

**South Carolina  
Children’s Health Assessment Survey  
SC CHAS 2013 Survey**

---

BRFSS SC Module 23: Random Child Selection (State 7: Respondent’s Relation).....	2
BRFSS SC Module 3: CHAS Follow-up.....	3
CHAS Introductory Script.....	7
Section 1: Respondent Relationship to Child.....	9
Section 2: General Health.....	9
Section 3: General Information.....	10
Section 4: Weight/Height.....	12
Section 5: Breastfeeding.....	13
Section 6: Health Care Access and Utilization.....	16
Section 7: Immunizations.....	22
Section 8: Demographics.....	23
Section 9: School Performance.....	25
Section 11: Asthma.....	26
Section 13: Child Health Conditions.....	29
Section 14: Children with Special Health Care Needs.....	29
Section 15: Nutrition.....	33
Section 16: Whole Grain Foods.....	35
Section 17: Physical Activity.....	36
Section 18: Parent Reaction to Child Weight.....	44
Section 19: Food Insecurity.....	44
Section 20: Family Involvement.....	45
Section 21: Tobacco Indicators.....	46
Section 24: Height/Weight Follow-up.....	46
Height/Weight Call-back Script.....	47

## BRFSS SC Module 23: Random Child Selection (State 7: Respondent's Relation)

---

**CATI: IF C07Q07 = 88, or 99 (no children under age 18 in the household, or refused) GO TO BRFSS SC Module 4.**

SC02Q01. **CATI IF C07Q07 = 1:**

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

What is the birth month and year of the child?

\_\_\_\_\_ Month / Year

777777 Don't know/Not sure

999999 Refused

**CATI IF C07Q07 > 1 AND C07Q07 NOT = 88, 99:**

Previously, you indicated there were [CATI FILL: C07Q07] children age 17 or younger in your household. Think about those [CATI FILL: C07Q07] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [CATI FILL: second/third/fourth, etc.] child. Please include children with the same birth date, including twins, in the order of their birth.

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.**

**Random seed from RANDSEED is used to select a specific child.**

I have some additional questions about one specific child. The child I will be referring to is the [CATI INSERT random number with format: first child, second child, etc.] in your household. All of the following questions about children will be about the [CATI INSERT random number with format: first child, second child, etc.].

What is the birth month and year of the child?

\_\_\_\_\_ Month / Year

777777 Don't know/Not sure

999999 Refused

SC02Q02. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

**CATI: GO TO BRFSS SC MODULE 3.**  
**BRFSS SC Module 3: CHAS Follow-up**

---

CATI: IF QSTPATH = 1 and Ever Asthma (C05Q04 = 1 - Yes) and 1+ children in HH (C07Q07 = 1--76) go to SC Module 4 (AAFU). IF QSTPATH = 1 and Ever Asthma (C05Q04 >/= 2 - No) and 1+ children in HH (C07Q07 = 1--76) go to [SC03Q01](#) (if landline) or [SC03Q01a](#) (if cell phone). IF QSTPATH = 1 and Ever Asthma (C06Q04 >/= 2 - No) and no children in HH (C07Q07 = 88) go to SC Module 5 (Disability). IF QSTPATH = 2 and 1+ children in HH (C07Q07 = 1--76) go to [SC03Q01](#) (if landline) or [SC03Q01a](#) (if cell phone).

CATI: IF CELL PHONE GO TO [SC03Q01a](#). IF LANDLINE GO TO [SC03Q01](#).

SC03Q01a. We are conducting a study to learn more about the health of children in South Carolina. The information we collect will help us improve child health services in our state.

Are you well-informed about the child's health and able to answer questions about the health and health practices of this child?

- 1 Yes [\[GO TO SC03Q03a\]](#)
- 2 No [\[GO TO SC03Q07\]](#)

SC03Q01. We are conducting a study to learn more about the health of children in South Carolina. The information we collect will help us improve child health services in our state. We would like to call you back within the next two weeks to ask some additional questions about this child.

**[NOTE: If needed say, "the one we've just been talking about."]**

All of the information we collect will be kept confidential. Would this be OK with you?

- 1 Yes
- 2 No [\[GO TO NEXT BRFSS SC MODULE\]](#)

SC03Q02. Are YOU the person in the household who knows the most about the health and health practices of this child?

- 1 Yes [\[Go to SC03Q03a\]](#)
- 2 No [\[Go to SC03Q03b\]](#)

SC03Q03a. And what is your relationship to this child?

**[IF respondent says 'Mother' or 'Father' PROBE: 'Are you his/her biological mother/father?']**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother

- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

**CATI: GO TO [SC03Q04](#).**

SC03Q03b. Who would that person be in your household (the person who knows most about the health of the child)?

