

2007 North Carolina CHAMP

Child Health Assessment and Monitoring Program Survey

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BRFSS Random Child Selection

If Core Q12.7 = 88 or 99 (no children under age 18 in the household, or refused), ⇒ Go next section.

If Core Q12.7 = 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 Q12.7 > 1 and Core Q12.7 ≠ 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., 1st 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 two weeks to ask some additional questions about this child.” **If needed** say, “the one we’ve just been talking about.”

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

- 1 Yes
- 2 No **Go to next section**

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

- 1 Yes **Go to Q3a.**
- 2 No (or don't know) **Go to Q3b**

3a. And what is your relationship to this child?

INTERVIEWER: IF respondent says "Mother" or "Father" PROBE: 'Are you his/her biological mother/father?'

- 01 Biological mother
- 02 Biological father
- 03 Step/adoptive mother
- 04 Step/adoptive father
- 05 Grandmother
- 06 Grandfather
- 07 Uncle
- 08 Aunt
- 09 Sister or Brother (Step/foster/half/adoptive)
- 10 Respondent's partner or Boy/Girlfriend
- 11 Relative of any type
- 12 In-law of any type
- 13 Female Guardian
- 14 Male Guardian
- 15 Other Non-relative
- 16 Other Relationship Unknown
- 77 Don't know
- 99 Refused

[CATI note: If Q2=2, ask Q3b and Q3c; otherwise Go to next section]

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 mother/father?'

- 01 Biological mother
- 02 Biological father
- 03 Step/adoptive mother
- 04 Step/adoptive father
- 05 Grandmother
- 06 Grandfather
- 07 Uncle
- 08 Aunt

CATI: insert blank line (space) here

- 09 Sister or Brother (Step/foster/half/adoptive)
- 10 Respondent's partner or Boy/Girlfriend
- 11 Relative of any type

- 12 In-law of any type
- 13 Female Guardian
- 14 Male Guardian
- 15 Other Non-relative
- 16 Other Relationship Unknown
- 77 Don't know
- 99 Refused

3c. And what is YOUR relationship to this child?

- 01 Biological mother
- 02 Biological father
- 03 Step/adoptive mother
- 04 Step/adoptive father
- 05 Grandmother
- 06 Grandfather
- 07 Uncle
- 08 Aunt
- 09 Sister or Brother (Step/foster/half/adoptive)
- 10 Respondent's partner or Boy/Girlfriend
- 11 Relative of any type
- 12 In-law of any type
- 13 Female Guardian
- 14 Male Guardian
- 15 Other Non-relative
- 16 Other Relationship Unknown
- 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.

_____ Child's name

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

INTERVIEWER: "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 very much for your cooperation."

2007 CHAMP Questionnaire

Interviewer's Script

CATI: Fill (CHILD) with child's first name from NC03Q04 – BRFSS adult survey.

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 NC03Q03 - 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.

-If a different parent/guardian is going to complete the interview, repeat NC03Q03c (respondent's relationship to child) from BRFSS then go to Introduction I.

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

Do not read

- 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

Do not read

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

2. Other than yourself, how many adults, ages 18 and older, are living in your household?

— Enter number

- 88 None **Go to Q4**
- 77 Don't know **Go to Q4**
- 99 Refused **Go to Q4**

3. What is their relationship to (CHILD)?

INTERVIEWER: If respondent says “Mother” or “Father” PROBE: ‘Is that his/her biological, adoptive, step, or foster mother/father?’

Mark all that apply:

- 01 Biological mother
- 02 Step mother
- 03 Foster mother
- 04 Adoptive Mother
- 05 Biological Father
- 06 Step father
- 07 Adoptive father
- 08 Sister or Brother (Step/foster/half/adoptive)
- 09 In-law of any type
- 10 Aunt/Uncle
- 11 Grandmother
- 12 Grandfather
- 13 Other Family member
- 14 Female Guardian
- 15 Male Guardian
- 16 Respondent’s Partner or Boy/Girlfriend
- 17 Other Non-relative
- 18 Two or more of the same relationship type
- 19 Mother Type Unknown
- 20 Father Type Unknown
- 21 Other Relationship Unknown

- 77 Don’t know
- 99 Refused

4. 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

5. Earlier someone said that (CHILD) was (CATI fill:__) years old. Is this correct?
- 1 Yes **Go to [Section 3](#)**
 - 2 No **Go to Q6**
 - 7 Don't know/Not sure **Go to [Section 3](#)**
 - 9 Refused **Go to [Section 3](#)**
6. 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 > 2 yrs.

1a. How much does (CHILD) weigh now?

