall is (CHILD) without shoes?

[CATI NOTE: If age  $\geq 1$ , height  $> 0100$ . Height must be  $< 0999$ ]

**Interviewer:** If respondent says “don’t know” say: “Most children that are XX years old are XX tall. Based on that, what is your best estimate of his/her height?”

**NOTE:** If respondent answers in metrics, put “9” in first blank. [Round fractions down]

--/--	Height in feet/inches (ex. 5 feet 1 inch = 0501)
	OR in meters/centimeters (ex. 1 meter 80 centimeters = 9180)
7777	Don’t know/Not sure
9999	Refused

## Section 5: Breast Feeding

Ask if respondent is biological parent (K01Q01 = 1 or 4) AND child is  $< \text{or} = 12$  years old.

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

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

1	Yes
2	No <b>Go to Q3</b>
7	Don't know/Not sure <b>Go to Q3</b>
9	Refused <b>Go to Q3</b>

2. For how many days, weeks, or months was (CHILD) breastfed?

1 \_\_ Day(s) (ex. 110 = 10 days)

2 \_\_ Week(s)

3 \_\_ Month(s)

888 Still breast feeding

777 Don't know/Not sure

999 Refused

3. Did (CHILD)'s 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 6: Child Care

Ask if child is  $\leq 5$  years old, otherwise skip to [Section 8](#).

1. In a typical week, [CATI Fill: If Age=4 or 5 Insert: "excluding kindergarten or grade school"] how many hours does (CHILD) spend in the care of someone other than a parent or guardian?

\_\_ \_\_ Hours (ex. 3hrs and 30min = 03.5)

8 8 8 Does not spend any time with childcare provider **Go to [next section](#)**

7 7 7 Don't know/Not sure

9 9 9 Refused

2. Is (CHILD) mostly cared for during working hours:

### **Please read**

1 In your home

2 In someone else's home

3 Daycare center

4 Preschool

### **Do not read**

7 Don't know/Not sure

9 Refused

3. About how much money does your household spend weekly or monthly on the cost of (CHILD)'s daycare or preschool program?

\$ 1 \_ \_ \_ \_ Weekly (ex. 10500 = \$500 per week)  
\$ 2 \_ \_ \_ \_ Monthly  
8 8 8 8 8 No cost to household **Go to [next section](#)**  
7 7 7 7 7 Don't know/Not sure **Go to [next section](#)**  
9 9 9 9 9 Refused **Go to [next section](#)**

4. Is part of the cost of (CHILD)'S daycare or preschool paid for by public funds such as Smart Start or More at Four?

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

## Section 7: Early Childhood Development

Ask if child is <= 5 years old, otherwise skip to [Section 8](#).

The next section asks about specific concerns some parents may have. Please tell me if you are concerned a lot, a little, or not at all about the following.

**QUESTION STEM:** [Are you concerned a lot, a little, or not at all about]

1 A lot  
2 A little  
3 Not at all  
7 Don't know/Not sure  
9 Refused

**[CATI: DISPLAY QUESTION STEM FOR EACH OF THE FOLLOWING SCREENS.]**

1. How (CHILD) talks and makes speech sounds?
2. How {he/she} understands what you say?
3. How {he/she} uses {his/her} hands and fingers to do things?
4. How {he/she} uses {his/her} arms and legs?
5. How {he/she} behaves?
6. How {he/she} gets along with others?
7. How {he/she} is learning to do things for (himself/herself)?

**Ask Q8 if child is 4 to 5 years old.**

8. How {he/she} is learning pre-school or school skills, such as learning to read?

## **Section 8: Health Care Access and Utilization**

**Ask children ages 0-17 unless otherwise specified.**

These next questions are about health insurance.

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

**INTERVIEWER 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 Q4**
- 7 Don't know/Not sure **Go to Q3**
- 9 Refused **Go to Q3**

2. 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.

**INTERVIEWER 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**

- 01 The State Employee Health Plan
- 02 Private health insurance plan purchased from an employer or directly from insurance company. [NOTE: Includes BCBS]
- 03 NC Health Choice
- 04 Medicaid
- 05 Carolina ACCESS
- 06 Health Check
- 07 South Care
- 08 The military, CHAMPUS, TRI CARE or the VA
- 09 The Indian Health Service
- 10 Other
- 77 Don't know/Not sure
- 99 Refused

3. During the past 12 months was there any time when {he/she} was not covered by ANY health insurance?

- 1 Yes **Go to Q4**
- 2 No **Go to Q7**
- 7 Don't know/Not sure **Go to Q7**
- 9 Refused **Go to Q7**

4. What was the MAIN reason that (CHILD) did/does not have health insurance coverage? **If needed, say:** “The main reason is the most important reason.”

