

2004 Colorado Child Health Survey Questionnaire.

At end of BRFSS:

CH01. Earlier you stated that children under the age of 18 live in your household. How many children are between the ages of 1 and 14?

- __ __ Number of children 1-14 (**if '0' go to BRFSS closing statement, if '1' go to CH02a, if 2 or more go to CH02b**)
- 7 7 Don't know/Not sure
- 8 8 None
- 9 9 Refused (**go to BRFSS closing statement**)

CH02a. We are conducting a study to learn more about the health of children in Colorado.

We would like to collect some preliminary information today.

All information you provide is strictly confidential and used for research purposes only. Participation is voluntary and you or any other respondent may end an interview at any time.

Is the child that is between the ages of 1 and 14 male or female?

- 1 Male (**go to CH03a**)
- 2 Female (**go to CH03a**)
- 9 Refused (**go to CHS closing statement**)

CH02b. We are conducting a study to learn more about the health of children in Colorado. All information you provide is strictly confidential and used for research purposes only. Participation is voluntary and you or any other respondent may end an interview at any time.

I need to randomly select one child between the ages of 1 and 14 who lives in your household to ask about. How many of the children between the ages of 1 and 14 are male?

- __ __ Number male (**go to CH03b**)
- 9 9 Refused (**go to closing statement**)

CH02c. And how many of the children between the ages of 1 and 14 are female?

- __ __ Number female (**go to CH03b**)
- 9 9 Refused (**go to closing statement**)

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

- _____ Name
- 9 Refused

CH03b. The child in your home that I will need to talk about is the _____. Just to make sure that we are talking about the same child throughout the survey, please tell me the first name of this child.

- _____ Name
- 9 Refused – **need to train interviewers to use a proxy name (eg Jane or John) if parent refuses name**

CH04. All of the information we collect will remain confidential. For research purposes, we would like to link the responses from this interview to responses to questions about the child. Would this be OK with you?

- 1 Yes
- 2 No

CH05. Who in the household knows the most about the health and health practices of this child?

- 1 Respondent
- 2 Some other adult (specify) _____
- 9 Refused (**go to closing statement**)

CH06. What is your/this person's relationship to the child?

- 1 Mother/Step-mother/adoptive mother
- 2 Father/Step-father/adoptive father
- 3 Grandparent
- 4 Other family member
- 5 Other female (specify) _____
- 6 Other male (specify) _____
- 7 Don't know
- 9 Refused

CH07. Does this child live in the household full-time or part-time?

Interviewer: 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, every weekend
- 3 Part time, every other weekend
- 4 Part time, other _____
- 9 Refused

CH09. Finally, what is this child's date of birth?

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

Closing statement. Thank you very much for your cooperation. We will be calling back in the next week or so to speak with the person who is most knowledgeable about this child's health and health practices.

When we do so, we will be asking about the child's height and weight.

It would be helpful to have him/her weighed and measured before we call back.

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

HELLO, I'm calling for the Colorado Department of Public Health and Environment. My name is ___(name)__. We recently, spoke to someone in your household who indicated that we could call back to conduct another study on the health of a selected child in your household who is between the ages of 1 and 14 years old to learn more about the health of children in Colorado. All information you provide will be strictly confidential and will be used for research purposes only. Your participation is voluntary and you may end the interview at any time. The study takes about 15 minutes.

- 1 Begin
- 2 Callback
- 9 Refused

May I please speak to the person in your household who knows best the health and health practices of _____?

Health and Functional Status

CH10. 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: If respondent says "don't know", say: " The average child that is XX years old is XX tall. Based on that, what is your best estimate of his/her height?"

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

CH11a. How sure are you of this?

- 1 Very sure (skip to CH11c)
- 2 Somewhat sure
- 3 Not very sure

CH11b. Could you measure your child in the next few days and call us back or could we call you back?

- 1 Yes they will call us (give phone number to call and explain to leave their phone number and the height of child)
- 2 Yes call them back
- 3 No

CH11c. Do you know what percentile your child is on the growth chart for height?

- 1 Yes
- 2 No (skip to CH12)

CH11d. What percentile is that?

___ ___ percentile

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

Interviewer: If respondent says "don't know", ", say: " The average child that is XX years old weighs XX 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

CH12a. How sure are you of this?

- 1 Very sure (skip to CH13)
- 2 Somewhat sure
- 3 Not very sure

CH12b. Could you weigh your child in the next few days and call us back or could we call you back?

- 1 Yes they will call us (give phone number to call and explain to leave their phone number and the height of child)
- 2 Yes call them back
- 3 No

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
- 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: Do not include: acupuncture, chiropractor, homeopath, naturopath, etc**

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

CH16. During the past 12 months, did (child's name) receive all the medical care (he/she) needed?

