

2010 Colorado Child Health Survey Questionnaire

<u>SECTIONS</u>	
Introduction.....	2
Health and Function Status	4
Health Care Coverage.....	5
Medical Home.....	7
Demographics	13
Asthma	15
School	16
Nutrition	18
Food Insecurity	20
Breastfeeding	21
Physical Activity.....	22
Environmental Supports for Physical Activity.....	24
Sun Protective Behavior.....	26
Oral Health	27
Second Hand Smoke Exposure.....	29
Growth and Development.....	32
Behavioral Health	33
Immunization	33
Safety.....	36
Injury.....	37
Special Health Care Need Screener.....	38
Closing	41

2010 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
- (777) DON'T KNOW / NOT SURE
- (999) 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

CH12. 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
- (777) DON'T KNOW/ NOT SURE
- (999) 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 CH146)**
- (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

H1. I am going to read you a list of different types of health insurance coverage. Please tell me if your child currently has any of the following types of health insurance please do not include any health insurance plans that cover only ONE type of service, like plans for dental care or prescription drugs.

Interviewer note: each option requires a yes, no, or don't know response.

H1_a. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION

Note: [if yes, skip to H1ba then back to H1_b.]

H1_b. MEDICARE

H1_c. VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS

H1_d. INDIAN HEALTH SERVICE

H1_e. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE

Note: [if yes, skip to H1be then back to H1_f.]

H1_f. OTHER TYPE OF HEALTH INSURANCE [skip to CH14]

H1ba. Is this an individual policy or is it a family policy?

- (1) INDIVIDUAL POLICY [SKIP BACK TO H1_B OR H1_F]
- (2) FAMILY POLICY [SKIP BACK TO H1_B OR H1_F]
- (7) DON'T KNOW / NOT SURE [SKIP BACK TO H1_B OR H1_F]
- (9) REFUSED [SKIP BACK TO H1_B OR H1_F]

H1be. Is this an individual policy or is it a family policy?

- (1) INDIVIDUAL POLICY [SKIP BACK TO H1_B OR H1_F]
- (2) FAMILY POLICY [SKIP BACK TO H1_B OR H1_F]
- (7) DON'T KNOW / NOT SURE [SKIP BACK TO H1_B OR H1_F]
- (9) REFUSED [SKIP BACK TO H1_B OR H1_F]

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

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 (SKIP TO NEXT SECTION)
- (7) DON'T KNOW/NOT SURE (SKIP TO NEXT SECTION)
- (9) REFUSED (SKIP TO NEXT SECTION)

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

Interviewer note: Mark all that apply. After each response, ask if there are any other reasons. **Read only if necessary:**

- (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

MEDICAL HOME

K4Q20: During the past 12 months, how many times did [CHILD] see a doctor, a nurse, or other health care provider for preventive medical care such as a physical exam or well-child checkup?

- ___ ___ ___ TIMES
(777) DON'T KNOW
(999) REFUSED

K4Q21: During the past 12 months, how many times did [CHILD] see a dentist for preventive dental care, such as check-ups and dental cleanings?

- ___ ___ ___ TIMES
(777) DON'T KNOW
(999) REFUSED

IF K4Q20=0 THEN SKIP TO CH15

INTRODUCTION: Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

K4Q22: IF CHILD_AGE<24 MONTHS, SKIP TO K4Q24.

During the past 12 months, has [CHILD] received any treatment or counseling from a mental health professional?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

INTRODUCTION: Specialists are doctors like surgeons, heart doctors, allergy doctors, and others who specialize in one area of health care.

K4Q24: IF K4Q22=1, THEN INSERT: other than a mental health professional. During the past 12 months, did [CHILD] see a specialist?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K4Q25: During the past 12 months, did you or a doctor think that [he/she] needed to see a specialist?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) 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

IF K4Q20 THEN SKIP TO CH18

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
- (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
- (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
- (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
- (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
- (9) REFUSED

INTRODUCTION: An interpreter is someone who repeats what one person says in a language used by other person.

