

2009 Colorado Child Health Survey Questionnaire

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2009 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
- 77 Don't know / Not sure **Terminate interview**
- 99 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 CH13**
- 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

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:

- Mark all that apply.**
- After each response, ask if there are any other reasons**
- 1 Cost too much
 - 2 No insurance
 - 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
07 Don't know / Not sure
09 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
9 Refused

Do not read

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

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

Read as appropriate:

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

Do not read
these responses

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

__ __ people

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

__ __ __ FIPS county code

777 Don't know / Not sure

999 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

If CH26 is 66 or 98 or CH32 is 555 or 666, go to CH55.

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**)

66 Home schooled

77 Don't know / Not sure

88 None

98 Not in school yet or childcare yet

99 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**)
- 77 Don't know / Not sure
- 88 None
- 99 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**)
- 77 Don't know / Not sure
- 88 None
- 99 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 CH29 is 2, 7, or 9, 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 CH31a is 2, 7, or 9, 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. Does your (child's name) have a current diabetes care plan at their school or childcare setting? Current is in the past 12 months)

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

School

If CH26=66 (home schooled) go to CH161a. 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 CH161a**
- 111 Entire School Year **Go to CH161a**
 - 555 Not in school yet **Go to CH158**
 - 666 Home schooled **Go to CH161a**
 - 777 Don't know / Not sure **Go to CH161a**
 - 888 None **Go to CH161a**
 - 999 Refused **Go to CH161a**

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**

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.

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
- 555 Never
- 777 Don't know / Not sure
- 999 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
- 555 Never
- 777 Don't know / Not sure
- 999 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
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

CH194. On a typical day, how many glasses or cans of regular soda pop or other sweetened drinks, such as fruit punch or sports drinks does (*child's name*) drink? Do NOT count diet drinks. (Includes any drinks with added sugar such as Cola, sunny delight, iced tea, lemonade, Hawaiian punch, Hi-C, Snapple, Gatorade, Kool-Aid.)

[Interviewer, ask respondent to estimate number of 8 oz glasses if drinking from a large bottle, tall can or carton.]

- ___ glasses or cans
- 88 None
- 77 Refused
- 99 Don't Know

CH195. On a typical day, how many servings of sweets, such as cookies, candy, doughnuts, pastries, cake or popsicles does (child's name) have?

[Interviewer note: If needed say, "include pies and ice cream. Do not include sugar-free kinds, but include low fat kinds."]

- _____ Servings
- 88 None
- 77 Refused
- 99 Don't Know

CH196. Now think about the *past WEEK*. In the past 7 days, how many times did (he/she) eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive thru.

[Interviewer Note: A **fast food** restaurant is defined as a restaurant where you pay for your food at a counter or drive thru, before you eat it. If needed say, "Such as food you get at a McDonald's, KFC, Panda Express, Taco Bell, Chipotle."]

- _____ times in past 7 days
- 88 None
- 77 Refused
- 99 Don't Know

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 CH46.

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
- 555 Still breastfeeding
- 777 Don't know / Not sure
- 999 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
- 555 Never, still only breastfeeding
- 777 Don't know / Not sure
- 999 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
- 555 Never, still only breastfeeding
- 777 Don't know / Not sure
- 999 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
- 666 7 or more hours per day
- 777 Don't know / Not sure
- 888 None
- 999 Refused

If child is 1-year-old through 4-years-old, go to CH55.

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
- 666 7 or more hours per day
- 777 Don't know / Not sure
- 888 None
- 999 Refused

Interviewer note: We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

CH209. Now thinking about the moderate physical activities [*Child's name*] does in a usual week, how many days per week does he/she do moderate activities such as hiking, skateboarding, bicycle riding, brisk walking, or anything else that causes small increases in breathing or heart rate?

- __ Days per week
- 77 Don't know / Not sure—**Go CH211**
- 88 Does not participate in moderate physical activity— **Go CH211**
- 99 Refused—**Go CH211**

CH210. On days when [*Child's name*] does moderate activities, how much total time per day does [he/she] spend doing these activities?

- __ __ Hours and minutes per day
- 777 Don't know / Not sure
- 999 Refused

CH211. Now thinking about the vigorous physical activities [Child's name] does in a usual week, how many days per week does [he/she] do vigorous activities such as jumping rope, running, playing sports such as soccer, swimming, basketball, ice or field hockey, or anything else that causes large increases in breathing or heart rate?

