

**North Carolina  
Child Health Assessment and Monitoring Program  
NC CHAMP 2011 Survey**

---

BRFSS NC Module 2: Random Child Assignment.....	2
BRFSS NC Module 3: CHAMP Follow-up.....	3
CHAMP Introductory Script.....	7
Section 1: Respondent Relationship to Child.....	9
Section 2: General Health.....	9
Section 3: General Information.....	10
Section 4: Birth Characteristics.....	12
Section 5: Weight/Height.....	13
Section 6: Breastfeeding.....	14
Section 7: Health Care Access and Utilization.....	18
Section 8: Immunizations.....	24
Section 9: Demographics.....	29
Section 10: School Performance.....	30
Section 11: Asthma.....	32
Section 12: Child Health Conditions.....	35
Section 13: Children with Special Health Care Needs.....	36
Section 14: Nutrition.....	40
Section 15: Whole Grain Foods.....	42
Section 16: Physical Activity.....	43
Section 17: Parent Reaction to Child Weight.....	45
Section 18: Food Insecurity.....	46
Section 19: Family Involvement.....	47
Section 20: Child Safety.....	47
Section 21: Gun Safety.....	48
Section 22: Tobacco Indicators.....	50
Section 23: Sexual Behavior.....	50
Section 24: Respondent Information.....	51
Closing Statement.....	52
Section 25: Height/Weight Follow-up.....	52
Height/Weight Call-back Script.....	52

## BRFSS NC Module 2: Random Child Assignment

---

**CATI: IF C08Q07 = 88, or 99 (no children under age 18 in the household, or refused) GO TO BRFSS NC Module 4.**

NC02Q01. **CATI IF C08Q07 = 1:**

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.

What is the birth month and year of the child?

\_\_\_\_\_ Month / Year

777777 Don't know/Not sure

999999 Refused

**CATI IF C08Q07 > 1 AND C08Q07 NOT = 88, 99:**

Previously, you indicated there were [CATI FILL: C08Q07] children age 17 or younger in your household. Think about those [CATI FILL: C08Q07] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [CATI FILL: second/third/fourth, etc.] child. Please include children with the same birth date, including twins, in the order of their birth.

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

**Random seed from RANDSEED is used to select a specific child.**

I have some additional questions about one specific child. The child I will be referring to is the [CATI INSERT random number with format: first child, second child, etc.] in your household. All of the following questions about children will be about the [CATI INSERT random number with format: first child, second child, etc.].

What is the birth month and year of the child?

\_\_\_\_\_ Month / Year

777777 Don't know/Not sure

999999 Refused

NC02Q02. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

**CATI: GO TO BRFSS NC MODULE 3.**

## **BRFSS NC Module 3: CHAMP Follow-up**

---

CATI: IF QSTPATH = 1 and Ever Asthma (C06Q04 = 1 - Yes) and 1+ children in HH (C08Q07 = 1--76) go to NC Module 4 (AAFU). IF QSTPATH = 1 and Ever Asthma (C06Q04 >= 2 - No) and 1+ children in HH (C08Q07 = 1--76) go to [NC03Q01](#) (if landline) or [NC03Q01a](#) (if cell phone). IF QSTPATH = 1 and Ever Asthma (C06Q04 >= 2 - No) and no children in HH (C08Q07 = 88) go to NC Module 5 (Disability). IF QSTPATH = 2 and 1+ children in HH (C08Q07 = 1--76) go to [NC03Q01](#) (if landline) or [NC03Q01a](#) (if cell phone).

CATI: IF CELL PHONE GO TO [NC03Q01a](#). IF LANDLINE GO TO [NC03Q01](#).

NC03Q01a. 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.

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

- 1 Yes **[GO TO [NC03Q03a](#)]**
- 2 No **[GO TO [NC03Q07](#)]**

NC03Q01. 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.

**[NOTE: If needed say, "the one we've just been talking about."]**

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

- 1 Yes
- 2 No **[GO TO NEXT BRFSS NC MODULE]**

NC03Q02. Are YOU the person in the household who knows the most about the health and health practices of this child?

- 1 Yes **[Go to [NC03Q03a](#)]**
- 2 No **[Go to [NC03Q03b](#)]**

NC03Q03a. And what is your relationship to this child?

**[IF respondent says 'Mother' or 'Father' PROBE: 'Are you his/her biological mother/father?']**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father

- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

**CATI: GO TO [NC03Q04](#).**

NC03Q03b. Who would that person be in your household (the person who knows most about the health of the child)?

**[INTERVIEWER: IF respondent says 'Mother' or 'Father' PROBE: 'Would this be his/her biological (real) mother/father?']**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

NC03Q03c. And what is YOUR relationship to this child?

**[CATI NOTE: IF NC03Q03a or NC03Q03b = 01 (biological mother) THEN NC03Q03c cannot = 01; ELSE IF NC03Q03a or NC03Q03b = 05 (biological father) THAN NC03Q03c cannot = 05.]**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

NC03Q04. 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.

[NOTE: If parent refuses name, just ask for the child's initials or a nick name.]

\_\_\_\_\_ Child's name

NC03Q05. When would be the best time to call **[CATI FILL, IF LANDLINE: 'your household' IF CELLPHONE: 'you back']**? Would you say: Daytime, Evenings or Weekends?

[Note: If respondent says no best time to call then select 2 for evenings.]

- 1 Daytime
- 2 Evenings
- 3 Weekends
  
- 7 Don't know/not sure
- 9 Refused

NC03Q06. 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.

**IF NC03Q03b ≤14, show:**

Please be sure to tell (CHILD)'s [CATI fill NC03Q03b [see CHAMP vRelate code] that we will be calling in the next two weeks. Also, please be sure that (CHILD)'s height is measured with (his/her) shoes off and back against the wall and weighed on a scale with (his/her) shoes off. We will be asking for (CHILD)'s height and weight in our follow-up survey. The rest of this survey should only take a few more minutes.

Press '1' to continue.

NC03Q07. Thank you very much, but we are only interested in speaking with the person who knows most about the health of the child. The rest of this survey should only take a few more minutes.

1 continue to next section

**CATI: GO TO NEXT BRFSS NC MODULE.**

## CHAMP Introductory Script

---

IntroQst. 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)?

- 1 Correct Number - **CATI GO TO [IntroAd](#)**
- 2 Number is not the same – **CATI 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.

Interviewer: Press '1' to continue.

IntroAd. **CATI, IF LANDLINE:**

A couple weeks ago we spoke to an adult member of your household who agreed to participate in our follow-up survey of NC children. The person we would like to speak to is the (parent/guardian identified in BRFSS) of (CHILD).

Are you (CHILD)'s (parent/guardian identified in BRFSS)?

- 1 Yes - **CATI GO TO [Intro2](#)**
- 2 No - **CATI GO TO [GetAdult](#)**

**CATI, IF CELL PHONE:**

Are you (CHILD)'s (parent/guardian identified in BRFSS)?

- 1 Yes - Is this a safe time to talk with you now or are you driving?  
Yes, safe time to talk – **CATI GO TO [Intro2](#)**
- 2 No - If driving then press F3 and schedule call-back.

GetAdult. Is (CHILD)'s (parent/guardian identified in BRFSS) available to speak with me?

