South Carolina
Children's Health Assessment Survey
SC CHAS 2015 Survey

BRFSS SC Module 23: Random Child Selection (State 7: Respondent's Relation)

CATI: IF C07Q07 = 88, or 99 (no children under age 18 in the household, or refused) GO TO BRFSS SC Module 4.

SC02Q01. **CATI IF C07Q07 = 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 C07Q07 > 1 AND C07Q07 NOT = 88, 99:
Previously, you indicated there were [**CATI FILL: C07Q07**] children age 17 or younger in your household. Think about those [**CATI FILL: C07Q07**] 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

SC02Q02. Is the child a boy or a girl?

1 Boy
2 Girl
9 Refused

CATI: GO TO BRFSS SC MODULE 3.
BRFSS SC Module 3: CHAS Follow-up

CATI: IF QSTPATH = 1 and Ever Asthma (C05Q04 = 1 - Yes) and 1+ children in HH (C07Q07 = 1--76) go to SC Module 4 (AAFU). IF QSTPATH = 1 and Ever Asthma (C05Q04 >/= 2 - No) and 1+ children in HH (C07Q07 = 1--76) go to SC03Q01 (if landline) or SC03Q01a (if cell phone). IF QSTPATH = 1 and Ever Asthma (C06QQ04 >/= 2 - No) and no children in HH (C07Q07 = 88) go to SC Module 5 (Disability). IF QSTPATH = 2 and 1+ children in HH (C07Q07 = 1--76) go to SC03Q01 (if landline) or SC03Q01a (if cell phone).

CATI: IF CELL PHONE GO TO SC03Q01a. IF LANDLINE GO TO SC03Q01.

SC03Q01a.   We are assessing the health of children in South 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 SC03Q03a]**
2   No   **[GO TO SC03Q07]**

SC03Q01.   We are assessing the health of children in South 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 SC MODULE]**

SC03Q02.   Are YOU the person in the household who knows the most about the health and health practices of this child?

1   Yes   **[Go to SC03Q03a]**
2   No   **[Go to SC03Q03b]**

SC03Q03a.   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 SC03Q04.

SC03Q03b.   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

SC03Q03c.   And what is YOUR relationship to this child?

[CATI NOTE: IF SC03Q03a <u>or</u> SC03Q03b = 01 (biological mother) THEN SC03Q03c <u>cannot</u> = 01; ELSE IF SC03Q03a <u>or</u> SC03Q03b = 05 (biological father) THAN SC03Q03c <u>cannot</u> = 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

SC03Q04.   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

SC03Q05.   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

SC03Q06.   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 SC03Q03b ≤14, show:
Please be sure to tell (CHILD)'s **[CATI fill SC03Q03b [see CHAS 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.

SC03Q07.   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 SC MODULE.

CHAS Introductory Script

IntroQst.   HELLO, my name is (interviewer name) and I'm calling for the South Carolina Department of Health and Environmental Control. This is about our follow-up survey of children's health in South 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 SC 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)?

    [**NOTE:** If yes, ask: Is this a safe time to talk with you now or are you driving? If driving then press F3 and schedule call back]

    1   Yes, safe time to talk – **CATI GO TO Intro2**
    2   No - **CATI GO TO GetAdult**

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'm calling for the South Carolina Department of Health and Environmental Control. My name is **(name)___.** 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 please call 1-800-476-3803 to get more information. This interview will take about 10-15 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, please call 1-800-476-3803 to get more information. This interview will take about 25 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

[CATI: If vSC02Q01 >= 77777 SKP TO K03Q03]

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 K03Q05.]

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 yet in School
      16   No longer in school

      77   Don't know/not sure

99   Refused

[If K03Q03 = 77,99 then CHILD AGE is coded by grade]

[CATI: If K03Q03 = 77,99 & ANS = 77,99 THEN GO TO KnoAge.]

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

[CATI: If CHILD AGE > 4 then GO TO NEXT SECTION.]

K03Q05.   In the past 30 days has this child been cared for in: childcare, daycare, center based care, faith based care, group home care, preschool, 4 year old Kindergarten, or Head Start?

    1   Yes
    2   No

    7   Don't know/Not sure
    9   Refused

Section 4: Weight/Height

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

K04Q01a.   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 K04Q02a]**
    9 9 9 9   Refused **[GO TO K04Q02a]**

[CATI: If weight < 3rd percentile for age/sex or > 97th percentile for age/sex then show:
"Interviewer you indicated the child weighs **[CATI FILL: K04Q01a].** IS THIS CORRECT?**"**
Yes, correct as is -GO TO K04Q01b; No, reask question – GO TO K04Q01a.]

K04Q01b.   How did you arrive at **[CATI FILL: K04Q01a]** 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

K04Q02a.　　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 K04Q03]**
9 9 9 9	Refused **[GO TO K04Q03]**

**[CATI: If height < 3rd percentile for age/sex or > 97th percentile for age/sex show:
"**Interviewer you indicated that (CHILD) was **[CATI FILL: K04Q02a]** tall. IS THIS CORRECT?**"
Yes, correct as is -GO TO K04Q02b; No, reask question – GO TO K04Q02a.]**

K04Q02b.　　How did you arrive at **[CATI FILL: K04Q02a]** 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

K04Q03.　　During the past year, has your child's physician or another health professional told you that your child was overweight or obese?