- __ Days per week
- 77 Don't know / Not sure-**Go CH167**
- 88 Does not participate in vigorous physical activity— **Go CH167**
- 99 Refused-**Go CH167**

CH212. On days when [Child's name] does vigorous activities, how much total time per day does [he/she] spend doing these activities?

- __ Hours and minutes per day
- 777 Don't know / Not sure
- 999 Refused

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.

- __ Number of days
- 22 Ride the bus
- 33 Driven to school
- 66 Homeschooled
- 77 Don't know / Not sure
- 88 None
- 99 Refused

Environmental Supports for Physical Activity

CH197. Has (child's name) been to a park, playground or public open space in the past 30 days?

Interviewer Note: An **open space** refers to a recreational lake, river, or beach, sports field, hiking trail or other recreation area including public places for hiking, biking, golf, basketball, baseball, tennis, soccer, football, skateboarding, etc]

1 Yes

a) How many days in the past 30 days did (child's name) go to the park (playground or open space)?

____ Days
77 Refused
99 Don't know

2 No

77 Refused

99 Don't Know

CH198. In the past 7 days, how many days did (child's name) do physical activity or sports at any of these locations

- a) School grounds (after-school only) ____ days
b) Park or playground ____ days
c) Public recreation center ____ days
d) Local street, alleyway, cul de sac ____ days

77 Refused

99 Don't know

Interviewer note: The following statements describe things that might make it difficult for your child to be active. For each statement please tell me if it applies to your child.

CH199. It is difficult for my child to be active in the local park or playground because it lacks adequate space or equipment....

[Interviewer Note: space or equipment refers to amenities typically found at a park. If needed say, "Such as a swing set, jungle gym, basketball hoop, or playing field."]

1 Yes

2 No

3 Does not apply to my neighborhood

7 Refused

9 Don't know

CH200. It is difficult for my child to be active in the local park or playground because it is not safe due to crime (strangers, gangs, drugs)....

- 1 Yes
- 2 No
- 3 Does not apply to my neighborhood
- 7 Refused
- 9 Don't know

CH201. It is difficult for my child to be active in the local street, alleyway, or cul de sac because it is unsafe due to traffic (volume and speed of cars).

- 1 Yes
- 2 No
- 3 Does not apply to my neighborhood
- 7 Refused
- 9 Don't know

CH202. It is difficult for my child to be active in the local street, alleyway, or cul de sac because it is unsafe due to crime (strangers, gangs, drugs).

- 1 Yes
- 2 No
- 3 Does not apply to my neighborhood
- 7 Refused
- 9 Don't Know

Sun Protective Behavior

CH55. On a sunny summer day, on average how much time does (child's name) spend outside in the sun between 11am and 3pm?

- ___ / ___ Hours / minutes
- 777 Don't know / Not sure
- 888 No time
- 999 Refused

CH56. When (child's name) is outside for more than 15 minutes between 11 am and 3 pm on a sunny summer day, how often does (he/she) use sunscreen with a Sun Protection Factor or SPF of 15 or more? Would you say:

Please read:

- 1 Always
 - 2 Nearly always
 - 3 Sometimes
 - 4 Seldom
- or**
- 5 Never

Do not read
these responses

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

CH57. On a sunny summer day, when (child's name) is outside for more than 15 minutes between 11 am and 3 pm, how often does (he/she) stay in the shade? Would you say:

Please read:

- 1 Always
 - 2 Nearly always
 - 3 Sometimes
 - 4 Seldom
- or**
- 5 Never

Do not read
these responses

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

CH58. On a sunny summer day, when (child's name) is outside for more than 15 minutes between 11 am and 3 pm, how often does (he/she) wear clothes covering most of (his/her) arms and legs? Would you say:

Please read:

- 1 Always
 - 2 Nearly always
 - 3 Sometimes
 - 4 Seldom
- or**
- 5 Never

Do not read
these responses

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

CH59. Thinking back over the past 12 months, tell me as best as you can whether (child's name) has had any sunburns during that time. By sunburn, I mean any reddening or burn of the skin that lasts until the next day.

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

CH60. Do you think a tan makes a child look healthy?