- 1 Yes, SR adult is coming to the phone - **CATI GO TO [Intro1](#)**
- 2 No, SR adult not available now, schedule callback
- 3 No, SR adult will not do survey, adult on phone will do survey - **CATI GO TO [Intro2](#)**

Intro1. HELLO, I am (interviewer name) calling for the North Carolina Department of Health & Human Services. We are gathering information on the health of children in our state. Several weeks ago we spoke to an adult member of your household who suggested that you would be the most knowledgeable person to talk to about (CHILD)'s health. In this survey we will be asking you questions about (CHILD)'s health behaviors and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be kept confidential. If you have any questions about 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.

- 1 Person interested, continue - **CATI GO TO [K01Q01](#)**

Intro2. In this survey, we will be asking you questions about the health and health practices of your child named, (CHILD). You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. This interview will take about 10 to 15 minutes.

1 Person interested, continue - **CATI GO TO [K01Q01](#)**

## Section 1: Respondent Relationship to Child

---

K01Q01. Just to verify, are you (CHILD)'s biological, step, or adoptive mother/father?

**[NOTE: If NOT mother or father, then ask: "Just to verify, what is your relationship to (CHILD)?"]**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

## Section 2: General Health

---

K02Q01. Would you say that (CHILD)'s health is: excellent, very good, good, fair or poor?

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

### Section 3: General Information

---

K03Q01. Other than yourself, how many other adults, ages 18 and older, live in your household?

\_\_\_\_\_ # of Adults (1-12, 77, 88, 99)

- 88 None **[GO TO [K03Q03a](#)]**
- 77 Don't know/not sure **[GO TO [K03Q03a](#)]**
- 99 Refused **[GO TO [K03Q03a](#)]**

**[CATI: IF K03Q01 = 0 THEN GO TO [K03Q03a](#).]**

K03Q02. What is their relationship to (CHILD)?

**[PROMPT: IF respondent says "Mother" or "Father" PROBE: 'Is that his/her biological, adoptive, step, or foster mother/father?']**

**[NOTE: Mark all that apply.]**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (any type)
- 14 Brother (any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other Relationship
- 21 Respondent's Partner or Boy/Girlfriend
- 22 In-law of any type
- 23 Two or more of the same relationship type
- 77 Don't know/ Not Sure
- 99 Refused

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

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

K03Q03. How old is (CHILD)?

[NOTE: If parent refuses to give child's age, say "Many of the questions in this survey are for certain age groups only. Can you give us an approximate age?"]

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

- (0-17; code '0' if under 1 year)  
(if 18 since selected then code as '17')
  
- 77 Don't know/Not sure
- 99 Refused

[CATI: If Child Age < 3 then GO TO [K04Q01.](#)]

K03Q04. What grade is (CHILD) in?

- 1 Grade 1
- 2 Grade 2
- 3 Grade 3
- 4 Grade 4
- 5 Grade 5
- 6 Grade 6
- 7 Grade 7
- 8 Grade 8
- 9 Grade 9
- 10 Grade 10
- 11 Grade 11
- 12 Grade 12 or higher
- 13 Kindergarten
- 14 PreSchool
- 15 Not in School
  
- 77 Don't know/not sure
- 99 Refused

## Section 4: Birth Characteristics

---

K04Q01. Was (CHILD) born before (his/her) due date?

- 1 Yes
- 2 No [**GO TO [K04Q03](#)**]
- 7 Don't know/Not sure [**GO TO [K04Q03](#)**]
- 9 Refused [**GO TO [K04Q03](#)**]

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

- \_\_\_ Enter value
- 777 Don't know/Not sure
- 999 Refused

K04Q02b. MARK PERIOD

- 1 DAYS
- 2 WEEKS
- 3 MONTHS

**[IF (K04Q02a > 4 AND K04Q02b = 3) OR (K04Q02a > 19 AND K04Q02b = 2) OR (K04Q02a > 150 AND K04Q02b = 1) THEN GO TO [K04Q02bb.](#)]**

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

- 1 Yes correct as is. [**GO TO [K04Q03](#)**]
- 2 No, (will skip to K04Q02a to reask)

K04Q02bb. Interviewer you indicated that (CHILD) was born [**CATI FILL: K04Q02a K04Q02b**] early. This is NOT an allowed value.

- 1 Skip to K04Q02a to reask.

K04Q03. How much did (he/she) weigh at birth?

For pounds and ounces from left to right, positions one and two will hold two leading zeros, three and four will hold the value of pounds from 0 to 30 and the last two columns will hold 00 to 15 ounces.

For kilograms and grams from left to right, position one will hold a leading nine, two and three will hold the value of kilograms 1-30 and the last three positions will hold the number of grams.

[Note: ex. 001102 is 11 pounds 02 ounces  
ex. 904312 is 4.312 kilograms or 4312 grams]

\_\_\_\_\_ Weight (pounds and ounces or kilograms)  
777777 Don't Know/Not sure  
999999 Refused

## Section 5: Weight/Height

---

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

K05Q01a. How much does (CHILD) weigh now?

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

[NOTE: Round fractions up.]

\_\_\_\_\_ Enter weight in whole pounds or kilograms  
(Ex. 99 lbs = 0099, 45 kg = 9045)  
7 7 7 7 Don't know/ Not sure [GO TO [K05Q02a](#)]  
9 9 9 9 Refused [GO TO [K05Q02a](#)]

[CATI: If weight < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex then show:  
"Interviewer you indicated the child weighs [CATI FILL: K05Q01a]. IS THIS CORRECT?"  
Yes, correct as is -GO TO K05Q01b; No, reask question – GO TO [K05Q01a](#).]

K05Q01b. How did you arrive at [CATI FILL: K05Q01a] for (CHILD)'s weight?

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

[Please read 1-6.]

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

K05Q02a. How tall is (CHILD) now?

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

[NOTE: Round fractions down.]

\_\_\_\_\_ Enter height in feet and inches (Ex. 5 feet 9 inches = 509)  
or meters and centimeters (Ex. 1 meter 75 centimeters = 9175)  
7 7 7 7 Don't know/Not sure [GO TO [K05Q03](#)]  
9 9 9 9 Refused [GO TO [K05Q03](#)]

**[CATI: If height < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex show:**  
“Interviewer you indicated that (CHILD) was [CATI FILL: K05Q02a] tall. IS THIS CORRECT?”  
**Yes, correct as is -GO TO K05Q02b; No, reask question – GO TO K05Q02a.]**

K05Q02b. How did you arrive at [CATI FILL: K05Q02a] for (CHILD)'s height?

**[NOTE: If SR says child was measured more than 3 months ago (home, school, or doctor's office) select (2) estimated or guessed.]**  
[Please read 1-6.]

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

K05Q03. During the past year, has your child's physician or another health professional told you that your child was overweight?

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

## **Section 6: Breastfeeding**

---

**[CATI: If respondent is biological parent (K01Q01=1 or 5) then GO TO K06Q01; else GO TO [NEXT SECTION](#)]**

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

K06Q01. Was (CHILD) breastfed for any length of time?

- 1 Yes [[GO TO K06Q03a](#)]
- 2 No
  
- 7 Don't know/Not sure [[GO TO K06Q06](#)]
- 9 Refused [[GO TO K06Q06](#)]

K06Q02. What is the main reason (CHILD) was not breastfed?

[Mark all that apply. Read 1-8 only if necessary.]