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

9   Refused

K04Q04a.   In the past year, has your child's physician or another health care professional discussed your child's weight with you?

1   Yes
2   No   **[GO TO K05Q01]**

7   Don't know/Not sure   **[GO TO K05Q01]**
9   Refused   **[GO TO K05Q01]**

K04Q04b.   If yes, what did he/she advise you about your child's weight?

1   Underweight
2   Healthy Weight
3   Overweight
4   Obese

7   Don't know/Not sure
9   Refused

Section 5: Breastfeeding

[CATI: If respondent is biological parent (K01Q01=1 or 5) then GO TO K05Q01; else GO TO NEXT SECTION]

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

K05Q01.   Was (CHILD) breastfed for any length of time?

1   Yes **[GO TO K05Q03a]**
2   No

7   Don't know/Not sure **[GO TO K05Q06]**
9   Refused **[GO TO K05Q06]**

K05Q02.   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 was embarrassed
5   breastfeeding was inconvenient
6   baby or mother was sick
7   mother was taking medication
8   baby would not latch on/had trouble breastfeeding

9   mother did not produce enough milk
10   baby was premature
11   husband/partner did not want mother to breastfeed
12   mother's family did not support her
13   Other (specify: K05Q02ot)

77   Don't know/Not sure
99   Refused

[CATI: GO TO K05Q06]

K05Q03a.   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 K05Q03a = 777, 999 THEN GO TO K05Q04a; IF K05Q03a = 888 THEN GO TO K05Q03bv.]

K05Q03b.   MARK PERIOD

1   DAYS
2   WEEKS
3   MONTHS
4   YEARS

K05Q03bv.   Interviewer you indicated that (CHILD) was breastfed for **[CATI FILL: K05Q03a K05Q03b; IF K05Q03a = 888 show "**is still breastfeeding"**].** IS THIS CORRECT?

1   Yes, correct as is **[GO TO K05Q04a]**
2   No**, [GO TO K05Q03a to reask]**

K05Q04a.   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 K05Q04a = 777, 999 THEN GO TO K05Q05; IF K05Q04a = 888 THEN GO TO K05Q04bv.]

K05Q04b. MARK PERIOD

    1   DAYS
    2   WEEKS
    3   MONTHS
    4   YEARS

K05Q04bv. Interviewer you indicated that (CHILD) was given formula, food or water other than breast milk at **[CATI FILL: K05Q04a K05Q04b; IF K05Q04a = 888 show "is still exclusively breastfeeding"]** old. IS THIS CORRECT?

    1   Yes, correct as is **[GO TO K05Q05]**
    2   No, (will GO to K05Q04a to reask)

K05Q05. What is the main reason (CHILD) stopped breastfeeding?

[Mark all that apply. Read 1-11 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/ felt child was old enough to stop
    7   mother did not have support of husband/partner and/or family
    8   mother became pregnant
    9   mother was sick
    10   mother did not produce enough milk
    11   other (specify: K05Q05ot)

    77   Don't know/Not sure
    99   Refused

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

K05Q06. 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

K05Q07. 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 (K05Q06 GE 2) AND (K05Q07 GE 2) THEN GO TO NEXT SECTION]

K05Q08.   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: K05Q08ot)

77   Don't know/Not sure
99   Refused

Section 6: Health Care Access and Utilization

These next questions are about health insurance.

K06Q01.   Does (CHILD) have any kind of health care coverage, including private health insurance, prepaid plans such as HMOs, or government plans such as South Carolina Healthy Connections?

[NOTE: Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances. SC Healthy Connections is the name of the state program that helps people enroll in one of the following Medicaid health plans for uninsured children in South Carolina: Absolute Total Care, BlueChoice HealthPlan Medicaid, Carolina Medical Homes, First Choice by Select Health of SC, Palmetto Physician Connections, South Carolina Solutions, or United Healthcare Community Plan.]

1   Yes **[GO TO K06Q03]**
2   No

7   Don't know/Not sure
9   Refused

K06Q02.   During the past 12 months was there any time when (he/she) was covered by ANY health insurance?

1	Yes
2	No **[GO TO** K06Q05**]**
7	Don't know/Not sure **[GO TO** K06Q08**]**
9	Refused **[GO TO** K06Q08**]**

K06Q03.   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 K06Q02 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: Medicaid is a state health insurance program for families and individuals who have limited financial resources or special circumstances. If you have Medicaid coverage, you will have a card that has SC Healthy Connections written on it with a number to call for help. It may also have a managed care plans name on it such as First Choice by Select Health, Absolute Total Care, BlueChoice, Molina, Advicare, or Wellcare which is the Plan that provides you with Medicaid services.
[Please Read 1-4.]

