

**2006**  
**Colorado Child Health Survey Questionnaire**

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## 2006 Colorado Child Health Survey

### BRFSS screening questions:

**If respondent indicated there are children living in the household in core question 13.6, continue. Otherwise, go to final closing statement.**

**SA5Q01.** Earlier you stated that there [is one child / are \_\_\_ children] living in your household. (488-489)

**If 1 child:** Is the child between 1 and 14 years old? **If yes, enter 1. If no, enter 88.**

**If more than 1 child:** How many of these children are between 1 and 14 years old?

\_\_\_ \_\_\_ Number of children **If “1” go to SA5Q02a; if 2 or more go to SA5Q02b**

8 8 None **Go to final closing statement**

9 9 Refused **Go to final closing statement**

**SA5Q02a.** We are conducting a study to learn more about the health of children in Colorado. I 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? (490)

1 Male **Go to SA5Q03a**

2 Female **Go to SA5Q03a**

9 Refused **Go to final closing statement**

**SA5Q02b.** We are conducting a study to learn more about the health of children in Colorado. I 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. 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? (491-492)

\_\_\_ \_\_\_ Number of male children **Go to SA5Q02c**

9 9 Refused **Go to final closing statement**



**SA5Q02c.** And how many of the children between the ages of 1 and 14 are female? (493-494)

\_\_\_ \_\_\_ Number of female children **Go to SA5Q03b**  
9 9 Refused **Go to final closing statement**

**SA5Q03a.** Just to make sure that we are talking about the same child throughout the study, please tell me the first name of this child. (495)

If respondent does not want to participate in CHS, code 9 (refused).

1 Enter name \_\_\_\_\_ **Go to SA5Q04**

If respondent is willing to participate but does not want to give name, code 1 and type "Refused".

9 Refused **Go to final closing statement**

**SA5Q03b.** The child in your home that I will need to talk about is the

If respondent does not want to participate in CHS, code 9 (refused).

\_\_\_\_\_. Just to make sure that we are talking about the same child throughout the study, please tell me the first name of this child. (496)

If respondent is willing to participate but does not want to give name, code 1 and type "Refused".

1 Enter name \_\_\_\_\_ **Go to SA5Q04**

9 Refused **Go to final closing statement**

**SA5Q04.** 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? (497)

1 Yes **Go to SA5Q05**

2 No **Go to SA5Q05**

**SA5Q05.** Who in the household knows the most about the health and health practices of this child? (498)

1 Respondent **Go to SA5Q06**

2 Some other adult (specify) **Go to SA5Q06**

9 Refused **Go to final closing statement**

**SA5Q06.** What is your/this person's relationship to the child?

(499)

- 1 Mother/Stepmother/Adoptive mother
- 2 Father/Stepfather/Adoptive father
- 3 Grandparent
- 4 Other family member (specify)
- 5 Other non-family (specify)
- 7 Don't know / Not sure
- 9 Refused

**Closing statement for this section**

Thank you, we will be calling back in the next 2 weeks 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. **Go to final closing statement.**

**Final closing statement**

That is 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.

## 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

**CH10z.** What do you think is the most important health problem facing Colorado children today?

---

**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 CH11c**
- 2 Somewhat sure
- 3 Not very sure

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

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

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

**Interviewer note:** If respondent says "don't know", say: "The average child that is [fill] months old weighs [fill] pounds. Based on that, what is your best estimate of his/her weight?"

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

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

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

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

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

**CH12d.** During the past year, has your child's physician or another health professional told you that your child was overweight?

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

## Health care coverage

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

- 1 Yes
- 2 No (skip to ch14)
- 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 prompt which plan if answer is yes]

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

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

**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?

- 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
- 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?

**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
  - 88 No additional choices

**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?

**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)\_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

Do not read  
these responses

**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

**CH21a.** What is your age?

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

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

**Please read:**

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

**Do not read** 9 Refused

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

**Read as appropriate:**

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

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

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

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

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

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

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

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

08 \$75,000 or more

**Do not read  
these responses** 77 Don't know / Not sure  
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 CH32a**
- 7 Don't know / Not sure **Go to CH32a**
- 9 Refused **Go to CH32a**

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

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

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

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

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

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

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

**If CH26 is 66 or 98, go to CH30.**

**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

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

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

**Interviewer note:** Respondent may answer as "child uses an entire inhaler in X months." Example: the child uses an entire inhaler in 1 month. 1 inhaler/month X 6 months = 6 refills. If you have to do math to answer the question, add a note that you did a calculation to arrive at the answer.