- 1 mother didn't like breastfeeding
- 2 mother went back to work or school
- 3 mother had other children to care for
- 4 mother embarrassed
- 5 breastfeeding was inconvenient
- 6 baby or mother was sick
- 7 husband did not want mother to breastfeed
- 8 mother's family did not support her
- 9 Other (specify: K06Q02ot)
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI: GO TO [K06Q07](#)]**

K06Q03a. For how many days, weeks, or months was (CHILD) breastfed?

\_\_\_ Enter Value

- 888 Still breastfeeding
- 777 Don't know/ not sure
- 999 Refused

**[CATI: IF K06Q03a = 777, 999 THEN GO TO [K06Q04a](#); IF K06Q03a = 888 THEN GO TO [K06Q03bv](#).]**

K06Q03b. MARK PERIOD

- 1 DAYS
- 2 WEEKS
- 3 MONTHS
- 4 YEARS

**[IF (K06Q03b = 1 AND K06Q03a > [CHILD AGE \* 365]) OR (K06Q03b = 2 AND K06Q03a > [CHILD AGE \* 52]) OR (K06Q03b = 3 AND K06Q03a > [CHILD AGE\*12]) OR (K06Q03b = 4 AND K06Q03a > CHILD AGE) THEN GO TO [K06Q03bv](#).]**

K06Q03bv. Interviewer you indicated that (CHILD) was breastfed for **[CATI FILL: K06Q03a K06Q03b; IF K06Q03a = 888 show "is still breastfeeding"]**. IS THIS CORRECT?

- 1 Yes, correct as is **[GO TO [K06Q04a](#)]**
- 2 No, (will skip to K06Q03a to reask)

K06Q03bw. Interviewer you indicated that child was breastfed for [CATI FILL: K06Q03a K06Q03b]. Answer is OLDER THAN CURRENT AGE OF CHILD: [CATI FILL: CHILD AGE] years old.

1 Skip to K06Q03a to reask.

K06Q04a. At what age did you first begin to give (CHILD) any formula, food or water other than breast milk?

— — — Enter value

888 Still EXCLUSIVELY breastfeeding

777 Don't know/Not sure

999 Refused

[CATI: IF K06Q04a = 777, 999 THEN GO TO [K06Q05](#); IF K06Q04a = 888 THEN GO TO [K06Q04bv](#).]

K06Q04b. MARK PERIOD

1 DAYS

2 WEEKS

3 MONTHS

4 YEARS

IF (K06Q04b = 1 AND K06Q04a > [CHILD AGE \* 365]) OR (K06Q04b = 2 AND K06Q04a > [CHILD AGE \* 52]) OR (K06Q04b = 3 AND K06Q04a > [CHILD AGE\*12]) OR (K06Q04b = 4 AND K06Q04a > CHILD AGE) THEN GO TO [K06Q04w](#).]

K06Q04bv. Interviewer you indicated that (CHILD) was given formula, food or water other than breast milk at [CATI FILL: K06Q04a K06Q04b; IF K06Q04a = 888 show “is still exclusively breastfeeding”] old. IS THIS CORRECT?

1 Yes, correct as is [GO TO [K06Q05](#)]

2 No, (will skip to K06Q04a to reask)

K06Q04bw. Interviewer you indicated that child was not given any formula, food or water other than breast milk until he/she was [CATI FILL: K06Q04a K06Q04b]. Answer is OLDER THAN CURRENT AGE OF CHILD: [CATI FILL: CHILD AGE] years old.

1 Skip to K06Q04a to reask.

K06Q05. What is the main reason (CHILD) stopped breastfeeding?

[Mark all that apply. Read 1-8 only if necessary.]

1 mother went back to work or school

2 child had difficulty nursing

3 breastmilk did not satisfy baby

- 4 baby was not gaining enough weight
- 5 breastfeeding was inconvenient
- 6 mother felt right time to stop
- 7 mother did not have support of husband and/or family
- 8 mother became pregnant
- 9 other (specify: K06Q05ot)
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI: If respondent is NOT biological mother (K01Q01=1) then GO TO [NEXT SECTION](#)]**

K06Q06. When you gave birth to (CHILD), did you receive any help or encouragement for breastfeeding your new baby while you were in the hospital?

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

K06Q07. After you left the hospital, did you receive any help or encouragement for breastfeeding your baby?

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

**[CATI: IF (K06Q06 GE 2) AND (K06Q07 GE 2) THEN GO TO [NEXT SECTION](#)]**

K06Q08. Who was most important in providing you with help or encouragement for breastfeeding?

[Mark all that apply. Read 1-9 only if necessary.]

- 1 doctor or health provider
- 2 peer counselor
- 3 support group
- 4 Lactation Consultant (IBCLC) - hospital or private
- 5 WIC
- 6 baby's father
- 7 other family member (e.g. mother, sister, aunt)
- 8 friend
- 9 employer
- 10 other (specify: K06Q08ot)
  
- 77 Don't know/Not sure
- 99 Refused

## Section 7: Health Care Access and Utilization

---

These next questions are about health insurance.

K07Q01. Does (CHILD) have any kind of health care coverage, including private health insurance, prepaid plans such as HMOs, or government plans such as Health Check, Medicaid Program for Children, or NC Health Choice?

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

- 1 Yes **[GO TO [K07Q03](#)]**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

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

- 1 Yes
- 2 No **[GO TO [K07Q06](#)]**
- 7 Don't know/Not sure **[GO TO [K07Q010](#)]**
- 9 Refused **[GO TO [K07Q10](#)]**

K07Q03. What is (her/his) primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills.

**[CATI: IF K07Q02 EQ 1 THEN ASK:** “What was (her/his) primary health insurance plan at that time? This was the plan which paid the medical bills first or paid most of the medical bills.”]

**[NOTE:** The State Employee Health Plan is also called the ‘North Carolina Teacher’s and Employee Health Plan’. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.]

[Please Read 1-10.]

- 1 The State Employee Health Plan
- 2 Blue Cross/Blue Shield of North Carolina
- 3 Other Private health insurance plan purchased from an employer or directly from insurance company.
- 4 NC Health Choice **[CATI: IF AGE<6 THEN SHOW** “Only available for 6-17yrs. Ask: ‘Is (his/her) primary health insurance plan Medicaid?’ ”]
- 5 Medicaid
- 6 Carolina ACCESS
- 7 Health Check
- 8 The military, CHAMPUS, or TRI CARE

- 9 The Indian Health Service
- 10 Other
- 77 Don't know/Not sure
- 99 Refused

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

K07Q04. What type of NC Blue Cross/Blue Shield coverage does (CHILD) have?

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

[Read 1-6 if necessary.]

- 1 Blue Care – an HMO (health maintenance organization)
- 2 Blue Options – a PPO (preferred provider organization)
- 3 Blue Advantage – purchased directly for self or family
- 4 Federal Employee Health Plan – PPO plan through federal employment
- 5 Other Blue Cross coverage
- 6 The State Employee Health Plan
- 77 Don't know/Not sure
- 99 Refused

**[CATI: IF K07Q02 = 1 THEN GO TO [K07Q06](#)]**

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

- 1 Yes
- 2 No **[GO TO [K07Q07](#)]**
- 7 Don't know/Not sure **[GO TO [K07Q07](#)]**
- 9 Refused **[GO TO [K07Q07](#)]**

**[CATI: IF (K07Q01 = 2) OR (K07Q05 = 1) THEN GO TO [K07Q06](#). ELSE GO TO [K07Q07](#). IF (K07Q01 >2) THEN GO TO [K07Q10](#).]**

K07Q06. What was the MAIN reason that (CHILD) did not have health insurance coverage?