- 1 Yes **GO TO CH18**
- 2 No **GO TO CH18**
- 7 Don't know/Not sure **GO TO CH18**
- 9 Refused **GO TO CH18**

CH17. Why did (child's name) not get all the medical care that he/she needed? **(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 doctor who accepts child's insurance
- 5 Not available in area/transportation problems
- 6 No convenient times/could not get appointment
- 7 Other _____
- 77 Don't know/Not sure
- 88 No additional choices
- 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) race? **(Check all that apply)**

Please read:

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

OR

- 6 Other (specify)_____

Do not read:

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

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) race?

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

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

Do not read:

- 77 Don't know /Not sure
- 99 Refused

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

__ __ __	FIPS county code
7 7 7	Don't know / Not sure
9 9 9	Refused

Asthma

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

- 1 Yes
- 2 No **(go to CH32)**
- 7 Don't know/Not sure
- 9 Refused

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

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

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

- ___ ___ Number of days (**76=76 days or more**)
- 6 6 Home schooled
- 7 7 Don't know/Not sure
- 8 8 None
- 9 9 Refused

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

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

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

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

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

- 1 Yes
- 2 No **(go to CH 31)**
- 7 Don't know/Not sure
- 9 Refused

CH30. On average, how many refills does (child's name) need in 6 mo.?

Interviewer: if necessary, ask, "How long does it take to use an entire inhaler?"

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

CH31. Does (child's name) use a daily medication to prevent asthma symptoms such as a Beclovent, Azmacort, Pulmicort, Flovent, Advair, or Vanceril inhaler?

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

School

CH32. During the past 12 months, about how many days did (child's name) miss school because of illness or injury? (age 5-14) If 3rd asthma question=88 (home schooled), go to next section.

- ___ ___ ___ Number of days
- 111 Entire School Year
- 888 Home schooled
- 777 Don't know/not sure
- 999 Refused

CH33. Since starting kindergarten, has (he/she) repeated any grades? (age 6-14)

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

Now I'm going to ask your opinion about different food and drinks available in some schools.

SH1. To what degree do you support changing the contents of beverages in school vending machines, for example, replacing drinks like soda pop with water or 100% fruit juices?

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

SH2. To what degree do you support changing the contents of foods and snacks in school vending machines, for example, reducing the number chips, candy and cookies and replacing them with low fat and lower calorie snacks?

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

SH3. How important do you think it is for schools to provide an environment that encourages healthy food choices?

- 1 Very important
- 2 Somewhat important
- 3 Not at all important
- 7 Don't know/not sure
- 9 Refused

SH4. How important do you think it is for schools to limit the availability of high fat and high sugar foods, such as soft drinks, cookies, and chips?

- 1 Very important
- 2 Somewhat important
- 3 Not at all important
- 7 Don't know/not sure
- 9 Refused

SH5. How many times per school year do you think schools should have classroom parties with foods such as cake, cookies, and candy?

- — Number of times
- 8 8 Never
- 7 7 Don't know/not sure
- 9 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.

Yes No Don't know Refused

- Dental and oral health
- Nutrition and dietary behavior
- Human sexuality
- Sexually transmitted disease or STD prevention
- Emotional and mental health
- Suicide prevention
- Tobacco use prevention
- Alcohol or other drug use prevention
- Violence prevention, such as bullying, fighting, and homicide

SH7. At what grade do you think children should begin receiving education in school about HIV infection and AIDS?

- | ___ | ___ | Grade level |
|-----|-----|---------------------|
| 8 | 8 | Never |
| 7 | 7 | Don't know/not sure |
| 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 |

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

Nutrition

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

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

CH35. How often does (child's name) eat fruit? (read only if necessary, such as apples, oranges, bananas, etc.)

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

CH36. How often does (child's name) eat vegetables? (read only if necessary, such as carrots, celery, broccoli, etc.)

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

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

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

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

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

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

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

CH40. How many times does your household eat a meal together in a typical week?

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

Food insecurity

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

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

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

CH42. In the last 12 months, was (child's name) ever hungry but you just couldn't afford more food?

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

CH43. Does (child's name) eat or chew on nonfood items, specifically paint chips or dirt? (ages 1-5)

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

Breastfeeding

CH44. Was (child's name) ever breastfed or fed breast milk? (ages 1-5)

- 1 Yes
- 2 No (go to CH??)
- 7 Don't know/Not sure
- 9 Refused

CH45. How old was (he/she) when (he/she) completely stopped breastfeeding or being fed breast milk? (ages 1-5)

- 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

Physical Activity

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

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

CH47. On a typical day, how many hours does (child's name) spend playing video games, computer games or using the Internet? Round up (5-14 year olds only)

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

CH49. In the past 12 months, was (child's name) on a sports team either in or out of school? (5-14 year olds only)

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

CH48. In a typical week, how many hours does (child's name) spend playing sports or doing some other physical activity like dance, roller-skating, or bicycling? (5-14 year olds only)

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

CH50. In a typical week, how many days does (child's name) walk to or from school?