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

- 88 No problems
- 77 Don't know / Not sure
- 99 Refused

**Do not read
these responses**

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

- 1__ months
- 2__ years
- 777 Don't know/Not sure
- 888 Never seen a dentist **Go to CH64**
- 999 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
- 88 None
- 77 Don't know / Not sure
- 99 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)
- 88 None
- 77 Don't know / Not sure
- 99 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)
- 88 None
- 77 Don't know / Not sure
- 99 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. Quitting is the only thing a parent who smokes can do to 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 Woman is smoking in kitchen near open window
- 2 The cigarette smoke turns into dragons
- 3 Dragons go under doors and through vents
- 4 Dragons go into a baby's crib
- 5 Man is smoking in the car while little girl is in the back seat
- 6 Birds fly out of the cigarette and the smoke
- 7 Drawing of driver smoking and child in back seat secondhand smoking
- 8 Drawing of parent smoking downstairs and child upstairs secondhand smoking
- 9 I don't remember
- 88 Other (specify)
- 77 Don't know/Not sure
- 99 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) has poisons
- 3 Cigarette smoke travels
- 4 Secondhand smoke has poisons
- 5 Secondhand smoke is bad for children
- 6 Stepping outside protects others from secondhand smoke
- 7 Opening a window 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

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.

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

Child Care

CH191. In a typical week, how many hours per week is (*child's name*) cared for by someone other than a parent or primary caregiver in order for the parent or primary caregiver to work?

- ___ ___ Number of Hours
555 Do not work out side the home (**Skip to next section**)
888 None (**Skip to next section**)
777 Don't know / Not sure
999 Refused

CH192. Who cares for (*child's name*) when the parent or primary caregiver is working?

(Please choose all that apply)

- 1 Grandparent
2 Aunt or uncle
3 Sibling
4 Neighbor or friend
5 Nanny
6 Licensed family child care home provider
7 Licensed child care center
77 Don't know / Not sure
99 Refused

CH193. Is this child care arrangement your preferred choice? (**if Respondent is caregiver then skip**)

- 1 Yes
2 No
8 Respondent is caregiver
77 Don't know/ not sure
99 Refused

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
- 11 Eleven or more
- 88 None
- 77 Don't know / Not sure
- 99 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

Immunization

CATI note: If respondent is aged 10 to 17, continue. Otherwise, [Go to CH208].

I would like to ask you some questions about the **tetanus diphtheria vaccine** for your child.

CH203. Has he/she received a tetanus shot in the past 10 years?

- 1 Yes
- 2 No [Go to CH208]
- 7 Don't know / Not sure [Go to CH208]
- 9 Refused [Go to CH208]

CH204. Was his/her most recent tetanus given in 2005 or later?

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

CH205. There are currently two types of tetanus shots available today for older children and teenagers. One is the Td which contains the tetanus diphtheria vaccine. The other type is Tdap, which contains tetanus diphtheria and pertussis or whooping cough vaccine. Thinking back to his/her most recent tetanus shot, did the doctor tell you the vaccine included the pertussis or whooping cough vaccine?

- 1 Yes
- 2 No
- 3 Doctor did not say
- 7 Don't know / Not sure
- 9 Refused

CATI note: If selected child is female between ages 9 and 17 years; continue. Otherwise, Go to CH208.

I would like to ask you some questions about the **Human Papilloma Virus vaccine** for your child.

NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus); Gardasil® (Gar-duh- seel)

CH206. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®, or Cervarix. Has this child EVER had the HPV vaccination?

- 1 Yes
- 2 No [Go to CH208]
- 3 Doctor refused when asked [Go to CH208]
- 7 Don't know / Not sure [Go to CH208]
- 9 Refused [Go to CH208]

CH207. How many HPV shots did she receive?

- _ _ Number of shots
- 03 All shots
- 77 Don't know / Not sure
- 99 Refused

CH208. A flu vaccination is injected into your arm, or sprayed into your nose. During the past 12 months, did (child's name) have an influenza vaccination?

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Don't know / Not sure
- 9 Refused

Petting Zoo Safety

CH188. During the past year did you and/or your child visit a petting zoo, farm, or a state, county or local fair at which there were animals?

- 1 Yes
- 2 No [skip to next section]
- 7 Don't know / Not sure [skip to next section]
- 9 Refused [skip to next section]

CH189. The last time you went, were there handwashing stations with soap and water or hand sanitizer in or nearby the area with animals?

- 1 Yes
- 2 No [skip to next section]
- 7 Don't know / Not sure [skip to next section]
- 9 Refused [skip to next section]

CH190. Did you or your child wash your hands or use hand sanitizer after visiting the petting zoo or area where the animals were kept, either at the handwashing station or elsewhere?

- 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

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!