**[CATI if K07Q01>2 then show “What is the MAIN reason that (CHILD) does not have health insurance coverage NOW”?]**

**If needed, say: “The main reason is the most important reason.”**

[Read 1-12 only if necessary.]

- 1 Costs too much
- 2 Can't get insurance through employer

- 3 Between jobs/ unemployed
- 4 Don't want/ don't need insurance
- 4 Medicaid benefits stopped
- 5 Unable to get or was refused coverage because of child's health status
- 6 No spouse/dependent coverage purchased
- 7 Don't know how to get coverage
- 8 Ineligible for government programs (e.g. Medicaid, Health Check, Health Choice)
- 9 Changing jobs or insurance policies
- 10 Have applied or re-enrolled/waiting for paperwork to clear
- 11 Just don't have/Haven't applied/Intend to apply or re-enroll but haven't done so
- 12 Other reason (specify: K07Q06ot)
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI: IF K07Q01 = 2 THEN GO TO [K07Q10](#)]**

K07Q07. Does (CHILD)'s health insurance offer benefits or cover services that meet (his/her) needs? Would you say never, sometimes, usually or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
  
- 7 Don't know/Not sure
- 9 Refused

K07Q08. Are the costs not covered by (CHILD)'s health insurance reasonable? Would you say never, sometimes, usually or always?

[INTERVIEWER, If necessary, ask "Do you have any out-of-pocket costs for you're (his/her) health care?" IF YES, THEN ASK: "Are those costs reasonable?"]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
  
- 7 Don't know/Not sure
- 9 Refused

K07Q09. Does (CHILD)'s health insurance allow (him/her) to see the health care providers (he/she) needs? Would you say never, sometimes, usually or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
  
- 7 Don't know/Not sure

- 9 Refused
- K07Q10. What kind of place does (he/she) go to most often for health care?
- [Read 1-9 if necessary.]
- 1 A doctor's office [GO TO [K07Q12](#)]
  - 2 A public health department/community health center [GO TO [K07Q12](#)]
  - 3 A hospital outpatient department
  - 4 A hospital emergency room
  - 5 Urgent care center
  - 6 A school nurse [GO TO [K07Q12](#)]
  - 7 A school based Health Center [GO TO [K07Q12](#)]
  - 8 Some other kind of place [GO TO [K07Q12](#)]
  - 9 No usual place [GO TO [K07Q12](#)]
- 77 Don't know/Not sure [GO TO [K07Q12](#)]
- 99 Refused [GO TO [K07Q12](#)]
- K07Q11. What is the main reason you go to [CATI FILL: IF K07Q10 = 3, show "a hospital", IF K07Q10 = 4, show "a hospital emergency room", IF K07Q10 = 5, show "an urgent care center"] most often for (CHILD)'s health care?
- 1 It is always available 24 hours a day / 7 days a week
  - 2 Most illnesses seem to come up at night or over the weekend when the doctor's office isn't open
  - 3 Can go to the hospital when off work
  - 4 Don't need an appointment
  - 5 On the public transportation route
  - 6 Other (specify: K07Q11ot)
- 77 Don't know/Not sure
- 99 Refused
- K07Q12. 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
- K07Q13. 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
- K07Q14. During the past 12 months was there ever a time when you delayed medical care for (CHILD) or when he/she did not receive all the medical care you felt (he/she) needed?
- 1 Yes
- 2 No [GO TO [K07Q16](#)]
- 7 Don't know/Not sure [GO TO [K07Q16](#)]
- 9 Refused [GO TO [K07Q16](#)]
- K07Q15. What was the MAIN reason you delayed medical care or why (CHILD) did not get all the medical care that (he/she) needed?
- 1 No health insurance
- 2 Cost
- 3 Insurance didn't cover all services needed
- 4 Too long a wait for an appointment
- 5 No child care
- 6 No transportation
- 7 Some other reason (specify: K07Q11ot)
- 77 Don't know/Not sure
- 99 Refused
- K07Q16. In the last 12 months, was there any time when you delayed or did NOT fill a prescription for medicine for (CHILD) because of the COST?
- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused
- K07Q17. How difficult is it to reach (CHILD)'s doctor or other health care providers about a health problem during regular business hours? Would you say it is very difficult, somewhat difficult, or not at all difficult?
- [Note: 'regular business hours' refers to Monday through Friday, 9am to 5pm.]
- 1 Very difficult
- 2 Somewhat difficult
- 3 Not at all difficult
- 7 Don't know/Not sure
- 9 Refused

K07Q18. How difficult is it to reach (CHILD)'s doctor or other health care providers about a health problem after hours or on weekends? Would you say it is very difficult, somewhat difficult, or not at all difficult?

[Note: 'after hours' refers to Monday through Friday, before 9am or after 5pm.]

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not at all difficult
  
- 7 Don't know/Not sure
- 9 Refused

**[CATI: IF CHILD AGE < 12 GO TO [K07Q21](#)]**

K07Q19. Have (CHILD)'s doctors or other health care providers talked with you or (CHILD) about (his/her) health care needs as he/she becomes an adult?

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

K07Q20. Eligibility for health insurance often changes as children reach adulthood. Has anyone discussed with you how to obtain or keep some type of health insurance coverage as (CHILD) becomes an adult?

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

K07Q21. Does anyone help you arrange or coordinate (CHILD)'s care among the different doctors or services that (he/she) uses?

**[If necessary, say:** "By 'arrange or coordinate,' I mean: Is there anyone who helps you make sure that (CHILD) gets all the health care and services (he/she) needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?"]

**[If necessary, say:** "Anyone means anyone."]

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

K07Q22. Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among (CHILD)'s doctors and other health care providers?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 No communication needed or wanted
  
- 7 Don't know/Not sure
- 9 Refused

## **Section 8: Immunizations**

---

**[CATI: If AGEYRS < 10 THEN GO TO [K08Q04](#).]**

Human papillomavirus (Human Pap-uh-loh-muh Virus) or HPV can cause genital warts or certain cancers in both males and females. Two vaccines to prevent HPV infection are now available that some people call HPV shots, GARDASIL or Cervarix. I'll call it the HPV vaccine.

**[PROBE: If no, then ask: 'Have you ever heard of the HPV vaccine?']**

K08Q01. Has (CHILD) had any shots of the HPV vaccine?

- 1 Yes **[GO TO [K08Q04](#)]**
- 2 No
- 3 Never heard of vaccine **[GO TO [K08Q04](#)]**
  
- 7 Don't know/Not sure **[GO TO [K08Q04](#)]**
- 9 Refused **[GO TO [K08Q04](#)]**

K08Q02. What is the MAIN reason (CHILD) has NOT received the HPV vaccine?  
**[NOTE: If needed, say: "The main reason is the most important reason."]**

[Read 1-14 only if necessary.]