**Read if necessary**

- 01 Too expensive
- 02 Job doesn't offer benefits
- 03 Between jobs/unemployed
- 04 Unable to get or was refused coverage because of preexisting conditions
- 05 No spouse/dependent coverage purchased
- 06 Don't know how to get coverage
- 07 Don't need insurance
- 08 Doubt it would be sold to them
- 09 Other reason
  
- 77 Don't know/Not sure
- 99 Refused

**Ask Q5, if Q2 = '3, 4, 5, 6, or 7' AND Q3 =1 'Yes.' Otherwise, Go to Q7.**

5. During the time when (CHILD) did not have health insurance was {he/she} eligible or still qualified to re-enroll in Medicaid?

- 1 Yes **Go to Q6**
- 2 No **Go to Q7**
- 7 Don't know/Not sure **Go to Q7**
- 9 Refused **Go to Q7**

6. What was the most important reason (CHILD) was not re-enrolled in Medicaid?

**INTERVIEWER: If respondent offers more than one answer, say** “Which is the most important reason?”

**Please read**

- 1 My child was not sick and coverage was not needed
- 2 I was not able to get the needed enrollment form(s)
- 3 I could not find help to fill out the enrollment form(s)
- 4 I could not afford the enrollment fee
- 5 I moved and I did not know where to look for help

6 I was unable to complete the needed form.  
**or**

8 Some other reason

**Do not read**

7 Don't know/Not sure

9 Refused

7. During the past 12 months, how many times did (CHILD) go to a hospital emergency room for health care? This includes emergency room visits that resulted in a hospital admission?

-- Times (**88=none**)

77 Don't know/Not sure

99 Refused

8. What kind of place does (CHILD) go to most often for sick care:

**Read 1-9 if necessary**

01 A doctor's office

02 A public health department or community health center

03 A hospital outpatient department

04 A hospital emergency room

05 Urgent care center

06 A school nurse

07 A school based Health Center

08 Some other kind of place

09 No usual place

77 Don't know/Not sure

99 Refused

9. When (CHILD) needs a shot or a check-up, where do you usually take {him/her}?

1 A doctor's office/HMO

2 A public health department or community health center

3 A hospital outpatient department

4 A hospital emergency room

5 Urgent care center

6 Some other kind of place

8 No usual place

7 Don't know/Not sure

9 Refused

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

- 1 Yes **Go to Q12**
- 2 No **Go to Q11**
- 7 Don't know/Not sure **Go to Q12**
- 9 Refused **Go to Q12**

11. What was the MAIN reason (CHILD) did not get all the medical care that {he/she} needed?

**INTERVIEWER:** If more than one instance, ask about the most recent.

Would you say:

- 01 Cost [includes no health insurance]
  - 02 Distance [too far to travel]
  - 03 Office wasn't open when I could get there
  - 04 Too long a wait for an appointment
  - 05 Too long a wait in waiting room
  - 06 No child care
  - 07 No transportation
  - 08 No access for people with disabilities
  - 09 The medical provider didn't speak my language
- or**
- 10 Some other reason
- Do not read**
- 77 Don't know/Not sure
  - 99 Refused

12. During the past 12 months, did you delay or not get a medicine that a doctor prescribed for (CHILD) because of cost or lack of insurance?

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

13. 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 or more persons you think of as (CHILD)'s personal doctor or nurse?
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused
14. 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
15. An interpreter is someone who repeats what one person says in a language used by another person. During the past 12 months did you or (CHILD) need an interpreter to help speak with his or her doctors or nurses?
- 1 Yes
  - 2 No **Go to [next section](#)**
  - 7 Don't know/Not sure **Go to [next section](#)**
  - 9 Refused **Go to [next section](#)**
16. When you needed an interpreter, how often were you able to get someone other than a family member to help you speak with the doctors or nurses? Would you say never, sometimes, usually, or always?
- 1 Never
  - 2 Sometimes
  - 3 Usually
  - 4 Always
  - 7 Don't know/Not sure
  - 9 Refused

## Section 9: Demographics

Ask children ages 0-17 unless otherwise specified.

Next, I am going to ask some basic questions about (CHILD) and your family. We ask these questions in order to compare health indicators among different groups of people.

1. Is (CHILD) Hispanic or Latino?

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

2. Which one or more of the following would you say is (CHILD)'s race? (**Check all that apply**)

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other

**Do not read**

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

**Ask Q3 if more than one response. Otherwise, Go to Q4.**

3. 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

**Do not read**

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

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

**Read 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)

**Do not read**

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

**Ask Q5 if child is  $\geq$  4 years old. Otherwise, Go to [Section 11](#).**

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

- 1 Public School (include charter schools)
- 2 Private School
- 3 Home Schooled

**Do not read**

- 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](#)**

6. Which grade is (CHILD) in?

- Grades (**kindergarten=00, College/Post HS Trade School=13**)
- 77 Don't know/Not sure
- 99 Refused

## Section 10: School Performance

**Ask if child is in public or private school (K09Q05=1, 2), but not home schooled.**

1. During the past 12 months, about how many days did (CHILD) miss school because of illness or injury?

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

[CATI NOTE: SKIP Q2 if K09Q06=00]

2. Since starting kindergarten, has {he/she} repeated any grades?

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

**Ask of all children in school, including home schooled (K09Q05=1, 2, or 3).**

3. During the past 12 months, how would you describe (CHILD)'s performance in school?

- 1 Excellent
- 2 Above Average
- 3 Average
- 4 Below Average
- 5 Poor
- 7 Don't know/Not sure
- 9 Refused

## Section 11: Asthma

**Ask if child is >=2 years old.**

These next questions are about childhood asthma.