Interviewer: if answer is zero, ask if they ride the bus or are homeschooled (5-14 year olds only)

- ___ ___ Number of times
- 2 2 Ride the bus (go to CH55)
- 3 3 Driven to school (go to CH55)
- 6 6 Homeschooled (go to CH55)
- 7 7 Don't know/Not sure
- 8 8 None
- 9 9 Refused

CH51. In a typical week, how many days does (child's name) bicycle to or from school? (5-14 year olds only)

- ___ ___ Number of times
- 7 7 Don't know/Not sure
- 9 9 Refused

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 Don't know/Not sure
- 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

Do not read

- 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

- 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

- 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

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

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

Please read:

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

OR

- 8 Some other problem (specify) _____

Do not read

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

Second hand smoke exposure

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

- ___ Number of people
- 7 Don't know/Not sure
- 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 (0-7)
- 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 (0-7)
- 77 Don't know/Not sure
- 99 Refused

Growth and Development (12-71 month olds only)

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

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

CATI INSTRUCTION: IF AGE OF child, 12-17 MONTHS, ASK VERSION I, if AGE OF child 18 - 71 MONTHS, ASK VERSION II.

The next section asks about specific concerns some parents may have. Please tell me if you are concerned a lot, a little, or not at all about the following.

(1) PRESS '1' TO CONTINUE.

QUESTION STEM: [Are you concerned a lot, a little, or not at all about]

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

[CATI: DISPLAY QUESTION STEM FOR EACH OF THE FOLLOWING SCREENS.]

Age-Specific Question Sequence

Version I

12-17 Months Old

CH68. How (child's name) talks and makes speech sounds?

CH69. How (he/she) understands what you say?

CH70. How (he/she) uses (his/her) hands and fingers to do things?

CH71. How (he/she) uses (his/her) arms and legs?

CH72. How (he/she) behaves?

CH73. How (he/she) gets along with others?

CH74. How (he/she) is learning to do things for (himself/herself)? **(go to CH83)**

Version II

18-71 Months

CH75. How (child's name) talks and makes speech sounds?

CH76. How (he/she) understands what you say?

CH77. How (he/she) uses (his/her) hands and fingers to do things?

CH78. How (he/she) uses (his/her) arms and legs?

CH79. How (he/she) behaves?

CH80. How (he/she) gets along with others?

CH81. How (he/she) is learning to do things for (himself/herself)?

CH82. How (he/she) is learning pre-school or school skills?

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

(Ages 1-5)

- ___ ___ Number of days
7 7 Don't know/not sure
9 9 Refused

Behavioral Health

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

- 1 Yes
2 No **GO TO CH87 for ages 1-5, Go to CH92 for ages 6-14**
7 Don't know
9 Refused

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

- 1 Minor
2 Moderate
3 Severe

7 Don't know
9 Refused

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

Interviewer: If respondent answers yes, please ask, "Currently or in the past?"

- 1 Yes, currently
2 Yes, in the past
3 No

7 Don't know
9 Refused

Immunizations (ages 1-5)

CH87. Do you have an immunization record for (child's name)?

- 1 Yes
- 2 No **(go to CH90)**
- 7 Don't know/not sure
- 9 Refused

CH88. Have all of the immunizations for (child's name) been recorded on (his/her) immunization record?

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

CH89. How often do you take the immunization record with you when you go to (child's name) physician or clinic? Would you say:

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely

OR

- 5 Never

Do not read

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

CH90. Where do you get information about vaccines. **Mark all that apply.**

Read only if necessary. After each response, prompt for any others.

- 1 Books
- 2 Preschool/daycare
- 3 Local Health Department
- 4 State health Department
- 5 Private Medical Doctor or Doctor's office
- 6 Friends
- 7 Internet
- 8 Colorado Children's Immunization Coalition
- 9 Health Fairs
- 10 Other (specify) _____

- 55 Don't get information
- 77 Don't know/not sure
- 88 No additional choices
- 99 Refused

CH91. What is the biggest challenge to getting (child's name) immunized? **Mark all that apply.**

Read only if necessary. After each response, prompt for any others.