- 1 Haven't been to the doctor recently
- 2 Health care provider did not recommend / didn't know child needed it
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Vaccine costs too much or is not covered by insurance
- 6 Concerns about vaccine safety or side effects
- 7 Don't believe child needs the vaccine
- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason for not getting shot)
- 10 Because of religious reasons
- 11 Child too young/ not old enough

- 12 Child is afraid of getting shots
- 13 Child is not sexually active
- 14 Didn't know it was for boys
- 15 Other (Specify: K08Q02ot)
- 77 Don't know/Not sure
- 99 Refused

K08Q03. How likely are you to get the HPV vaccine for (CHILD) in the next 12 months? Would you say you definitely won't, probably won't, probably will, or definitely will?

- 1 Definitely won't
- 2 Probably won't
- 3 Probably will
- 4 Definitely will
- 7 Don't know, not sure
- 9 Refused

K08Q04. State lawmakers are considering a law that would let people get most vaccines at licensed pharmacies. How much would you support North Carolina passing such a law? Would you say not at all, somewhat, or a lot?

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

K08Q05. Some states are trying to pass laws that would require all 11 and 12 year old girls to get the HPV vaccine before they are allowed to start 6th grade. Please tell me how strongly you agree or disagree with the following statements.

K08Q05a. I think these laws are a good idea. Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/not sure
- 9 Refused

K08Q05b. It is okay to have these laws ONLY if parents can opt out if they want to.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/not sure

9 Refused

**[CATI: IF AGE < 10 GO TO [K08Q08](#)]**

K08Q06. Meningitis is an infection around the brain. Vaccines are now available that protect against some types of meningitis. They are sometimes called the meningitis shot, meningococcal shot, Menactra, or Menveo. I will call this the meningitis vaccine.

Has (CHILD) had the meningitis vaccine?

**[PROBE: If no, then ask: 'Have you ever heard of the meningitis vaccine?']**

- 1 Yes **[GO TO [K08Q08](#)]**
- 2 No
- 3 Never heard of vaccine **[GO TO [K08Q08](#)]**
- 7 Don't know/Not sure **[GO TO [K08Q08](#)]**
- 9 Refused **[GO TO [K08Q08](#)]**

K08Q07. What is the MAIN reason (CHILD) has NOT received the meningitis vaccine?

**[NOTE: If needed, say: "The main reason is the most important reason."]**

[Read 1-11 only if necessary.]

- 1 Haven't been to the doctor recently
- 2 Health care provider did not recommend / didn't know child needed it
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Vaccine costs too much or is not covered by insurance
- 6 Concerns about vaccine safety or side effects
- 7 Don't believe child needs the vaccine
- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason why cannot get the shot)
- 10 Because of religious reasons
- 11 Child too young
- 12 Other (Specify: K08Q07ot)
- 77 Don't know/Not sure
- 99 Refused

K08Q08. During the past 12 months, has (CHILD) had a flu shot or a flu vaccine that was sprayed into (his/her) nose?

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

- 1 Yes
- 2 No

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

K08Q09. Has (CHILD) ever had a tetanus shot?

**[PROBE: If no, then ask: 'Have you ever heard of the tetanus shot?']**

**[NOTE: Tetanus shot or booster is also called Td or Tdap.]**

- 1 Yes **[GO TO [K08Q11](#)]**
- 2 No
- 3 No, never heard of tetanus shot **[GO TO [K08Q11](#)]**
  
- 7 Don't know/Not sure **[GO TO [K08Q11](#)]**
- 9 Refused **[GO TO [K08Q11](#)]**

K08Q10. What is the MAIN reason (CHILD) has NOT received a tetanus shot?

**[NOTE: If needed, say: "The main reason is the most important reason."]**

[Read 1-11 only if necessary.]

- 1 Haven't been to the doctor recently
- 2 Health care provider did not recommend / didn't know child needed it
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Vaccine costs too much or not covered by insurance
- 6 Concerns about vaccine safety or side effects
- 7 Don't believe child needs the vaccine
- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason why cannot get the shot)
- 10 Because of religious reasons
- 11 Child too young/ not old enough
- 12 Other (Specify: K08Q10ot)
  
- 77 Don't know/Not sure
- 99 Refused

K08Q11. Have you ever refused or postponed to get a vaccine shot for (CHILD)?

**[If necessary, say: 'By "postponed", we mean you waited at least a day or more to get a vaccine shot.']**

**[NOTE: A vaccine shot is a shot given to improve protection from getting a particular disease, such as measles or chicken pox.]**

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

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

K08Q12. Why did you postpone or refuse to get the vaccine shot?

[Read 1-11 only if necessary. Mark all that apply.]

- 1 Concerns about vaccine safety or side effects
- 2 Doesn't think child needs the vaccine
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Costs too much or not covered by insurance
- 6 Health care provider did not recommend / didn't know child needed it
- 7 Religious reasons
- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason why cannot get the shot)
- 10 Child too young/ not old enough
- 11 Child was sick
- 12 Wanted to spread out shots/ not too many at once
- 13 Other (Specify: K08Q12ot)
  
- 77 Don't know/not sure
- 99 Refused

K08Q13. Which vaccine shot did you postpone or refuse?

[Read 1-16 only if necessary. Mark all that apply.]

- 1 Refused all vaccines
- 2 Chickenpox (Varicella)
- 3 DTaP (Diphtheria, tetanus & pertussis - or whooping cough)
- 4 Hib (Haemophilus influenzae type b; note this is NOT the influenza or flu vaccine)
- 5 Hepatitis A (Hep A)
- 6 Hepatitis B (Hep B)
- 7 HPV (Human papillomavirus)
- 8 Flu shot (Influenza) / seasonal or H1N1
- 9 Measles, Mumps & Rubella (MMR)
- 10 Meningitis (meningococcal shot or Menactra)
- 11 Pneumonia (Pneumococcal)
- 12 Polio
- 13 Rotavirus (severe diarrhea or stomach flu)
- 14 Tetanus
- 15 Td (Tetanus and diphtheria)
- 16 Tdap (Tetanus, diphtheria & pertussis)
- 17 Don't remember name of vaccine(s)
- 18 Other (Specify: K08Q216ot)
  
- 77 Don't know/Not sure
- 99 Refused

## Section 9: Demographics

---

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

K09Q01. Is (CHILD) Hispanic or Latino?

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

K09Q02. 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: 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: K09Q02ot)
  
- 7 Don't know/Not sure
- 9 Refused
- 8 No additional choices

**[CATI: IF ONLY ONE RESPONSE TO K09Q02 THEN GO TO [K09Q04](#)]**

K09Q03. 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: K09Q03ot)
  
- 7 Don't know/Not sure
- 9 Refused

K09Q04. What is the highest grade or year of school completed by anyone in your household?

[Read 1-6 Only if Necessary.]

- 1 Never attended school or only attended kindergarten

- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
  
- 7 Don't know/Not sure
- 9 Refused

K09Q05. What is your age?

\_\_\_\_\_ Enter value (in years)

7 7 7 Don't know/Not sure

9 9 9 Refused

**[CATI: IF K03Q04 = 15 (child not in school), GO TO [NEXT SECTION](#)]**

K09Q06. Is (CHILD) enrolled in public school, private school or home schooled?

- 1 Public School (include charter schools)
- 2 Private School
- 3 Home Schooled
- 4 Child not in school
  
- 7 Don't know/Not sure
- 9 Refused

**[CATI: IF AGEYRS < 4 THEN GO TO [NEXT SECTION](#)]**

K09Q07. Since starting kindergarten, has (he/she) repeated any grades?

