

# 2008 North Carolina CHAMP

## Child Health Assessment and Monitoring Program Survey

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## **BRFSS Random Child Selection**

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**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**

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### **Please read**

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

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

[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

[CATI: 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 (real) 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?

**[CATI: IF Q3A OR Q3B = 01 (BIOLOGICAL MOTHER) THEN Q3C CANNOT = 01; ELSE IF Q3A OR Q3B = 02 (BIOLOGICAL FATHER) THEN Q3C CANNOT = 02.]**

- 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

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 **nick name 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."

# 2008 CHAMP Questionnaire

## Interviewer's Script

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**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

**Do not read**

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

## Section 2: Parent/child Relationship

---

[CATI: IF RESPONDENT IS NOT (CHILD)'S MOTHER OR FATHER 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. Other than yourself, are there any other adults, ages 18 and older, living in your household?

- 1 Yes
- 2 No [GO TO Q4]
- 7 Don't know [GO TO Q4]
- 9 Refused [GO TO Q4]

3. What is their relationship to (CHILD)?

[INTERVIEWER NOTE: 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 PROMPT: 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, Q1]**
- 2 No **[GO TO Q6]**
- 7 Don't know/Not sure **[GO TO Q6]**
- 9 Refused **[GO TO Q6]**

6. How old is (CHILD)? **[INTERVIEWER PROMPT: 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: Weight/Height

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

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

- \_\_\_ Weight in pounds / kilograms
- 777 Don't know/ Not sure [GO TO 2A]
- 999 Refused [GO TO Q2A]

**CATI: If weight < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> 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 NOTE:** 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. **(CATI: ask response #1 only if child age >= 3 yrs; if age <3 show "1. This menu item not available – child too young")**
- 2 You estimated or guessed your child's weight.
- 3 You used a bathroom scale within the past 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?

- \_\_\_ Don't know [GO TO Q3]
- 7777 Don't know [GO TO Q3]
- 9999 Refused [GO TO Q3]

**CATI: If height < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> 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. (CATI: ask response #1 only if child age  $\geq$  3 yrs; if age  $<$ 3 show “1. This menu item not available – child too young.”)
- 2 You estimated or guessed your child’s height.
- 3 You used a tape measure or yard stick within the past 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 4: Breast Feeding**

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**[CATI: IF RESPONDENT IS NOT BIOLOGICAL PARENT (K02Q01 = 2, 3, 5, OR 6) GO TO [NEXT SECTION](#)]**

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 5: Health Care Access and Utilization**

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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: IF Q2 ≠ 2 (BC/BS) GO TO Q4]**

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

**[INTERVIEWER PROMPT: 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
- 7 Don't know/Not sure
- 9 Refused

- 5. 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

6. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as (CHILD)'s personal doctor or nurse?

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

7. 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

**[CATI: If AGE < 10, GO TO [NEXT SECTION](#).]**

8. Many health insurance programs for children stop at age 18. At what age do you think health insurance programs for children should stop?

- Age (2 – 65)
- 6 6 Not based on age - specify: (K05Q08ot)
- 8 8 No Insurance for dependent children
- 7 7 Don't know/Not sure
- 9 9 Refused

9. Has anyone discussed with you how to obtain or keep some type of health insurance coverage as [CHILD'S NAME] becomes an adult?

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

10. Have [CHILD]'s doctors or other health care providers talked with you about [CHILD'S] health care needs as he/she becomes an adult?

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

11. How often do [CHILD]'s doctors or health care providers talk with you about encouraging him/her to take responsibility for his/her health care needs?

**Please read:**

- 1 Never

- 2 Sometimes
- 3 Usually
- 4 Always

**Do not read:**

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

**[CATI: IF Q6 ≠ 1 GO TO Q13]**

12. The last time your child went to see their personal doctor or nurse, did they have the chance to spend some time in private with the doctor or nurse?

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

13. For teenagers 11-17, regular check ups include a physical exam, updating shots and talking about teen health issues. How often do you think teenagers should be seen by a doctor or nurse for a regular check up?