- 1 Don't know where to go
- 2 Cost
- 3 Co-pay is too high
- 4 Too busy
- 5 Transportation
- 6 Religious beliefs
- 7 Don't believe in immunizations
- 8 Worry about side effects
- 9 Difficult to get an appointment
- 10 Vaccines not covered in health plan
- 11 Other (specify) _____

- 55 No challenges
- 77 Don't know/Not sure
- 88 No additional choices
- 99 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 CH94)**

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

CH122. In a typical week, how much time does (child's name) spend riding a bicycle? (only asked last 3 months of 2004)

Interviewer note: If 'No time', ask "Does (child's name) have a bike?"

__:__ Hours and minutes per week

66 Doesn't have a bike **Go to CH95**

77 Don't know/Not sure

88 No time **Go to CH95**

99 Refused

CH94. How often does (child's name) wear a helmet when riding (his/her) bicycle? (age 3-14) Would you say:

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom

OR

- 5 Never

Do not read

- 7 Don't know/Not sure
- 8 Doesn't ride a bike
- 9 Refused

CH95. How often does (child's name) wear a helmet when riding a scooter, in-line skating, roller skating or skateboarding? (age 3-14) Would you say:

Interviewer note: If answer is 'varies by activity', ask, "Of all these activities combined, how often does he/she wear a helmet?"

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom

OR

- 5 Never

Do not read

- 7 Don't know/not sure
- 8 Doesn't scooter, inline skate, rollerskate or skateboard
- 9 Refused

The next few questions ask your opinion about a few topics.

CH96. How old would a child have to be for you to let him or her cross a busy street without holding hands? **(If asked, the adult can be with the child, just not holding hands)**

- ___ ___ Age in Years (round up)
- 77 Don't know/not sure
- 88 Never
- 99 Refused

Build in notes for each question. If parent says, "it depends on the child", say "please think about the typical or average child when you answer".

CH97. How old would a child have to be for you to let him or her bicycle on a busy street without an adult?

- ___ ___ Age in Years (round up)
- 77 Don't know/not sure
- 88 Never
- 99 Refused

CH98. How old would a child have to be for you to let him or her take a bath without an adult being in the room?

- ___ ___ Age in Years (round up)
- 77 Don't know/not sure
- 88 Never
- 99 Refused

CH99. How old would a child have to be for you to let him or her swim without a lifeguard or adult supervising?

- ___ ___ (Age in Years) (round up)
- 77 Don't know/not sure
- 88 Never
- 99 Refused

In this next set of questions, I will ask about injuries that may have happened to (child's name) in the past 3 months.

CH100. During the past three months, that is since {91 days before today's date}, was (child's name) injured seriously enough that (he/she) got medical advice or treatment, missed school, or remained in bed for at least half a day because of an injury?

- 1 Yes **(go to CH101)**
- 2 No **(go to CH104)**
- 7 Don't know/Not sure **(go to CH104)**
- 9 Refused **(go to CH104)**

CH101. Now I am going to ask you a few questions about (child's) most recent injury within the past three months. As a result of the injury, which one of the following occurred?

Please read:

- 1 Child missed school or stayed in bed for at least half a day, but did not seek medical advice or treatment
- 2 Child went to a physician or clinic.
- 3 Child went to an emergency room, but was not admitted to the hospital.

OR

- 4 Child stayed in hospital at least overnight

Do not read

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

CH102. How did this injury happen? Please describe fully the circumstances or events leading to the injury, and any object, substance or other person involved.

Record response

CH103. Where did this injury happen?

Read only if necessary

- 1 Transportation area (public street or highway)
- 2 Home or private residence (includes inside the home as well as yard, driveway)
- 3 School or child care center (include inside or on the school grounds)
- 4 Retail, commercial or public building (malls, stores, shops, movie theatres)
- 5 Indoor or outdoor recreation area (not a school)
- 6 Lake, river, reservoir, irrigation ditch
- 8 Other (specify) _____

Do not read

- 7 Don't know/Not sure
- 9 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 one or more alcoholic beverages?

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

CH106. In the last 30 days how many times has (child's name) ridden in a car with an adult or friend who was driving after using marijuana or other drugs? **Interviewer note:** Do not include prescription or over-the-counter medication.

___ ___ Number of times

- 1 1 Eleven or more
- 7 7 Don't know/not sure
- 8 8 None
- 9 9 Refused

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

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

CH105. In the last 12 months, how many times has (child's name) ridden in a car with an adult or friend who had 5 or more alcoholic beverages in one sitting?

Stress time frame change

- ___ ___ Number of times
- 1 1 Eleven or more
 - 7 7 Don't know/not sure
 - 8 8 None
 - 9 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: 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: 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: 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: 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 CH1210**)
- 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: 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 CH122**)
- 7 Don't know/Not sure (**go to CH122**)
- 9 Refused (**go to CH122**)

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

Is there anything else you would like to tell us about this survey or children's health issues in general?

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!