____ Weight in pounds / kilograms (ex. 99lbs = 0099, 45kg = 9045)
7777 Don't know/ Not sure **Go to Q2a**
9999 Refused **Go to Q2a**

CATI: If weight < 3rd percentile for age/sex or > 97th percentile for age/sex ask, "You said {CATI fill: ____ pounds/kilograms from Q1a}, correct?" If YES, Go to Q1b, if NO, Re-ask Q1a.

1b. How did you arrive at {CATI fill weight} _____ pounds (whole) kilograms for (CHILD)'s weight? Would you say...

INTERVIEWER: If SR says child was weighed 6 months or more ago, (home, school, or doctor's office) select (2) estimated or guessed.

Please read

- 1 Your child told you (his/her) weight.
- 2 You estimated or guessed your child's weight.
- 3 You used a bathroom scale within the past 6 months.
- 4 The child was weighed at the doctor's office within the past 6 months.
- 5 The child was weighed at school within the past 6 months, OR
- 6 Some other way.

Do not read

- 7 Don't know
- 9 Refused

2a. How tall is (CHILD) now?

7777 Don't know **Go to Q3**
9999 Refused **Go to Q3**

CATI: If height < 3rd percentile for age/sex or > 97th percentile for age/sex ask, "You said (CHILD) was {CATI fill: ____ feet/inches - meters/centimeters from Q2a} tall, correct?" If YES, Go to Q2b, if NO, Re-Ask Q2a.

- 2b. How did you arrive at {CATI fill height}__ feet __ inches (or meters/centimeters) for (CHILD)'s height? Would you say...

INTERVIEWER: If SR says child's height was measured 6 months or more ago, (home, school, or doctor's office) select (2) estimated or guessed. If SR says s/he used a growth chart or wall chart or ruler, select (3).

Please Read

- 1 Your child told you (his/her) height.
- 2 You estimated or guessed your child's height.
- 3 You used a tape measure or yard stick within the past 6 months.
- 4 The child's height was measured at the doctor's office within the past 6 months.
- 5 The child's height was measured at school within the past 6 months, OR
- 6 Some other way.

Do no read

- 7 Don't know
- 9 Refused

3. 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 5: Breast Feeding

Ask if respondent is biological parent, otherwise skip to [Section 6](#).

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

- 2a. 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

2b. During the time (CHILD) was breastfed, was (he/she) feed breast milk ONLY or was (CHILD) sometimes fed formula?

- 1 Breast milk only
- 2 Sometimes fed formula
- 7 Don't know
- 9 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: Early Childhood Development

Ask if child is \leq 5 years old, otherwise Go to [Section 7](#).

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 7: 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 Health Check, Medicaid Program for Children, or NC Health Choice?

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 Q5**
- 7 Don't know/Not sure **Go to Q4**
- 9 Refused **Go to Q4**

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 Blue Cross/Blue Shield of North Carolina
- 03 Other Private health insurance plan purchased from an employer or directly from insurance company.
- 04 NC Health Choice
- 05 Medicaid
- 06 Carolina ACCESS
- 07 Health Check
- 08 South Care
- 09 The military, CHAMPUS, TRI CARE or the VA
- 10 The Indian Health Service
- 11 Other

Do not read

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

CATI: Ask Q3 Only If Response To Q2 = 02 (BC/BS)

- 3. What type of NC Blue Cross/Blue Shield coverage does (CHILD) have? (asked only of those who chose "02" in question 1)

INTERVIEWER: If more than one type, ask "which type do you use to pay for most of (CHILD'S NAME) medical care."

Read if necessary

- 01 Blue Care – an HMO (health maintenance organization)
- 02 Blue Advantage – purchased directly for self or family
- 03 Federal Employee Health Plan – PPO plan through federal employment
- 04 Other Blue Cross coverage
- 05 The State Employee Health Plan

Do not read

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

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

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

- 5. 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

Do not read

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

6. 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)
7 7 Don't know/Not sure
9 9 Refused

7. 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

8. 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

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

1 Yes **Go to Q11**
2 No **Go to Q10**
7 Don't know/Not sure **Go to Q11**
9 Refused **Go to Q11**

10. 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

11. 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

12. 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 **Go to Q14**
- 7 Don't know/Not sure **Go to Q14**
- 9 Refused **Go to Q14**

13. The best communication with a personal doctor or nurse requires that they listen carefully to you, provide you the information you need, and respect your needs and requests. How would you rate the communication between you and (CHILD)'s personal doctor or nurse? Would you say it is:

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

Don't Read:

- 7 Don't Know
- 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

Section 8: Immunizations

Ask of all ages.

1. In the last 12 months, have you delayed or not had (CHILD) immunized because of concerns about the safety of vaccines?

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

CATI: 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

CATI: If the biological mother completed the BRFSS survey, then Go to Q6

5. **If the respondent is the biological mother CATI Fill: "Do you" otherwise CATI Fill: "Does the child's biological mother"**

currently smoke cigarettes daily or occasionally?

