

**2008**

**Colorado Child Health Survey Questionnaire**

<b><u>SECTIONS</u></b>	
Introduction.....	2
Health and Function Status .....	3
Health Care Coverage.....	5
Demographics .....	10
Asthma .....	14
Diabetes .....	16
School .....	17
Nutrition .....	19
Food Insecurity .....	21
Breastfeeding .....	21
Physical Activity.....	22
Oral Health .....	24
Second Hand Smoke Exposure.....	25
Growth and Development.....	29
Behavioral Health .....	30
Antibiotics .....	32
Safety .....	35
CSHCN screener.....	36
Closing .....	40

## 2008 Colorado Child Health Survey

### Beginning of Child Health Survey:

**Intro01.** HELLO, I'm calling for the Colorado Department of Public Health and Environment. My name is \_\_ (name) \_\_. We recently spoke with someone in your household who told us that we could call again to do another study to learn more about the health of children in Colorado. May I please speak to (child's name)'s (relationship to child)? (**Interviewer note:** if child's name was not provided, use information from "title" field in sample record (e.g. only male child between 1 and 14); if parent or guardian is other family member or other non-family member, ask to speak with the person in the household who knows the most about the health and health practices of the child)

- 1 Correct respondent **Go to Intro01b**
- 2 Correct respondent coming to phone **Go to Intro01a**
- 3 No (press F3 to assign disposition)

**Intro01a.** HELLO, I'm calling for the Colorado Department of Public Health and Environment. My name is \_\_ (name) \_\_. We recently spoke with someone in your household who told us that we could call again to do another study to learn more about the health of children in Colorado. All information you provide is strictly confidential and used for research purposes only. You do not have to answer any question you do not want to, and you can end the interview at any time. The child I will be asking about is (child's name or information from "title" field). (press 1 to continue) **If child's name was not provided, go to CH03a; otherwise, go to CH08.**

**Intro01b.** All information you provide is strictly confidential and used for research purposes only. You do not have to answer any question you do not want to, and you can end the interview at any time. (press 1 to continue)

**If child's name was not provided, continue. Otherwise, go to CH08.**

**CH03a.** Just to make sure that we are talking about the same child throughout the study, please tell me the first name of the child.

- 1 Enter name \_\_\_\_\_ **Go to CH08**
- 9 Refused **Go to CH03ex**

**CH03ex.** For the purpose of this study, may I refer to the child as (fill: Jane if female, John if male)?

- 1 Yes
- 2 No **Ask for name to use during study**

**CH08.** Does (*child's name*) live with you full time or part time?

**Interviewer note:** If necessary, ask, "Does (*he/she*) live with you every weekend, every other weekend, or some other amount of time?"

- 1 Full time
- 2 Part time
- 3 Other (specify) \_\_\_\_\_
- 9 Refused

**CH09.** What is (*child's name*)'s date of birth?

**Interviewer note:** Day or month can be 77(Don't know / Not sure) or 99 (Refused), but we must know the year of birth to continue with the interview.

mm/dd/yyyy Child's date of birth

**CH09b.** Some of the questions we ask are different based on the child's age. Could you tell us how old your child is?

- \_\_ \_\_ Child's age in years
- 7 7 Don't know / Not sure **Terminate interview**
- 9 9 Refused **Terminate interview**

### Health and Functional Status

**CH10p.** In general, how would you describe (*child's name*)'s health? Would you say (*his/her*) 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

**CH11.** How tall is (*child's name*) now?

**Interviewer note:** If respondent says “don’t know”, say: “ The average child that is (*fill*) months old is (*fill*) feet and (*fill*) inches tall. Based on that, what is your best estimate of his/her height?”

If respondent answers in inches only, put a 9 in the first position

___/___	___	Height in feet/inches
7	7	7 Don't know / Not sure
9	9	9 Refused

**CH11b.** How sure are you of this? Would you say that you are very sure, somewhat sure, or not at all sure?

- 1 Very sure **Go to CH12**
- 2 Somewhat sure
- 3 Not very sure

**CH11c.** During the next few days, could you measure your child and tell us the results? You could call us or we could call you.

- 1 Yes, respondent will call Survey Research Unit
- 2 Yes, Survey Research Unit to call the respondent
- 3 No, not willing to measure

**CH 12.** How much does (*child's name*) weigh now?

**Interviewer note:** If respondent says “don’t know”, say: “ The average child that is (*fill*) months old weighs (*fill*) pounds. Based on that, what is your best estimate of his/her weight?”

___	___	___	Weight in pounds
7	7	7	Don't know/ Not sure
9	9	9	Refused

**CH12b.** How sure are you of this? Would you say that you are very sure, somewhat sure, or not at all sure?

- 1 Very sure **Go to CH12d**
- 2 Somewhat sure
- 3 Not very sure

**CH12c.** During the next few days, could you weigh your child and tell us the results? You could call us or we could call you.