- \_\_\_ \_\_\_ 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 Beclovent, Azmacort, Pulmicort, Flovent, Advair, Vanceril, or Singulair?

- 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 CH32a if child's age is 5 years old or older; otherwise go to SH14**
- 7 Don't know / Not sure **Go to CH32a if child's age is 5 years old or older; otherwise go to SH14**
- 9 Refused **Go to CH32a if child's age is 5 years old or older; otherwise go to SH14**

**If CH26 is 66 or 98, go to CH144.**

**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

## School

**If CH26 is 66 or 98, go to SH14.**

**CH32a.** During the past 12 months, about how many days did (child's name) miss school? **(ages 5-14 only)**

- — — Number of days **(110=110 days or more)**  
1 1 1 Entire School Year  
5 5 5 Not in school yet **Go to SH14**  
6 6 6 Home schooled **Go to SH14**  
7 7 7 Don't know / Not sure  
8 8 8 None  
9 9 9 Refused

**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)**  
1 1 1 Entire School Year  
7 7 7 Don't know / Not sure  
8 8 8 None  
9 9 9 Refused

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

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

**If CH26 is 66 or 98 or CH32a is 555 or 666, go to CH144.**

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

1

**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

**SH16 .** How strongly do you support the collection of height and weight information on schoolchildren once a year to further understand unhealthy weight. This data would only be used at the school or state level? **[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

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.

The next few questions ask about school and family activities. I will read you a statement and you can tell me if the statement is true very often, sometimes, not very often, or never.

**SH9.** My school has provided information on parenting. Would you say this statement is true very often, sometimes, not very often, or never? (**ages 5-14 only**)

- 1 Very often
- 2 Sometimes
- 3 Not very often
- 4 Never
- 7 Don't know / Not sure
- 9 Refused

**SH10.** Either myself or another parent or guardian of (child's name)'s seek information from the school about (her/his) progress. Would you say this statement is true very often, sometimes, not very often, or never? (**ages 5-14 only**)

- 1 Very often
- 2 Sometimes
- 3 Not very often
- 4 Never
- 7 Don't know / Not sure
- 9 Refused

**SH11.** Either myself or another parent or guardian of (child's name)'s volunteer at (her/his) school or at school activities. Would you say this statement is true very often, sometimes, not very often, or never? (**ages 5-14 only**)

- 1 Very often
- 2 Sometimes
- 3 Not very often
- 4 Never
- 7 Don't know / Not sure
- 9 Refused

**SH12.** Either myself or another parent or guardian of (child's name)'s work with (her/him) on (her/his) homework or ask about school. Would you say this statement is true very often, sometimes, not very often, or never? (**ages 5-14 only**)

- 1 Very often
- 2 Sometimes
- 3 Not very often
- 4 Never
- 7 Don't know / Not sure
- 9 Refused

**SH13.** Either myself or another parent or guardian of (child's name)'s serve on a school, district, or community parent leadership group. Would you say this statement is true very often, sometimes, not very often, or never? (**ages 5-14 only**)

- 1 Very often
- 2 Sometimes
- 3 Not very often
- 4 Never
- 7 Don't know / Not sure
- 9 Refused

## Nutrition

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

**CH 144.** When shopping for fruit juice for your child, how often do you specifically look for 100% fruit juice?

**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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 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 / Not sure
- 9 Refused

## Breastfeeding

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

- 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? **(ages 1-5 only)**

- 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?

- — — Hours and minutes per day
- 6 6 6 More than 7 hours per day
- 7 7 7 Don't know / Not sure
- 8 8 8 None
- 9 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? **(ages 5-14 only)**

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

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

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

**If CH26 is 66 or 98 or CH32a is 555 or 666, go to CH55.**

**CH50.** In a typical week, how many days does (child's name) walk to or from school? (5-14 year olds only)

**Interviewer note:** if answer is zero, ask if they ride the bus or are homeschooled. Also, you may need to remark "when school is in session".