- 1 At least once a year
- 2 Every two years
- 3 Every three years
- 4 Less often than every 3 years
- 5 They do not need regular check ups
- 7 Don't know/Not sure
- 9 Refused

14. Is it important for a child to get a regular check up before they enter middle school?

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

15. Is it important for a teenager to get a regular check up before they enter high school?

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

## Section 6: Immunizations

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[CATI: IF FEMALE AGE < 10 or MALE, GO TO Q7 IN THIS SECTION]

Human papillomavirus (**Human Pap·uh·loh·muh Virus**) or HPV is a common sexually transmitted infection that sometimes leads to genital warts, abnormal Pap tests, and cervical cancer. An HPV vaccine is now available that protects against most genital warts and cervical cancer. Sometimes it's called the cervical cancer vaccine, HPV shot or GARDASIL. I'll call it the HPV vaccine.

1. Have you ever heard of the HPV vaccine?

- 1 Yes
- 2 No [GO TO Q7]
- 7 Don't know/Not sure [GO TO Q7]
- 9 Refused [GO TO Q7]

2. **QUESTION STEM:** Did you hear about the HPV vaccine:

2a. Through [CHILD]'s school?

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

2b. from [CHILD]'s health care provider?

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

2c. from an advertisement by a drug company?

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

2d. In news stories or on web sites other than advertisements by drug companies?

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

3. Has [CHILD] had any shots of the HPV vaccine?

- 1 Yes [GO TO Q6]
- 2 No [GO TO Q4]
- 7 Don't know/Not sure [GO TO Q7]
- 9 Refused [GO TO Q7]

4. What is the main reason [CHILD] has not received any HPV shots?

**INTERVIEWER NOTE: CHECK ALL THAT APPLY.  
READ ONLY IF NECESSARY**

- 1 Never heard of vaccine
- 2 Don't know enough/need more info on vaccine
- 3 Vaccine is too new
- 4 Concerns about vaccine safety or side effects
- 5 Vaccine costs too much or not covered by insurance
- 6 Vaccine might make child have sex
- 7 Child is too young
- 8 Provider did not recommend vaccine
- 9 Vaccine not available in provider's office
- 10 My daughter has not seen a doctor or been to a clinic since HPV vaccine available
- 11 Other - specify (K0604ot)

**DO NOT READ**

- 77 Don't know
- 99 Refused

5. How likely are you to get the HPV vaccine for [CHILD] in the next 12 months? Would you say you  
**READ**

- 1 Definitely won't
- 2 Probably won't
- 3 Probably will
- 4 Definitely will

**DO NOT READ**

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

6. Where did [CHILD] get the HPV vaccine?

**Interviewer: check all that apply.**

- 1 Family doctor or general practitioner
- 2 Pediatrician
- 3 Gynecologist or Ob/Gyn
- 4 Emergency room/urgent care facility
- 5 Public or community clinic (record name of clinic)
- 6 Family planning clinic
- 7 School clinic
- 8 Other - specify (K06Q06ot)

- 77 Don't know
- 99 Refused

**[CATI: ASK Q7 AGES 0-17]**

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

7. Have you ever heard of the meningitis vaccine before today?

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

**[CATI: IF CHILD AGE < 11, GO TO [NEXT SECTION](#)]**

8. Has [CHILD] had the meningitis vaccine?

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

9. [If no] What is the main reason [CHILD] has **not** received the meningitis vaccine? **If needed, say:** "The main reason is the most important reason"

**Read if necessary**

- 01 I have never heard of it **[add skip 09]**
- 02 Haven't been to the doctor recently
- 03 Provider did not say anything about the vaccine
- 04 Provider did not have available
- 05 Provider said should not get vaccine
- 06 Vaccine costs too much/not covered by insurance
- 07 Concerns about vaccine safety
- 08 I did not feel my child needed it
- 09 Other

**Do not read**

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

10. How likely are you to get the meningitis vaccine for your child in the next 12 months? Would you say...

- 1 Definitely won't
- 2 Probably won't
- 3 Probably will
- 4 Definitely will

**DO NOT READ**

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

## Section 7: Demographics

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### [CATI: ASK CHILDREN AGES 0-17]

Next, we have some basic questions about your family. We ask these questions 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? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian, Alaska Native, or Other?