- 1 Yes, respondent will call Survey Research Unit
- 2 Yes, Survey Research Unit to call the respondent
- 3 No, not willing to weigh

**CH12d.** 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

### **Health care coverage**

**CH13.** Does (*child's name*) have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- 1 Yes
- 2 No (skip to ch15)
- 7 Don't know / Not sure
- 9 Refused

**CH13b.** Is (*he/she*) insured by Medicaid or the State Children's Health Insurance Program, sometimes called CHP+ (pronounced 'chip')?

**Interviewer note:** Prompt which plan if answer is yes.

**Interviewer note:** Medicaid and CHP+ are insurance programs for persons with certain income levels and persons with disabilities.

- 1 Yes, Medicaid
- 2 Yes, CHP+
- 3 No
- 7 Don't know/not sure
- 9 Refused

**CH14.** During the past 12 months, was there any time when (he/she) was not covered by ANY health insurance?

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

**CH15.** 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 or more persons you think of as (*child's name*)'s personal doctor or nurse?

**Interviewer note:** Prompt for one person or more than one person.

- Do not include:**  
acupuncture,  
chiropractor,  
homeopath,  
naturopath,  
etc.
- 1 Yes, one person
  - 2 Yes, more than one person
  - 3 No
  - 7 Don't know / Not sure
  - 9 Refused

**CH145.** What kind of place does (*child's name*) go to most often? Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient department
- 4 Clinic or health center
- 5 School (nurse's office, athletic trainer's office, etc)
- 6 Friend/relative
- 7 Mexico/other locations out of us
- 8 Some other place
- 9 Does not go to one place most often
- 77 Don't know
- 99 Refused

**CH146.** People often delay or do not get needed health care. By health care I mean medical care as well as other kinds of care like dental care, mental health services, physical, occupational, or speech therapies, and special education services. During the past 12 months, have you delayed or gone without needed health care for (*child's name*)?

- 1 Yes
- 2 No **Go to CH147**
- 7 Don't know/Not sure **Go to CH147**
- 9 Refused **Go to CH147**

**CH17.** Why did (*child's name*) not get all the health care that (*he/she*) needed?

**Read only if necessary:**

- |                                                                |    |                                                   |
|----------------------------------------------------------------|----|---------------------------------------------------|
| <b>Mark all that apply.</b>                                    | 1  | Cost too much                                     |
|                                                                | 2  | No insurance                                      |
| <b>After each response, ask if there are any other reasons</b> | 3  | Health plan problem                               |
|                                                                | 4  | Can't find a doctor who accepts child's insurance |
|                                                                | 5  | Not available in area/transportation problems     |
|                                                                | 6  | No convenient times/could not get appointment     |
|                                                                | 7  | Other (specify)                                   |
|                                                                | 77 | Don't know / Not sure                             |
|                                                                | 99 | Refused                                           |

**CH147.** During the past 12 months, did (*child's name*) need a referral to see any doctors or receive any services?

- 1 Yes
- 2 No **Go to CH149a**
- 7 Don't know/Not sure **Go to CH149a**
- 9 Refused **Go to CH149a**

**CH148.** Was getting referrals a big problem, a small problem, or not a problem?

- 1 Big problem
- 2 Small problem
- 3 Not a problem
- 7 Don't know/Not sure
- 9 Refused

There are many types of services that some children might need to use to improve their education, health, or well-being. Some of these services may include therapies such as physical, speech or occupational therapy, mental health services, or specialized education plans. These are in addition to regular medical visits.

**CH149a.** Does (*child's name*) use any of these types of services, OR other specialized care, beyond regular medical care?

**Interviewer note:** This would include specialty medical care services.

Questionnaire note: "OR other specialized care," and interviewer note were added 4/21/08.

- 1 Yes
- 2 No **Go to CH150**
- 7 Don't know/Not sure **Go to CH150**
- 9 Refused **Go to CH150**

**CH149.** Does anyone help you arrange or coordinate (*child's name*)'s care among the different doctors or services that (*he/she*) uses?

- 1 Yes
- 2 No
- 3 Don't need care arranged or coordinated
- 7 Don't know/Not sure
- 9 Refused

**CH150.** Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among (*child's name*)'s doctors and other health care providers?

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

**CH151.** Do (*child's name*)'s doctors or other health care providers need to communicate with (*his/her*) school, early intervention program, child care providers, vocational education or rehabilitation program?

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

**CH152.** During the past 12 months, how often did (*child's name*)'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
- 8 No healthcare in past 12 months (added 3/25/08)
- 9 Refused

**CH153.** During the past 12 months, how often did (*child's name*)'s doctors and other health care providers listen carefully to you? Would you say never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 Don't know/Not sure
- 8 No healthcare in past 12 months (added 3/25/08)
- 9 Refused

**CH154.** When (*child's name*) is seen by doctors or other health care providers, how often are they sensitive to your family's values and customs? Would you say never, sometimes, usually, or always?