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

CATI Ask Q6 if child is ≥ 4 years old. Otherwise, Go to [Section 11](#).

6. 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 [Section 11](#)**
- 7 Don't know/Not sure **Go to [Section 11](#)**
- 9 Refused **Go to [Section 11](#)**

7. 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

CATI: Ask Q1 if child is in public or private school (K09Q06=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: SKIP Q2 if child is in kindergarten (K09Q07=00)

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

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

CATI: Ask if child is in public or private school (K09Q06=1,2)

3. How would you describe [CHILD]'s grades in school over the past 12 months? Would you say they were MOSTLY...

Please read:

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

Do not read:

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

Section 11: Asthma

Ask if child is ≥ 1 year old, otherwise skip to [Section 12](#).

“These next questions are about childhood asthma.”

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

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

CATI: If child's biological mother completed the BRFSS survey, then Go to Q3

2. [If vNC03Q03a NOT equal '01' and K02Q01 equals '1'] CATI Fill: “Have you”
otherwise CATI Fill: “Has the child's biological mother”
ever been diagnosed with asthma by a doctor or health professional?

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

CATI: Ask Q3 if child has asthma (K11Q01=1). Otherwise Go to [Next Section](#)

3. 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](#)**
4. 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
5. Is (CHILD) using a medicine every day, (such as a Beclovent, Azmacort, Pulmicort, Flovent, Advair, Singulair, or Vancertil inhaler) that was prescribed by a doctor to keep {him/her} from having asthma problems?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
6. 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
7. 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
8. Has a doctor or other health professional ever given you an asthma management plan or asthma action 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

Ask Q9 if child is enrolled in public or private school, otherwise skip to [Section 12](#).

9. 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 12: Child Health Conditions

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

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 13: Children with Special Health Care Needs (CSHCN)

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 \geq 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 14: Oral Health

CATI: Ask Section if child age >= 1 year old, otherwise skip to [Section 17](#).

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

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

2. 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

3. 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

Section 15: Nutrition

Ask if child is ≥ 1 year old, otherwise skip to [Section 17](#).

- 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

- Enter Number
- 8 8 None
- 7 7 Don't know/Not sure
- 9 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.

- _ _ Enter Number
- 8 8 None
- 7 7 Don't know/Not sure
- 9 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.

- _ _ Enter Number
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

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

Read if necessary:

- 01 Skim or non-fat
- 02 Lowfat (1/2 - 1%)
- 03 Reduced fat (2%)
- 04 Whole
- 05 Flavored lowfat or skim
- 06 Flavored 2% or whole
- 88 Doesn't drink milk

Do not read:

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

Section 16: Physical Activity

Ask if child is ≥ 2 years old, otherwise skip to [Section 17](#).

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

- 1 _ _ Minutes
- 2 _ _ Hours
- 8 8 8 None
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

Section 17: Food Insecurity

Ask if child is under 5 years of age.

1. Is (he/she) 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

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 ≥ 1 year old, otherwise skip to [Section 18](#).

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

Section 18: Family Involvement

1. How many times in a typical week do members of your household eat a main meal together that was prepared at home?

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

Section 19: Sexual Behavior

Ask if child is ≥ 12 years old, otherwise skip to [Section 20](#).

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 20: Child Safety

“This next set of questions is about child safety.”

CATI: Ask Q1 if child is less than age 8, otherwise go to Q2.

1. When you are driving and (CHILD) rides in the vehicle with you, how often does (he/she) ride in a child safety seat. Child safety seats include infant seats, toddler seats and booster seats. Would you say (he/she) rides in a child safety seat...

Please read:

- 1 All of the time **Go to Q3**
- 2 Most of the time
- 3 Some of the time
- 4 Rarely, or
- 5 Never

Do not read:

- 7 Do not know
- 9 Refused

CATI: If child < age 2, go to Q5, otherwise ask Q2.

2. When you are driving and (CHILD) rides in the vehicle with you [If child <8, CATI fill: “and (he/she) is not in a safety seat,”], how often does (he/she) wear a seatbelt. Would you say (he/she) wears a seatbelt...

Read:

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Rarely, or
- 5 Never

Do not read:

- 7 Do not know
- 9 Refused

CATI: If child < age 2, go to Q5, otherwise ask Q3.

3. During the past 12 months, has (CHILD) ridden a bike, scooter, skateboard, roller skates, or rollerblades?

- 1 Yes
- 2 No **Go to Q5**
- 7 Don't Know **Go to Q5**
- 9 Refused **Go to Q5**

4. How often does (he/she) wear a helmet when riding a bike, scooter, skateboard, roller skates, or rollerblades? Would you say never, sometimes, usually or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 Don't Know
- 9 Refused

5. Do you own, or have access to an outdoor swimming pool?

NOTE: Having access means a swimming pool is on the property you own or rent, whether you live in a house, apartment, or another type of dwelling.

