

**South Carolina  
Children's Health Assessment Survey  
SC CHAS 2012 Survey  
*English Language Version***

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

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**CATI note:** If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

**If Core Q7.7 = 1, Interviewer please read:** "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

**If Core Q7.7 is >1 and Core Q7.7 does not equal 88 or 99, Interviewer please read:** "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.**

### INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the "Xth" **[CATI: please fill in]** child.

1. What is the birth month and year of the "Xth" child?

(392-397)

|   |                       |
|---|-----------------------|
| $\frac{\_}{7} \frac{\_}{7} / \frac{\_}{7} \frac{\_}{7} \frac{\_}{7} \frac{\_}{7}$ | Code month and year   |
| 7 7 / 7 7 7 7   | Don't know / Not sure |
| 9 9 / 9 9 9 9   | Refused               |

**CATI INSTRUCTION:** Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is  $\geq$  12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?

(398)

|   |         |
|---|---------|
| 1 | Boy     |
| 2 | Girl    |
| 9 | Refused |

3. Is the child Hispanic or Latino?

(399)

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

4. Which one or more of the following would you say is the race of the child?

(400-405)

**[Check all that apply]**

**Please read:**

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

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

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

**CATI note: If more than one response to Q4, continue. Otherwise, go to SC7.1.**

**5.** Which one of these groups would you say best represents the child's race?

(406)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 8 Refused

**SC7.1** How are you related to the child?

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

- 01 Biological Mother
- 02 Step Mother
- 03 Adoptive Mother
- 04 Foster Mother
- 05 Biological Father
- 06 Step Father
- 07 Adoptive Father
- 08 Foster Father
- 09 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

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- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship (**Not related in any way**)
  
- 77 Don't know
- 99 Refused

**[CATI NOTE: IF SC7.1 = (1,2,3,5,6,7,18,19) THEN Module 23.6 = 1 (Parent);  
 ELSE IF SC7.1 = (9,10) THEN Module 23.6 = 2 (Grandparent);  
 ELSE IF SC7.1 = (4,8,15,16) THEN Module 23.6 = 3 (Foster/Guardian);  
 ELSE IF SC7.1 = (13,14) THEN Module 23.6 = 4 (Sibling);  
 ELSE IF SC7.1 = (11,12,17) THEN Module 23.6 = 5 (Other relative);  
 ELSE IF SC7.1 = (20) THEN Module 23.6 = 6 (Not related)]**

**[CATI Note: AUTOFILL Module 23.6; GO TO Module 25]**

6. How are you related to the child?

(407)

**Please read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

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

**[CATI: GO TO Module 25]**

## **BRFSS SC State 8: CHAS Script**

---

**SC8.1** We are conducting a study to learn more about 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 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 MODULE]**

**SC8.2** 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 SC8.4]**
- 2 No **[CATI: IF CELL PHONE GO TO SC8.7; ELSE IF LANDLINE GO TO SC8.3]**

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**SC8.3** 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?']**

**[CATI NOTE: IF SC7.1 = 01 (biological mother) THEN SC8.3 cannot = 01; ELSE IF SC7.1 = 05 (biological father) THEN SC8.3 cannot = 05]**

- 01 Biological Mother
- 02 Step Mother
- 03 Adoptive Mother
- 04 Foster Mother
- 05 Biological Father
- 06 Step Father
- 07 Adoptive Father
- 08 Foster Father
- 09 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

**SC8.4** Just to make sure that we are talking about the same child when we call 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

**SC8.5** 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

**SC8.6** 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)

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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 SC8.3 ≤14, show:**

Please be sure to tell (CHILD)'s **[CATI fill SC8.3 [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.

**SC8.7**

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 SC9.1]**

## CHAS Introductory Script

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- IntroQst. HELLO, I'm calling for the South Carolina Department of Health and Environmental Control. My name is (name). 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)?
- 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'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 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

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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 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

[CATI: If vNC02Q01 >= 77777 SKP TO K03Q03]

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

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- 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 [NEXT](#) SECTION.]**

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

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

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

**KnoAge**

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

## **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<br>(Ex. 99 lbs = 0099, 45 kg = 9045) |
| 7 7 7 7 | Don't know/ Not sure <b>[GO TO <a href="#">K04Q02a</a>]</b>                    |
| 9 9 9 9 | Refused <b>[GO TO <a href="#">K04Q02a</a>]</b>                                 |

**[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: 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)<br>or meters and centimeters (Ex. 1 meter 75 centimeters = 9175) |
| 7 7 7 7 | Don't know/Not sure <b>[GO TO <a href="#">K04Q03</a>]</b>  |
| 9 9 9 9 | Refused <b>[GO TO <a href="#">K04Q03</a>]</b>  |

**[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: K04Q02a] tall. IS THIS CORRECT?" Yes, correct as is -GO TO K04Q02b; No, reask question – GO TO K04Q02a.]**

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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?