K5Q45: During the past 12 months, did you or [CHILD] need an interpreter to help speak with [his/her] doctors or other health care providers?

- (1) YES
- (2) NO [SKIP TO K4Q01]
- (7) DON'T KNOW
- (9) REFUSED

K5Q46: When you or [CHILD] needed an interpreter, how often were you able to get someone other than a family member to help you speak with [his/her] doctors or other health care providers?

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (4) ALWAYS
- (7) DON'T KNOW
- (9) REFUSED

K4Q01: Is there a place that [CHILD] USUALLY goes when [he/she] is sick or you need advice about [his/her] health?

- (1) YES
- (2) NO [SKIP TO CH147]
- (3) THERE IS MORE THAN ONE PLACE
- (7) DON'T KNOW [SKIP TO CH147]
- (9) REFUSED [SKIP TO CH147]

K4Q02: IF K4Q01 =1, SAY "What kind of place is it?" IF K4Q01=3, SAY "What kind of place does [CHILD] go to most often?"

- (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

INTRODUCTION: 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.

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 K5Q31**
- (7) DON'T KNOW/NOT SURE **GO TO K5Q31**
- (9) REFUSED **GO TO K5Q31**

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

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

K5Q21: During the past 12 months, have you felt that you could have used extra help arranging or coordinating [CHILD]'s care among the different health care providers or services?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

K5Q22: During the past 12 months, how often did you get as much help as you wanted with arranging or coordinating [CHILD]'s care?

- (1) NEVER
- (2) SOMETIMES
- (3) USUALLY
- (77) DON'T KNOW
- (99) 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
- (9) REFUSED

K5Q31: Do [CHILD]'s doctors or other health care providers need to communicate with [his/her] child care providers, school, or other programs?

- (1) YES
- (2) NO [SKIP TO CH18]
- (77) DON'T KNOW [SKIP TO CH18]
- (99) REFUSED [SKIP TO CH18]

K5Q32: Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that communication?

- (1) VERY SATISFIED
- (2) SOMEWHAT SATISFIED
- (3) SOMEWHAT DISSATISFIED
- (4) VERY DISSATISFIED
- (5) NO COMMUNICATION NEEDED OR WANTED
- (77) DON'T KNOW
- (99) 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...

Interviewer note: Check all that apply. Do not read Don't know/Not sure or Refused responses.

Please read:

- (1) WHITE
- (2) BLACK OR AFRICAN AMERICAN
- (3) ASIAN
- (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- (5) AMERICAN INDIAN, ALASKA NATIVE

OR

- (6) OTHER (SPECIFY)
- (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

OR

- (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
- (7) DON'T KNOW / NOT SURE
 - (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
 - (9) REFUSED [**NOTE: DO NOT READ**]

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

Read as appropriate: If respondent refuses at ANY income level, code "99" (Refused)

(4) LESS THAN \$25,000 **IF "NO," ASK 05; IF "YES," ASK 03**
(\$20,000 TO LESS THAN \$25,000)

(3) LESS THAN \$20,000 **IF "NO," CODE 04; IF "YES," ASK 02**
(\$15,000 TO LESS THAN \$20,000)

(2) LESS THAN \$15,000 **IF "NO," CODE 03; IF "YES," ASK 01**
(\$10,000 TO LESS THAN \$15,000)

(1) LESS THAN \$10,000 **IF "NO," CODE 02**
05 LESS THAN \$35,000 **IF "NO," ASK 06**
(\$25,000 TO LESS THAN \$35,000)

(6) LESS THAN \$50,000 **IF "NO," ASK 07**
(\$35,000 TO LESS THAN \$50,000)

(7) LESS THAN \$75,000 **IF "NO," CODE 08**
(\$50,000 TO LESS THAN \$75,000)