1. 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](#)**

2. 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](#)**

3. During the past 12 months, has (CHILD) 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

4. Is (CHILD) using a medicine every day, (**such as a Beclovent, Azmacort, Pulmicort, Flovent, Advair, Singulair, or Vanceryl 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

5. Does (CHILD) 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

6. During the past 12 months, how many days of daycare or school did (CHILD) miss due to asthma?

- \_\_ \_\_ Days missed from school or daycare
- 8 8 8 NOT APPLICABLE (child not in daycare or school)
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

7. Has a doctor or other health professional ever given you an asthma management plan for (CHILD)?

[**IF NEEDED, SAY** “An asthma management 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

## Section 12: School Nurse

Ask if child is in public school (K09Q05 =1).

These next questions are about your experiences with school nurses.

1. Have you ever talked with a school nurse about (CHILD)'s health?

**NOTE:** "talked with" can be either on the phone or in person.

- 1 Yes **Go to Q2**
- 2 No **Go to Q3**
- 3 No school nurse at school **Go to Q3**
- 7 Don't know/Not sure **Go to Q3**
- 9 Refused **Go to Q3**

2. What was/were the reason(s) you talked with the school nurse for {him/her}?

**Check all that apply**

- 1 To discuss an illness or injury
- 2 To explain the reason to seek treatment for an illness/injury
- 3 To explain the reason for a referral for further care
- 4 To provide names of health care providers
- 5 To assist in finding financial support to pay for care
- 6 To talk about something else
- 7 Don't know/Not sure
- 9 Refused

Ask Q3, if K11Q01=1 or K11Q02 =1 (had or currently has asthma). Otherwise, go to [next section](#).

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

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

## Section 13: Child Health Conditions

**Q2 and Q3 from 2005 Survey have been dropped here. Age limitation on diabetes questions dropped.**

These next questions are about health conditions.

1. Has a doctor or health professional ever told you that (CHILD) had diabetes or high blood sugar?
  - 1 Yes **Go to Q3**
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused
  
2. 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

### **NOTE: Other Diabetes Questions Dropped**

**Ask Q3 if child is  $\geq 3$  years old. Otherwise, Go to [next section](#).**

3. 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

## Section 14: Children with Special Health Care Needs (CSHCN)

### **New Questions, Different Order of Existing Questions**

**Ask children ages 0-17 unless otherwise specified.**

1. Does (CHILD) currently need or use more medical care, (**CATI: If age  $\geq 2$  yrs, INCLUDE phrase: “mental health or educational services”**) than is usual for most children of the same age?

**INTERVIEWER 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 Q4**
- 7 Don't know/Not sure **Go to Q4**
- 9 Refused **Go to Q4**

2. Is (CHILD)'s need for medical care, (**CATI: If age >= 2 yrs, INCLUDE phrase: “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

3. Is this a condition that has lasted or is expected to last for at least 12 months?

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

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

**INTERVIEWER NOTE:** 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 Q7**
- 7 Don't know/Not sure **Go to Q7**
- 9 Refused **Go to Q7**

5. 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

6. Is this a condition that has lasted or is expected to last 12 months or longer?

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

7. Is (CHILD) limited or prevented in any way in {his/her} ability to do the things most children of the same age do?

**INTERVIEWER 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 Q10**
- 7 Don't know/Not sure **Go to Q10**
- 9 Refused **Go to Q10**

8. 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

9. Is this a condition that has lasted or is expected to last for at least 12 months?

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

10. Does (CHILD) need or get special therapy, such as physical, occupational, or speech therapy?

**INTERVIEWER NOTE:** 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 Q13**
- 7 Don't know/Not sure **Go to Q13**
- 9 Refused **Go to Q13**

11. 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

12. Is this a condition that has lasted or is expected to last for at least 12 months?

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

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

**INTERVIEWER 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 15**
- 7 Don't know/Not sure **Go to 15**
- 9 Refused **Go to 15**

14. 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

**Ask Q15 if child is < 3 years old.**

15. Does (CHILD) receive services from a program called Early Intervention Services? Children receiving these services often have an Individualized Family Service Plan.

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

**Ask Q16 if child is >= 3 years old.**

16. Does (CHILD) receive services from a program called Special Educational Services? Children receiving these services often have an Individualized Education Plan.