- 1 Yes
- 2 No **Go to Q8**
- 7 Don't know/Not sure **Go to Q8**
- 9 Refused **Go to Q8**

6. Is there a fence around this swimming pool?

- 1 Yes
- 2 No **Go to Q8**
- 7 Don't know/Not sure **Go to Q8**
- 9 Refused **Go to Q8**

7. Does the fence have a self-closing and self-locking gate between your home and the pool?

If needed say: "From your home, do you need to go through a gate to get to the pool?"

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

8. Has (CHILD) been injured in the past month so that (he/she) could not participate in {his/her} usual activities for one day or more?

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

9. In the past month, has (CHILD) been home alone for more than one hour without the supervision of an adult [If child <13, CATI fill “or a child 13 or older”]?

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

Section 21: Child Discipline

Ask children ages 3-17, otherwise skip to [Section 22](#).

These last few questions are about child discipline.

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 with (CHILD) in the past month.

1. Have you taken away privileges, forbade something (CHILD) liked, such as not allowed to watch TV or grounded (him/her) (not allowed to leave house)?

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

2. Have you explained why something (the behavior) was wrong?

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

3. Have you shouted, yelled at or screamed at (him/her)?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
4. Have you insulted or called (CHILD) dumb, lazy, or another name like that?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
5. Have you spanked (him/her) on the bottom with a bare hand?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
6. Have you 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
7. Have you shaken (him/her)?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
8. Have you hit or slapped (him/her) on the hand, arm or leg?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

9. Have you slapped (him/her) on the face, head or ears?

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

10. Have you rewarded (him/her) for good behavior such as giving (him/her) a special privilege, a favorite food or taking (him/her) to a favorite place.

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

CATI: If within the past 6 months the child was weighed on a scale and measured with a tape measure or yard stick or if the child was weighed and measured at school or a doctor's office, then Go to [Closing Statement](#), otherwise (K04Q1a=777 or K04Q1b=1, 2, 6, 7 or K04Q2a=7777 or K04Q2b=1, 2, 6, 7), Go to [Section 22](#).

Section 22. 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.

1a. During the next few days, could you _____ [CATI fill: "weigh" if K04Q1a=777 or K04Q1b=1, 2, 6, 7, 9; OR fill: "measure" if K04Q2a=7777 or K04Q2b=1,2,6,7,9. CATI fill: "weigh and measure" if K04Q1a=777 or K04Q1b=1, 2, 6, 7, 9 AND K04Q2a=7777 or K04Q2b=1,2,6,7,9] (CHILD) and tell us the results? You could call us or we could call you.

INTERVIEWER: If parent agrees...

[If need weight only CATI fill: "Please weigh (CHILD) with (his/her) shoes off." Or if need height only fill: "Please measure height with (CHILD)'s shoes off and with (his/her) back against the wall." Or if weight AND height needed show both instructions.]

- 1 Yes, respondent will call Survey Lab **Go to Q2**
- 2 Yes, Survey Lab to call the respondent **Go to Q1b**
- 3 No, not willing to weigh/measure **Go to Closing**
- 4 No way to weigh/measure child **Go to Closing**
- 7 Don't know/not sure **Go to Closing**
- 9 Refused **Go to Closing**

1b. **INTERVIEWER NOTE:** Click Continue then Schedule callback for 5 days from now.

1 Continue Go to Q3

2. Please call our toll-free number, (888) 772-6711, in the next few days and provide the person who answers the phone with your phone number and (CHILD)'s [CATI fill: "weight" if K04Q1a=777 or K04Q1b=1, 2, 6, 7, 9; OR fill: "height" if K04Q2a=7777 or K04Q2b=1,2,6,7,9. CATI fill: "weight and height" if K04Q1a=777 or K04Q1b=1, 2, 6, 7, 9 AND K04Q2a=7777 or K04Q2b=1,2,6,7,9]. If no one answers, please leave this information on the voice mail. Thanks for your cooperation.

INTERVIEWER NOTE: Click Continue then schedule callback for 5 days from now.

1 Continue Go to Q3

3. Hello. This is _____ 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 K04Q1a=777 or K04Q1b=1, 2, 6, 7, 9; "measure" if K04Q2a=7777 or K04Q2b=1,2,6,7,9; "weigh and measure" if K04Q1a=777 or K04Q1b=1, 2, 6, 7, 9 AND K04Q2a=7777 or K04Q2b=1,2,6,7,9] (CHILD).

- 1 Parent has child's weight only
- 2 Parent has child's height only **Go to Q5**
- 3 Parent has child's weight and height
- 9 Refused

4. How much does (CHILD) weigh now?

___ Weight in pounds / kilograms

5. How tall is (CHILD)?

_____ Height in feet&inches / meter¢imeters

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!