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

## **Section 10: School Performance**

---

**[CATI: If K09Q06 = 1, 2 (child in Public or Private school) then GO TO [K10Q01](#); else GO TO [K10Q03](#)]**

K10Q01. 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
- 5 F's
- 6 School does not use letter grading system
- 7 Do not know
- 9 Refused

K10Q02. **QUESTION STEM:** During the past 12 months, about how many days did (CHILD) miss school:

K10Q02a. Because of an illness?

\_\_\_ :Number of days

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

K10Q02b. Because of an injury?

\_\_\_ :Number of days

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

K10Q02c. Because of some other reason?

\_\_\_ :Number of days

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

**[CATI: IF CHILD AGE < 5 THEN GO TO [NEXT SECTION](#)]**

K10Q03. During the past 12 months, was (CHILD) on a sports team or did (he/she) take sports lessons after school or on weekends?

**[NOTE:** Include any teams run by the child's school or community groups.]

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

K10Q04. During the past 12 months, did (he/she) participate in any clubs or organizations after school or on weekends?

[NOTE: Examples of clubs or organizations are scouts, arts, religious groups, and Boys/Girls Clubs.]

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

## **Section 11: Asthma**

---

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

These next questions are about childhood asthma.

K11Q01. Has a doctor ever told you that (CHILD) has asthma?

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

K11Q02. Has the child's biological mother ever been diagnosed with asthma by a doctor or health professional?

[CATI: IF BIOLOGICAL MOTHER (K01Q01 EQ 1) THEN ASK "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 K11Q01 ≠ 1 (CHILD DOES NOT HAVE ASTHMA), GO TO [NEXT SECTION](#)]

K11Q03. 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](#)]

K11Q04. 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

K11Q05. Is (he/she) 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

K11Q06. 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

K11Q07. 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 [K11Q09](#)]**
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

**[CATI: If K09Q06 = 1, 2 (child in Public or Private school) then GO TO [K11Q08](#); else GO TO [K11Q09](#)]**

K11Q08. At school, is (CHILD) allowed to self administer emergency medication for asthma?

**[NOTE: 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
- K11Q09. 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
- K11Q10. 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
- K11Q11. 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
- K11Q12. 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
- K11Q13. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you or (CHILD) an asthma action plan?
- 1 Yes  
2 No
- 7 Don't know/Not sure  
9 Refused

## Section 12: Child Health Conditions

---

These next questions are about health conditions.

K12Q01. Has a doctor or health professional ever told you that (CHILD) has diabetes or high blood sugar?

- 1 Yes
- 2 No [**GO TO [K12Q03](#)**]
- 7 Don't know/Not sure [**GO TO [K12Q03](#)**]
- 9 Refused [**GO TO [K12Q03](#)**]

K12Q02. Does (he/she) have Type 1 or Type 2 diabetes?

- 1 Type 1 (juvenile or insulin-dependent)
- 2 Type 2 (adult onset or noninsulin-dependent)
- 7 Don't know/Not sure
- 9 Refused

**[CATI: IF K12Q01=1 THEN GO TO [K12Q04](#)]**

K12Q03. 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 [K12Q05](#)]**

K12Q04. 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

K12Q05. 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 13: Children with Special Health Care Needs

---

These next questions are about any kind of health problems, concerns, or conditions that may affect your child's behavior, learning, growth, or physical development.

K13Q01. Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

**[NOTE:** This only applies to medications prescribed by a doctor. Over-the-counter drugs such as headache medication are not included. This question refers to current conditions. The respondent should only reply with "Yes" if the child currently has a special health care need.]

- 1 Yes
- 2 No [**GO TO** [K13Q04](#)]
- 7 Don't know/Not sure [**GO TO** [K13Q04](#)]
- 9 Refused [**GO TO** [K13Q04](#)]

K13Q02. Is (CHILD)'s need for prescription medicine because of ANY medical, behavioral, or other health condition?

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

K13Q03. Has (CHILD)'s need for prescription medication lasted or is it expected to last 12 months or longer?

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

K13Q04. Does (CHILD) need or use more medical care, [**CATI: If age  $\geq$  2 yrs, SHOW: "mental health or educational services"**] than is usual for most children of the same age?

**[NOTE:** This refers to a current condition. The respondent should only reply with 'Yes' if the child currently has a special health care need.]

- 1 Yes
- 2 No [**GO TO** [K13Q07](#)]
- 7 Don't know/Not sure [**GO TO** [K13Q07](#)]
- 9 Refused [**GO TO** [K13Q07](#)]

K13Q05. Is (CHILD)'s need for medical care, **[CATI: If age ≥ 2 yrs, SHOW: "mental health or educational services"]** because of ANY medical, behavioral, or other health condition?

1 Yes  
2 No

7 Don't know/Not sure  
9 Refused

K13Q06. Has (CHILD)'s need for medical care, mental health or educational services lasted or is it expected to last 12 months or longer?

1 Yes  
2 No

7 Don't know/Not sure  
9 Refused

K13Q07. Is (CHILD) limited or prevented in any way in (his/her) ability to do the things most children of the same age can do?

**[NOTE: Limited or prevented: things the child can't do as much or can't do at all that most children the same age can do. The respondent should reply "Yes" if the child currently has a special health care need.]**

1 Yes  
2 No **[GO TO [K13Q10](#)]**

7 Don't know/Not sure **[GO TO [K13Q10](#)]**  
9 Refused **[GO TO [K13Q10](#)]**

K13Q08. Is (CHILD)'s limitation in abilities because of ANY medical, behavioral, or other health condition?

1 Yes  
2 No

7 Don't know/Not sure  
9 Refused

K13Q09. Has (CHILD)'s limitation in abilities lasted or is it expected to last 12 months or longer?

1 Yes  
2 No

7 Don't know/Not sure  
9 Refused

K13Q10. Does (CHILD) need or get SPECIAL THERAPY, such as physical, occupational, or speech therapy?

**[NOTE:** Special therapy includes physical, occupational, or speech therapy. Do not include psychological therapy. This question refers to current conditions. The respondent should only reply with “Yes” if the child currently has a special health care need.]

- 1 Yes
- 2 No **[GO TO [K13Q13](#)]**
  
- 7 Don't know/Not sure **[GO TO [K13Q13](#)]**
- 9 Refused **[GO TO [K13Q13](#)]**

K13Q11. Is (CHILD)'s need for special therapy because of ANY medical, behavioral, or other health condition?

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

K13Q12. Has (CHILD)'s need for special therapy lasted or is it expected to last for at least 12 months?

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

K13Q13. Does (CHILD) have any kind of emotional, developmental, or behavioral problem for which (he/she) needs treatment or counseling?

**[NOTE:** Treatment or counseling means remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem. Emotional problems such as depression or schizophrenia. Developmental problems such as stunted growth. Behavioral problems such as aggressive behavior or Attention Deficit Disorder. These questions refer to a current condition. The respondent should only reply “Yes” if the child currently has a special health care need.]

- 1 Yes
- 2 No **[GO TO [K13Q15](#)]**
  
- 7 Don't know/Not sure **[GO TO [K13Q15](#)]**
- 9 Refused **[GO TO [K13Q15](#)]**

K13Q14. Has (CHILD)'s emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

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

**[CATI: IF K13Q01=2 AND K13Q04=2 AND K13Q07=2 AND K13Q10=2 AND K13Q13=2 THEN GO TO [NEXT SECTION.](#)]**

K13Q15. What condition does (CHILD) have?