**[INTERVIEWER: IF respondent says 'Mother' or 'Father' PROBE: 'Would this be his/her biological (real) mother/father?']**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

SC03Q03c. And what is YOUR relationship to this child?

**[CATI NOTE: IF SC03Q03a or SC03Q03b = 01 (biological mother) THEN SC03Q03c cannot = 01; ELSE IF SC03Q03a or SC03Q03b = 05 (biological father) THAN SC03Q03c cannot = 05.]**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

SC03Q04. Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child or his/her initials.

[NOTE: If parent refuses name, just ask for the child's initials or a nick name.]

\_\_\_\_\_ Child's name

SC03Q05. When would be the best time to call **[CATI FILL, IF LANDLINE: 'your household' IF CELLPHONE: 'you back']**? Would you say: Daytime, Evenings or Weekends?

[Note: If respondent says no best time to call then select 2 for evenings.]

- 1 Daytime
- 2 Evenings
- 3 Weekends
  
- 7 Don't know/not sure

9 Refused  
SC03Q06. In our follow-up survey, we will be asking about the CHILD'S HEIGHT AND WEIGHT. In the next few days, please be sure to measure the child's height with the child's shoes off and with (his/her) back to the wall and weigh (him/her) on a scale with (his/her) shoes off. Thank you for your willingness to participate. The rest of this survey should only take a few more minutes.

**IF SC03Q03b ≤14, show:**

Please be sure to tell (CHILD)'s **[CATI fill SC03Q03b [see CHAS vRelate code]]** that we will be calling in the next two weeks. Also, please be sure that (CHILD)'s height is measured with (his/her) shoes off and back against the wall and weighed on a scale with (his/her) shoes off. We will be asking for (CHILD)'s height and weight in our follow-up survey. The rest of this survey should only take a few more minutes.

Press '1' to continue.

SC03Q07. Thank you very much, but we are only interested in speaking with the person who knows most about the health of the child. The rest of this survey should only take a few more minutes.

1 continue to next section

**CATI: GO TO NEXT BRFSS SC MODULE.**

## CHAS Introductory Script

---

- IntroQst. HELLO, my name is (interviewer name) and I'm calling from the South Carolina Department of Health and Environmental Control. This is about our follow-up survey of children's health in South Carolina. Is this (phone number)?
- 1 Correct Number - **CATI GO TO [IntroAd](#)**
  - 2 Number is not the same – **CATI GO TO [WrongNum](#)**
- WrongNum. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.
- Interviewer: Press '1' to continue.
- IntroAd. **CATI, IF LANDLINE:**  
A couple weeks ago we spoke to an adult member of your household who agreed to participate in our follow-up survey of SC children. The person we would like to speak to is the (parent/guardian identified in BRFSS) of (CHILD).  
  
Are you (CHILD)'s (parent/guardian identified in BRFSS)?
- 1 Yes - **CATI GO TO [Intro2](#)**
  - 2 No - **CATI GO TO [GetAdult](#)**
- CATI, IF CELL PHONE:**  
Are you (CHILD)'s (parent/guardian identified in BRFSS)?
- [NOTE: If yes, ask: Is this a safe time to talk with you now or are you driving? If driving then press F3 and schedule call back]
- 1 Yes, safe time to talk – **CATI GO TO [Intro2](#)**
  - 2 No - **CATI GO TO [GetAdult](#)**
- GetAdult. Is (CHILD)'s (parent/guardian identified in BRFSS) available to speak with me?
- 1 Yes, SR adult is coming to the phone - **CATI GO TO [Intro1](#)**
  - 2 No, SR adult not available now, schedule callback
  - 3 No, SR adult will not do survey, adult on phone will do survey - **CATI GO TO [Intro2](#)**
- Intro1. HELLO, I'm calling for the South Carolina Department of Health and Environmental Control. My name is (name). We are gathering information on the health of children in our state. Several weeks ago we spoke to an adult member of your household who suggested that you would be the most knowledgeable person to talk to about (CHILD)'s health. In this survey we will be asking you questions about (CHILD)'s health behaviors and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be kept confidential . If

you have any questions about this survey please call 1-800-476-3803 to get more information. This interview will take about 25 minutes.

1 Person interested, continue - **CATI GO TO [K01Q01](#)**

Intro2. In this survey, we will be asking you questions about the health and health practices of your child named, (CHILD). You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, please call 1-800-476-3803 to get more information. This interview will take about 25 minutes.

1 Person interested, continue - **CATI GO TO [K01Q01](#)**

## Section 1: Respondent Relationship to Child

---

K01Q01. Just to verify, are you (CHILD)'s biological, step, or adoptive mother/father?