- |   |   |                                |
|---|---|--------------------------------|
| — | — | Number of days                 |
| 2 | 2 | Ride the bus                   |
| 3 | 3 | Driven to school               |
| 6 | 6 | Homeschooled <b>Go to CH55</b> |
| 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 days        |
| 7 | 7 | Don't know / Not sure |
| 8 | 8 | None                  |
| 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 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:**

- 6 Always
  - 7 Nearly always
  - 8 Sometimes
  - 9 Seldom
- or**
- 10 Never

**Do not read** 7 Don't know / Not sure  
**these responses** 10 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  
**these responses** 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) \_\_\_\_\_

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

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

- 1\_\_ \_\_ months
- 2\_\_ \_\_ years
- 777 Don't know/not sure
- 888 never seen a dentist
- 9 9 9 Refused

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

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

## Second hand smoke exposure

**CH64a.** 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

## 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

**If age of child is 12-17 months old, ask version I.  
If age of child is 18-71 months old, 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.

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

### **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's name)? **(Ages 1-5)**

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

## Behavioral Health

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

- 1 Yes
- 2 No **Go to CH87 for ages 1-5, go to CH122 for ages 6-14**
- 7 Don't know **Go to CH87 for ages 1-5, go to CH122 for ages 6-14**
- 9 Refused **Go to CH87 for ages 1-5, go to CH122 for ages 6-14**

**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?"

- 1 Yes, currently
- 2 Yes, in the past
- 3 No
- 7 Don't know / Not sure
- 9 Refused

## Immunizations

**If age of child is 6 years old or older, go to CH122.**

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

- 1 Yes
- 2 No **Go to CH90**
- 7 Don't know / Not sure **Go to CH90**
- 9 Refused **Go to CH90**

**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)'s physician or clinic? Would you say:

**Please read:**

- 3 Always
- 4 Usually
- 5 Sometimes
- 6 Rarely

**or**

- 5 Never

**Do not read these responses**

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

**CH90.** Where do you get information about vaccines?

**Read only if necessary.**

- |  |    |  |
|--|----|--|
| <b>Mark all that apply.</b>                        | 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) _____                      |
| <b>After each response, prompt for any others.</b> | 55 | Don't get information                      |
|  | 77 | Don't know / Not sure                      |
|  | 99 | Refused                                    |
|  | 88 | No additional choices                      |

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

**Read only if necessary.**

- |  |    |                                     |
|--|----|-------------------------------------|
| <b>Mark all that apply.</b>                        | 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) _____               |
| <b>After each response, prompt for any others.</b> | 55 | No challenges                       |
|  | 77 | Don't know / Not sure               |
|  | 88 | No additional choices               |
|  | 99 | Refused                             |

## Injury

**CH122.** In a typical week, how much time does (child's name) spend riding a bicycle? (**ages 3-14 only**)

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

- \_/\_/\_ Hours / minutes per week  
6 6 6 Doesn't have a bike **Go to CH95**  
7 7 7 Don't know / Not sure  
8 8 8 No time **Go to CH95**  
9 9 9 Refused

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

**Please read:**

- 1 Always
  - 2 Nearly always
  - 3 Sometimes
  - 4 Seldom
- or**
- 5 Never
  - 7 Don't know / Not sure
  - 8 Doesn't ride a bike
  - 9 Refused

**Do not read  
these responses**

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 [**fill 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
- 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 name)'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 these responses** 7 Don't know / Not sure  
9 Refused

**CH102a.** In what type of activity was your child taking part (or what was your child doing) when the injury happened?

**Interviewer note:** Organized sports or athletics are those organized by school, club, YMCA, etc. Examples include sports like soccer or track or ski team, swim or tennis lessons, school cheerleading, etc., as long as they are part of an organized team/activity. "Other specific recreational activity" means one that can be given a specific name or title (e.g., skateboarding, snowboarding, pick-up basketball game), but is not part of an organized activity or team. "Playing" includes activities for fun that can't be given a specific title, e.g., was running on the playground, was chasing a friend, was climbing the monkey bars, etc. Riding a bicycle and walking are self-explanatory. "Other" is anything that doesn't fall into one of the first five activities. If it isn't one of the five choices, or you are not sure, please ask them to describe fully the events leading to the injury and any object or person involved.