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

**CH155.** Information about a child's health or health care can include things such as the causes of any health problems, how to care for a child now, and what changes to expect in the future. In the past 12 months, how often did you get the specific information you needed from (*child's name*)'s doctors and other health care providers? Would you say never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 Don't know/Not sure
- 8 No healthcare in past 12 months (added 3/25/08)
- 9 Refused

**CH156.** During the past 12 months, how often did (*child's name*)'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
- 8 No healthcare in past 12 months (added 3/25/08)
- 9 Refused

### Demographics

Next I am going to ask some basic questions about (*child's name*) and your family. We ask these questions in order to compare health indicators among different groups of people.

**CH18.** Is (*child's name*) Hispanic or Latino?

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

**CH19.** Which one or more of the following would you say is (*child's name*)'s race? Would you say...

**Please read:**

**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

**or**

- 6 Other (specify)\_\_\_\_\_

**Do not read these responses**

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

**If more than one response to CH19, continue. Otherwise, go to CH21.**

**CH20.** Which one of these groups would you say best represents (*child's name*)'s race?

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

**CH21.** What is the highest grade or year of school completed by anyone in your household?

**Read 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)
- 9 Refused

**CH21a.** What is your age?

\_\_ \_\_ Code age in years  
0 7 Don't know / Not sure  
0 9 Refused

**CH21b.** Are you...?

**Please read:**

- 1 Married
  - 2 Divorced
  - 3 Widowed
  - 4 Separated
  - 5 Never married
- or**
- 6 A member of an unmarried couple

**Do not read** 9 Refused

**CH22.** Is the annual income from all sources for this household:

**Read as appropriate:**

If respondent  
refuses at ANY  
income level, code  
"99" (Refused)

04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)

03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)

02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)

01 Less than \$10,000 **If "no," code 02**

05 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)

06 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)

07 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)

08 \$75,000 or more

Do not read  
these responses

77 Don't know / Not sure **Go to CH23**

99 Refused **Go to CH23**

**CH157.** How many people including yourself depend on this income?

\_\_ \_\_ people

**CH23.** What county does (*child's name*) live in?

\_\_ \_\_ \_\_ FIPS county code

7 7 7 Don't know / Not sure

9 9 9 Refused

## Asthma

**CH24.** Has a doctor or health professional ever told you that (*child's name*) had asthma?

- 1 Yes
- 2 No **Go to CH171**
- 7 Don't know / Not sure **Go to CH171**
- 9 Refused **Go to CH171**

**CH25.** Does (*child's name*) still have asthma?

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

**CH26.** During the past 12 months, how many days of school or childcare has (*child's name*) missed due to asthma or asthma symptoms?

- \_\_\_ \_\_\_ Number of days (**65=65 days or more**)
- 6 6 Home schooled
  - 7 7 Don't know / Not sure
  - 8 8 None
  - 9 8 Not in school yet or childcare yet
  - 9 9 Refused

**CH27.** During the past 12 months, how many times has (*child's name*) been hospitalized for asthma?

- \_\_\_ \_\_\_ Number of times (**76=76 times or more**)  
7 7 Don't know / Not sure  
8 8 None  
9 9 Refused

**CH28.** During the past 12 months, how many times has (*child's name*) been to the emergency room or an urgent care center for asthma?

- \_\_\_ \_\_\_ Number of times (**76=76 times or more**)  
7 7 Don't know / Not sure  
8 8 None  
9 9 Refused

**CH29.** Does (*child's name*) use a rescue medication such as an Albuterol, Alupent, Ventolin, Proventil, Atrovent, or Maxair inhaler?

- 1 Yes  
2 No **Go to CH 31a**  
7 Don't know / Not sure **Go to CH 31a**  
9 Refused **Go to CH 31a**

**If CH26 is 66 or 98, go to CH31a.**

**CH30a.** Does (*child's name*) carry (*his/her*) rescue inhaler at school?

**Interviewer note:** prompt if needed: such as Albuterol, Alupent, Ventolin, Proventil, Atrovent, or Maxair.

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

**CH31a.** An asthma management plan is a printed form that tells 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 an asthma management plan for your child?

**Read if necessary:** Include nurses and asthma educators.

- 1 Yes
- 2 No **Go to CH171**
- 7 Don't know / Not sure **Go to CH171**
- 9 Refused **Go to CH171**

**If CH26 is 66 or 98, go to CH171.**

**CH31b.** Have you provided a copy of this asthma management plan to the school that (child's name) is currently attending?

