

South Carolina Children's Health Assessment Survey SC CHAS 2014 Survey

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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 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.

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 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 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 or SC03Q03b = 01 (biological mother) THEN SC03Q03c cannot = 01; ELSE IF SC03Q03a or SC03Q03b = 05 (biological father) THAN SC03Q03c cannot = 05.]

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship

- 77 Don't know
- 99 Refused

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 from 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 25 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

[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?

- Interviewer Directions:
 - If respondent answers 'Yes' to and then Select 'yes'
 - Otherwise – select 'no' for this question

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?

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

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 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?

[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 K06Q06]**
- 7 Don't know/Not sure **[GO TO K06Q07]**
- 9 Refused **[GO TO K06Q07]**

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 K06Q05]

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 K06Q06]**

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

[CATI: IF (K06Q01 = 2) OR (K06Q04 = 1) THEN GO TO K06Q05. ELSE GO TO K06Q06.]

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

K06Q06. 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 K06Q08]**
- 2 A public health department/community health center **[GO TO K06Q08]**
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 A school nurse **[GO TO K06Q08]**
- 7 A school based Health Center **[GO TO K06Q08]**
- 8 Some other kind of place **[GO TO K06Q08]**
- 9 No usual place **[GO TO K06Q08]**

- 77 Don't know/Not sure **[GO TO K06Q08]**
- 99 Refused **[GO TO K06Q08]**

K06Q07. What is the main reason you go to **[CATI FILL: IF K06Q06 = 3, show "a hospital", IF K06Q06 = 4, show "a hospital emergency room", IF K06Q06 = 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

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

K06Q09. 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
- K06Q10. 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
- K06Q11. 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
- 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 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
- K06Q14. 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

K06Q15. 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

K06Q16. 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

[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: "Is there any reason...(PAUSE)...for example, the child hasn't been to the doctor recently, the vaccine costs too much, you don't believe the child needs the vaccine, or you need more information about it?"]

- 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
- 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 TOK07Q09]**

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: K07Q07ot)
- 16 Never heard of vaccine

- 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

- 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 [NEXT SECTION](#)]
- 2 No
- 3 No, never heard of tetanus shot [GO TO [NEXT SECTION](#)]

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

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: K07Q10ot)
- 13 Never heard of vaccine

- 77 Don't know/Not sure
- 99 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

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

[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

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

[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

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

- 1 Yes
- 2 No

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

K10Q05. Is (he/she) using a medicine every day, (such as a Beclovent, Azmacort, Pulmicort, Flovent, Advair, Singulair, or Vancertil inhaler) that was prescribed by a doctor to keep (him/her) from having asthma problems?

- 1 Yes
- 2 No

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

K10Q06. Does (he/she) use a rescue medication SUCH AS Albuterol, Alupent, Ventolin, Proventil, Xopenex or Maxair inhaler?

- 1 Yes

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

K10Q07. During the past 12 months, how many days of childcare or school did (he/she) miss due to asthma?

-- -- Days missed from school or daycare

- 8 8 8 NONE
- 2 1 5 Entire school year
- 5 5 5 NOT APPLICABLE (child not in childcare or school) **[GO TO [K10Q09](#)]**
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

[CATI: If K09Q06 = 1, 2 (child in Public or Private school) then GO TO [K10Q08](#); else GO TO [K10Q09](#)]

K10Q08. 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

K10Q09. Have you or (CHILD) ever taken a course or class on how to manage (his/her) asthma?

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

K10Q10. Has a doctor or other health professional ever taught you or (CHILD) how to recognize early signs or symptoms of an asthma episode?

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

- K10Q11. Has a doctor or other health professional ever taught you or (CHILD) what to do during an asthma episode or attack?
- 1 Yes
 - 2 No

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

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 Refused

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?