(8) \$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 CH32**

(7) DON'T KNOW / NOT SURE **GO TO CH32**

(9) REFUSED **GO TO CH32**

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

- (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 CH32**
- (7) DON'T KNOW / NOT SURE **GO TO CH32**
- (9) REFUSED **GO TO CH32**

SCHOOL

CH32. During the past 12 months, about how many days did (*child's name*) miss school because of illness or injury? (**ages 5-14 only**)

___ NUMBER OF DAYS (**110=110 DAYS OR MORE**) **GO TO SH17**

- (1 1 1) ENTIRE SCHOOL YEAR **GO TO SH8**
- (5 5 5) NOT IN SCHOOL YET **GO TO SH8**
- (6 6 6) HOME SCHOOLED **GO TO SH8**
- (7 7 7) DON'T KNOW / NOT SURE **SH17**
- (8 8 8) NONE **GO TO SH17**
- (9 9 9) REFUSED **GO TO SH17**

SH17. How many times per week does [CHILD'S NAME] currently attend physical education class?

___ DAYS PER WEEK

- (7 7) DON'T KNOW / NOT SURE-
- (8 8) DOES NOT ATTEND A PHYSICAL EDUCATION CLASS
- (9 9) REFUSED

SH8. Do you think physical education should be required in schools every year?

- (1) YES
- (2) NO
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

SH18. Would you support a state law that requires all Colorado schools to offer physical education classes?

- (1) YES
- (2) NO
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

Now I'm going to ask your opinion about a few different things relating to schools.

SH14. Schools in Colorado are not required to provide physical education classes. The recommended level of physical education is a daily class of 30-45 minutes. How strongly would you support this required level of PE in your child's school, knowing that it might take time away from other subjects? **[ages 5-14 only, if in school]**

- (1) STRONGLY SUPPORT
- (2) MODERATELY SUPPORT
- (3) DON'T SUPPORT
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

SH6. Now I am going to read a list of health topics. For each one, please tell me if you support school children receiving age-appropriate education about it in school.

- (1) YES (2) NO (7) DON'T KNOW / NOT SURE (9) REFUSED

- A. DENTAL AND ORAL HEALTH
- B. NUTRITION AND DIETARY BEHAVIOR
- C. HUMAN SEXUALITY
- D. SEXUALLY TRANSMITTED DISEASE OR STD PREVENTION
- E. EMOTIONAL AND MENTAL HEALTH
- F. SUICIDE PREVENTION
- G. TOBACCO USE PREVENTION
- H. ALCOHOL OR OTHER DRUG USE PREVENTION
- I. VIOLENCE PREVENTION, SUCH AS BULLYING, FIGHTING, AND HOMICIDE
- J. SUN SAFETY

SH15. Schools in Colorado often use the money from vending machine sales to pay for student programs, uniforms or equipment. How strongly would you support putting only nutritious items in school vending machines, knowing that it might reduce the profit from vending machines? **[ages 5-14 only, if in school]**

- (1) STRONGLY SUPPORT
- (2) MODERATELY SUPPORT
- (3) DON'T SUPPORT
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

SH19. How strongly would you support healthy food and snacks for school fundraisers, school celebrations or school events instead of high calorie foods and snacks? **[ages 5-14 only, if in school]**

- (1) STRONGLY SUPPORT
- (2) MODERATELY SUPPORT
- (3) DON'T SUPPORT
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

SH20 . Some schools in Colorado offer health care services or links to services that address health care needs. Are you satisfied with the amount of health care services available to children through your child's school? **[ages 5-14 only, if in school]**

- (1) YES
- (2) NO
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

Interviewer Note: If parent asks about individual reports on their child the answer is no. Data will only be used at the school or state level.

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

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."]

- ___ # OF 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 ST1.

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

- (1) YES
- (2) NO **GO TO ST1**
- (7) DON'T KNOW / NOT SURE **GO TO ST1**
- (9) REFUSED **GO TO ST1**

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, tea, or cow's milk?