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

### **Diabetes**

**CH171.** Has a doctor or other health care provider ever told you that (*child's name*) had diabetes?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

**CH172.** What type of diabetes does (*he/she*) have?

- 1 Type 1
- 2 Type 2
- 3 Other (specify)
- 7 Don't know/Not sure
- 9 Refused

**CH173.** Have you developed a diabetes care plan for (*child's name*) with a school nurse or childcare provider?

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

### School

**If CH26=66 (home schooled) go to CH160. Else if CH26=98 (not in school or childcare yet) go to CH161a. Else if child is 1-year-old through 4-years-old, go to CH158. Otherwise, continue.**

**CH32.** During the past 12 months, about how many days did (*child's name*) miss school because of illness or injury?

- — — Number of days (**110=110 days or more**) **Go to CH160**
- 1 1 1 Entire School Year **Go to CH160**
- 5 5 5 Not in school yet **Go to CH158**
- 6 6 6 Home schooled **Go to CH160**
- 7 7 7 Don't know / Not sure **Go to CH160**
- 8 8 8 None **Go to CH160**
- 9 9 9 Refused **Go to CH160**

**CH158.** In the past 12 months, have you been asked to remove your child from childcare because of social, emotional or behavior problems?

- 1 Yes
- 2 No **Go to CH161a**
- 3 Not in child care **Go to CH161a**
- 7 Don't know / Not sure **Go to CH161a**
- 9 Refused **Go to CH161a**

**CH159.** Was (*child's name*) moved to a more appropriate setting where childcare staff could support (*him/her*) effectively?

- 1 Yes **Go to CH161a**
- 2 No **Go to CH161a**
- 7 Don't know/Not sure **Go to CH161a**
- 9 Refused **Go to CH161a**

**CH160.** During the past 12 months, how would you describe (*child's name*)'s performance in school?

**Please read:**

- 1 Excellent
  - 2 Above Average
  - 3 Average
  - 4 Below Average
- or**
- 5 Poor

**Do not read these responses** 7 Don't know/Not sure  
9 Refused

Some schools in Colorado are working with community agencies to offer health services in schools. We would like to know, in general, if you support would support these services being offered in the school. All services would be provided by trained medical professionals, they would be confidential and need prior parental sign up for services.

How much do you support schools providing the following services. For each one, please tell me if you strongly support, moderately support, or don't support.

**CH161a.** Primary care or physical health

- 1 Strongly support
- 2 Moderately support
- 3 Don't support
- 7 Don't know/Not sure
- 9 Refused

**CH161b.** Mental health or counseling services

- 1 Strongly support
- 2 Moderately support
- 3 Don't support
- 7 Don't know/Not sure
- 9 Refused

**CH161c.** Oral health or dental care

- 1 Strongly support
- 2 Moderately support
- 3 Don't support
- 7 Don't know/Not sure
- 9 Refused

**CH161d.** School nursing services

- 1 Strongly support
- 2 Moderately support
- 3 Don't support
- 7 Don't know/Not sure
- 9 Refused

**Nutrition**

Now I'm going to ask some questions about (*child's name*)'s diet and the foods (*he/she*) usually eats or drinks.

For the next few questions, please tell me how often (*he/she*) eats or drinks each one, for example, four times a day, twice a week, three times a month, and so forth. Remember, I am only interested in the foods (*child's name*) eats. Include all foods (*child's name*) eats, both at home and away from home.

**CH34.** How often does (*child's name*) drink fruit juices such as orange, grapefruit or tomato?

- 1\_\_ \_\_ Per day
- 2\_\_ \_\_ Per week
- 3\_\_ \_\_ Per month
- 4\_\_ \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**CH35.** How often does (*child's name*) eat fruit?

**Read only if necessary:** "such as apples, oranges, bananas, etc."

- 1\_\_ \_\_ Per day
- 2\_\_ \_\_ Per week
- 3\_\_ \_\_ Per month
- 4\_\_ \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**CH36.** How often does (*child's name*) eat vegetables?

**Read only if necessary:** "such as carrots, celery, broccoli, etc."

- 1\_\_ \_\_ Per day
- 2\_\_ \_\_ Per week
- 3\_\_ \_\_ Per month
- 4\_\_ \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**CH37.** How often does (*child's name*) consume dairy products, including milk, cheese, and yogurt?

- 1\_\_ \_\_ Per day
- 2\_\_ \_\_ Per week
- 3\_\_ \_\_ Per month
- 4\_\_ \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**CH38.** How often does (*child's name*) drink soda pop, koolaid, or sports drinks?

- 1\_\_ \_\_ Per day
- 2\_\_ \_\_ Per week
- 3\_\_ \_\_ Per month
- 4\_\_ \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**CH39.** How often does (*child's name*) eat fast food?

- 1\_\_ \_\_ Per day
- 2\_\_ \_\_ Per week
- 3\_\_ \_\_ Per month
- 4\_\_ \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**CH164.** How often does (*child's name*) eat frozen meals?

**Read only if necessary:** "such as pizza, tv dinners, frozen chicken nuggets, fish sticks, etc." (added 3/25/08)

- 1\_\_ \_\_ Per day
- 2\_\_ \_\_ Per week
- 3\_\_ \_\_ Per month
- 4\_\_ \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

### **Food insecurity**

I am now going to read a statement to you. Please tell me if the statement is often true, sometimes true or never true.