**INTERVIEWER: Check all that apply**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other - specify (K07Q020t)

**Do not read**

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

### [CATI: IF ONLY ONE RESPONSE TO Q2, 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 CHILD AGE < 4, GO TO [NEXT SECTION](#)]

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 [SECTION 9](#)]
- 7 Don't know/Not sure [GO TO [SECTION 9](#)]
- 9 Refused [GO TO [SECTION 9](#)]

6. Which grade is (CHILD) in?

- Grades (kindergarten=0, College/Post HS Trade School=13)
- 77 Don't know/Not sure
- 99 Refused

## **Section 8: School Performance**

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[CATI: ASK IF CHILD IS IN PUBLIC OR PRIVATE SCHOOL (K07Q5 = 1, 2); OTHERWISE, GO [NEXT SECTION](#)]

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: IF K07Q06=0 GO TO [NEXT SECTION](#)]

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

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

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 9: Asthma

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[CATI: ASK IF CHILD AGE  $\geq$  1; OTHERWISE GO TO [NEXT SECTION](#)]

“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: ASK Q2 IF RESPONDENT IS CHILD'S BIOLOGICAL FATHER (K02Q01 = 4) ; OTHERWISE GO TO Q3]

2. 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: IF Q1  $\neq$  1 (CHILD DOES NOT HAVE ASTHMA), 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 Vanceril inhaler) that was prescribed by a doctor to keep {him/her} from having asthma problems?

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

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)?

**[INTERVIEWER PROMPT: 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

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 10: Children with Special Health Care Needs (CSHCN)**

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

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

## **Section 11: Child Health Conditions**

---

These next questions are about health conditions.

1. Has a doctor or health professional ever told you that (CHILD) has 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

[CATI: IF CHILD AGE < 3 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 12: Oral Health

---

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

1. 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

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

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

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

**Do not read**

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

**[CATI: IF CHILD IS NOT IN PUBLIC OR PRIVATE SCHOOL (K07Q05 = 3, 4, 7, or 9) or AGE < 4, GO TO [NEXT SECTION](#)]**

For the next two questions, I'm going to ask you about the number of days [CHILD] missed school because of dental care. The first question asks about routine dental care and the second about tooth aches and infections.

4. During the past 12 months, about how many days did [CHILD] miss school because of routine dental care such as check-ups, fillings, or cleanings?

**[INTERVIEWER NOTE: This also includes routine visits to an orthodontist or for orthodontic care such as for braces]**

**[INTERVIEWER NOTE: Each day where either all or part of a day of school was missed should count as one day.]**

\_\_ \_\_ Days missed from school (Enter whole number)

8 8 8 No days

7 7 7 Don't know/Not sure

9 9 9 Refused

5. During the past 12 months, about how many days did [CHILD] miss school because of a tooth ache, or tooth or gum infection? Include time spent at home not feeling well and time receiving dental care for the problem.

**[INTERVIEWER NOTE: Each day where either all or part of a day of school was missed should count as one day.]**

\_\_ \_\_ Days missed from school (Enter whole number)

8 8 8 No days

7 7 7 Don't know/Not sure

9 9 9 Refused

## **Section 13: Nutrition**

---

**[CATI: IF CHILD AGE < 1, GO TO [NEXT SECTION](#)]**

- 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 NOTE:** 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 NOTE:** 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 14: Food Preparation**

---

Now, I would like to ask you a few questions about buying food and feeding your family.

1. How often in the past 12 months did you buy fruits or vegetables locally grown such as from a farmer's market, CSA, roadside stand, or pick-your-own produce farm?

**[INTERVIEWER NOTE:** CSA stands for Community Supported Agriculture. Locally grown means grown in North Carolina or if not, within 100 miles of your home.]