- 1 Yes
- 2 No
  
- 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

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- 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

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- 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 skip 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?

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[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**

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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 [K06Q06](#)]**
  
- 7 Don't know/Not sure **[GO TO [K06Q10](#)]**
- 9 Refused **[GO TO [K06Q10](#)]**

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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 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.]

[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 [K06Q06](#)]**

K06Q05. 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 [K06Q07](#)]**
  
- 7 Don't know/Not sure **[GO TO [K06Q07](#)]**
- 9 Refused **[GO TO [K06Q07](#)]**

**[CATI: IF (K06Q01 = 2) OR (K06Q05 = 1) THEN GO TO [K06Q06](#). ELSE GO TO [K06Q07](#). IF (K06Q01 >2) THEN GO TO [K06Q10](#).]**

K06Q06. 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

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- 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

**[CATI: IF K06Q01 > 2 THEN GO TO [K06Q10](#)]**

K06Q07. What kind of place does (s/he) go to most often for health care?

[Read 1-9 if necessary.]

- 1 A doctor's office **[GO TO [K06Q09](#)]**
- 2 A public health department/community health center **[GO TO [K06Q09](#)]**
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 A school nurse **[GO TO [K06Q09](#)]**
- 7 A school based Health Center **[GO TO [K06Q09](#)]**
- 8 Some other kind of place **[GO TO [K06Q09](#)]**
- 9 No usual place **[GO TO [K06Q09](#)]**
  
- 77 Don't know/Not sure **[GO TO [K06Q09](#)]**
- 99 Refused **[GO TO [K06Q09](#)]**

K06Q08. What is the main reason you go to **[CATI FILL: IF K06Q07 = 3, show "a hospital", IF K06Q07 = 4, show "a hospital emergency room", IF K06Q07 = 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: K06Q08ot)
  
- 77 Don't know/Not sure
- 99 Refused

K06Q09. 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

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

K06Q10. 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

K06Q11. 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

K06Q12. During the past 12 months did (s/he) receive all the medical care you felt (s/he) needed?

- 1 Yes
- 2 No

- 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 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

K06Q14. During the past 12 months, how often did (CHILD)'s doctors or 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

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K06Q15. Thinking about (CHILD)'s health needs and all the services that (s/he) needs, have you had any difficulties trying to use these services during the past 12 months?

**[NOTE: If the parent says that the child did not need any services, then say:** "This question asks about difficulty using ANY services that your child needed because of (his/her) health. Did you have ANY difficulty using ANY services during the past 12 months?"]

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

K06Q16. Has (CHILD)'s doctor or other health care providers ever talked with you about how you can help (CHILD) to eat healthy?

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

- 1 Yes, in the past year
- 2 Yes, more than a year ago
- 3 No
- 7 Don't Know/Not Sure
- 9 Refused

K06Q17. Has (CHILD)'s doctor or other health care providers ever talked with you about how you can help (CHILD) to be more physically active?

**[NOTE If YES, Ask, 'Was this in the past year, or more than a year ago?']**

- 1 Yes, in the past year
- 2 Yes, more than a year ago
- 3 No
- 7 Don't Know/Not Sure
- 9 Refused

## Section 7: Immunizations

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[CATI: If AGEYRS < 10 THEN GO TO [K07Q07](#).]

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.

K07Q01. Have you ever heard of the HPV vaccine?

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

[QUESTION STEM: Did you hear about the HPV vaccine]

K07Q02a. Through (CHILD)'s school?

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

K07Q02b. From (CHILD)'s health care provider?

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

K07Q02c. From an advertisement by a drug company?

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

K07Q02d. In news stories or on web sites other than advertisements by drug companies?

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

K07Q03. Has (CHILD) had any shots of the HPV vaccine?