**[NOTE: If NOT mother or father, then ask: "Just to verify, what is your relationship to (CHILD)?"]**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
  
- 77 Don't know
- 99 Refused

## Section 2: General Health

---

K02Q01. Would you say that (CHILD)'s 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

### Section 3: General Information

---

K03Q01. Other than yourself, how many other adults, ages 18 and older, live in your household?

\_\_\_\_\_ # of Adults (1-12, 77, 88, 99)

- 88 None **[GO TO [K03Q03a](#)]**
- 77 Don't know/not sure **[GO TO [K03Q03a](#)]**
- 99 Refused **[GO TO [K03Q03a](#)]**

**[CATI: IF K03Q01 = 0 THEN GO TO [K03Q03a](#).]**

K03Q02. What is their relationship to (CHILD)?

**[PROMPT: IF respondent says "Mother" or "Father" PROBE: 'Is that his/her biological, adoptive, step, or foster mother/father?']**

**[NOTE: Mark all that apply.]**

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (any type)
- 14 Brother (any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other Relationship
- 21 Respondent's Partner or Boy/Girlfriend
- 22 In-law of any type
- 23 Two or more of the same relationship type
- 77 Don't know/ Not Sure
- 99 Refused

**[CATI: If vSC02Q01 >= 77777 SKP TO K03Q03]**

K03Q03a. Earlier someone said that (CHILD) was **[CATI FILL: CHILD AGE]** years old. Is this correct?

- 1 Yes **[GO TO [K03Q04](#)]**
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

K03Q03. How old is (CHILD)?

**[NOTE: If parent refuses to give child's age, say "Many of the questions in this survey are for certain age groups only. Can you give us an approximate age?"]**

**[NOTE: Use this approach for assessing age: Child 0-11 months = 0 year  
Child 12-23 months = 1 year  
Child 24-35 months = 2 years]**

- (0-17; code '0' if under 1 year  
(if 18 since selected then code as '17')
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI: If CHILD AGE < 3 then GO TO [NEXT](#) SECTION.]**

K03Q04. What grade is (CHILD) in?

- 1 Grade 1
- 2 Grade 2
- 3 Grade 3
- 4 Grade 4
- 5 Grade 5
- 6 Grade 6
- 7 Grade 7
- 8 Grade 8
- 9 Grade 9
- 10 Grade 10
- 11 Grade 11
- 12 Grade 12 or higher
- 13 Kindergarten
- 14 PreSchool
- 15 Not yet in School
- 16 No longer in school
  
- 77 Don't know/not sure

[If K03Q03 = 77,99 then CHILD AGE is coded by grade]

[CATI: If K03Q03 = 77,99 & ANS = 77,99 THEN GO TO KnoAge.]

**KnoAge**

Thank you very much, but we are only interviewing children of a certain age. **STOP**

**Section 4: Weight/Height**

---

[CATI: IF CHILD AGE < 2 GO TO [NEXT SECTION](#)]

K04Q01a. How much does (CHILD) weigh now?

[NOTE: If respondent's answer is metric, place a '9' in the first position, see example below.]

[NOTE: Round fractions up.]

- — — Enter weight in whole pounds or kilograms  
(Ex. 99 lbs = 0099, 45 kg = 9045)
- 7 7 7 7 Don't know/ Not sure [GO TO [K05Q02a](#)]
- 9 9 9 9 Refused [GO TO [K04Q02a](#)]

[CATI: If weight < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex then show: "Interviewer you indicated the child weighs [CATI FILL: K04Q01a]. IS THIS CORRECT?" Yes, correct as is -GO TO K04Q01b; No, reask question – GO TO [K04Q01a](#).]

K04Q01b. How did you arrive at [CATI FILL: K04Q01a] for (CHILD)'s weight?

[NOTE: If SR says child was weighed more than 3 months ago (home, school, or doctor's office) select (2) estimated or guessed.]  
[Please read 1-6.]

- 1 Your child told you. [CATI: ask response #1 only if child age 3 years and older; if age ≤ 2 show: "THIS MENU ITEM NOT AVAILABLE (Child too young)"]
- 2 You estimated or guessed your child's weight.
- 3 You used a bathroom scale within the past 3 months.
- 4 The child was weighed at the doctor's office in the past 3 months.
- 5 The child was weighed at school in the past 3 months, OR
- 6 Some other way.
- 7 Don't know/ Not sure
- 9 Refused

K04Q02a. How tall is (CHILD) now?

[NOTE: If respondent answers in metrics, place a '9' in the first position, see example below.]  
[NOTE: Round fractions down.]