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

## **Section 15: Mental Health/Disability**

**If child is < 2 years old, skip to [Section 16](#).**

Has a doctor or health professional EVER told you that (CHILD) has any of the following conditions:

**INTERVIEWER NOTE:** If respondent never heard of the medical condition or does not know what the condition is, then a doctor or health professional probably has not told the respondent that the child has the condition. If a doctor or health professional has not told the respondent that the child has the condition, but the respondent insists that the child has the condition, we still need to code the answer as “no.”

1a. Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD?

- 1 Yes
- 2 No [**Skip to 2a**]
- 7 Don't Know/Not Sure [**Skip to 2a**]
- 9 Refused [**Skip to 2a**]

1b. Where does {he/she} usually receive services for this condition?

**INTERVIEWER NOTE:** If respondent says “(CHILD) does not receive services for this condition,” ASK: “Is this because of cost, or a change in the (CHILD)’s diagnosis?” A change in diagnosis means that some time after you were told of this condition a doctor or health professional has said that he/she does not have or no longer has this condition.

**Read if necessary**

- 01 A doctor's office
- 02 A public health department or community health center
- 03 A hospital outpatient department
- 04 A hospital emergency room
- 05 Urgent care center
- 06 School
- 07 Private counselor or therapist's office
- 08 At home (in-home service provider)
- 09 Inpatient facility
- 10 Support group
- 11 Other
- 12 Does not receive services for this condition due to cost
- 13 Does not receive services for this condition due to change in diagnosis
- 14 Does not receive services for this condition for some other reason

**Do not read**

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

2a. Depression or Anxiety

- 1. Yes
- 2. No [**Skip to 3a**]
- 7. Don't Know/Not Sure [**Skip to 3a**]
- 9. Refused [**Skip to 3a**]

2b. Where does {he/she} usually receive services for this condition?

**INTERVIEWER NOTE:** If respondent says “(CHILD) does not receive services for this condition,” ASK: “Is this because of cost, or a change in the (CHILD)’s diagnosis?” A change in diagnosis means that some time after you were told of this condition a doctor or health professional has said that he/she does not have or no longer has this condition.

**Read if necessary**

- 01 A doctor's office
- 02 A public health department or community health center
- 03 A hospital outpatient department
- 04 A hospital emergency room
- 05 Urgent care center
- 06 School
- 07 Private counselor or therapist's office
- 08 At home (in-home service provider)
- 09 Inpatient facility
- 10 Support group
- 11 Other
- 12 Does not receive services for this condition due to cost
- 13 Does not receive services for this condition due to change in diagnosis
- 14 Does not receive services for this condition for some other reason

**Do not read**

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

3a. Behavioral or Conduct Problems

- 1 Yes
- 2 No [**Skip to 4a**]
- 7 Don't Know/Not Sure [**Skip to 4a**]
- 9 Refused [**Skip to 4a**]

3b. Where does {he/she} usually receive services for this condition?

**INTERVIEWER NOTE:** If respondent says “(CHILD) does not receive services for this condition,” ASK: “Is this because of cost, or a change in the (CHILD)’s diagnosis?” A change in diagnosis means that some time after you were told of this condition a doctor or health professional has said that he/she does not have or no longer has this condition.

**Read if necessary**

- 01 A doctor's office
- 02 A public health department or community health center
- 03 A hospital outpatient department

- 04 A hospital emergency room
- 05 Urgent care center
- 06 School
- 07 Private counselor or therapist's office
- 08 At home (in-home service provider)
- 09 Inpatient facility
- 10 Support group
- 11 Other
- 12 Does not receive services for this condition due to cost
- 13 Does not receive services for this condition due to change in diagnosis
- 14 Does not receive services for this condition for some other reason

**Do not read**

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

4a. Autism

- 1 Yes
- 2 No **[Skip to 5a]**
- 7 Don't Know/Not Sure **[Skip to 5a]**
- 9 Refused **[Skip to 5a]**

4b. Where does {he/she} usually receive services for this condition?

**INTERVIEWER NOTE:** If respondent says “(CHILD) does not receive services for this condition,” ASK: “Is this because of cost, or a change in the (CHILD)’s diagnosis?” A change in diagnosis means that some time after you were told of this condition a doctor or health professional has said that he/she does not have or no longer has this condition.

**Read if necessary**

- 01 A doctor's office
- 02 A public health department or community health center
- 03 A hospital outpatient department
- 04 A hospital emergency room
- 05 Urgent care center
- 06 School
- 07 Private counselor or therapist's office
- 08 At home (in-home service provider)
- 09 Inpatient facility
- 10 Support group
- 11 Other
- 12 Does not receive services for this condition due to cost
- 13 Does not receive services for this condition due to change in diagnosis
- 14 Does not receive services for this condition for some other reason

**Do not read**

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

5a. Mental retardation

- 1 Yes
- 2 No [**Skip to 6a**]
- 7 Don't Know/Not Sure [**Skip to 6a**]
- 9 Refused [**SKIP TO 6a**]

5b. Where does {he/she} usually receive services for this condition?