1	Private health insurance from your job or someone else's job
2	Private health insurance purchased directly from an insurance company by you or someone else
3	Medicaid
4	TRICARE or other military health care
5	Some other source
77	Don't know/Not sure
99	Refused

[CATI: IF K06Q02 = 1 THEN GO TO K06**Q05]**

K06Q04.   During the past 12 months was there any time when (s/he) was not covered by ANY health insurance?

1	Yes
2	No **[GO TO** K06**Q08]**
7	Don't know/Not sure **[GO TO** K06**Q08]**
9	Refused **[GO TO** K06**Q08]**

[CATI: IF (K06**Q01 = 2) OR (**K06**Q04 = 1) THEN GO TO** K06**Q05. ELSE GO TO** K06**Q06.]**

K06Q05.   What was the MAIN reason that (CHILD) did not have health insurance coverage?

[CATI if K06Q01>>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
5   Medicaid benefits stopped
6   Unable to get or was refused coverage because of child's health status
7   No spouse/dependent coverage purchased
8   Don't know how to get coverage
9   Ineligible for government programs (e.g. Medicaid, Health Check, Health Choice)
10 Changing jobs or insurance policies
11 Have applied or re-enrolled/waiting for paperwork to clear
12 Just don't have/Haven't applied/Intend to apply or re-enroll but haven't done so
13 Other reason (specify: K06Q06ot)

77 Don't know/Not sure
99 Refused

K06Q08.   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

K06Q12.   During the past 12 months, how often did (CHILD)'s doctors and other health care providers spend enough time with (him/her)? Would you say never, sometimes, usually, or always?

1   Never
2   Sometimes
3   Usually
4   Always

7   Don't know/Not sure
9   Refused

K06Q13.   During the past 12 months, how often did (CHILD)'s doctors and other health care providers help you feel like a partner in (his/her) care? Would you say never, sometimes, usually, or always?

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

K06Q17. During the past 12 months, how often did (CHILD)'s doctors and other health care providers listen carefully to you? Would you say never, sometimes, usually, or always?

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

INTRODUCTION   Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child now, and what changes to expect in the future.

K06Q18. During the past 12 months, how often did you get the specific information you needed from [CHILD]'s doctors and other health care providers? Would you say never, sometimes, usually, or always?

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

[CATI if child >= 12 months old, "During the past 12 months, Else "Since (his/her) birth"]

K06Q19. Did [CHILD] need a referral to see any doctors or receive any services?

1	Yes	
2	No	**[GO TO K06Q21]**
7	Don't know / Not Sure	**[GO TO K06Q21]**
9	Refused	**[GO TO K06Q21]**

K06Q20. Was getting referrals a big problem, a small problem, or not a problem?

1 Big Problem
2 Small Problem
3 Not a Problem

7 Don't Know / Not Sure
9 Refused

K06Q21. What kind of place does (s/he) go to most often for sick care?

    [Read 1-9 if necessary.]

1 A doctor's office
2 A public health department/community health center
3 A hospital outpatient department
4 A hospital emergency room
5 Urgent care center
6 A school nurse
7 A school based Health Center
8 Some other kind of place
9 No usual place

77 Don't know/Not sure
99 Refused

K06Q22. When [CHILD] is seen by doctors or other health care providers, how often are they sensitive to your family's values and customs?

1 Never
2 Sometimes
3 Usually
4 Always

7 Don't know / Not Sure
9 Refused

NOTE: **An interpreter is someone who repeats what one person says in a language used by the other person**

K06Q23. During the past 12 months / Since [CHILD]'s birth, did you or [CHILD] need an interpreter to help speak with [his/her] doctor or other health care providers?

1 Yes
2 No ---- SKIP TO NEXT SECTION, K07Q09

7 Don't Know / Not Sure --- SKIP TO NEXT SECTION, K07Q09
9 Refused --- SKIP TO NEXT SECTION, K07Q09

K06Q24.　　When you or [CHILD] needed an interpreter, how often were you able to get someone other than a family member to help you speak with [his/her] doctors or other health care providers?

    1   Never
    2   Sometimes
    3   Usually
    4   Always
    7   Don't Know / Not Sure
    9   Refused

Section 7: Immunizations

K07Q09.　　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

Section 8: Demographics

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

K08Q01.　　Is (CHILD) Hispanic or Latino?

    1   Yes
    2   No

    7   Don't know/Not Sure
    9   Refused

K08Q02**.**　　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: K08Q02ot)

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

[CATI: IF ONLY ONE RESPONSE TO K08Q02 THEN GO TO K08Q04]

K08Q03.   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: K08Q03ot)

7   Don't know/Not sure
9   Refused

K08Q04.   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

K08Q05.   What is your age?

_____   Enter value (in years)

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

[CATI: IF K03Q04 = 15 or 16 (child not in school), GO TO NEXT SECTION]
[CATI: IF AGEYRS < 3 THEN GO TO NEXT SECTION]

K08Q06.   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

Section 10: Asthma

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

These next questions are about childhood asthma.

K10Q01.   Has a doctor ever told you that (CHILD) has asthma?