[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 K12Q09]**

7 Don't know/Not sure **[GO TO K12Q09]**

9 Refused **[GO TO K12Q09]**

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 K12Q14]**

- 7 Don't know/Not sure **[GO TO K12Q14]**
- 9 Refused **[GO TO K12Q14]**

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 K12Q16]**

- 7 Don't know/Not sure **[GO TO K12Q16]**
- 9 Refused **[GO TO K12Q16]**

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

- 1 Yes
- 2 No

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

[CATI: IF K12Q01=2 AND K12Q04=2 AND K12Q08=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

Section 13: Oral Health

[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?

- 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

[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

- 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

- 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

K14Q06. We are interested in learning where people get fresh fruits and vegetables and other healthy foods. Please tell me yes or no if you have gotten fresh fruits or vegetables from the following places in the past 12 months.

K14Q06a. In the past 12 months, did you buy fruits or vegetables locally grown such as from a farmer's market, Community Supported or Shared Agriculture, roadside stand, or pick-your-own produce?

[NOTE: Community Supported or Shared Agriculture are programs where a farmer sells directly to the public. Often membership or subscription is needed and in return the consumer receives a box of seasonal produce each week throughout the farming season.]

- 1 Yes
- 2 No

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

K14Q06b. In the past 12 months, did you eat fruits or vegetables that you grew yourself?

- 1 Yes
- 2 No

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

K14Q06c. In the past 12 months, in what kind of food store did your household do most of its food shopping?

- 1 Supermarkets or large superstores
- 2 Small grocery stores, such as mom and pop stores
- 3 Convenience Stores
- 4 Other store type

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

Section 15: Whole Grain Foods

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

These next questions are about whole grain foods.

K15Q01. In the past week, has (CHILD) eaten any whole grain foods, such as whole grain breakfast cereals, whole wheat bread, brown rice, soft corn or whole wheat tortillas?

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

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

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

K15Q02a. Whole grain cereals like Cheerios, Wheaties, Life, Bran Flakes or Grape Nuts?

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

K15Q02b. Whole wheat breads or whole grain breads like 100% whole wheat or 12 grain bread?

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

K15Q02c. Brown rice?

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

K15Q02d. Soft corn or whole wheat tortillas?

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

Section 16: Physical Activity

[CATI: IF CHILD AGE < 2, GO TO K16Q17a]

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 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 average, or think about a week and what the average would be."]

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

[CATI: IF 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 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?

[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.

- 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: Parent Reaction to Child Weight

K17Q01. How would you describe your child's weight? Would you say: very overweight, somewhat overweight, healthy weight, somewhat underweight, or very underweight?

- 1 Very overweight
- 2 Somewhat overweight
- 3 Healthy weight
- 4 Somewhat underweight
- 5 Very underweight
- 7 Don't know/Not sure
- 9 Refused

Section 18: Food Insecurity

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

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

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

- 1 Yes
- 2 No

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

K18Q02. Is your household currently enrolled in the Food Stamp Program 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](#)]

[CATI: If K08Q06 ≠ 1, 2 (child not in Public or Private school) or K03Q04=15 (child not in school) GO TO K18Q04.]

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

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

K18Q04. In the last 12 months, did you ever cut the size of (his/her) meals because there wasn't enough money for food?

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

Section 19: Family Involvement

K19Q01. 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].

K19Q02. 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 20: Tobacco Indicators

K20Q01. 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
8 Refused

[CATI: IF AGE <7 THEN GO TO K20Q03].

K20Q02 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

K20Q03 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 21: Height/Weight Follow-up

Finally, we have a couple of follow-up questions on your child's height and weight. For research purposes, we need to gather information that is as up-to-date and accurate as possible.

K21Q01. 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 [K21Q02a](#)]**
- 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

K21Q02a. 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

K21Q03. 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 K21Q01; schedule callback for height]**
- 2 Parent has child's height only **[Go to K21Q01; schedule a callback for weight]**
- 3 Parent has child's weight and height
- 4 Has neither **[schedule a callback]**

K21Q04. 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: K21Q04]. IS THIS CORRECT?" **Yes,**
correct as is -GO TO K21Q05; No, reask question – GO TO K21Q04.]

K21Q05. 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: K21Q05] tall. IS THIS CORRECT?"
Yes, correct as is -CONTINUE; No, re-ask question – GO TO K21Q05.]