**INTERVIEWER NOTE:** If respondent says “(CHILD) does not receive services for this condition,” ASK: “Is this because of cost, or a change in the (CHILD)’s diagnosis?” A change in diagnosis means that some time after you were told of this condition a doctor or health professional has said that he/she does not have or no longer has this condition.

**Read if necessary**

- 01 A doctor's office
- 02 A public health department or community health center
- 03 A hospital outpatient department
- 04 A hospital emergency room
- 05 Urgent care center
- 06 School
- 07 Private counselor or therapist's office
- 08 At home (in-home service provider)
- 09 Inpatient facility
- 10 Support group
- 11 Other
- 12 Does not receive services for this condition due to cost
- 13 Does not receive services for this condition due to change in diagnosis
- 14 Does not receive services for this condition for some other reason

**Do not read**

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

6a. Any other developmental delay

- 1 Yes
- 2 No [**SKIP TO 7a**]
- 7 Don't Know/Not Sure [**SKIP TO 7a**]
- 9 Refused [**SKIP TO 7a**]

6b. Where does {he/she} usually receive services for this condition?

**INTERVIEWER NOTE:** If respondent says “(CHILD) does not receive services for this condition,” ASK: “Is this because of cost, or a change in the (CHILD)’s diagnosis?” A change in diagnosis means that some time after you were told of this condition a doctor or health professional has said that he/she does not have or no longer has this condition.

**Read if necessary**

- 01 A doctor's office
- 02 A public health department or community health center
- 03 A hospital outpatient department
- 04 A hospital emergency room
- 05 Urgent care center
- 06 School
- 07 Private counselor or therapist’s office
- 08 At home (in-home service provider)
- 09 Inpatient facility
- 10 Support group
- 11 Other
- 12 Does not receive services for this condition due to cost
- 13 Does not receive services for this condition due to change in diagnosis
- 14 Does not receive services for this condition for some other reason

**Do not read**

- 77 Don’t know/Not sure
- 99 Refused

7a. A learning disability

- 1 Yes
- 2 No [**Skip to 8a**]
- 7 Don’t Know/Not Sure [**Skip to 8a**]
- 9 Refused [**Skip to 8a**]

7b. Where does {he/she} usually receive services for this condition?

**INTERVIEWER NOTES:** If respondent says “(CHILD) does not receive services for this condition,” ASK: “Is this because of cost, or a change in the (CHILD)’s diagnosis?” A change in diagnosis means that some time after you were told of this condition a doctor or health professional has said that he/she does not have or no longer has this condition.

**Read if necessary**

- 01 A doctor's office
- 02 A public health department or community health center
- 03 A hospital outpatient department

- 04 A hospital emergency room
- 05 Urgent care center
- 06 School
- 07 Private counselor or therapist's office
- 08 At home (in-home service provider)
- 09 Inpatient facility
- 10 Support group
- 11 Other
- 12 Does not receive services for this condition due to cost
- 13 Does not receive services for this condition due to change in diagnosis
- 14 Does not receive services for this condition for some other reason

**Do not read**

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

**[CATI NOTE: Q8 and Q9 Skip if age < 12]**

8a. A problem with alcohol or drugs

- 1 Yes
- 2 No **[SKIP TO 9]**
- 7 Don't Know/Not Sure **[SKIP TO 9]**
- 9 Refused **[SKIP TO 9]**

8b. Where does {he/she} usually receive services for this condition?

**INTERVIEWER NOTE:** If respondent says “(CHILD) does not receive services for this condition,” ASK: “Is this because of cost, or a change in the (CHILD)’s diagnosis?” A change in diagnosis means that some time after you were told of this condition a doctor or health professional has said that he/she does not have or no longer has this condition.

**Read if necessary**

- 01 A doctor's office
- 02 A public health department or community health center
- 03 A hospital outpatient department
- 04 A hospital emergency room
- 05 Urgent care center
- 06 School
- 07 Private counselor or therapist's office
- 08 At home (in-home service provider)
- 09 Inpatient facility
- 10 Support group
- 11 Other
- 12 Does not receive services for this condition due to cost
- 13 Does not receive services for this condition due to change in diagnosis

14 Does not receive services for this condition for some other reason

**Do not read**

77 Don't know/Not sure

99 Refused

**[CATI NOTE: If 8a=1 Skip Q9]**

9. Do you think that (CHILD) has a problem with alcohol or drugs that has not been diagnosed?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

**Section 16: Oral Health**

**Ask if ages 0 to 3**

1. Has a doctor or nurse ever advised you about how to take care of (CHILD)'s dental health during a medical office or clinic visit?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

**Ask if child age >= 1 year old.**

2. How would you rate the condition of (CHILD)'s teeth? Would you say their condition is:

**Please read**

1 Excellent

2 Very Good

3 Good

4 Fair

**or**

5 Poor

**Do not read**

7 Don't know/Not sure

9 Refused

3. Does {he/she} have a dentist or dental clinic where {he/she} goes to regularly?

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

4. Does {he/she} 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?

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

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

5. 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 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

6. During the past 12 months, was there any time (CHILD) needed dental care but could not get it?

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

**[CATI NOTE: ASK Q7 ONLY IF K16Q05=2 OR 3]**

7. Within the past 12 months when seeking dental care for your child, do you feel your child's experiences were worse than, the same as or better than for people of other races?