- 2 \_ \_ Times a week (example 201 = 1 time per week)
- 3 \_ \_ Times a month
- 4 \_ \_ Times a year
- 8 8 8 Never

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

2. How difficult would it be for you to prepare a healthy meal for your family from the food you have in your home right now? Would you say:

[INTERVIEWER NOTE: This means without having to go buy more ingredients. Also, the degree of difficulty includes cooking skills necessary not just the availability of ingredients.]

**Read:**

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not Difficult

**Do not read:**

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

3. Thinking about every day cooking, how would you rate your skill at cooking healthy meals for your family? Would you say:

**Read:**

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

**Do not read:**

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

4. What would help you to serve your family more fruits and vegetables than you do right now?

[INTERVIEWER PROMPT: After each response say: "Is there anything else?" until they say "No"]

**Read only if necessary 1-7 [Check all that apply]:**

- 01 Lower cost
- 02 More convenient packaging (like packaged baby carrots)
- 03 Easy access to affordable locally grown fruits and vegetables
- 04 Greater willingness of family members to eat fruits and vegetables
- 05 more skill in food preparation techniques
- 06 Already serve plenty
- 07 Some other reason - specify: (K14Q04ot)

**Don't read:**

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

[CATI: IF CHILD AGE < 3, GO TO NEXT SECTION]

5. About how much does [CHILD] understand how food is grown and prepared before it gets to the store? Would you say:

**Please read:**

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all

**Don't Read:**

- 7 Don't know
- 9 Refused

## **Section 15: 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 16: Food Insecurity**

---

**[CATI: IF CHILD > 5, GO TO Q2]**

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

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

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

**[CATI: IF CHILD < 1 GO TO [NEXT SECTION](#)]**

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?

**[INTERVIEWER 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

## **Section 17: Physical Activity**

---

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

- . -- Hours (3 hours 30 min = 3.5 hours.)
- 30 minutes or less ( $\leq 30$  min = 0.5.)
- 88 Does not spend any time watching TV
- 77 Don't know/Not sure
- 99 Refused

**[CATI: IF CHILD AGE < 2, GO TO Q4]**

2. On a typical day, how much total time does your child spend in physically active play?  
NOTE: This includes organized play that is led by a coach or teacher, as well as unorganized play, such as going for a walk or playing outside.

- 101-199 = minutes per day
- 201-299 = hours per day

- 888. None
- 777. Don't know/Not Sure
- 999. Refused

3. 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 (1-7)
- 7 7 Don't know/Not sure
- 8 8 None
- 9 9 Refused

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

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

- 1 Very Important
- 2 Somewhat Important
- 3 Not At All Important
- 7 Don't know/Not sure
- 9 Refused

## Section 18: Parent Education

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[CATI: IF CHILD AGE < 11 GO TO [NEXT SECTION](#)]

I would next like to ask you about your interest in knowing more about teen issues.

1. Would you like to learn more about teen health issues?

- 1 Yes
- 2 No [GO TO [NEXT SECTION](#)]
- 3 Not sure/Don't know [GO TO [NEXT SECTION](#)]
- 4 Refused [GO TO [NEXT SECTION](#)]

On a scale from 1-3, with 1 being the least helpful, 2 being helpful, and 3 being very helpful, how helpful would it be for you to learn more about:

**2. QUESTION STEM: How helpful would it be to learn about:**

- a. Communicating with teens

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
  
- 7 Don't know/Not Sure
- 9 Refused

- b. immunization shots for teens

- 1 Least Helpful
- 2 Helpful

- 3 Very Helpful
- 7 Don't know/Not Sure
- 9 Refused

c. Helping teens maintain a healthy weight

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
- 7 Don't know/Not Sure
- 9 Refused

d. Teens and tobacco

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
- 7 Don't know/Not Sure
- 9 Refused

e. Teens and alcohol

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
- 7 Don't know/Not Sure
- 9 Refused

f. Teens and marijuana or other illegal drugs

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
- 7 Don't know/Not Sure
- 9 Refused

g. Sexually transmitted diseases

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
- 7 Don't know/Not Sure
- 9 Refused

h. Preventing teen pregnancy

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
  
- 7 Don't know/Not Sure
- 9 Refused

i. Teens and healthy sleep

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
  
- 7 Don't know/Not Sure
- 9 Refused

j. Teens and depression

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
  
- 7 Don't know/Not Sure
- 9 Refused

k. Teens and driving safety

- 1 Least Helpful
- 2 Helpful
- 3 Very Helpful
  
- 7 Don't know/Not Sure
- 9 Refused

## **Section 19: Gun Safety**

---

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

1. How many guns are in or around your home?

-- (Enter Number up to 76)