**[NOTE: Read 1-16 only if necessary. Mark all that apply.]**

- 1 Learning Disability
- 2 ADHD/ADD (Attention Deficit Hyperactivity Disorder)
- 3 Depression
- 4 Anxiety problems
- 5 Behavior or conduct problems (e.g. conduct disorder, ODD)
- 6 Autism or Asperger's Disorder
- 7 Developmental delay that affects ability to learn
- 8 Speech problems (including stuttering, stammering)
- 9 Tourette Syndrome
- 10 Asthma
- 11 Diabetes
- 12 Epilepsy or seizure disorder
- 13 Hearing Problems
- 14 Vision Problems (not corrects with glasses)
- 15 Bone, joint or muscle problems
- 16 Brain Injury or concussion
- 17 Allergies or hay fever
- 18 Skin condition (e.g. acne, eczema)
- 19 Other (specify: K13Q15ot)
  
- 77 Don't know/Not sure
- 99 Refused

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

- 1 Mild
- 2 Moderate
- 3 Severe
  
- 7 Don't know/Not sure
- 9 Refused

**[CATI: IF CHILD AGE < 12 GO TO [NEXT SECTION](#)]**

K13Q17. Has (CHILD)'s doctor or health care provider ever worked with you or (CHILD) to develop a written plan to help manage (his/her) health condition as (CHILD) becomes an adult?

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

## Section 14: Nutrition

---

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

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

K14Q01. On a TYPICAL DAY, how many servings of fruit does (CHILD) consume? 1 serving, 2 servings, 3 or more servings, or none.

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

[NOTE: Typical Day: "On average or think about a week and what the average would be."]

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

K14Q02. On a TYPICAL DAY, how many servings of 100% fruit juice does (CHILD) consume? 1 serving, 2 servings, 3 or more servings, or none.

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

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

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

K14Q03. On a TYPICAL DAY, how many servings of vegetables does (CHILD) eat, not including french fries? 1 serving, 2 servings, 3 or more servings, or none.

[If necessary, say 'such as carrots, celery, or broccoli.']

**[NOTE:** A serving of vegetables is 1/2 cup of cooked or raw vegetable, or 1 cup of raw leafy salad greens.]

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

K14Q04. What type of milk does (CHILD) usually drink?

[Read 1-6 if necessary.]

- 1 Skim or non-fat
- 2 Lowfat (1/2 - 1%)
- 3 Reduced fat (2%; or Soymilk)
- 4 Whole (or goat's milk)
- 5 Flavored lowfat or skim
- 6 Flavored 2% or whole
  
- 88 Doesn't drink milk
- 77 Don't know/not sure
- 99 Refused

K14Q05. How often does (CHILD) eat fast food? **If needed, say** "like Burger King, McDonald's, or Kentucky Fried Chicken?"

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

K14Q06. On a TYPICAL DAY, how many times does (CHILD) drink sweetened beverages such as soda pop, sweet tea, fruit punch, Kool-aid, sports drinks or fruit drinks? (Do not count 100% fruit juices.)

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

- 1 1 time

- 2 2 times
- 3 3 or more times
- 4 None
  
- 7 Don't know/not sure
- 9 Refused

## Section 15: Whole Grain Foods

---

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

These next questions are about whole grain foods.

K15Q01. 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?

[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 [\[GO TO NEXT SECTION\]](#)

K15Q02. **QUESTION STEM:** In the past week, how many times did (CHILD) eat:

K15Q02a. 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

K15Q02b. 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

K15Q02c. Brown rice?

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

K15Q02d. Soft corn or whole wheat tortillas?

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

## Section 16: Physical Activity

---

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

K16Q01. On a typical day, how much total time does your child spend in physically active play?

- 1 None
- 2 Less than 20 min
- 3 20 minutes to 1 hour
- 4 1 hour to 2 hours
- 5 2 hours to 3 hours
- 6 3 hours or more
  
- 7 Don't know/Not sure
- 9 Refused

K16Q02. During the past week, on how many days did (CHILD) exercise, play a sport, or participate in physical activity for at least 60 minutes that made (him/her) sweat or breathe hard?

[NOTE: Include active sports such as baseball, softball, basketball, swimming, soccer, tennis, or football; riding a bike or rollerskating; walking or jogging; jumping rope; gymnastics; and active dance such as ballet.]

-- : Number of Days (1 to 7 days; 88=none)

- 8 8 None
- 7 7. Don't know/Not Sure
- 9 9. Refused

K16Q03. How often do you or your child use any of the playing fields or facilities at a school in your community during afterschool hours or on weekends?

- 1 At least once a week
- 2 At least once a month
- 3 A few times per year
- 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  $\geq$  5 years old and in public or private school (K09Q06 = 1 or 2) then GO TO [K16Q04](#); else GO TO [K16Q06a](#).]**

K16Q04. How far 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

K16Q05. On how many days per week does your child actually walk or ride a bicycle to school?

\_\_ \_\_ Number of days (88=none)

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

K16Q06a. On a TYPICAL DAY, about how much time does (CHILD) usually spend watching TV, videos, or DVDs?

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

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

**[CATI: IF K16Q06a = 777, 999 THEN GO TO [K16Q07a](#); IF K16Q06a = 888 THEN GO TO [K16Q06bv](#).]**

K16Q06b. MARK PERIOD

1 MINUTES  
2 HOURS

K16Q06bv. Interviewer you indicated that (CHILD) watches TV, videos or DVD's **[CATI INSERT K16Q06a K16Q06b]** a day **[CATI: IF K16Q06a = 888, show "does NOT watch ANY tv, videos, or DVD's"]**. Is this correct?

1 Yes correct as is.  
2 No, (will skip to K16Q06a to reask)

**[CATI IF (K16Q06a > 12) AND (K16Q06b = 2) THEN GO TO [K16Q06bb](#). ELSE GO TO [K16Q07a](#).]**

K16Q06bb. Interviewer you indicated that (CHILD) watched TV, videos or DVD's **[CATI INSERT K16Q06a K16Q06b]** a day. This is NOT an allowed value.

1 Skip to K16Q06a to reask.

K16Q07a. On a TYPICAL DAY, about how much time does (CHILD) usually spend playing video games, computer games or using the Internet?

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

\_\_\_ Enter value

888 DOES NOT SPEND ANY TIME PLAYING VIDEO/COMPUTER GAMES OR USING INTERNET

777 Don't know/Not sure

999 Refused

**[CATI: IF K16Q07a = 777, 999 THEN GO TO [NEXT SECTION](#); IF K16Q07a = 888 THEN GO TO [K16Q07bv](#).]**

K16Q07b. MARK PERIOD

1 MINUTES

2 HOURS

K16Q07bv. Interviewer you indicated that (CHILD) plays video games, computer games or uses the Internet **[CATI INSERT K16Q07a K16Q07b]** a day **[CATI: IF K16Q07a = 888, show "does NOT spend ANY time playing video games, computer games or using the internet."].** Is this correct?