1   Yes
2   No ----- SKIP TO NEXT SECTION, K11Q01

7   Don't know/Not sure --- SKIP TO NEXT SECTION, K11Q01
9   Refused ----- SKIP TO NEXT SECTION, K11Q01

[CATI: IF K10Q01 ≠ 1 (CHILD DOES NOT HAVE ASTHMA), GO TO NEXT SECTION]
K10Q03.   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]**

Section 11: Child Health Conditions

These next questions are about health conditions.

K11Q01.   Has a doctor or health professional ever told you that (CHILD) has diabetes or
               high blood sugar?

1   Yes **[GO TO K11Q03]**
2   No

7   Don't know/Not sure
9   Refused

K11Q02.   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 K11Q04]

K11Q03.   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

K11Q04.   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   Refus

Section 12: Children with Special Health Care Needs

These next questions are about any kind of health problems, concerns, or conditions that may affect (CHILD'S) behavior, learning, growth, or physical development.

K12Q01.   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 K12Q04]**

        7   Don't know/Not sure **[GO TO K12Q04]**
        9   Refused **[GO TO K12Q04]**

K12Q02.   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

K12Q03.   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

K12Q04   Does (CHILD) need or use more medical care, **[CATI: If age ≥ 2 yrs, SHOW: "mental health or educational services"]** than is usual for most children of the same age?

1   Yes
2   No **[GO TO K12Q07]**

7   Don't know/Not sure **[GO TO K12Q07]**
9   Refused **[GO TO K12Q07]**

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

K12Q05.   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

K12Q06.   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

K12Q07.   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 K12Q10]**

      7   Don't know/Not sure **[GO TO K12Q10]**
      9   Refused **[GO TO K12Q10]**

K12Q08.   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

K12Q09.   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

K12Q10.   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 INSTRUCTIONS BEFORE K12Q15a]**

      7   Don't know/Not sure **[GO TO INSTRUCTIONS BEFORE K12Q15a]**
      9   Refused **[GO TO INSTRUCTIONS BEFORE K12Q15a]**

K12Q11.   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

K12Q12.   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

[CATI: IF K12Q01=2 AND K12Q04=2 AND K12Q07=2 AND K12Q10=2 THEN GO TO NEXT SECTION, K16Q01.]

Now I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that [CHILD] had the condition, even if (he/she) does not have the condition now.

K12Q15a.   Has a doctor or other health care provider ever told you that CHILD had Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD?

1	Yes
2	No
77	Don't know/Not sure
99	Refused

[CATI INSTRUCTION: IF K12Q15a IS NOT "1," THEN GO TO K12Q16a.]

K12Q15b.   Does [CHILD] currently have ADD or ADHD?

1	Yes
2	No [**GO TO K12Q16A**]
77	Don't know/Not sure [**GO TO K12Q16A**]
99	Refused [**GO TO K12Q16A**]

K12Q15c.   Would you describe [his/her] ADD or ADHD as mild, moderate, or severe?

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

K12Q16a.   Has a doctor or other health care provider ever told you that CHILD had Depression?

     1   Yes
     2   No

     77   Don't know/Not sure
     99   Refused

[CATI INSTRUCTION: IF K12Q16a IS NOT "1," THEN GO TO K12Q17a.]

K12Q16b.   Does [CHILD] currently have Depression?

     1   Yes
     2   No [**GO TO K12Q17A**]

     77   Don't know/Not sure   [**GO TO K12Q17A**]
     99   Refused [**GO TO K12Q17A**]

K12Q16c.   Would you describe [his/her] Depression mild, moderate, or severe?

     1   Mild
     2   Moderate
     3   Severe

     7   Don't know/Not sure
     8   Refused

K12Q17a.   Has a doctor or other health care provider ever told you that CHILD had Anxiety Problems?

     1   Yes
     2   No

     77   Don't know/Not sure
     99   Refused

[CATI INSTRUCTION: IF K12Q17a IS NOT "1," THEN GO TO K12Q18a.]

K12Q17b.   Does [CHILD] currently have Anxiety problems?

     1   Yes
     2   No [**GO TO K12Q18A**]

     77   Don't know/Not sure [**GO TO K12Q18A**]
     99   Refused [**GO TO K12Q18A**]

K12Q17c.   Would you describe [his/her] Anxiety problems as mild, moderate, or severe?

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

K12Q18a.   Has a doctor or other health care provider ever told you that CHILD had Behavioral Conduct Problems?

1	Yes
2	No
77	Don't know/Not sure
99	Refused

[CATI INSTRUCTION: IF K12Q18a IS NOT "1," THEN GO TO K12Q19a.]

K12Q18b.   Does [CHILD] currently have Behavioral Conduct Problems?

1	Yes
2	No [**GO TO K12Q19A**]
77	Don't know/Not sure [**GO TO K12Q19A**]
99	Refused [**GO TO K12Q19A**]

K12Q18c.   Would you describe [his/her] Behavioral Conduct Problems as mild, moderate, or severe?

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

K12Q19a.   Has a doctor or other health care provider ever told you that CHILD had Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder?