**CH41.** You relied on only a few kinds of low-cost food to feed (*child's name*) because you were running out of money to buy food. Was that often, sometimes, or never true in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 7 Don't know / Not sure
- 9 Refused

### **Breastfeeding**

**If child is 37-months-old or older, go to CH165.**

**CH44.** Was (*child's name*) ever breastfed or fed breast milk?

- 1 Yes
- 2 No **Go to CH46**
- 7 Don't know / Not sure **Go to CH46**
- 9 Refused **Go to CH46**

**CH45.** How old was (*he/she*) when (*he/she*) completely stopped breastfeeding or being fed breast milk?

- 1 \_\_ \_\_ Age in weeks
- 2 \_\_ \_\_ Age in months
- 5 5 5 Still breastfeeding
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**CH165.** How old was (*child's name*) the first time (*he/she*) drank liquids other than breast milk, such as formula, sugar water, juice, water, or cow's milk?

- 1 \_\_ \_\_ Age in weeks
- 2 \_\_ \_\_ Age in months
- 5 5 5 Never, still only breastfeeding
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**CH166.** How old was (*child's name*) the first time (*he/she*) ate baby cereal, baby food, or any soft food?

- 1 \_\_ \_\_ Age in weeks
- 2 \_\_ \_\_ Age in months
- 5 5 5 Never, still only breastfeeding
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

### Physical Activity

**CH46.** On a typical day, how many hours does (*child's name*) spend watching TV, DVDs, or videos?

- \_\_ \_\_ Hours and minutes per day
- 6 6 6 7 or more hours per day
- 7 7 7 Don't know / Not sure
- 8 8 8 None
- 9 9 9 Refused

**If child is 1-year-old through 4-years-old, go to CH61.**

**CH47.** On a typical day, how many hours does (*child's name*) spend playing video games, computer games, or using the Internet?

— — Hours and minutes per day  
6 6 6 7 or more hours per day  
7 7 7 Don't know / Not sure  
8 8 8 None  
9 9 9 Refused

**CH48.** In a typical week, how many hours does (*child's name*) spend playing sports or doing some other physical activity like dance, roller-skating, or bicycling?

— — Number of hours  
6 6 Less than an hour  
7 7 Don't know / Not sure  
8 8 None  
9 9 Refused

**If CH26 is 66 or 98 or CH32 is 555 or 666, go to CH61.**

**CH167.** During the school year, on how many days during a typical week does (*child's name*) walk, bicycle, or skateboard to or from school?

**Interviewer note:** This includes kids who ride rollerblades, rollershoes or non-motorized scooters to or from school.

**If respondent says "None", ask, "Does (he/she) ride the bus, or is (he/she) driven to school?" and probe for which if necessary.** (added 3/13/08)

— — Number of days  
2 2 Ride the bus  
3 3 Driven to school  
6 6 Homeschooled  
7 7 Don't know / Not sure  
8 8 None  
9 9 Refused

## Oral Health

**CH61.** During the past twelve months, was there any time your child needed but did not get dental care?

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

**CH62.** How would you rate the condition of your child's teeth? Would you say the condition is:

**Please read:**

- 1 Excellent
  - 2 Very good
  - 3 Good
  - 4 Fair
- or**
- 5 Poor

**Do not read these responses** 7 Don't know / Not sure  
9 Refused

**CH63.** Which of the following, if any, is the main problem (*child's name*) has with (*his/her*) teeth?

**Please read:**

- 1 Pain
  - 2 Cavities
  - 3 Broken or missing fillings
  - 4 Teeth pulled because of cavities
  - 5 Broken front tooth or teeth that need repair, such as caps
  - 6 Bleeding gums
  - 7 Crooked teeth, or teeth that need braces
- or**
- 8 Some other problem (specify)

**Do not read these responses** 88 No problems  
77 Don't know / Not sure  
99 Refused

**CH63a.** How old was (*child's name*) when (*he/she*) first went to the dentist?

- 1\_\_ \_\_ months
- 2\_\_ \_\_ years
- 7 7 7 Don't know/Not sure
- 8 8 8 Never seen a dentist **Go to CH64**
- 9 9 9 Refused

**CH63b.** Does (*child's name*) have a regular source of dental care, including a dentist, hygienist, orthodontist, or oral surgeon?

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

### **Second hand smoke exposure**

**CH64.** Including yourself, how many people who live in your house smoke cigarettes, cigars, or pipes?

- \_\_ \_\_ Number of people
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**CH65.** During the past 7 days, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

- \_\_ \_\_ Number of days (1-7)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**CH66.** During the past 7 days, how many days did (*child's name*) ride in a car with someone who was smoking cigarettes, cigars, or a pipe?