**Note:** If respondent says don't know/not sure, probe: "What do you think or what is your perception?"

- 1 Worse than other races
- 2 Same as other races
- 3 Better than other races
- 4 Only encountered people of the same race
- 5 No dental services in the past 12 months
- 7 Don't know/Not sure
- 9 Refused

## **Section 17: Sun Safety**

**Ask if child is 5 to 14 years old.**

1. When (CHILD) is outside for more than 15 minutes between 10 am and 4 pm on a sunny summer day, how often does {he/she} use sunscreen with a Sun Protection Factor or SPF of 15 or more? Would you say:

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom

**or**

- 5 Never

**Do not read**

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

2. On a sunny summer day, when {he/she} is outside for more than 15 minutes between 10 am and 4 pm, how often does {he/she} stay in the shade? Would you say:

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom

**or**

- 5 Never

**Do not read**

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

3. On a sunny summer day, when {he/she} is outside for more than 15 minutes between 10 am and 4 pm, how often does he/she wear clothes covering most of his/her arms and legs? Would you say:

**Please read:**

- 1 Always
  - 2 Nearly always
  - 3 Sometimes
  - 4 Seldom
- or**
- 5 Never

**Do not read**

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

4. Has [CHILD] had a sunburn within the last 12 months? By sunburn I mean reddening of the skin that lasted at least 12 hours.

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

## **Section 18: Nutrition**

**Ask if child is  $\geq 1$  year old.**

- 1a. On a typical day, how many servings of fruit does (CHILD) consume?

**INTERVIEWER:** a serving of fruit is 1/2 cup or a medium piece of fruit

**Please read**

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None
- 5 Don't know/Not sure
- 9 Refused

1b. On a typical day, how many servings of 100% fruit juice does (CHILD) consume?

**INTERVIEWER:** a serving of fruit juice is 6 oz or little less than a cup.

**Please read**

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None
- 5 Don't know/Not sure
- 9 Refused

2. On a typical day, how many servings of vegetables does (CHILD) eat, not including french fries? **If necessary, say** "such as carrots, celery, or broccoli."

**INTERVIEWER:** 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
- 5 Don't know/Not sure
- 9 Refused

3. On a typical day, how many servings of french fries or chips (chips include potato chips, Cheetos, corn chips, tortilla chips or other snack chips) does {he/she} eat?

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None
- 5 Don't know/Not sure
- 9 Refused

4. On a typical day, how many glasses of milk does {he/she} drink?

**INTERVEIWER:** A glass is the amount in a small carton at school or an 8 ounce drinking glass.

**Please read**

- 1 1 glass
- 2 2 glasses
- 3 3 glasses
- 4 4 or more glasses
- 5 None

**Do not read**

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

5. How often does (CHILD) eat fast food? **If needed, say "like Burger King, McDonald's, or Kentucky Fried Chicken"?**

**Please read**

- 1 less than once a week
- 3 once a week
- 4 2 times a week
- 5 3 to 5 times a week
- 6 5 or more times a week

**Do not read**

- 8 Child does not eat fast food
- 7 Don't know/Not sure
- 9 Refused

6. 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.)

**Please read**

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

**Do not read**

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

## **Section 19: Physical Activity**

**Ask if child is  $\geq 2$  years old.**

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

**Read 1-6 if necessary**

- 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

2. In an average week, how many days does your child participate in physically active play that is led, taught or coached?

**NOTE:** This includes physical education class, recreation & sports programs; this also includes active play led by adults such as in preschool.

- Number of days (**0=none**)
- 7 Don't know/Not sure
- 9 Refused

**Ask Q3 if child is >=5 years old and in public or private school (K09Q05=1, 2). Otherwise, go to Q4.**

3a. How many miles does {he/she} live from school?

- Miles (Enter miles and half miles in decimal)
- 777 Don't Know/Not Sure
- 999 Refused

3b. On how many days per week does your child actually walk or ride a bicycle to school?

