

2009 North Carolina CHAMP Child Health Assessment and Monitoring Program Survey

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NC Module 2: Random Child Selection (BRFSS)

CATI: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused) go to NC Module 4

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 is > 1 and Core Q12.7 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., 1st child]. All of the following questions about children will be about that child.”

NOTE: If there are two children with the same birth date, randomly select one.

1. In what month and year was he/she born?

_____	Month / Year
777777	Don't know/Not sure (Probe by repeating the question)
999999	Refused

CATI INSTRUCTION: COMPUTE CHILD AGE (see 2008 Questionnaire).

2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

NC Module 3: CHAMP Follow-up (BRFSS)

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? (410)
 - 1 Yes
 - 2 No [GO TO NEXT MODULE]

2. Are YOU the person in the household who knows the most about the about the health and health practices of this child? (411)
 - 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?’ (412-413)
 - 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 MODULE

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

(414-415)

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
- 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

(416-417)

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

(419)

_____ Child’s name

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

CATI Note: Create Q5 as UDF for export to CHAMP

5. When would be the best time to call your household?

.
"Would you say -- "

Please read

- 1 Daytime
- 2 Evenings, or
- 3 Weekends

Do not read

- 7 Don’t know/not sure
- 9 Refused

CATI: IF Q2 = 1 (BRFSS respondent also CHAMP respondent) or Q3b > 9 then show:

INT_Script1: “In our follow-up survey, we will be asking about the **child’s height and weight**. In the next few days, please be sure to measure the child’s height with the child’s shoes off and with (his/her) back to the wall and weigh (him/her) on a scale with (his/her) shoes off. Thank you for your willingness to participate. The rest of this survey should only take a few more minutes.”

CATI: IF Q3b = 1,3 (Mother), = 2,4 (Father), = 5 (Grandmother), = 6 (Grandfather), = 7 (Uncle), =8 (Aunt), = 9 (Sister/Brother) then show:

INT_Script2: “Please be sure to tell (CHILD)’s [CATI fill Q3b -see CHAMP vRelate code : _____] that we will be calling in the next two weeks. Also, please be sure that (CHILD)’s height is measured with (his/her) shoes off and weighed on a scale with (his/her) shoes off. We will be asking for (CHILD)’s **height and weight** in our follow-up survey.

2009 CHAMP Questionnaire

Interviewer's Script

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

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

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

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

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

WrongNum

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

Intro Ad

A couple weeks ago, we spoke to an adult member of your household who agreed to participate in our follow-up survey of NC children. The person we would like to speak to is the [**CATI: FILL parent/guardian {01 "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 [**CATI FILL: parent/guardian**]?

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

-No [**GO TO GetAdult**]

GetAdult

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

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

- No, selected respondent not available now, schedule callback

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

GetRel

And what is your relationship to this child?

- 01 Biological mother
- 02 Step mother
- 03 Foster mother
- 04 Adoptive mother
- 05 Biological father
- 06 Step father
- 07 Foster father
- 08 Adoptive father
- 09 Sister or Brother (Step/foster/half/adoptive)
- 10 Aunt/ Uncle
- 11 Grandmother
- 12 Grandfather
- 13 Female Guardian

- 14 Male Guardian
- 15 Other Relationship Unknown

- 77 Don't know
- 99 Refused

Go to Introduction II

Introduction I

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

Introduction II

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

Section 1: General Health

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

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

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

Section 2: Parent/child Relationship

[CATI: IF RESPONDENT IS NOT (CHILD)'S MOTHER OR FATHER GO TO Q2.2]

2.1. 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

2.2. Other than yourself, are there any other adults, ages 18 and older, living in your household?

- 1 Yes
- 2 No [GO TO Q2.4]
- 7 Don't know [GO TO Q2.4]
- 9 Refused [GO TO Q2.4]

2.3. What is their relationship to (CHILD)?

[INTERVIEWER PROMPT: 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 Foster Father
- 08 Adoptive Father
- 09 Sister or Brother (Step/foster/half/adoptive)
- 10 Aunt/Uncle
- 11 Grandmother
- 12 Grandfather
- 13 In-law of any type
- 14 Other Family member
- 15 Female Guardian

- 16 Male Guardian
- 17 Respondent's Partner or Boy/Girlfriend
- 18 Other Non-relative
- 19 Two or more of the same relationship type
- 20 Mother Type Unknown
- 21 Father Type Unknown
- 22 Other Relationship Unknown

- 77 Don't know
- 99 Refused

2.4. 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

[CATI: if vNC02Q01 = 777777 or 999999 (child age from BRFSS) GO TO Q2.6.]