- \_\_ \_\_ Number of days (1-7)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**CH174.** If smoking is allowed in some or all places inside your home, are any of these things done to reduce secondhand smoke exposure to children?

**Please read:**

- Check all that apply**
- 1 No one smokes inside the home **Go to CH175**
  - 2 Spray room deodorizers or air fresheners
  - 3 Open a window or turn on a fan to remove secondhand smoke
  - 4 Smoke in a room away from others/the children
  - 5 Smoke outside
  - 6 Wash hands after smoking
  - 7 Wear a smoking jacket
  - 8 Is anything else done? (specify)
  
  - 77 Don't know / Not sure
  - 88 None
  - 99 Refused

**CH175.** If smoking is allowed inside your vehicle, are any of these things done to reduce secondhand smoke exposure to children?

**Please read:**

- Check all that apply**
- 1 No one smokes inside the vehicle **Go to CH176**
  - 2 Spray room deodorizers or air fresheners
  - 3 Open a window to remove secondhand smoke
  - 4 Other (specify) (added 4/14/08)
  
  - 7 Don't know / Not sure
  - 8 None
  - 9 Refused

**CH176.** Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement. ~~Other than quitting smoking,~~ (removed 3/25/08) A person who continues to smoke cannot reduce their child's exposure to secondhand smoke.

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

**CH178.** Over the past month, have you seen or heard advertisements about children being exposed to tobacco smoke?

- 1 Yes
- 2 No **Go to CH184**
- 7 Don't know/not sure **Go to CH184**
- 9 Refused **Go to CH184**

**CH179.** Where have you seen or heard these ads?

**Do not prompt. Mark all that apply. After each response, ask “Any place else?”**

- 1 TV
- 2 Radio
- 3 Print ads (newspaper, magazines)
- 4 Billboards
- 5 Web sites, banner ads, links
- 6 Friends/relatives
- 7 Other (specify)
- 77 Don't know/Not sure
- 99 Refused

**CH180.** You said you (*saw/heard*) (*an ad on TV/an ad on the radio/a print ad/an ad on a billboard/an ad on a web site/about an ad from friends/relatives/fill other*). Could you please tell me what happens in this advertisement?

**Note:** Only the upper-most response from CH179 should be asked about. For example if respondent says radio and billboards, radio should be asked about.

**Do not read. Mark all that apply.**

- 1 Dad is smoking in a room with his daughter; lots of **fans** are on
- 2 Grandmother is smoking in room with her daughter and granddaughter; sprays **air freshener**
- 3 Dad is smoking in the car with his infant son; sticks head out **window**
- 4 A giant white **X** appears on the screen
- 5 People are smoking around kids
- 6 I don't remember
- 8 Other (specify)
- 7 Don't know/Not sure
- 9 Refused

**CH181.** Could you please tell me what you think the main message or theme of this ad was?

**Do not read**

- 1 Smoking is bad for you
- 2 Secondhand smoke (other people's smoke) is bad for you
- 3 You shouldn't smoke around children
- 4 Stepping outside protects others from secondhand smoke
- 5 Opening a window does not protect people from secondhand smoke
- 6 Turning on fans does not protect people from secondhand smoke
- 7 Spraying air freshener does not protect people from secondhand smoke
- 8 I didn't understand the commercial
- 9 I don't know
- 88 Other (specify)

99 Refused

**CH182.** Would you say the ad gave you good reasons not to smoke around children?

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

**CH183.** Did you talk to your friends or family about this ad?

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

**CH184.** During the past 12 months, did your child's healthcare provider (doctor or nurse) ask if you or anyone in your household smokes?

- 1 Yes
- 2 No
- 3 My child has not been to a health care provider during the last 12 months
- 7 Don't know/not sure
- 9 Refused

**CH185.** Did the healthcare provider (doctor or nurse) talk to you about children being exposed to tobacco smoke?

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

**If child is 1-year-old through 5-years-old, continue.  
Otherwise, go to next section.**

**CH186.** At the place you take your child for childcare or an early childhood education program, have you seen information about children being exposed to tobacco smoke?

- 1 Yes
- 2 No
- 3 Not in childcare or an early childhood education program **Go to next section**
- 7 Don't know/not sure
- 9 Refused

**CH187.** Has a teacher or staff member talked to you about children being exposed to tobacco smoke?

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

### **Growth and Development**

**If child is 72-months-old or older, go to CH84.**

**CH67.** Do you have any concerns about (*child's name*)'s learning, development, or behavior?

- 1 Yes
- 2 No **Go to CH169**
- 7 Don't know / Not sure **Go to CH169**
- 9 Refused **Go to CH169**

**CH168.** During the past 12 months, did (*his/her*) doctors or other health care providers give you specific information to address your concerns about (*his/her*) learning, development, or behavior?

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

**CH169.** Sometimes a child’s doctor or other health care provider will ask a parent to fill out a questionnaire at home or during their child’s visit. During the past 12 months, did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about (*child’s name*)’s development, communication, or social behaviors?