- 1 Organized sports or athletics (team sports, cheerleading, tennis lessons)
- 2 Riding a bicycle
- 3 Other specific recreational activity (snowboarding, pick-up basketball, skateboarding) (specify) \_\_\_\_\_
- 4 Just playing (not organized or specific)
- 5 Walking (e.g., to or from school, between rooms in school)
- 6 Other (describe): \_\_\_\_\_

**CH102b.** How did the injury happen?

- 1 Ran into or was struck by an object (like a ball or wall)
- 2 Another person accidentally struck or ran into him/her
- 3 Fell from playground equipment
- 4 Fell for other reasons (e.g., tripping, stumbling, fall from height)
- 5 Overexertion, for example from excessive force, lifting, or pulling (this is a common cause of sprains, strains, twisted ankles or knees)
- 6 Bite or sting from animal or insect (not human)
- 7 Cut or puncture from a sharp object (e.g., knife, pin, nail, scissors)
- 8 Bicycle crash (collision, loss of control, etc.)
- 9 Poisoning (by mouth, inhaled, or through the skin)
- 10 Other (specify) \_\_\_\_\_

**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 these responses** 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 had one or more alcoholic beverages?

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

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

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

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

## Antibiotics

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

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

**CH 126.** Strep throat. Would you say:

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

**Do not read  
these responses**

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

**CH 127.** A sore throat other than strep throat. Would you say:

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

**Do not read  
these responses**

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

**CH 128.** A cold with yellow or green mucus. Would you say:

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

**Do not read  
these responses**

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

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

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

**Do not read  
these responses**

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

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

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

**Do not read  
these responses**

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

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

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

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

**Do not read  
these responses**

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

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

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

**Do not read  
these responses**

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

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

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

**Do not read  
these responses**

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

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

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

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

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

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

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

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

## Safety

These next few questions are about safety.

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

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

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

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

**If CH26 is 66 or 98 or CH32a is 555 or 666, go to CH140.**

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

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

**CH140.** In general, how well do you feel you are coping with the day-to-day demands of [if CH07 is 1 or 2 “**parenthood**”, otherwise “**raising children**”]? Would you say that you are coping very well, somewhat well, not very well, or not well at all?

- 1 Very well
- 2 Somewhat well
- 3 Not very well
- 4 Not well at all
- 7 Don't know / Not sure
- 9 Refused

**CH141.** During the past month, how often have you felt you are giving up more of your life to meet (child's name)'s needs than you ever expected? Would you say always, usually, sometimes, or never?

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

**CH142.** During the past month, how often have you felt angry with (him/her)? Would you say always, usually, sometimes, or never?

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

**CH143.** Is there someone that you can turn to for day-to-day emotional help with [if CH07 is 1 or 2 “**parenthood**”, otherwise “**raising children**”]?

**Interviewer note:** This can be any person, including their spouse.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 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 CH121a if CH108, CH111, CH114, or CH117 is 1; otherwise go to CH125**
- 7 Don't know / Not sure **Go to CH121a if CH108, CH111, CH114, or CH117 is 1; otherwise go to CH125**
- 9 Refused **Go to CH121a if CH108, CH111, CH114, or CH117 is 1; otherwise 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

If CH108 or CH111 or CH114 or CH117 or CH120 is 1, continue.  
Otherwise, go to CH125.

**CH121a.** Overall, how would you rank the severity of (child's name)'s condition(s) or problem(s)? Please pick a number between zero and ten where zero is the mildest and ten is the most severe.

—	—	Number between 0 and 10
7	7	Don't know / Not sure
9	9	Refused

**CH125.** May we link the information that you provided in this interview with the information that we obtained from the original interview?

1	Yes
2	No

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

**Interview note:** 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!