2.5. Earlier someone said that (CHILD) was [CATI FILL: vNC02Q01] years old. Is this correct?

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

- 1 Yes [GO TO [Q3.1a](#)]
- 2 No [GO TO Q2.6]

- 7 Don't know/Not sure [GO TO Q2.6]
- 9 Refused [GO TO Q2.6]

2.6. 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
 (if 18 since selected then code as '17')

- 77 Don't know/Not sure [GO TO KGrdAge]

99 Refused [GO TO KGrdAge]

KGrdAge What grade is (CHILD) in?

- 01 Not in School
- 02 PreSchool
- 03 Kindergarten
- 04 Grade 1
- 05 Grade 2
- 06 Grade 3
- 07 Grade 4
- 08 Grade 5
- 09 Grade 6
- 10 Grade 7
- 11 Grade 8
- 12 Grade 9
- 13 Grade 10
- 14 Grade 11
- 15 Grade 12

77 Don't know/not sure [GO TO KNoAge]

99 Refused [GO TO KNoAge]

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

Section 3: Weight/Height

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

3.1a. How much does (CHILD) weigh now?

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

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

7 7 7 7 Don't know/ Not sure [GO TO Q3.2a]

9 9 9 9 Refused [GO TO Q3.2a]

[CATI: If weight < 3rd percentile for age/sex or > 97th percentile for age/sex then show: "Interviewer you indicated the child weighs [CATI FILL: Q3.1a]. IS THIS CORRECT?" Yes, correct as is -GO TO Q3.1b; No, reask question – GO TO Q3.1a.]

3.1b. How did you arrive at [CATI FILL: Q3.1a] for (CHILD)'s weight?

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

Please read from list (1-6)

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

- 7 Don't know
- 9 Refused

3.2a. How tall is (CHILD) now?

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

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

7777 Don't know/Not sure [GO TO Q3.3]
9999 Refused [GO TO Q3.3]

[CATI: If height < 3rd percentile for age/sex or > 97th percentile for age/sex show: "Interviewer you indicated that (CHILD) was [CATI FILL:Q3.2a] tall. IS THIS CORRECT?" Yes, correct as is -GO TO Q3.2b; No, reask question – GO TO Q3.2a.]

3.2b. How did you arrive at [CATI FILL: Q3.2a] for (CHILD)'s height?

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

Please Read from list (1-6)

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

- 7 Don't know
- 9 Refused

3.3. 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

[CATI: If respondent is biological parent (Q2.1 = 1 or 4; or GetRel = 1 or 5) then GO TO Q4.1.; else GO TO [NEXT SECTION](#)]

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

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

- 1 Yes
- 2 No [GO TO Q4.3]

- 7 Don't know/Not sure [GO TO Q4.3]
- 9 Refused [GO TO Q4.3]

4.2a. For how many days, weeks, or months was (CHILD) breastfed?

___ Enter value
Ex. 201 = one week

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

4.2b. During the time (CHILD) was breastfed, was (he/she) fed breast milk ONLY or was (he/she) sometimes fed formula?

- 1 Breast milk only
- 2 Sometimes fed formula

- 7 Don't know
- 9 Refused

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

- 1 Yes
- 2 No

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

Section 5: Health Care Access and Utilization

These next questions are about health insurance.

5.1. 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 Q5.5]**

- 7 Don't know/Not sure **[GO TO Q5.4]**
- 9 Refused **[GO TO Q5.4]**

5.2. 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 1-10

- 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

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

[CATI: IF Q5.2 ≠ 2 (BC/BS) GO TO Q5.4]

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

[INTERVIEWER PROMPT: If more than one type, ask “which type do you use to pay for most of (CHILD)’s medical care.”]

Read if necessary

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

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

5.4. 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

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

Read 1-9 if necessary

- 01 A doctor's office/HMO
- 02 A public health department/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

5.6. 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

5.7. 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 CHILD AGE < 2, GO TO [NEXT SECTION](#)]

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

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

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

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

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

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

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

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

Section 6: Immunizations

[CATI: IF FEMALE AGE < 10 or MALE, GO TO [NEXT 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.