----- Enter height in feet and inches (Ex. 5 feet 9 inches = 509)  
 or meters and centimeters (Ex. 1 meter 75 centimeters = 9175)  
 7 7 7 7 Don't know/Not sure **[GO TO [K04Q03](#)]**  
 9 9 9 9 Refused **[GO TO [K04Q03](#)]**

**[CATI: If height < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex show:**  
**“Interviewer you indicated that (CHILD) was [CATI FILL: K04Q02a] tall. IS THIS CORRECT?”**  
**Yes, correct as is -GO TO K04Q02b; No, reask question – GO TO K04Q02a.]**

K04Q02b. How did you arrive at **[CATI FILL: K04Q02a]** for (CHILD)'s height?

**[NOTE: If SR says child was measured more than 3 months ago (home, school, or doctor's office) select (2) estimated or guessed.]**  
**[Please read 1-6.]**

- 1 Your child told you. **[CATI: ask response #1 only if child age 3 years and older; if age ≤ 2 show: “THIS MENU ITEM NOT AVAILABLE (Child too young)”]**
- 2 You estimated or guessed your child's height.
- 3 You used a tape measure or yard stick within the past 3 months.
- 4 The child's height was measured at the doctor's office in the past 3 months.
- 5 The child's height was measured at school in the past 3 months, OR
- 6 Some other way.
- 7 Don't know/ Not sure
- 9 Refused

K04Q03. 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

## Section 5: Breastfeeding

---

**[CATI: If respondent is biological parent (K01Q01=1 or 5) then GO TO K05Q01; else GO TO [NEXT SECTION](#)]**

Now I am going to ask you a few questions about breastfeeding.

K05Q01. Was (CHILD) breastfed for any length of time?

- 1 Yes **[GO TO [K05Q03a](#)]**
- 2 No
- 7 Don't know/Not sure **[GO TO [K05Q06](#)]**

9 Refused [**GO TO [K05Q06](#)**]

K05Q02. What is the main reason (CHILD) was not breastfed?

[Mark all that apply. Read 1-8 only if necessary.]

- 1 mother didn't like breastfeeding
- 2 mother went back to work or school
- 3 mother had other children to care for
- 4 mother was embarrassed
- 5 breastfeeding was inconvenient
- 6 baby or mother was sick
- 7 mother was taking medication
- 8 baby would not latch on/had trouble breastfeeding
- 9 mother did not produce enough milk
- 10 baby was premature
- 11 husband/partner did not want mother to breastfeed
- 12 mother's family did not support her
- 13 Other (specify: K05Q02ot)
  
- 77 Don't know/Not sure
- 99 Refused

[CATI: **GO TO [K05Q06](#)**]

K05Q03a. For how many days, weeks, or months was (CHILD) breastfed?

\_\_\_ Enter Value

- 888 Still breastfeeding
- 777 Don't know/ not sure
- 999 Refused

[CATI: IF K05Q03a = 777, 999 THEN GO TO [K05Q04a](#); IF K05Q03a = 888 THEN GO TO [K05Q03bv](#).]

K05Q03b. MARK PERIOD

- 1 DAYS
- 2 WEEKS
- 3 MONTHS
- 4 YEARS

K05Q03bv. Interviewer you indicated that (CHILD) was breastfed for [CATI FILL: K05Q03a K05Q03b; IF K05Q03a = 888 show "is still breastfeeding"]. IS THIS CORRECT?

- 1 Yes, correct as is [**GO TO [K05Q04a](#)**]
- 2 No, [**GO TO K05Q03a to reask**]

K05Q04a. At what age did you first begin to give (CHILD) any formula, food or water other than breast milk?

-- Enter value

- 888 Still EXCLUSIVELY breastfeeding
- 777 Don't know/Not sure
- 999 Refused

**[CATI: IF K05Q04a = 777, 999 THEN GO TO [K05Q05](#); IF K05Q04a = 888 THEN GO TO [K05Q04bv](#).]**

K05Q04b. MARK PERIOD

- 1 DAYS
- 2 WEEKS
- 3 MONTHS
- 4 YEARS

K05Q04bv. Interviewer you indicated that (CHILD) was given formula, food or water other than breast milk at **[CATI FILL: K05Q04a K05Q04b; IF K05Q04a = 888 show "is still exclusively breastfeeding"]** old. IS THIS CORRECT?

- 1 Yes, correct as is **[GO TO [K05Q05](#)]**
- 2 No, (will skip to K05Q04a to reask)

K05Q05. What is the main reason (CHILD) stopped breastfeeding?

[Mark all that apply. Read 1-11 only if necessary.]

- 1 mother went back to work or school
- 2 child had difficulty nursing
- 3 breastmilk did not satisfy baby
- 4 baby was not gaining enough weight
- 5 breastfeeding was inconvenient
- 6 mother felt right time to stop/ felt child was old enough to stop
- 7 mother did not have support of husband/partner and/or family
- 8 mother became pregnant
- 9 mother was sick
- 10 mother did not produce enough milk
- 11 other (specify: K05Q05ot)
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI: If respondent is NOT biological mother (K01Q01=1) then GO TO [NEXT SECTION](#)]**

K05Q06. When you gave birth to (CHILD), did you receive any help or encouragement for breastfeeding your new baby while you were in the hospital?