**Help Screen:** If another person read the questionnaire to the parent and filled in the answers for the parent, then this question should be answered yes. But if a doctor or nurse just asked about concerns and did not fill out a questionnaire, then this question should be answered no. If the parent states that someone other than the health care provider asks the parent to complete a questionnaire, then this question should be answered yes. If the parent states that they were instructed to go “on-line” and complete the questionnaires, then answer yes.

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

**CH83.** During the past week, on how many days did you or other family members read stories to (*child’s name*)?

- \_\_\_ \_\_\_ Number of days
- 8 8 None
- 7 7 Don’t know / Not sure
- 9 9 Refused

### Behavioral Health

**CH84.** Overall, do you think that (*child’s name*) has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- 1 Yes
- 2 No **Go to CH177**
- 7 Don’t know / Not sure **Go to CH177**
- 9 Refused **Go to CH177**

**CH85.** Would you describe these difficulties as minor, moderate, or severe?

- 1 Minor
- 2 Moderate
- 3 Severe
- 7 Don’t know / Not sure
- 9 Refused

**CH86.** Has (*he/she*) ever received counseling or treatment for these difficulties?

**Interviewer note:** If respondent answers yes, please ask, “Currently or in the past?” If respondent answers no, please ask if they tried to get services but were unable to – if yes, mark 4, if no mark 3.

- 1 Yes, currently
- 2 Yes, in the past
- 3 No
- 4 No, tried to get counseling or treatment, but was unable to get services
- 7 Don't know / Not sure
- 9 Refused

**CH177.** Have you needed any of the following types of services within the past year? ~~Which of the following types of services have you needed, but not necessarily received, within the past year?~~ (changed 3/19/2008)

	Yes	No	DK	Refused
a. Health care	1	2	7	9
b. General mental health services	1	2	7	9
c. Post-partum depression care – code “No” for male parents/guardians	1	2	7	9
d. Substance abuse support	1	2	7	9
e. Interpersonal violence intervention	1	2	7	9
f. Employment counseling	1	2	7	9
g. Financial assistance	1	2	7	9
h. Help paying for or obtaining child care	1	2	7	9
i. Help paying for or obtaining housing	1	2	7	9
j. Parenting class or parenting information	1	2	7	9
k. Support for continuing education	1	2	7	9
l. Any other type of service? (specify) Press <Enter> if no other services				

**CH104.** In the last 30 days, how many times has (*child's name*) ridden in a car with an adult or friend who had had one or more alcoholic beverages?

**Interviewer note:** If the respondent asks, the question is referring to the person driving the car.

- Number of times
- 1 1 Eleven or more
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**CH107.** In the last 30 days how many times has (*child's name*) ridden in a car with someone who drove 10 miles per hour or more over the speed limit?

- — Number of times  
1 1 Eleven or more  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**If child is less than 10 years old, go to CH126.**

**CH170.** During the past 30 days, on how many days has (*child's name*) had at least one drink of alcohol?

- — Number of times  
1 1 Eleven or more  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

### **Antibiotics**

The next few questions ask about antibiotics. Antibiotics are drugs like penicillin that are used to treat certain illnesses.

How often do you think children need antibiotics for the following?

**CH126.** Strep throat. Would you say:

- 1 Always  
2 Usually  
3 Sometimes  
**or**  
4 Never

**Do not read these responses** 7 Don't know / Not sure  
9 Refused

**CH127.** A sore throat other than strep throat. Would you say:

- 1 Always
- 2 Usually
- 3 Sometimes
- or**
- 4 Never

**Do not read these responses** 7 Don't know / Not sure  
9 Refused

**CH128.** A cold with yellow or green mucus. Would you say:

- 1 Always
- 2 Usually
- 3 Sometimes
- or**
- 4 Never

**Do not read these responses** 7 Don't know / Not sure  
9 Refused

**CH129.** The flu. Would you say:

- 1 Always
- 2 Usually
- 3 Sometimes
- or**
- 4 Never

**Do not read these responses** 7 Don't know / Not sure  
9 Refused

**CH130.** A cough of more than a week. Would you say:

- 1 Always
- 2 Usually
- 3 Sometimes
- or**
- 4 Never

**Do not read these responses** 7 Don't know / Not sure  
9 Refused

How much do you agree or disagree with the following statements?

**CH131.** My child will be sick for a longer time if (*he/she*) doesn't receive an antibiotic for cough, cold, or flu symptoms. Would you say that you:

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

**Do not read  
these responses**

**CH132.** By the time my child is sick enough to go to a doctor because of cough, cold, or flu symptoms, I usually expect a prescription for antibiotics. Would you say that you:

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

**Do not read  
these responses**

**CH133.** By the time I am sick enough to go to a doctor because of cough, cold, or flu symptoms, I usually expect a prescription for antibiotics. Would you say that you:

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

**Do not read  
these responses**

**CH134.** Over the past year, have you seen or heard ads or news about problems with overusing antibiotics?

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

**CH135.** Over the past year, have you seen any materials in a doctor's office that are about problems with overusing antibiotics?