6.1. Has (CHILD)'s school provided you with information about the HPV vaccine in any way?

1 Yes

2 No

7 Don't know/Not Sure

9 Refused

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

1 Yes

2 No

7 Don't know/Not sure

9 Refused

Section 7: Demographics

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

7.1. Is (CHILD) Hispanic or Latino?

1 Yes

2 No

7 Don't know/Not Sure

9 Refused

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

[INTERVIEWER NOTE: 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)

- 7 Don't know/Not sure
- 9 Refused
- 8 No additional choices

[CATI: IF ONLY ONE RESPONSE TO Q7.2 THEN GO TO Q7.4]

7.3. 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: (specify)

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

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

[INTERVIEWER NOTE: Read 1-6 Only if Necessary]

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

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

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

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

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

- 4 Child not in school **[GO TO [NEXT SECTION](#)]**
- 7 Don't know/Not sure **[GO TO [NEXT SECTION](#)]**

9 Refused [**GO TO [NEXT SECTION](#)**]

7.6. What grade is (he/she) in?

-- : Grades (kindergarten=0
College/Post HS Trade School=13)

77 Don't know/Not sure

99 Refused

Section 8: School Performance

[CATI: If CHILD is in Public or Private school (Q7.5 = 1 or 2) then GO TO Q8.1; else GO [NEXT SECTION](#)]

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

a. Because of an illness?

--- :Number of days

215 Entire school year

888 No school days missed

777 Don't know/Not sure

999 Refused

b. Because of an injury?

--- :Number of days

215 Entire school year

888 No school days missed

777 Don't know/Not sure

999 Refused

[CATI: If Q8.1b ≥ 1 AND $\neq 777, 888,$ or 999 then GO TO Q8.2; else GO TO Q8.3]

8.2. As a result of your child's injury, how many days was (CHILD) not able to participate in (his/her) usual activities at home or at school?

--- :Number of days

215 Entire school year

888 No school/home days missed

777 Don't know/Not sure
999 Refused

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

1 A's
2 B's
3 C's
4 D's or
5 F's
6 School does not use letter grading system

7 Do not know
9 Refused

Section 9: Asthma

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

These next questions are about childhood asthma.

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

1 Yes
2 No

7 Don't know/Not sure
9 Refused

[CATI: If respondent is biological father (Q2.1 = 4 or GetRel = 5) GO TO 9.2a; else GO TO Q9.2b]

9.2a. 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 respondent is biological mother (Q2.1 = 1 or GetRel = 1) GO TO 9.2b; else GO TO Q9.3]

9.2b. Have you 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 Q9.1 \neq 1 (CHILD DOES NOT HAVE ASTHMA), GO TO NEXT SECTION]

9.3. 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]**

9.4. During the past 12 months, has (he/she) had to visit a hospital emergency room or urgent care clinic because of (his/her) asthma?

- 1 Yes
- 2 No

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

9.5. Is (he/she) using a medicine every day, (such as a Beclovent, Azmacort, Pulmicort, Flovent, Advair, Singulair, or Vanceril inhaler) that was prescribed by a doctor to keep (him/her) from having asthma problems?

- 1 Yes
- 2 No

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

9.6. Does (he/she) use a rescue medication SUCH AS Albuterol, Alupent, Ventolin, Proventil, Xopenex or Maxair inhaler?

- 1 Yes
- 2 No

- 7 Don't know/Not sure

9 Refused

9.7. During the past 12 months, how many days of daycare or school did (he/she) miss due to asthma?

___ Days missed from school or daycare

8 8 8 NONE

2 1 5 ENTIRE SCHOOL YEAR

5 5 5 NOT APPLICABLE (child not in daycare or school) **[GO TO Q9.9]**

7 7 7 Don't know/Not sure

9 9 9 Refused

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

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

1 Yes

2 No, unable to self administer

3 No, not allowed due to school policy

7 Don't know/Not sure

9 Refused

9.9. Have you or (CHILD) ever taken a course or class on how to manage (his/her) asthma?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

9.10. Has a doctor or other health professional ever taught you or (CHILD) how to recognize early signs or symptoms of an asthma episode?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

9.11. Has a doctor or other health professional ever taught you or (CHILD) what to do during an asthma episode or attack?

1 Yes

2 No

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

9.12. A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or (CHILD) how to use a peak flow meter to adjust (his/her) medications?

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

Section 10: Children with Special Health Care Needs

10.1. Does (CHILD) currently need or use MORE medical care, [CATI: If age \geq 2 yrs, SHOW: “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](#)]

10.2. Is (CHILD)’s need for medical care, [CATI: If age \geq 2 yrs, SHOW: “mental health or educational services”] because of ANY medical, behavioral, or other health condition

- 1 Yes [GO TO Q10.3]

- 2 No [GO TO Q10.2ot]
- 7 Don't know/Not sure
- 9 Refused

10.2ot. What is (CHILD)'s condition that leads to the need for more medical care, [CATI: If age ≥ 2 yrs, SHOW: "mental health or educational services") than is usual for most children of (his/her) age?