1	Yes
2	No
77	Don't know/Not sure
99	Refused

[CATI INSTRUCTION: IF K12Q19a IS NOT "1," THEN GO TO K12Q20a.]

K12Q19b.   Does [CHILD] currently have autism or an autism spectrum disorder?

      1   Yes
      2   No [**GO TO K12Q20A**]

      77   Don't know/Not sure [**GO TO K12Q20A**]
      99   Refused [**GO TO K12Q20A**]

K12Q19c.   Would you describe [his/her] autism or an autism spectrum disorder as mild, moderate, or severe?

      1   Mild
      2   Moderate
      3   Severe

      7   Don't know/Not sure
      8   Refused

K12Q20a.   Has a doctor or other health care provider ever told you that CHILD had Any developmental delay that affects (his/her) ability to learn?

      1   Yes
      2   No

      77   Don't know/Not sure
      99   Refused

[CATI INSTRUCTION: IF K12Q20a IS NOT "1," THEN GO TO K12Q21a.]

K12Q20b.   Does [CHILD] currently have developmental delay?

      1   Yes
      2   No [**GO TO K12Q21A**]

      77   Don't know/Not sure [**GO TO K12Q21A**]
      99   Refused [**GO TO K12Q21A**]

K12Q20c.   Would you describe [his/her] developmental delay as mild, moderate, or severe?

      1   Mild
      2   Moderate
      3   Severe

      7   Don't know/Not sure
      8   Refused

K12Q21a.   Has a doctor or other health care provider ever told you that CHILD had
           Intellectual disability or mental retardation?

    1   Yes
    2   No
    77   Don't know/Not sure
    99   Refused

[CATI INSTRUCTION: IF K12Q21a IS NOT "1," THEN GO TO K12Q22a.]

K12Q21b.   Does [CHILD] currently have Intellectual disability or mental retardation?

    1   Yes
    2   No [**GO TO K12Q22A]**

    77   Don't know/Not sure [**GO TO K12Q22A]**
    99   Refused [**GO TO K12Q22A]**

K12Q21c.   Would you describe [his/her] Intellectual disability as mild, moderate, or
           severe?

    1   Mild
    2   Moderate
    3   Severe

    7   Don't know/Not sure
    8   Refused

K12Q22a.   Has a doctor or other health care provider ever told you that CHILD had
           Epilepsy or seizure disorder?

    1   Yes
    2   No

    77   Don't know/Not sure
    99   Refused

[CATI INSTRUCTION: IF K12Q22a IS NOT "1," THEN GO TO K12Q23a.]

K12Q22b.   Does [CHILD] currently have epilepsy or seizure disorder?

    1   Yes
    2   No [**GO TO K12Q23A]**

    77   Don't know/Not sure [**GO TO K12Q23A]**
    99   Refused [**GO TO K12Q23A]**

K12Q22c.   Would you describe [his/her] epilepsy or seizure disorder as mild, moderate, or severe?

    1   Mild
    2   Moderate
    3   Severe

    7   Don't know/Not sure
    8   Refused

K12Q23a.   Has a doctor or other health care provider ever told you that CHILD had Migraines or frequent headaches?

    1   Yes
    2   No

    77   Don't know/Not sure
    99   Refused

[CATI INSTRUCTION: IF K12Q23a IS NOT "1," THEN GO TO K12Q24a.]

K12Q23b.   Does [CHILD] currently have Migraines or frequent headaches?

    1   Yes
    2   No

    77   Don't know/Not sure
    99   Refused

K12Q24a.   Has a doctor or other health care provider ever told you that CHILD had A head injury, concussion, or traumatic brain injury?

    1   Yes
    2   No

    77   Don't know/Not sure
    99   Refused

[CATI INSTRUCTION: IF K12Q24a IS NOT "1," THEN GO TO K12Q25a.]

K12Q24b.   Does [CHILD] currently have A head injury, concussion, or traumatic brain injury?

    1   Yes
    2   No   [**GO TO K12Q25A**]

    77   Don't know/Not sure [**GO TO K12Q25A**]
    99   Refused [**GO TO K12Q25A**]

K12Q24c.   Would you describe [his/her] injury as mild, moderate, or severe?

<pre>
    1   Mild
    2   Moderate
    3   Severe

    7   Don't know/Not sure
    8   Refused
</pre>

K12Q25a.   Has a doctor or other health care provider ever told you that CHILD had a Heart problem, including congenital heart disease?

<pre>
    1   Yes
    2   No

    77   Don't know/Not sure
    99   Refused
</pre>

[CATI INSTRUCTION: IF K12Q25a IS NOT "1," THEN GO TO K12Q26a.]

K12Q25b.   Does [CHILD] currently have a Heart problem, including congenital heart disease?

<pre>
    1   Yes
    2   No

    77   Don't know/Not sure
    99   Refused
</pre>

K12Q26a.   Has a doctor or other health care provider ever told you that CHILD had Blood problems such as anemia or sickle cell disease? Please do not include Sickle Cell Trait?

<pre>
    1   Yes
    2   No

    77   Don't know/Not sure
    99   Refused
</pre>

[CATI INSTRUCTION: IF K12Q26a IS NOT "1," THEN GO TO K12Q27a.]