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

**CH136.** Over the past year, has a doctor or other health care provider talked to you about possible problems with taking antibiotics when they are not really needed?

**Interviewer note:** This can be either the child's or the interviewee's doctor.

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

### Safety

These next few questions are about safety.

**CH137.** How often do you feel (*child's name*) is safe in your community or neighborhood? Would you say always, usually, sometimes, or never?

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

**CH138.** How often do you feel (*child's name*) is safe at home? Would you say always, usually, sometimes, or never?

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

**If CH26 is 66 or 98 or CH32 is 666, go to CH108.**

**CH139.** How often do you feel (*child's name*) is safe at school or childcare?  
Would you say always, usually, sometimes, or never?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Never
- 7 Don't know / Not sure
- 8 Not in school or childcare
- 9 Refused

**Presence of a special health care need (CSHCN screener)**

The next questions are about any kind of health problems, concerns, or conditions that may affect (*child's name*)'s behavior, learning, growth, or physical development.

**CH108.** Does (*child's name*) currently need or use medicine prescribed by a doctor, other than vitamins?

**Interviewer note:** If necessary, say, "This only applies to medications prescribed by a doctor. Over-the-counter medications such as cold or headache medication, or other vitamins, minerals, or supplements purchased without a prescription are not included."

- 1 Yes
- 2 No **Go to CH111**
- 7 Don't know / Not sure **Go to CH111**
- 9 Refused **Go to CH111**

**CH109.** Is (*his/her*) need for prescription medicine because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No **Go to CH111**
- 7 Don't know / Not sure **Go to CH111**
- 9 Refused **Go to CH111**

**CH110.** Is this a condition that has lasted or is expected to last 12 months or longer?

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

**CH111.** Does (*child's name*) need or use more medical care, mental health, or educational services than is usual for most children of the same age?

**Interviewer note:** If necessary, ask, "Does the child require more medical care, the use of more mental health services, or the use of more educational services than most children the same age?"

- 1 Yes
- 2 No **Go to CH114**
- 7 Don't know / Not sure **Go to CH114**
- 9 Refused **Go to CH114**

**CH112.** Is (*his/her*) need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No **Go to CH114**
- 7 Don't know / Not sure **Go to CH114**
- 9 Refused **Go to CH114**

**CH113.** Is this a condition that has lasted or is expected to last 12 months or longer?

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

**CH114.** Is (*child's name*) limited or prevented in any way in (*his/her*) ability to do the things most children of the same age can do?

**Interviewer note:** If necessary, say, "A child is limited or prevented when there are things the child can't do as much or can't do at all that most children the same age can."

- 1 Yes
- 2 No **Go to CH117**
- 7 Don't know / Not sure **Go to CH117**
- 9 Refused **Go to CH117**

**CH115.** Is (*his/her*) limitation in abilities because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No **Go to CH117**
- 7 Don't know / Not sure **Go to CH117**
- 9 Refused **Go to CH117**

**CH116.** Is this a condition that has lasted or is expected to last 12 months or longer?

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

**CH117.** Does (*child's name*) need or get special therapy, such as physical, occupational, or speech therapy?

**Interviewer note:** If necessary, say, "Special therapy includes physical, occupational, or speech therapy. Do not include psychological therapy."

- 1 Yes
- 2 No **Go to CH120**
- 7 Don't know / Not sure **Go to CH120**
- 9 Refused **Go to CH120**

**CH118.** Is (*his/her*) need for special therapy because of ANY medical, behavioral, or other health condition?

- 1 Yes
- 2 No **Go to CH120**
- 7 Don't know / Not sure **Go to CH120**
- 9 Refused **Go to CH120**

**CH119.** Is this a condition that has lasted or is expected to last 12 months or longer?

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

**CH120.** Does (*child's name*) have any kind of emotional, developmental, or behavioral problem for which (*he/she*) needs treatment or counseling?

**Interviewer note:** If necessary, say, "These are remedies, therapy, or guidance a child may receive for (*his/her*) emotional, developmental, or behavioral problem."

- 1 Yes
- 2 No **Go to CH125**
- 7 Don't know / Not **Go to CH125**
- 9 Refused **Go to CH125**

**CH121.** Has (*his/her*) 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

**CH125.** May we link the information that you provided in this interview with the information that we obtained from the original interview that was done on <date>?

- 1 Yes
- 2 No

**Closing.** Finally, do you have any comments about this survey or the health of children in Colorado?

**Interviewer:** Record comments and press enter to continue.

**Closing statement:** That's my last question. Everyone's answers will be combined to give us information about the health and health practices of Colorado children. Thank you very much for your time and cooperation!