- 8 8 None [[GO TO NEXT SECTION](#)]
- 7 7 Don't know/Not sure [[GO TO NEXT SECTION](#)]
- 9 9 Refused [[GO TO NEXT SECTION](#)]

2. **[CATI: If only 1 gun (Q1=1), say: “Is the gun”]** (Are any of the guns) in or around your home ever kept loaded?

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

3. **[CATI: If only 1 gun (Q1=1), say: “Is the gun”]** (Are any of the guns) in or around your home ever kept unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

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

**[CATI: IF Q2 AND Q3 ≠ 1 GO TO [NEXT SECTION](#)]**

4. **[CATI: If only 1 gun (Q1=1), say: “Is the gun”]** (Are any of the guns) in or around your home ever kept both unlocked and loaded?

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

## **Section 20. Sexual Behavior**

---

**[CATI: IF AGE < 11, GO TO [NEXT SECTION](#)]**

Last, I just have a couple of questions about sexually transmitted diseases.

1. Sexually transmitted diseases such as Chlamydia are common in young people who have had sex. Have you ever heard of Chlamydia before today?

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

2. Have you ever heard that girls who have had sex should be tested for Chlamydia once a year?

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

[CATI: If K03Q1a=777 or K03Q1b=1, 2, 6, 7 or K03Q2a=7777 or K03Q2b=1,2,6,7 then Go to Section 21, Otherwise Go to Closing Statement. ]

## Section 21. 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.”

1. During the next few days, could you \_\_\_\_\_ [CATI fill: “weigh” if K03Q1a=777 or K03Q1b=1, 2, 6, 7, 9; OR fill: “measure” if K03Q2a=7777 or K04Q3b=1,2,6,7,9. CATI fill: “weigh and measure” if K03Q1a=777 or K03Q1b=1, 2, 6, 7, 9 AND K03Q2a=7777 or K03Q2b=1,2,6,7,9] [CHILD] and tell us the results? You could call us or we could call you.

INTERVIEWER: If parent agrees...

When asking for **weight READ**: “Please weigh (CHILD) with {his/her} shoes off.”

When asking for **height READ**: “Please measure height with (CHILD)’s shoes off and against a wall with {his/her} back to the wall.”

- 1 Yes, respondent will call Survey Lab
  - 2 Yes, Survey Lab to call the respondent [GO TO Q3]
  - 3 No, not willing to weigh/measure [GO TO [CLOSING STATEMENT](#)]
  - 4 No way to weigh/measure child [GO TO [CLOSING STATEMENT](#)]
  - 7 Don’t know/not sure [GO TO [CLOSING STATEMENT](#)]
  - 9 Refused [GO TO [CLOSING STATEMENT](#)]
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 K03Q1a=777 or K03Q1b=1, 2, 6, 7, 9; OR fill: “height” if K03Q2a=7777 or K03Q2b=1,2,6,7,9. CATI fill: “weight and height” if K03Q1a=777 or K03Q1b=1, 2, 6, 7, 9 AND K03Q2a=7777 or K03Q2b=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
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 K03Q1a=777 or K03Q1b=1, 2, 6, 7, 9; “measure” if K03Q2a=7777 or K03Q2b=1,2,6,7,9; “weigh and measure” if K03Q1a=777 or K03Q1b=1, 2, 6, 7, 9 AND K03Q2a=7777 or K03Q2b=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  
8 8 8 Weight already given

5. How tall is (CHILD)?

\_\_\_ Height in feet&inches / meter&centimeters  
8 8 8 8 Height already given

### **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!