K12Q26b.   Does [CHILD] currently have a blood problem?

<pre>
    1   Yes
    2   No [**GO TO K12Q27A**]

    77   Don't know/Not sure [**GO TO K12Q27A**]
    99   Refused [**GO TO K12Q27A**]
</pre>

NOTE: Only asked if YES to K2Q26A and K2Q26B (child currently has a blood problem).

K12Q26c.   Are (his/her) blood problems related to anemia, sickle cell disease, hemophilia, or something else?

      1   Anemia
      2   Sickle Cell Disease
      3   Hemophilia
      4   Something Else

      77   Don't know/Not sure
      99   Refused

K12Q27a.   Has a doctor or other health care provider ever told you that CHILD had Cystic Fibrosis?

      1   Yes
      2   No

      77   Don't know/Not sure
      99   Refused

[CATI INSTRUCTION: IF K12Q27a IS NOT "1," THEN GO TO K12Q28a.]

K12Q27b.   Does [CHILD] currently have Cystic Fibrosis?

      1   Yes
      2   No

      77   Don't know/Not sure
      99   Refused

K12Q28a.   Has a doctor or other health care provider ever told you that CHILD had Cerebral Palsy?

      1   Yes
      2   No

      77   Don't know/Not sure
      99   Refused

[CATI INSTRUCTION: IF K12Q28a IS NOT "1," THEN GO TO K12Q29a.]

K12Q28b.   Does [CHILD] currently have Cerebral Palsy?

      1   Yes
      2   No

      77   Don't know/Not sure

99   Refused

K12Q29a.   Has a doctor or other health care provider ever told you that CHILD had Muscular Dystrophy?

1   Yes
2   No

77   Don't know/Not sure
99   Refused

[CATI INSTRUCTION: IF K12Q29a IS NOT "1," THEN GO TO K12Q30.]

K12Q29b.   Does [CHILD] currently have Muscular Dystrophy?

1   Yes
2   No

77   Don't know/Not sure
99   Refused

K12Q30.   Has a doctor or other health care provider ever told you that CHILD had Down Syndrome

1   Yes
2   No

77   Don't know/Not sure
99   Refused

K12Q31a.   Has a doctor or other health care provider ever told you that CHILD had Arthritis or other joint problems?

1   Yes
2   No

77   Don't know/Not sure
99   Refused

[CATI INSTRUCTION: IF K12Q31a IS NOT "1," THEN GO TO K12Q32a.]

K12Q31b.   Does [CHILD] currently have Arthritis or other joint problems?

1   Yes
2   No

77   Don't know/Not sure
99   Refused

K12Q32a.   Has a doctor or other health care provider ever told you that CHILD had Allergies?

    1   Yes
    2   No

    77   Don't know/Not sure
    99   Refused

[CATI INSTRUCTION: IF K12Q32a IS NOT "1," THEN GO TO K12Q33]

K12Q32b.   Does [CHILD] currently have Allergies?

    1   Yes
    2   No   **[GO TO K12Q33]**

    77   Don't know/Not sure **[GO TO K12Q33]**
    99   Refused   **[GO TO K12Q33]**

K12Q32c.   Are any of these food allergies?

    1   Yes
    2   No

    77   Don't know/Not sure
    99   Refused

K12Q33.   Does anyone help you arrange or coordinate (CHILD)'s care among the different doctors or services that (he/she) uses?

    1   Yes
    2   No **[GO TO K12Q35]**

    77   Don't know/Not sure **[GO TO K12Q35]**
    99   Refused **[GO TO K12Q35]**

K12Q34.   Is this person a parent, guardian, other family member, friend, nurse, therapist, social worker, hospital discharge planner, case manager, or someone else?? **[MARK ALL THAT APPLY]**

    1   Parent
    2   Guardian
    3   Other Family Member
    4   Friend
    5   Nurse
    6   Therapist
    7   Social Worker
    8   Hospital Discharge Planner
    9   Case Manager
    10   Someone at Child's School

11   Someone Else

77   Don't know/Not sure
99   Refused

K12Q35.   (During the past 12 months/ Since (his/her) birth), have you felt that you
            could have used extra help arranging or coordinating (CHILD)'s care
            among these different health care providers or services?

1   Yes
2   No [**GO TO K12Q37]**

77   Don't know/Not sure   [**GO TO K12Q37]**
99   Refused [**GO TO K12Q37]**

K12Q36.   (During the past 12 months/ Since (his/her) birth), how often did you get
            as much help as you wanted with arranging or coordinating (CHILD)'s
            care? Would you say never, sometimes, or usually?

1   Never
2   Sometimes
3   Usually

77   Don't know/Not sure
99   Refused

K12Q37.   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

77   Don't know/Not sure
99   Refused

K12Q38.   Do (CHILD)'s doctors or other health care providers need to communicate
            with (his/her) school, early intervention program, child care providers,
            vocational education or rehabilitation program?