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

K05Q07. After you left the hospital, did you receive any help or encouragement for breastfeeding your baby?

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

**[CATI: IF (K05Q06 GE 2) AND (K05Q07 GE 2) THEN GO TO [NEXT SECTION](#)]**

K05Q08. Who was most important in providing you with help or encouragement for breastfeeding?

[Mark all that apply. Read 1-9 only if necessary.]

- 1 doctor or health provider
- 2 peer counselor
- 3 support group
- 4 Lactation Consultant (IBCLC) - hospital or private
- 5 WIC
- 6 baby's father
- 7 other family member (e.g. mother, sister, aunt)
- 8 friend
- 9 employer
- 10 other (specify: K05Q08ot)
  
- 77 Don't know/Not sure
- 99 Refused

## **Section 6: Health Care Access and Utilization**

---

These next questions are about health insurance.

K06Q01. Does (CHILD) have any kind of health care coverage, including private health insurance, prepaid plans such as HMOs, or government plans such as South Carolina Healthy Connections?

**[NOTE:** Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances. SC Healthy Connections is the name of the state program that helps people enroll in one of the following Medicaid health plans for uninsured children in South Carolina: Absolute Total Care, BlueChoice HealthPlan Medicaid, Carolina Medical Homes, First Choice by Select Health of SC, Palmetto Physician Connections, South Carolina Solutions, or United Healthcare Community Plan.]

- 1 Yes **[GO TO K06Q03]**
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

K06Q02. During the past 12 months was there any time when (he/she) was covered by ANY health insurance?

- 1 Yes
- 2 No **[GO TO K06Q06]**
  
- 7 Don't know/Not sure **[GO TO K06Q07]**
- 9 Refused **[GO TO K06Q07]**

K06Q03. What is (her/his) primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills.

**[CATI: IF K06Q02 EQ 1 THEN ASK:** “What was (her/his) primary health insurance plan at that time? This was the plan which paid the medical bills first or paid most of the medical bills.”]

**[NOTE:** Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances. SC Healthy Connections is the name of the state program that helps people enroll in one of the following Medicaid health plans for uninsured children in South Carolina: Absolute Total Care, BlueChoice HealthPlan Medicaid, Carolina Medical Homes, First Choice by Select Health of SC, Palmetto Physician Connections, South Carolina Solutions, or United Healthcare Community Plan.]

[Please Read 1-4.]

- 1 Private health insurance from your job or someone else's job
- 2 Private health insurance purchased directly from an insurance company by you or someone else
- 3 Medicaid
- 4 TRICARE or other military health care
- 5 Some other source
  
- 77 Don't know/Not sure
- 99 Refused

**[CATI: IF K06Q02 = 1 THEN GO TO K06Q06]**

K06Q05. During the past 12 months was there any time when (s/he) was not covered by ANY health insurance?

- 1 Yes
- 2 No **[GO TO K06Q07]**
- 7 Don't know/Not sure **[GO TO K06Q07]**
- 9 Refused **[GO TO K06Q07]**

**[CATI: IF (K06Q01 = 2) OR (K06Q05 = 1) THEN GO TO K06Q06. ELSE GO TO K06Q07.]**

K06Q06. What was the MAIN reason that (CHILD) did not have health insurance coverage?

**[CATI if K06Q01>2 then show “What is the MAIN reason that (CHILD) does not have health insurance coverage NOW”?]**

**If needed, say: “The main reason is the most important reason.”**

[Read 1-12 only if necessary.]

- 1 Costs too much
- 2 Can't get insurance through employer
- 3 Between jobs/ unemployed
- 4 Don't want/ don't need insurance
- 5 Medicaid benefits stopped
- 6 Unable to get or was refused coverage because of child's health status
- 7 No spouse/dependent coverage purchased
- 8 Don't know how to get coverage
- 9 Ineligible for government programs (e.g. Medicaid, Health Check, Health Choice)
- 10 Changing jobs or insurance policies
- 11 Have applied or re-enrolled/waiting for paperwork to clear
- 12 Just don't have/Haven't applied/Intend to apply or re-enroll but haven't done so
- 13 Other reason (specify: K06Q06ot)
- 77 Don't know/Not sure
- 99 Refused

K06Q07. What kind of place does (s/he) go to most often for health care?

[Read 1-9 if necessary.]