- Number of days (**88=none**)
- 88 None
- 77 Don't know/Not sure
- 99 Refused

4. On a typical day, how much total time does (CHILD) spend watching television?

- . — Number of hours (**00=none; round to nearest half**)
- 777 Don't know/Not sure
- 999 Refused

## Section 20: Parent Reaction to Child Weight

**Ask children ages 0-17 unless otherwise specified.**

1. How would you describe your child's weight?

Would you say:

- 1 Very overweight

- 2 Somewhat overweight
- 3 Healthy weight
- 4 Somewhat underweight
- 5 Very underweight
  
- 7 Don't know/Not sure
- 9 Refused

**Continue if child is  $\geq 2$  years old. Otherwise, go to [next section](#).**

Are you trying to make any of the following changes in your child's eating and activity behaviors?

2. Decrease the amount of food and/or beverages you give (CHILD)?

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

3. Reduce the amount of sugar or fat (CHILD) consumes?

**Please read**

- 1 Yes, both
- 2 Yes Sugar
- 3 Yes, Fat
- 4 Neither one

**Do not read**

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

4. Encourage more physical activity or limit TV/video/computer game time?

**Please read**

- 1 Yes, both
- 2 Yes – more physical activity
- 3 Yes – limiting TV/video/computer time
- 4 Neither one

**Do not read**

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

## Section 21: Food Insecurity

Ask if child is under 5 years of age.

1. Is {he/she} currently enrolled WIC program?

**NOTE:** WIC stands for Women, Infants, and Children.

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

**Ask all.**

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

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

**Ask rest of this section if child is  $\geq$  1 year old.**

3. In the last 12 months, how often did you rely on only a few kinds of low-cost food to feed (CHILD) because you were running out of money to buy food?

**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

4. In the last 12 months, did you ever cut the size of (CHILD)'s meals because there wasn't enough money for food?

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

5. In the last 12 months, did (CHILD) ever skip a meal because there wasn't enough money for food?

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

6. In the last 12 months, did (CHILD) ever not eat for a whole day because there wasn't enough money for food?

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

## Section 22: Family Involvement

### Ask 0-17 unless otherwise specified

1. During the past week, how many times did you or any family member take (CHILD) on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?

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

2. 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

**Ask Q3 if child is  $\leq$  6 years old.**

3. How many times do you read to {him/her} in a typical week?

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

**Ask Q4 if child is in 1<sup>st</sup> grade or higher (K09Q06  $\geq$  1) and in public or private school (K09Q05=1, 2).**

4. Do you usually prepare a lunch for (CHILD) to take to school?

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

## **Section 23: Parent Opinion**

**Ask 0-17 unless otherwise specified**

These next questions are about opinions you may have on things that affect children's health.

1. How important do you think it is for North Carolina to take additional actions to prevent and reduce tobacco use among our youth?

**Please read**

- 1 Very important
- 2 Somewhat important
- 3 Not at all important

**Do not read**

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

2. To what degree do you support a tobacco free policy in your child's school so that no one, not students, nor teachers, staff or visitors, could smoke or use other tobacco products on the school grounds at any time?

**Please read**

- 1 Strongly support
- 2 Moderately support
- 3 Do not support

**Do not read**

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

3. To what degree do you support a tobacco free policy in indoor recreational areas (skating rinks, bowling alleys) and fast food restaurants where your child plays, works or eats?

**Please read**

- 1 Strongly support
- 2 Moderately support
- 3 Do not support

**Do not read**

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

4. To what degree would you support increasing the tax on cigarettes in NC to reduce youth access to tobacco in our state?

**Please read**

- 1 Strongly support
- 2 Moderately support
- 3 Little support
- 4 Don't support

**Do not read**

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

5. To what extent do you believe overweight in children is a serious problem in your community?

**Please read**

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

**Do not read**

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

6. Do you believe schools should require only healthy options in all food service settings, such as the cafeteria, snack bars, vending machines, and concession stands?

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

7. To what degree do you support changing the contents of school vending machines to replace sodas and high calorie/high fat snacks with healthier foods?

**Please read**

- 1 Strongly
- 2 Moderately
- 3 No support

**Do not read**

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

[Question 8 deleted.]

9. Do you believe it is important for schools to have physical activity policies that provide daily physical education for students in:

a. Elementary School (Kindergarten to 5<sup>th</sup> Grade)

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

b. Middle School (6<sup>th</sup> through 8<sup>th</sup>)

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

c. High School (9<sup>th</sup> through 12<sup>th</sup>)

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

10. Do you believe it is important for schools to provide routine physical activity opportunities, in addition to physical education, throughout the school day?

**INTERVIEWER 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

**Ask if child is >=9 years old.**

11. Do you feel well prepared to talk with (CHILD) about reducing the chances of smoking?

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

## **Section 24: Tobacco Indicators**

**Ask if child is >=9 years old.**

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

**DO NOT READ**

- 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

2. To your knowledge, has {he/she} ever smoked cigarettes?

- 1 Yes
- 2 No **Go to Q4**
- 7 Don't know/Not sure **Go to Q4**
- 9 Refused **Go to Q4**

3. To your knowledge, does (CHILD) currently smoke cigarettes?

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

4. How frequently in the last year have you heard about or seen (on TV, from your children, or in other media) the NC Tobacco Reality Unfiltered (TRU) media campaign directed to preventing tobacco use among youth?