_____(specify):

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

10.3. 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

[CATI: If CHILD AGE ≥ 12 GO TO Q10.4; else GO TO **NEXT SECTION**]

10.4. Has (CHILD)'s doctor or health care provider ever given you or your child a written plan to help them manage their condition as they become an adult.

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

Section 11: Child Health Conditions

These next questions are about health conditions.

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

- 1 Yes [GO TO Q11.3]
- 2 No
- 7 Don't know/Not sure
- 9 Refused

11.2. 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 Q11.4]

11.3. 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

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

- 1 Yes
- 2 No

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

Section 12: Parent Reaction to Child Weight

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

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

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

Section 13: Oral Health

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

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

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

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

13.2. 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

13.3. 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 1-6

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

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

Section 14: Family Involvement

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

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

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

Section 15: Nutrition

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

15.1. How often does (CHILD) eat fast food?

[INTERVIEWER PROMPT: If needed, say "like Burger King, McDonald's, or Kentucky Fried Chicken"?]

Please read 1-5

1	less than once a week
2	once a week
3	2 times a week
4	3 to 5 times a week
5	5 or more times a week
6	Child does not eat fast food
7	Don't know / Not Sure
9	Refused

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

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

Please read 1- 4

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

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

15.3a. On a TYPICAL DAY, how many servings of 100% fruit juice does (CHILD) drink?
1 serving, 2 servings, 3 or more servings, or none?

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

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

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

15.3b. On a TYPICAL DAY, how many servings of fruit does (CHILD) eat?
1 serving, 2 servings, 3 or more servings, or none?

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

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

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

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

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

[INTERVIEWER PROMPT: 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.]

- 1 1 serving
- 2 2 servings

- 3 3 or more servings
- 4 None

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

Section 16: Whole Grain Foods

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

These next questions are about whole grain foods.

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

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

- 1 Yes
- 2 No [GO TO [NEXT SECTION](#)]

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

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

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

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

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

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

c. Brown rice?

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

d. Soft corn or whole wheat tortillas?

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

Section 17: Food Insecurity

[CATI: IF CHILD AGE > 5, GO TO Q17.2]

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

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

- 1 Yes
- 2 No

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

17.2. 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 AGE < 1 GO TO [NEXT SECTION](#)]

17.3. 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.]

Please read 1- 5

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

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

Section 18: Physical Activity

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

18.1. On a TYPICAL DAY, how much total time does (CHILD) spend in physically active play?

[INTERVIEWER NOTE: This includes organized play that is led by an adult, as well as unorganized play, such as playing outside.]

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

8 8. Does not spend any time in physical play
7 7. Don't know/Not Sure
9 9. Refused

18.2. How often do you or your child use any of the playing fields or facilities at a school in your community during after-school hours or on weekends?

Please read 1 - 4

1 At least once a week
2 At least once a month
3 A few times per year, or
4 Never

5 Not allowed on property after school hours
6 Live too far from school
7 Don't know/Not sure
9 Refused

[CATI: If CHILD is ≥ 5 years old and in public or private school (Q7.5 = 1 or 2) then GO TO Q18.3; else GO TO Q18.5.]

18.3. How many miles does (he/she) live from school?

___ Miles (code in half mile increments only)
(0.5 = half mile or less)
(1.5 = one and a half miles)

777 Don't Know/Not Sure
999 Refused

18.4. How many days per week does your child walk or ride a bicycle to school?)

-- Number of days (88=none)

88 None

77 Don't know/Not sure

99 Refused

18.5. On a TYPICAL DAY, how much total time does (CHILD) spend watching television?

--- : Hours (0.5 to 24.00)

(0.5 = 30 minutes or less)

(3.5 = 3 hours 30 minutes)

PLEASE ROUND UP TO NEXT HALF HOUR or HOUR

code in half hour increments only

88 DOES NOT SPEND ANY TIME WATCHING TV

77 Don't know/Not sure

99 Refused

Section 19: Local Wellness Policy

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

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

1 Yes

2 No

7 Don't know/Not sure

9 Refused

Section 20. Child Safety

These next questions are about child safety.

[CATI: If CHILD AGE < 8 then GO TO Q20.1; else GO TO Q20.2.]

20.1. 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. Would you say (CHILD) rides in a child safety seat: All of the time, most of the time, some of the time, rarely or never?