- 1 A doctor's office **[GO TO K06Q09]**
- 2 A public health department/community health center **[GO TO K06Q09]**
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 A school nurse **[GO TO K06Q09]**

- 7 A school based Health Center **[GO TO K06Q09]**  
 8 Some other kind of place **[GO TO K06Q09]**  
 9 No usual place **[GO TO K06Q09]**
- 77 Don't know/Not sure **[GO TO K06Q09]**  
 99 Refused **[GO TO K06Q09]**
- K06Q08. What is the main reason you go to **[CATI FILL: IF K06Q07 = 3, show "a hospital", IF K06Q07 = 4, show "a hospital emergency room", IF K06Q07 = 5, show "an urgent care center"]** most often for (CHILD)'s health care?
- 1 It is always available 24 hours a day / 7 days a week  
 2 Most illnesses seem to come up at night or over the weekend when the doctor's office isn't open  
 3 Can go to the hospital when off work  
 4 Don't need an appointment  
 5 On the public transportation route  
 6 Other (specify: K06Q08ot)
- 77 Don't know/Not sure  
 99 Refused
- K06Q09. 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 person you think of as (CHILD)'s personal doctor or nurse?
- 1 Yes  
 2 No
- 7 Don't know/Not sure  
 9 Refused
- K06Q10. Preventive care visits include things like a Well Child check-up, a routine physical exam, immunizations, or health screening tests. During the past 12 months has (CHILD) had a preventive care visit or Well Child check-up?
- 1 Yes  
 2 No
- 7 Don't know/Not sure  
 9 Refused
- K06Q11. In the last 12 months, was there any time when you delayed or did NOT fill a prescription for medicine for (CHILD) because of the COST?
- 1 Yes  
 2 No
- 7 Don't know/Not sure

- 9 Refused
- K06Q12. During the past 12 months did (s/he) receive all the medical care you felt (s/he) needed?
- 1 Yes  
2 No
- 7 Don't know/Not sure  
9 Refused
- K06Q13. During the past 12 months, how often did (CHILD)'s doctors and other health care providers spend enough time with (him/her)? Would you say never, sometimes, usually, or always?
- 1 Never  
2 Sometimes  
3 Usually  
4 Always
- 7 Don't know/Not sure  
9 Refused
- K06Q14. During the past 12 months, how often did (CHILD)'s doctors or other health care providers help you feel like a partner in (his/her) care? Would you say never, sometimes, usually, or always?
- 1 Never  
2 Sometimes  
3 Usually  
4 Always
- 7 Don't know/Not sure  
9 Refused
- K06Q15. Thinking about (CHILD)'s health needs and all the services that (s/he) needs, have you had any difficulties trying to use these services during the past 12 months?

**[NOTE: If the parent says that the child did not need any services, then say: "This question asks about difficulty using ANY services that your child needed because of (his/her) health. Did you have ANY difficulty using ANY services during the past 12 months?"]**

- 1 Yes  
2 No
- 7 Don't know/Not sure  
9 Refused
- K06Q16. Has (CHILD)'s doctor or other health care providers ever talked with you about how you can help (CHILD) to eat healthy?

**[NOTE: If YES, Ask, ‘Was this in the past year, or more than a year ago?']**

- 1 Yes, in the past year
- 2 Yes, more than a year ago
- 3 No
  
- 7 Don't Know/Not Sure
- 9 Refused

K06Q17. Has (CHILD)'s doctor or other health care providers ever talked with you about how you can help (CHILD) to be more physically active?

**[NOTE If YES, Ask, ‘Was this in the past year, or more than a year ago?']**

- 1 Yes, in the past year
- 2 Yes, more than a year ago
- 3 No
  
- 7 Don't Know/Not Sure
- 9 Refused

## Section 7: Immunizations

---

**[CATI: If AGEYRS =< 10 THEN GO TO K07Q01.]**

K07Q01. Meningitis is an infection around the brain. Vaccines are now available that protect against some types of meningitis. They are sometimes called the meningitis shot, meningococcal shot, Menactra, or Menveo. I will call this the meningitis vaccine.

Has (CHILD) had the meningitis vaccine?

**[PROBE: If no, then ask: 'Have you ever heard of the meningitis vaccine?']**

- 1 Yes **[GO TO K07Q03]**
- 2 No
- 3 Never heard of vaccine **[GO TO K07Q03]**
  
- 7 Don't know/Not sure **[GO TO K07Q03]**
- 9 Refused **[GO TOK07Q03]**

K07Q02. What is the MAIN reason (CHILD) has NOT received the meningitis vaccine?

**[NOTE: If needed, say: "The main reason is the most important reason."]**

[Read 1-15 only if necessary.]