- 1 Not at all
- 2 Once or twice in the last year
- 3 Three or four times
- 4 Five times or more
- 7 Don't know/Not sure
- 9 Refused

## **Section 25: Sexual Behavior**

**Ask if child is  $\geq 12$  years old.**

1. 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

2. Do you believe (CHILD) is sexually active?

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

3. Have you discussed with (CHILD) about reducing {his/her} chances of getting HIV/STDs (Sexually Transmitted Diseases)?
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused
4. Do you feel well prepared to talk with (CHILD) about reducing {his/her} chances of getting HIV/STDs?
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

## Section 26: Child Safety and Injury

**Ask children ages 0-17 unless otherwise specified.**

The next few questions are about child discipline and safety.

Sometimes things can get in the way of caring for your child in the way you would like to: for example, money problems, personal problems, or simply having a lot to do.

Please tell me how many times in the last month the following has happened to you in trying to care for (CHILD). I would like to know if it has happened just one time in the past month, 2 times, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past month, or not at all in the past month.

**Note:** I would like to remind you that all information will be kept confidential, and you do not have to answer any question you don't want to.

1. How many times was (CHILD) injured so that he/she could not participate in his/her usual activities for at least one day?
- 01 Once in the past month
  - 02 Twice in the past month
  - 03 3-5 times in the past month
  - 04 6-10 times in the past month
  - 05 11-20 times in the past month
  - 06 More than 20 times in the past month
  - 07 Not in the past month
  - 77 Don't know/Not sure
  - 99 Refused

2. How many times has (CHILD) been left alone for more than one hour without any adult supervision?

- 01 Once in the past month
- 02 Twice in the past month
- 03 3-5 times in the past month
- 04 6-10 times in the past month
- 05 11-20 times in the past month
- 06 More than 20 times in the past month
- 07 Not in the past month
- 77 Don't know/Not sure
- 99 Refused

3. How many times did (CHILD) get hurt because no adult was watching (him/her) carefully enough? [That is, if an adult was watching, it wouldn't have happened.]

- 01 Once in the past month
- 02 Twice in the past month
- 03 3-5 times in the past month
- 04 6-10 times in the past month
- 05 11-20 times in the past month
- 06 More than 20 times in the past month
- 07 Not in the past month
- 77 Don't know/Not sure
- 99 Refused

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 would like you to tell me how many times in the past month ANY ONE in your household has used this approach with (CHILD):

**Ask only if age => 1**

4. Took away privileges, forbade something (like not allowed to watch TV), or grounded him/her [not allowed to leave house]?

- 01 Once in the past month
- 02 Twice in the past month
- 03 3-5 times in the past month
- 04 6-10 times in the past month
- 05 11-20 times in the past month
- 06 More than 20 times in the past month
- 07 Not in the past month
- 77 Don't know/Not sure
- 99 Refused

**Ask only if age => 1**

5. Explained why something (like the behavior) was wrong?

- 01 Once in the past month
- 02 Twice in the past month
- 03 3-5 times in the past month
- 04 6-10 times in the past month
- 05 11-20 times in the past month
- 06 More than 20 times in the past month
- 07 Not in the past month
- 77 Don't know/Not sure
- 99 Refused

6. Shouted, yelled at or screamed at him/her?

- 01 Once in the past month
- 02 Twice in the past month
- 03 3-5 times in the past month
- 04 6-10 times in the past month
- 05 11-20 times in the past month
- 06 More than 20 times in the past month
- 07 Not in the past month
- 77 Don't know/Not sure
- 99 Refused

7. Insulted, by calling (CHILD) dumb, lazy or another name like that?

- 01 Once in the past month
- 02 Twice in the past month
- 03 3-5 times in the past month
- 04 6-10 times in the past month
- 05 11-20 times in the past month
- 06 More than 20 times in the past month
- 07 Not in the past month
- 77 Don't know/Not sure
- 99 Refused

**[CATI NOTE: Skip Q8 if Age > 12]**

8. Spanked him/her on the bottom with a bare hand?

- 01 Once in the past month
- 02 Twice in the past month
- 03 3-5 times in the past month
- 04 6-10 times in the past month
- 05 11-20 times in the past month
- 06 More than 20 times in the past month
- 07 Not in the past month
- 77 Don't know/Not sure
- 99 Refused

9. Told or showed (child) you loved him/her?

- 01 Once in the past month
- 02 Twice in the past month
- 03 3-5 times in the past month
- 04 6-10 times in the past month
- 05 11-20 times in the past month
- 06 More than 20 times in the past month
- 07 Not in the past month
- 77 Don't know/Not sure
- 99 Refused

**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!