1   Yes
2   No   **[GO TO K12Q40]**

77   Don't know/Not sure   **[GO TO K12Q40]**
99   Refused **[GO TO K12Q40]**

K12Q39.   Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that communication?

    1   Very Satisfied
    2   Somewhat Satisfied
    3   Somewhat Dissatisfied
    4   Very Dissatisfied

    77   Don't know/Not sure
    99   Refused

The next question is about the amount of money paid (during the past 12 months/ [WHEN CHILD IS YOUNGER THAN 12 MONTHS] since (his/her) birth) for (CHILD)'s medical care. Please do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. But do include out-of-pocket payments for all types of health-related needs such as co-payments, dental or vision care, medications, special foods, adaptive clothing, durable equipment, home modifications, and any kind of therapy.

K12Q40.   (During the past 12 months/ [WHEN CHILD IS YOUNGER THAN 12 MONTHS] Since (his/her) birth), would you say that the family paid more than $500, $250-$500, less than $250, or nothing for (CHILD)'s medical care?

    1   More Than $500
    2    $250 - $500   **[GO TO K12Q41]**
    3   Less Than $250 **[GO TO K12Q41]**
    4   Nothing, $0   **[GO TO K12Q41]**

    77   Don't know/Not sure **[GO TO K12Q41]**
    99   Refused **[GO TO K12Q41]**

K12Q40A.   (During the past 12 months/ [WHEN CHILD IS YOUNGER THAN 12 MONTHS] Since (his/her) birth), would you say that the family paid more than $5000, $1000 to $5000, or less than $1000 for (CHILD)'s medical care?

    1   More Than $5000
    2    $1000 - $5000
    3   Less Than $1000

    77   Don't know/Not sure
    99   Refused

K12Q41.   Many families provide health care at home such as changing bandages, care of feeding or breathing equipment, and giving medication and therapies. Do you or other family members provide health care at home for (CHILD)?

1   Yes

2   No   **[GO TO K12Q43]**

77   Don't know/Not sure **[GO TO K12Q43]**

99   Refused **[GO TO K12Q43]**

K12Q42.   How many hours per week do you or other family members spend providing this kind of care?

__ __   Hours Per Week

0   Less Than One Hour

168   Around The Clock

77   Don't know/Not sure

99   Refused

K12Q43.   How many hours per week do you or other family members spend arranging or coordinating (CHILD)'s care? By this I mean making appointments, making sure that care providers are exchanging information, and following up on (CHILD)'s care needs.

__ __   Hours Per Week

0   None / Less Than One Hour

168   Around The Clock

77   Don't know/Not sure

99   Refused

K12Q44.   Have (CHILD)'s health conditions caused financial problems for your family?

1   Yes

2   No

77   Don't know/Not sure

99   Refused

K12Q45.   Have you or other family members stopped working because of (CHILD)'s health conditions?

1   Yes

2   No

77   Don't know/Not sure

99   Refused

K12Q46.   (IF K12Q45 = 1, THEN SHOW: Not including the family members who stopped working,) Have you or other family members cut down on the hours you work because of (CHILD)'s health conditions?

1   Yes
        2   No

        77   Don't know/Not sure
        99   Refused

K12Q47.   Have you or other family members avoided changing jobs because of
            concerns about maintaining health insurance for (CHILD)?

        1   Yes
        2   No

        77   Don't know/Not sure
        99   Refused

Section 16: Physical Activity

[CATI: IF CHILD AGE < 2, GO TO K22Q01]

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 but less than 1 hour
        4   1 hour but less than 2 hours
        5   2 hours but less than 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 roller skating; 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

K16Q03a.   On an average weekday, about how much time does (CHILD) usually spend in
            front of a TV watching TV programs, videos, DVDs, or playing video games?

[NOTE: Average weekday, "On a typical weekday, what do you think 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 K16Q03a = 777, 999 THEN GO TO K16Q04a;

K16Q03b.   MARK PERIOD

   1   MINUTES

   2   HOURS

[CATI IF (K16Q03a > 12) AND (K16Q03b = 2) THEN GO TO K16Q03bb. ELSE GO TO K16Q04a.]

K16Q03bb.   Interviewer you indicated that (CHILD) watched TV, videos or DVD's **[CATI INSERT K16Q03a K16Q03b]** a day. This is NOT an allowed value.

   1   GO to K16Q03a to re-ask.

K16Q04a.   On an average weekday, about how much time does (CHILD) usually spend with computers, cell phones, handheld video games, and other electronic devices doing things other than school work?

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

   _ _ _   Enter value

   888   DOES NOT SPEND ANY TIME USING ELECTRONIC DEVICES

   777   Don't know/Not sure

   999   Refused

[CATI: IF K16Q04a = 777, 999 THEN GO TO K16Q05; IF K16Q04a = 888 THEN GO TO K16Q04bv.]

K16Q04b.   MARK PERIOD

   1   MINUTES

   2   HOURS

K16Q04bv.   Interviewer you indicated that (CHILD) spends **[CATI INSERT K16Q04a K16Q04b]** a day **[CATI: IF K16Q04a = 888, show** "does NOT spend ANY time using electronic devices."**]** using computers, cell phones, handheld video games, and other electronic devices. Is this correct?