- 1 Haven't been to the doctor recently
- 2 Health care provider did not recommend / didn't know child needed it
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Vaccine costs too much or is not covered by insurance
- 6 Concerns about vaccine safety or side effects
- 7 Don't believe child needs the vaccine
- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason why cannot get the shot)
- 10 Because of religious reasons
- 11 Child too young/ not old enough
- 12 Child was sick
- 13 Plan to/ have appointment to get shot
- 14 Hadn't thought about it
- 15 Other (Specify: K07Q07ot)
- 16 Never heard of vaccine
  
- 77 Don't know/Not sure
- 99 Refused

K07Q03. During the past 12 months, has (CHILD) had a flu shot or a flu vaccine that was sprayed into (his/her) nose?

[NOTE: A flu shot is an influenza vaccine injected into the arm.]

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

K07Q04. Has (CHILD) ever had a tetanus shot?

[PROBE: If no, then ask: 'Have you ever heard of the tetanus shot?']

[NOTE: Tetanus shot or booster is also called Td or Tdap.]

- 1 Yes **[GO TO [NEXT SECTION](#)]**
- 2 No
- 3 No, never heard of tetanus shot **[GO TO [NEXT SECTION](#)]**
  
- 7 Don't know/Not sure **[GO TO [NEXT SECTION](#)]**
- 9 Refused **[GO TO [NEXT SECTION](#)]**

K07Q05. What is the MAIN reason (CHILD) has NOT received a tetanus shot?

[NOTE: If needed, say: "The main reason is the most important reason."]

[Read 1-11 only if necessary.]

- 1 Haven't been to the doctor recently
- 2 Health care provider did not recommend / didn't know child needed it
- 3 Vaccine not available in provider's office
- 4 Provider said child should not get the vaccine
- 5 Vaccine costs too much or not covered by insurance
- 6 Concerns about vaccine safety or side effects
- 7 Don't believe child needs the vaccine
- 8 Don't know enough/need more information
- 9 Health care provider recommended a medical exemption (medical reason why cannot get the shot)
- 10 Because of religious reasons
- 11 Child too young/ not old enough
- 12 Other (Specify: K07Q10ot)
- 13 Never heard of vaccine
  
- 77 Don't know/Not sure
- 99 Refused

## Section 8: Demographics

---

Next, we have some basic questions about your family. We ask these questions to compare health indicators among different groups of people.

K08Q01. Is (CHILD) Hispanic or Latino?

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

K08Q02. Which one or more of the following would you say is (his/her) race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian, Alaska Native, or Other?

**[INTERVIEWER: 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
- 6 Other: (specify: K08Q02ot)
  
- 7 Don't know/Not sure
- 9 Refused
- 8 No additional choices

**[CATI: IF ONLY ONE RESPONSE TO K08Q02 THEN GO TO [K08Q04](#)]**

K08Q03. Which one of these groups would you say best represents (CHILD)'s race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other: (specify: K08Q03ot)
  
- 7 Don't know/Not sure
- 9 Refused

K08Q04. What is the highest grade or year of school completed by anyone in your household?

[Read 1-6 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)

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

K08Q05. What is your age?

\_\_\_\_\_ Enter value (in years)

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

**[CATI: IF K03Q04 = 15 (child not in school), GO TO [NEXT SECTION](#)]**

**[CATI: IF AGEYRS < 3 THEN GO TO [NEXT SECTION](#)]**

K08Q06. Is (CHILD) enrolled in public school, private school or home schooled?

- 1 Public School (include charter schools)
- 2 Private School
- 3 Home Schooled
- 4 Child not in school

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

K08Q07. Since starting kindergarten, has (s/he) repeated any grades?

- 1 Yes
- 2 No

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

## **Section 9: School Performance**

---

**[CATI: If K08Q06 = 1, 2 (child in Public or Private school) then GO TO [K09Q01](#); else GO TO [NEXT SECTION](#)]**

K09Q01. How would you describe (CHILD)'s grades in school over the past 12 months? Would you say they were MOSTLY A's, B's, C's, D's, or F's?

- 1 A's
- 2 B's
- 3 C's
- 4 D's

- 5 F's
- 6 School does not use letter grading system

- 7 Do not know
- 9 Refused

K09Q02. **QUESTION STEM:** During the past 12 months, about how many days did (CHILD) miss school:

K09Q02a. Because of an illness?

\_\_\_ :Number of days

- 215 Entire school year
- 888 No school days missed
- 777 Don't know/Not sure
- 999 Refused

K09Q02b. Because of an injury?

\_\_\_ :Number of days

- 215 Entire school year
- 888 No school days missed
- 777 Don't know/Not sure
- 999 Refused

K09Q02c. Because of some other reason?

\_\_\_ :Number of days

- 215 Entire school year
- 888 No school days missed
- 777 Don't know/Not sure
- 999 Refused

## Section 11: Asthma

---

[CATI: If CHILD AGE < 1 then GO TO [NEXT SECTION](#)]

These next questions are about childhood asthma.

K11Q01. Has a doctor ever told you that (CHILD) has asthma?

