

2007
Colorado Child Health Survey Questionnaire

SECTIONS	
BRFSS Screening Questions/Introduction.....	2
Health and Function Status.....	7
Health Care Coverage/Health Care	9
Demographics	13
Asthma	16
School	18
Nutrition	20
Food Insecurity.....	22
Breastfeeding	23
Physical Activity	24
Oral Health	26
Second Hand Smoke	28
Growth and Development	30
Behavioral Health.....	32
Injury.....	33
Antibiotics	35
Safety	38
CSHCN screener	39
Closing	42

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**

CH07. 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 CH12**
- 2 Somewhat sure
- 3 Not very sure

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

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

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

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

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

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

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

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

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

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

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

Health Care Coverage

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

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

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

CH145 What kind of place does [child's name] go to most often?

Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

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

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

- 1 YES
- 2 NO [**SKIP TO CH147**]
- 7 DON'T KNOW [**SKIP TO CH147**]
- 9 REFUSED [**SKIP TO CH147**]

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

Read only if necessary:

- | | |
|--|---|
| Mark all that apply. | 1 Cost too much |
| | 2 No insurance |
| After each response, ask if there are any other reasons | 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 |

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 [**SKIP to CH149**]
- 7 DON'T KNOW [**SKIP to CH149**]
- 9 REFUSED [**SKIP to CH149**]

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
- 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? By "arrange or coordinate," I mean: Is there anyone who helps you make sure that **[child's name]** gets all the health care and services **(he/she)** needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

- 1 YES
- 2 NO
- 3 Don't need care arranged or coordinated
- 7 DON'T KNOW
- 9 REFUSED

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

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 NO COMMUNICATION NEEDED OR WANTED
- 7 DON'T KNOW
- 9 REFUSED

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

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

CH152 . During the past 12 months, how often did [child's name]'s doctors and other health care providers spend enough time with **(him/her)**? Would you say never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 DON'T KNOW

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

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) _____

**Do not read
these responses**

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

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

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

CH157 How many people including yourself depend on this income?

__ __ people

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

__ __ __ FIPS county code

7 7 7 Don't know / Not sure

9 9 9 Refused

Asthma

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

- 1 Yes
- 2 No **Go to 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

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

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

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

- ___ ___ Number of times (**76=76 times or more**)
- 77 Don't know / Not sure
 - 88 None
 - 99 Refused

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

- ___ ___ Number of times (**76=76 times or more**)
- 77 Don't know / Not sure
 - 88 None
 - 99 Refused

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

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

If CH26 is 66 or 98, go to CH31a.

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

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

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

CH31a. An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional ever given you an asthma management plan for your child?

Read if necessary: Include nurses and asthma educators.

- 1 Yes
- 2 No **Go to CH32 if child's age is 5 years old or older; otherwise go to CH158**
- 7 Don't know / Not sure **Go to CH32 if child's age is 5 years old or older; otherwise go to CH158**
- 9 Refused **Go to CH32 if child's age is 5 years old or older; otherwise go to CH158**

If CH26 is 66 or 98, go to CH158.

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 CH158.

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
 - 5 5 5 Not in school yet **Go to CH158**
 - 6 6 6 Home schooled **Go to CH158**
 - 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

CH158 In the past 12 months, have you been asked to remove your child from child care because of social, emotional or behavior problems? **(ages 1- 5 only)**

- 1 Yes
- 2 No **skip to CH161**
- 3 Not in child care **skip to CH161**
- 7 Don't know / Not sure **skip to CH161**
- 9 Refused **skip to CH161**

CH159 Was your child moved to a more appropriate setting where child care staff could support your child effectively? **(ages 1-5 only and yes to CH158)**

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

CH160 During the past 12 months, how would you describe (CHILD)'s performance in school? **(Ages 5-14 only)**

Please read 1-5:

- 1 Excellent
- 2 Above Average
- 3 Average
- 4 Below Average
- 5 Poor
- 7 Don't know/Not sure
- 9 Refused

Some schools in Colorado are working with community agencies to offer health services in schools.

CH161. How much do you support schools providing the following services:

- a. Primary care or physical health Strongly support, moderately support, don't support
- b. Mental health or counseling services Strongly support, moderately support, don't support
- c. Oral health or dental care Strongly support, moderately support, don't support

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

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 CH32 is 555 or 666, go to CH61.

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 Go to CH61 |
| 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? (**ages 5-14 only**)

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

Oral Health

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

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

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

Please read:

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

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

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

Please read:

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

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

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

- 1__ __ months
- 2__ __ years
- 7 7 7 Don't know/not sure
- 8 8 8 Never seen a dentist
- 9 9 9 Refused

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

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

Second hand smoke exposure

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

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

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

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

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

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

CH162. Which statement best describes the rules about smoking inside your home?

Please read:

- 1 Smoking is not allowed anywhere inside your home,
 - 2 Smoking is allowed in some places or at some times,
 - 3 Smoking is allowed anywhere inside your home,
- Or
- 4 There are no rules about smoking inside your home?

Do not read:

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

CH163 . Which statement best describes the rules about smoking in your personal vehicle? Would you say...

- 1 Smoking is never allowed in your personal vehicle,
- 2 Smoking is allowed sometimes in your vehicle,
- 3 Smoking is allowed with the windows open, or
- 4 There are no rules about smoking inside the vehicle?

Do not read:

- 5 Don't have a vehicle
- 7 Don't know/Not sure
- 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 only)**

___	___	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 CH92**
- 7 Don't know **Go to CH92**
- 9 Refused **Go to CH92**

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 were unable to get services
- 7 Don't know / Not sure
- 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 CH104**)

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

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 CH32 is 555 or 666, go to CH108.

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
- 1 Don't know / Not sure
- 2 Not in school or childcare
- 9 Refused

Presence of a special health care need (CSHCN screener)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CH121. Has (his/her) emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

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

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

- 1 Yes
- 2 No

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

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!