- 1 Yes **[GO TO [K07Q06](#)]**
- 2 No
- 7 Don't know/Not sure **[GO TO [K07Q07](#)]**
- 9 Refused **[GO TO [K07Q07](#)]**

K07Q04. 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 1-17 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 Child was sick
- 15 Plan to/ have appointment to get shot
- 16 Didn't know it was for boys
- 17 Other (Specify: K07Q04ot)
- 77 Don't know/Not sure
- 99 Refused

K07Q05. 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

**[CATI for K07Q05: GO TO K07Q07]**

K07Q06. How many shots of the HPV vaccine has (CHILD) had?

- 1 1 shot
- 2 2 shots

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- 3 3 shots
- 4 At least one shot, but not sure how many
- 7 Don't know/Not sure
- 9 Refused

K07Q07. 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 [K07Q09](#)]**
- 2 No
- 3 Never heard of vaccine **[GO TO [K07Q09](#)]**
- 7 Don't know/Not sure **[GO TO [K07Q09](#)]**
- 9 Refused **[GO TO [K07Q09](#)]**

K07Q08. 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 1-15 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/ not old enough
- 12 Child was sick
- 13 Plan to/ have appointment to get shot
- 14 Hadn't thought about it
- 15 Other (Specify: K07Q08ot)
- 77 Don't know/Not sure
- 99 Refused

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

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

K07Q10. 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 [K07Q12](#)]**
- 2 No
- 3 No, never heard of tetanus shot **[GO TO [K07Q12](#)]**
- 7 Don't know/Not sure **[GO TO [K07Q12](#)]**
- 9 Refused **[GO TO [K07Q12](#)]**

K07Q11. 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: K07Q09ot)
- 77 Don't know/Not sure
- 99 Refused

K07Q12. 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](#)]**

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K07Q13. Why did you postpone or refuse to get the vaccine shot?

[Read 1-13 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: K07Q11ot)
  
- 77 Don't know/not sure
- 99 Refused

K07Q14. 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: K07Q14ot)
  
- 77 Don't know/Not sure
- 99 Refused

## **Section 8: Demographics**

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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)

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- 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 (child not in school), 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

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

K08Q07. Since starting kindergarten, has (s/he) repeated any grades?

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

## **Section 9: School Performance**

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**[CATI: If K08Q06 = 1, 2 (child in Public or Private school) then GO TO [K09Q01](#); else GO TO [NEXT SECTION](#)]**

K09Q01. 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

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K09Q02. **QUESTION STEM:** During the past 12 months, about how many days did (CHILD) miss school:

K09Q02a. Because of an illness?

\_\_\_ :Number of days

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

K09Q02b. Because of an injury?

\_\_\_ :Number of days

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

K09Q02c. 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

## Section 10: Asthma

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

K10Q02. 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

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

**[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](#)**]

K10Q04. During the past 30 days, on how many days did (CHILD) have any symptoms of asthma?

- Days
- 88 NO SYMPTOMS IN THE PAST 30 DAYS
- 30 EVERY DAY
- 77 Don't know/Not sure
- 99 Refused

K10Q05. During the past 30 days, on how many days did symptoms of asthma make it difficult for (him/her) to stay asleep?

- Days/Nights
- 88 NONE
- 30 EVERY DAY/NIGHT
- 77 Don't know/Not sure
- 99 Refused

K10Q06. During the past 12 months, would you say (CHILD) limited (his/her) usual activities due to asthma – not at all, a little, a moderate amount, or a lot?

- 1 Not at all
- 2 A little
- 3 A moderate amount
- 4 A lot
- 7 Don't know/Not sure
- 9 Refused

K10Q07. An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, how many times has (CHILD) had to visit an emergency room or urgent care center because of (his/her) asthma?

- \_\_\_ Enter number of times
- 888 None
- 777 Don't know/Not sure

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999 Refused

K10Q08. Has a doctor or other health professional ever taught you or (CHILD) how to recognize early signs or symptoms of an asthma episode?

**[NOTE:** Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.]

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K10Q09. Has a doctor or other health professional ever taught you or (CHILD) what to do during an asthma episode or attack?

**[NOTE:** Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.]

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K10Q10. 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?

**[NOTE:** Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.]

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K10Q11. 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?