   1   Yes correct as is.

   2   No, (will GO to K16Q04a to reask)

[CATI IF (K16Q04a > 12) AND (K16Q04b = 2) THEN GO TO K16Q04bb. ELSE GO TO K16Q05.]

K16Q04bb. Interviewer you indicated that (CHILD) plays video games, computer games or uses the Internet **[CATI INSERT K16Q04a K16Q04b]** a day. This is NOT an allowed value.

  1 GO to K16Q04a to reask.

K16Q05. Do any schools in your community allow people to use the school playing fields, playgrounds, or athletic facilities for their own personal exercise or recreation?

  1 Yes
  2 No **[GO TO K22Q01]**

  7 Don't know/Not sure **[GO TO K22Q01]**
  9 Refused **[GO TO K22Q01]**

K16Q06. In the past 12 months, how often did you or your child use these school playing fields, playgrounds, or athletic facilities for personal exercise or recreation? Would you say at least once a week, once a month, a few times a year or never?

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

  7 Don't know/Not sure
  9 Refused

Section 22: Parent Reaction to Child Weight

K22Q01. 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 17: Food Insecurity

[CATI: IF CHILD AGE > 5, GO TO K17Q02]

K17Q01.　　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

K17Q02.　　Is your household currently enrolled in the Food Stamp Program or the Supplemental Nutritional Assistance Program also known as SNAP?

[INTERVIEWER NOTE: If respondent is unsure ask "Do you use an Electronic Benefit Transfer (EBT) card to purchase certain products?".

　　　　1　　Yes
　　　　2　　No

　　　　7　　Don't know/Not sure
　　　　9　　Refused
 [CATI: IF CHILD AGE < 1, GO TO K18Q01]

[CATI: If K08Q06 ≠ 1, 2 (child <u>not</u> in Public or Private school) or K03Q04=15 (child not in school) GO TO K17Q04.]

K17Q03.　　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

K17Q04.　　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 18: Family Involvement

K18Q01. 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

[CATI: IF AGE > 6 THEN GO TO NEXT SECTION].

K18Q02. During the past week, how many days did you or other family members read to (CHILD)?

[**NOTE:** Reading stories includes books with words or pictures but not books read by or with the assistance of an audio tape, record, CD, or computer.]

_ _ Number of days (1 to 7 days, 77, 88, or 99)

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

Section 21: Tobacco Indicators

K21Q01. Which of these best describes the rules about smoking inside the home where (CHILD) lives: smoking is NEVER allowed, smoking is SOMETIMES allowed or allowed in some places, or smoking is ALWAYS allowed inside where (s/he) lives?

[**NOTE:** 'home' refers to the place or places where the child lives including a house, apartment, condo, trailer or other place of residence.]

1   Never allowed inside the home where the child lives
2   Sometimes allowed or allowed in some places where the child lives
3   Always allowed inside the home where the child lives

7   Don't know/Not sure
7   Refused

[CATI: IF AGE <7 THEN GO TO K21Q03].

K21Q02   How often have you discussed the dangers of tobacco use with (CHILD) in the last

12 months?
        (CATI responses, if needed)
___: Enter value. Ex. 112 = 12 days, 205 = five weeks.

1_ _ Times per day
2_ _ Times per week
3_ _ Times per month
4_ _ Times per year

888 Never
777 Don't know / Not sure
999 Refused

K21Q03   Do you feel well prepared to talk with (CHILD) about reducing the chances of smoking?

1   Yes
2   No

7   Don't know/Not sure
9   Refused

Section 24: 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.

K24Q01.   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 K24Q02a]**
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

K24Q02a.   Please call our toll-free number, 1-800-476-3803, 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

K24Q03.   Hello. This is (interviewer name) calling from the SC Department of Health and Environmental Control. Recently you completed our study on children's health in

South Carolina and I'm calling back to see if you've had a chance to **[CATI FILL: "weigh" if K04Q01a = 7777 or K04Q01b = 1, 2, 6, 7, 9; "measure" if K04Q02a = 7777 or K04Q02b = 1,2,6,7,9; "weigh and measure" if K04Q01a =7777 or K04Q01b = 1, 2, 6, 7, 9 AND K04Q02a = 7777 or K04Q02b = 1,2,6,7,9]** (CHILD)?

1   Parent has child's weight only **[Go to K24Q01; schedule callback for height]**
2   Parent has child's height only **[Go to K24Q01; schedule a callback for weight]**
3   Parent has child's weight and height
4   Has neither **[schedule a callback]**

K24Q04.   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 < 3rd percentile for age/sex or > 97th percentile for age/sex then show: "Interviewer you indicated the child weighs **[CATI FILL: K24Q04]**. IS THIS CORRECT?" **Yes, correct as is -GO TO K24Q05; No, reask question – GO TO K24Q04.]**

K24Q05.   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: K24Q05]** tall. IS THIS CORRECT?" **Yes, correct as is -CONTINUE; No, re-ask question – GO TO K24Q05.]**