- (1 __ __) AGE IN WEEKS
- (2 __ __) AGE IN MONTHS
- (3 3 3) LESS THAN ONE WEEK OLD
- (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
- (3 3 3) LESS THAN ONE WEEK OLD
- (5 5 5) NEVER, STILL ONLY BREASTFEEDING
- (7 7 7) DON'T KNOW / NOT SURE
- (9 9 9) REFUSED

PHYSICAL ACTIVITY

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

ST1. On an average weekday, how much time does (*child's name*) watch TV or DVDs? Do not include time spent watching TV shows or videos on a computer or playing video games.

(_ _) 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

ST2. On an average weekend day, how much time does (*child's name*) watch TV or DVDs? Do not include time spent watching TV shows or videos on a computer or playing video games.

(_ _) 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

Interviewer: Now think about the time that (*child's name*) spends on a computer or playing video games that is separate from time spent watching TV or DVDs.

ST3. On an average **weekday**, how much time does (*child's name*) use a computer for something other than school work or play video or computer games? Include activities such as Game Boy, PlayStation, Xbox, computer games, and 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

[Note to Interviewer: This can include Instant Messaging (IM), Facebook, MySpace, and YouTube. Include handheld devices, such as cell phones or iTouch, if they are used for Internet access, watching videos, or gaming.]

ST4. On an average **weekend** day, how much time does (*child's name*) use a computer for something other than school work or play video or computer games? Include activities such as Game Boy, PlayStation, Xbox, computer games, and 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

[Note to Interviewer: This can include Instant Messaging (IM), Facebook, MySpace, and YouTube. Include handheld devices, such as cell phones or iPod, if they are used for Internet access, watching videos, or gaming.]

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
- (7 7) DON'T KNOW / NOT SURE-**GO CH211**
- (8 8) DOES NOT PARTICIPATE IN MODERATE PHYSICAL ACTIVITY— **GO CH211**
- (9 9) 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
- (7 7 7) DON'T KNOW / NOT SURE
- (9 9 9) 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
- (7 7) DON'T KNOW / NOT SURE-**GO CH167**
- (8 8) DOES NOT PARTICIPATE IN VIGOROUS PHYSICAL ACTIVITY— **GO CH167**
- (9 9) 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
(7 7 7) DON'T KNOW / NOT SURE
(9 9 9) REFUSED

(If CH32= 555 (Homeschooled) or 666 (Not in school yet) then skip to CH197

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
(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

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
(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
(____DAYS) (77) REFUSED (99) DON'T KNOW

- A. SCHOOL GROUNDS (AFTER-SCHOOL ONLY)
- B. PARK OR PLAYGROUND
- C. PUBLIC RECREATION CENTER
- D. LOCAL STREET, ALLEYWAY, CUL DE SAC

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
- (7 7 7) DON'T KNOW / NOT SURE
- (8 8 8) NO TIME
- (9 9 9) 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
 - (7) DON'T KNOW / NOT SURE
 - (9) REFUSED

**Do not read
these responses**

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:

- (5) ALWAYS
 - (6) NEARLY ALWAYS
 - (7) SOMETIMES
 - (8) SELDOM
- OR**
- (5) NEVER
 - (7) DON'T KNOW / NOT SURE
 - (9) REFUSED

**Do not read
these responses**

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:

- (9) ALWAYS
- (10) NEARLY ALWAYS
- (11) SOMETIMES
- (12) SELDOM

OR

- (5) NEVER
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

**Do not read
these responses**

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
 - (7) DON'T KNOW / NOT SURE
 - (9) REFUSED
- Do not read
these responses**

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
- (7 7 7) DON'T KNOW/NOT SURE
- (8 8 8) NEVER SEEN A DENTIST **GO TO CH63C**
- (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

Now I'm going to ask you several questions about dental care or dental advice that your health care provider, such as your pediatrician, family physician, nurse practitioner, or nurse may have provided. Has a health care provider, other than a dentist or dental hygienist ever: added 4/26/10