**[NOTE:** Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.]

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K10Q12. Have you or (CHILD) ever taken a course or class on how to manage (his/her) asthma?

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

**[CATI: If K08Q06 = 1, 2 (child in Public or Private school) then GO TO K10Q13; else GO TO NEXT SECTION]**

K10Q13. 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

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

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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

2012 SC CHAS

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

## **Section 12: Children with Special Health Care Needs**

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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  $\geq$  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 [K12Q07](#)**]
- 7 Don't know/Not sure [**GO TO [K12Q07](#)**]
- 9 Refused [**GO TO [K12Q07](#)**]

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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?

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**[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 [K12Q13](#)]**
- 7 Don't know/Not sure **[GO TO [K12Q13](#)]**
- 9 Refused **[GO TO [K12Q13](#)]**

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

K12Q13. 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 [NEXT SECTION](#)]**
- 7 Don't know/Not sure **[GO TO [NEXT SECTION](#)]**
- 9 Refused **[GO TO [NEXT SECTION](#)]**

K12Q14. Has (CHILD)'s emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

- 1 Yes

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

**[CATI: IF K12Q01=2 AND K12Q04=2 AND K12Q07=2 AND K12Q10=2 AND K12Q13=2 THEN GO TO [NEXT SECTION.](#)]**

K12Q15. What condition does (CHILD) have?

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

- 1 ADHD/ADD (Attention Deficit Hyperactivity Disorder)
- 2 Anxiety problems
- 3 Autism or Asperger's Disorder
- 4 Behavior or conduct problems (e.g. conduct disorder, ODD)
- 5 Brain Injury/ Concussion
- 6 Depression
- 7 Developmental delay that affects ability to learn
- 8 Learning Disability
- 9 Speech problems (including stuttering, stammering)
- 10 Other (specify: K12Q15ot)
- 77 Don't know/Not sure
- 99 Refused

K12Q16. 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](#)]**

K12Q17. 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 13: Oral Health**

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

K13Q01. How would you rate the condition of (CHILD)'s teeth? Would you say their condition is: excellent, very good, good, fair, or poor?

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

K13Q02. Does (s/he) have a dentist or dental clinic where (s/he) goes regularly?

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

K13Q03. About how long has it been since (CHILD) last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

[Please read 1-6.]

- 1 Never
- 2 6 months or less
- 3 More than 6 months, but not more than 1 year ago
- 4 More than 1 year, but not more than 2 years ago
- 5 More than 2 years, but not more than 5 years ago
- 6 More than 5 years ago
  
- 7 Don't know/Not sure
- 9 Refused

## Section 14: Nutrition

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[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) eat?  
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

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

K14Q02. On a TYPICAL DAY, how many servings of 100% fruit juice does (CHILD) drink? 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

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. 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

K14Q05. What type of milk does (CHILD) usually drink?

[Read 1-6 if necessary.]

- 1 Skim or non-fat

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- 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

## Section 16: Physical Activity

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[CATI: IF CHILD AGE < 2, GO TO [K16Q05](#)]

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

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 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

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**[CATI: IF K16Q03a = 777, 999 THEN GO TO [K16Q04a](#); IF K16Q03a = 888 THEN GO TO [K16Q03bv](#).]**

K16Q03b. MARK PERIOD

- 1 MINUTES
- 2 HOURS

K16Q03bv. Interviewer you indicated that (CHILD) watches TV, videos or DVD's **[CATI INSERT K16Q03a K16Q03b]** a day **[CATI: IF K16Q03a = 888, show** "does NOT watch ANY tv, videos, or DVD's"]. Is this correct?

- 1 Yes correct as is.
- 2 No, (will skip to K16Q03a to reask)

**[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 Skip to K16Q03a to reask.

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 schoolwork?

**[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 skip 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.

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

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 17: Food Insecurity**

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[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 [NEXT SECTION](#)]

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**[CATI: If K08Q06 ≠ 1, 2 (child not in Public or Private school) or K03Q04=15 (child not in school) GO TO K17Q05.]**

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

K17Q05. 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**

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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**

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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
- 9 Refused

## Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health and health practices of South Carolina children.

## 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 for the South Carolina 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 K05Q01a = 7777 or K05Q01b = 1, 2, 6, 7, 9; "measure" if K05Q02a = 7777 or**

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**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]**

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 < 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.]**

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 < 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.]**