1 Yes correct as is.

2 No, (will skip to K16Q07a to reask)

**[CATI IF (K16Q07a > 12) AND (K16Q07b = 2) THEN GO TO [K16Q07bb](#). ELSE GO TO [NEXT SECTION](#).]**

K16Q07bb. Interviewer you indicated that (CHILD) plays video games, computer games or uses the Internet **[CATI INSERT K16Q07a K16Q07b]** a day. This is NOT an allowed value.

1 Skip to K16Q07a to reask.

## **Section 17: Parent Reaction to Child Weight**

---

K17Q01. 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 18: Food Insecurity

---

[CATI: IF CHILD AGE > 5, GO TO [K18Q02](#)]

K18Q01. Is (CHILD) currently enrolled in the WIC program?

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

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

K18Q02. 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](#)]

[CATI: If K09Q06 ≠ 1, 2 (child not in Public or Private school) or K03Q04=15 (child not in school) GO TO [K18Q04](#).]

K18Q03. During the past 12 months, did (CHILD) receive free or reduced-cost breakfasts or lunches at school?

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

K18Q04. In the last 12 months, how often did you rely on only a few kinds of low-cost food to feed (CHILD) because there wasn't enough money to buy food? Would you say very often, often, sometimes, seldom, or never?

[NOTE: Low cost food means item such as macaroni and cheese, peanut butter, rice, beans, pasta, and sugar sweetened beverages, lacking variety with little or no meat, vegetables, or fruit.]

- 1 Very often

- 2 Often
- 3 Sometimes
- 4 Seldom
- 5 Never
  
- 7 Don't know/Not sure
- 9 Refused

K18Q05. In the last 12 months, did you ever cut the size of (his/her) meals because there wasn't enough money for food?

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

## **Section 19: Family Involvement**

---

K14Q01. How many times in a TYPICAL WEEK do members of your household eat a main meal together that was prepared at home?

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

-- Number of times

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

## **Section 20: Child Safety**

---

These next questions are about child safety.

K20Q01. How many times in the past month was (CHILD) injured so that (he/she) could not participate in (his/her) usual activities for at least one day?

- 1 Once in the past month
- 2 Twice in the past month
- 3 3-5 times in the past month
- 4 More than 6 times in the past month
- 5 Not in the past month, but in the past year
- 6 This has never happened (PROBE: Did it ever happen in the past year?)
  
- 7 Don't know/Not sure
- 9 Refused

K20Q02. 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](#)]**

K20Q03. 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/ not sure
- 9 Refused

## **Section 21: 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.

K21Q01. How many guns are in or around your home?

-- Enter Number

- 888 None **[GO TO [NEXT SECTION](#)]**
- 777 Don't know/Not sure **[GO TO [NEXT SECTION](#)]**
- 999 Refused **[GO TO [NEXT SECTION](#)]**

K21Q02. (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

K21Q03. (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

K21Q04. (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

K21Q05. Do you use a gun or chamber lock to lock any of your guns? A gun lock is a cable lock that you put on your gun and is different from the gun safety or a trigger lock.

[Note: A gun lock is a device with a cable that runs through the barrel of a revolver or through the ejection port of semiautomatic and long guns. It prevents the discharge of (or shooting of) bullets through the barrel of a gun.]

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K21Q06. Is all of your ammunition locked and stored separately from the gun(s)?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K21Q07. Do you own a handgun, a long gun, or both?

1 Handgun (e.g. pistols or revolvers)

2 Long gun (e.g. shotguns, rifles)

3 Both

7 Don't know/Not sure

9 Refused

K21Q08. What is your reason for owning a gun? (Mark all that apply)

- 1 Protection against intruders
- 2 Hunting
- 3 Law enforcement agent
- 4 Sport/ target practice
- 5 Heirloom / antique/ passed down in family
- 6 Other (specify: K21Q08ot)
  
- 7 Don't know/Not sure
- 9 Refused

## **Section 22: Tobacco Indicators**

---

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

K22Q01. In the past 12 months, has someone at your child's school advised you to discuss the dangers of tobacco use with (CHILD)?

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

## **Section 23: Sexual Behavior**

---

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

K23Q01. 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

K23Q02. Do you believe (CHILD) has ever had sexual intercourse?

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

K23Q03. In the past 12 months, has (CHILD)'s school ever taught (him/her) about HIV, STDs or pregnancy prevention?

[NOTE: HIV = the virus that causes AIDS; STDs = sexually transmitted diseases]

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

K23Q04. In the past 12 months, has (CHILD)'s school ever provided you with information about teens and HIV, STDs or pregnancy prevention?

[NOTE: HIV = the virus that causes AIDS; STDs = sexually transmitted diseases]

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

K23Q05. In the past 12 months, has (CHILD)'s school asked you to help with programs related to HIV, STD, or teen pregnancy prevention?

[NOTE: HIV = the virus that causes AIDS; STDs = sexually transmitted diseases]

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

## **Section 24: Respondent Information**

---

K24Q01. Did you participate in our telephone survey on adult health within the past month?

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

[CATI: IF (K05Q1a = 7777) or (K05Q1b = 1, 2, 6, 7) or (K05Q2a = 7777) or (K05Q2b = 1, 2, 6, 7) THEN GO TO [K25Q01](#); ELSE GO TO [CLOSING STATEMENT](#).]

## Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health and health practices of North Carolina children. If you are interested in survey results, just Google 'North Carolina CHAMP' which will direct you to our web site. Thank you very much for your time and cooperation!

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

## Section 25: 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.

K25Q01. During the next few days, could you (weigh/measure) (CHILD) and tell us the results? You could call us or we could call you.

- 1 Yes, respondent will call Survey Lab **[GO TO [K25Q02a](#)]**
- 2 Yes, Survey Lab to call the respondent **[schedule callback]**
- 3 No, not willing to weigh/measure
- 4 No way to weigh/measure child
  
- 7 Don't know/not sure
- 9 Refused

K25Q02a. Please call our toll-free number, (888) 772-6711, in the next few days and provide the person who answers the phone with your phone number and (CHILD)'s (height/weight). If no one answers, please leave this information on our voice mail. Thanks for your cooperation.

**CATI: GO TO [CLOSING STATEMENT](#).**

## Height/Weight Call-back Script

K25Q03a. 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 K05Q01a = 7777 or K05Q01b = 1, 2, 6, 7, 9; "measure" if K05Q02a = 7777 or K05Q02b = 1,2,6,7,9; "weigh and measure" if K05Q01a =7777 or K05Q01b = 1, 2, 6, 7, 9 AND K05Q02a = 7777 or K05Q02b = 1,2,6,7,9]** (CHILD)?

- 1 Parent has child's weight only **[Go to K25Q04a; schedule callback for height]**
- 2 Parent has child's height only **[Go to K25Q05; schedule a callback for weight]**
- 3 Parent has child's weight and height
- 4 Has neither **[schedule a callback]**

K25Q04a. How much does (CHILD) weigh now?

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

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

**[CATI: If weight < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex then show:**  
"Interviewer you indicated the child weighs [CATI FILL: K25Q04a]. IS THIS CORRECT?" **Yes,**  
**correct as is -GO TO K25Q05; No, reask question – GO TO K25Q04a.]**

K25Q05. 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 < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex show:**  
"Interviewer you indicated that (CHILD) was [CATI FILL: K25Q05] tall. IS THIS CORRECT?"  
**Yes, correct as is -CONTINUE; No, reask question – GO TO K25Q05.]**