CH63c. Has a Health Care Provider ever:

CH63c_a. Told you how to prevent cavities

- (1) YES
- (2) NO
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

CH63c_b. Applied fluoride to your child's teeth

- (1) YES
- (2) NO
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

CH63c_c. Helped you identify strategies to work on improving our child's teeth

- (1) YES
- (2) NO
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

CH63c_d. Refer your child to a dentist

- (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 and 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 and Check all that apply:

- (1) NO ONE SMOKES INSIDE THE VEHICLE **GO TO CH184**
- (2) SPRAY ROOM DEODORIZERS OR AIR FRESHENERS
- (3) OPEN A WINDOW TO REMOVE SECONDHAND SMOKE
- (4) OTHER (SPECIFY)
- (7) DON'T KNOW / NOT SURE
- (8) NONE
- (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 CH168**
- (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
- (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 **SKIP TO NEXT SECTION**
- (7) DON'T KNOW/NOT SURE **SKIP TO NEXT SECTION**
- (9) REFUSED **SKIP TO NEXT SECTION**

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

IMMUNIZATION

The next questions are about this child's immunizations.

M30_1. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, has [**Fill: he/she**] been vaccinated either way for the H1N1 flu?

- (1) YES
- (2) NO [**GO TO M25.1**]
- (7) DON'T KNOW / NOT SURE [**GO TO M25.1**]
- (9) REFUSED [**GO TO M25.1**]

M30_2. Since September 2009, how many of these H1N1 vaccinations has
[Fill: he/she] received?

- (1) ONE VACCINATION OR DOSE
- (2) TWO OR MORE VACCINATION DOSES
- (7) DON'T KNOW / NOT SURE [GO TO M25.1]
- (9) REFUSED [GO TO M25.1]

M30_4. Was this a shot or was it a vaccine sprayed in the nose?

- (1) FLU SHOT
- (2) FLU NASAL SPRAY (SPRAY, MIST OR DROP IN THE NOSE)
- (7) DON'T KNOW / NOT SURE
- (9) REFUSED

M25_1. Now I will ask you a question about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?

- (1) YES
- (2) NO
- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

CATI note: If respondent is aged 10 to 17, continue. Otherwise, [Go to CH206].

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 CH206]
- (7) DON'T KNOW/NOT SURE [GO TO CH206]
- (9) REFUSED [GO TO CH206]

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 CH137.

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 CH137]**
- (3) DOCTOR REFUSED WHEN ASKED **[GO TO CH137]**
- (7) DON'T KNOW / NOT SURE **[GO TO CH137]**
- (9) REFUSED **[GO TO CH137]**

CH207. How many HPV shots did she receive?

- (_ _) NUMBER OF SHOTS
- (3) ALL SHOTS
- (7 7) DON'T KNOW / NOT SURE
- (9 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

INJURY

CH92. During the past 30 days, how often did (child's name) use a child safety seat, booster seat or seat belt when riding in a car, van, sports utility vehicle, or truck?

Would you say:

- (1) ALWAYS
- (2) NEARLY ALWAYS
- (3) SOMETIMES
- (4) SELDOM

OR

- (5) NEVER (**GO TO CH108**)

DO NOT READ

- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

CH93. What is the primary mode of restraint used by (child's name) when riding in a car, van, sports utility vehicle, or truck? Would you say:

Please read: response categories that are read need to vary by age of child

- (1) LAP BELT ONLY
- (2) SHOULDER AND LAP BELT ONLY
- (3) REAR FACING INFANT CAR SEAT
- (4) FORWARD FACING CAR SEAT WITH HARNESS SYSTEM
- (5) BOOSTER SEAT USED WITH CAR'S LAP OR SHOULDER BELT

OR

- (6) SOMETHING ELSE (SPECIFY) _____

DO NOT READ

- (7) DON'T KNOW
- (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 SURE [**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!