- 1 All of the time **[GO TO Q20.3]**
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never

- 7 Do not know
- 9 Refused

[CATI: If CHILD AGE < 2, GO TO Q20.5; else GO TO Q20.2]

20.2. When you are driving and (CHILD) rides in the vehicle with you **[CATI FILL: If child age<8 SHOW: “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: All of the time, most of the time, some of the time, rarely or never.

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

- 7 Do not know
- 9 Refused

[CATI: If CHILD AGE < 3, GO TO Q20.5; else GO TO Q20.3.]

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

- 1 Yes
- 2 No **[GO TO Q20.5]**
- 7 Don't Know **[GO TO Q20.5]**
- 9 Refused **[GO TO Q20.5]**

20.4. 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

20.5. When you are in a vehicle with children, how often do you use your cell phone while driving? Would you say never, sometimes, usually or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Does not own a cell phone

- 7 Don't Know
- 9 Refused

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

[INTERVIEWER PROMPT: If YES, Ask, 'Are these medications all in one location, such as a bathroom cabinet?']

- 1 Yes, all in one location
- 2 Yes, but NOT in one location
- 3 No prescription medications in household [GO TO [NEXT SECTION](#)]

- 7 Don't Know [GO TO [NEXT SECTION](#)]
- 9 Refused [GO TO [NEXT SECTION](#)]

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

[INTERVIEWER NOTE: Child safety latches do not count as locked.]

- 1 Yes
- 2 No

- 7 Don't Know
- 9 Refused

Section 21. Sexual Behavior

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

21.1 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

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

- 1 Yes
- 2 No

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

[CATI: If Q3.1a = 777 or Q3.1b = 1, 2, 6, 7 or Q3.2a = 7777 or Q3.2b = 1,2,6,7 then GO TO [SECTION 22](#); else GO TO [CLOSING STATEMENT](#).]

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.

22.1. During the next few days, could you [CATI FILL: "weigh" if Q3.1a = 777 or Q3.1b = 1, 2, 6, 7, 9; OR FILL: "measure" if Q3.2a = 7777 or Q3.2b = 1,2,6,7,9; OR FILL: "weigh and measure" if Q3.1a = 777 or Q3.1b = 1, 2, 6, 7, 9 AND Q3.2a = 7777 or Q3.2b = 1,2,6,7,9] (CHILD) and tell us the results? You could call us or we could call you.

INTERVIEWER: If parent agrees...

When asking for **weight READ:** "Please weigh (him/her) with (his/her) shoes off."

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

- 1 Yes, respondent will call Survey Lab [GO TO Q22.2]
- 2 Yes, Survey Lab to call the respondent [schedule a callback]
- 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](#)]

22.2. 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 Q3.1a = 777 or Q3.1b = 1, 2, 6, 7, 9; OR FILL: "height" if Q3.2a = 7777 or Q3.2b = 1,2,6,7,9; OR FILL: "weight and height" if Q3.1a = 777 or Q3.1b = 1, 2, 6, 7, 9 AND Q3.2a = 7777 or Q3.2b = 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

22.3. Hello. This is (**interviewer name**) calling from the NC Department of Health and Human Services. Recently you completed our study on children's health in North Carolina and I'm calling back to see if you've had a chance to [CATI FILL: "weigh" if Q3.1a = 777 or Q3.1b = 1, 2, 6, 7, 9; "measure" if Q3.2a = 7777 or Q3.2b = 1,2,6,7,9; "weigh and measure" if Q3.1a = 777 or Q3.1b = 1, 2, 6, 7, 9 AND Q3.2a = 7777 or Q3.2b = 1,2,6,7,9] (CHILD).

- 1 Parent has child's weight only
- 2 Parent has child's height only [Go to Q22.5]
- 3 Parent has child's weight and height
- 4 Has neither (schedule a call back)

22.4a. How much does (CHILD) weigh now?

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

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

[CATI: If weight < 3rd percentile for age/sex or > 97th percentile for age/sex then show: "Interviewer you indicated the child weighs [CATI FILL: Q22.4a]. IS THIS CORRECT?" Yes, correct as is -GO TO Q22.5; No, reask question – GO TO Q22.4a.]

22.5. How tall is (CHILD)?

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

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

[CATI: If height < 3rd percentile for age/sex or > 97th percentile for age/sex show: "Interviewer you indicated that (CHILD) was [CATI FILL:Q22.5] tall. IS THIS CORRECT?" Yes, correct as is -GO TO CLOSING STATEMENT; No, reask question – GO TO Q22.5.]

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!