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

K11Q02. Has the child's biological mother ever been diagnosed with asthma by a doctor or health professional?

**[CATI: IF BIOLOGICAL MOTHER (K01Q01 EQ 1) THEN ASK "Have you ever been diagnosed with asthma by a doctor or health professional?"]**

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

**[CATI: IF K11Q01 ≠ 1 (CHILD DOES NOT HAVE ASTHMA), GO TO [NEXT SECTION](#)]**

K11Q03. Does (CHILD) still have asthma?

- 1 Yes
- 2 No **[GO TO [NEXT SECTION](#)]**
  
- 7 Don't know/Not sure **[GO TO [NEXT SECTION](#)]**
- 9 Refused **[GO TO [NEXT SECTION](#)]**

K11Q04. During the past 12 months, has (he/she) had to visit a hospital emergency room or urgent care clinic because of (his/her) asthma?

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

K11Q05. Is (he/she) using a medicine every day, (such as a Beclovent, Azmacort, Pulmicort, Flovent, Advair, Singulair, or Vancertil inhaler) that was prescribed by a doctor to keep (him/her) from having asthma problems?

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

K11Q06. Does (he/she) use a rescue medication SUCH AS Albuterol, Alupent, Ventolin, Proventil, Xopenex or Maxair inhaler?

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

K11Q07. During the past 12 months, how many days of daycare or school did (he/she) miss due to asthma?

--- Days missed from school or daycare

8 8 8 NONE

2 1 5 Entire school year

5 5 5 NOT APPLICABLE (child not in daycare or school) [GO TO [K11Q09](#)]

7 7 7 Don't know/Not sure

9 9 9 Refused

**[CATI: If K09Q06 = 1, 2 (child in Public or Private school) then GO TO [K11Q08](#); else GO TO [K11Q09](#)]**

K11Q08. At school, is (CHILD) allowed to self administer emergency medication for asthma?

**[NOTE: IF NEEDED say, 'Self-administer means that your child does not need help or supervision of others to use (his/her) emergency medication.']**

1 Yes

2 No, unable to self administer

3 No, not allowed due to school policy

7 Don't know/Not sure

9 Refused

K11Q09. Have you or (CHILD) ever taken a course or class on how to manage (his/her) asthma?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K11Q10. Has a doctor or other health professional ever taught you or (CHILD) how to recognize early signs or symptoms of an asthma episode?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K11Q11. Has a doctor or other health professional ever taught you or (CHILD) what to do during an asthma episode or attack?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

## Section 13: Child Health Conditions

---

These next questions are about health conditions.

K13Q01. Has a doctor or health professional ever told you that (CHILD) has diabetes or high blood sugar?

1 Yes **[GO TO [K13Q03](#)]**

2 No

7 Don't know/Not sure

9 Refused

K13Q02. Has a doctor or health professional ever told you that (CHILD) has borderline diabetes or pre-diabetes?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

**[CATI: IF CHILD AGE < 3 GO TO [K13Q04](#)]**

K13Q03. Has a doctor or health professional ever told you that (CHILD) has high blood pressure?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K13Q04. Has a doctor or health professional ever told you that (CHILD) has a permanent hearing loss or hearing impairment?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

## Section 14: Children with Special Health Care Needs

---

These next questions are about any kind of health problems, concerns, or conditions that may affect (CHILD'S) behavior, learning, growth, or physical development.

K14Q01. Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

[NOTE: This only applies to medications prescribed by a doctor. Over-the-counter drugs such as headache medication are not included. This question refers to current conditions. The respondent should only reply with "Yes" if the child currently has a special health care need.]

- 1 Yes
- 2 No [GO TO [K14Q04](#)]
- 7 Don't know/Not sure [GO TO [K14Q04](#)]
- 9 Refused [GO TO [K14Q04](#)]

K14Q02. Is (CHILD)'s need for prescription medicine because of ANY medical, behavioral, or other health condition?

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

K14Q03. Has (CHILD)'s need for prescription medication lasted or is it expected to last 12 months or longer?

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

K14Q05. Is (CHILD)'s need for medical care, [CATI: If age  $\geq$  2 yrs, SHOW: "mental health or educational services"] because of ANY medical, behavioral, or other health condition?

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

K14Q06. Has (CHILD)'s need for medical care, mental health or educational services lasted or is it expected to last 12 months or longer?

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

K14Q07. Is (CHILD) limited or prevented\_in any way in (his/her) ability to do the things most children of the same age can do?

**[NOTE:** Limited or prevented: things the child can't do as much or can't do at all that most children the same age can do. The respondent should reply "Yes" if the child currently has a special health care need.]

- 1 Yes
- 2 No **[GO TO [K14Q10](#)]**
  
- 7 Don't know/Not sure **[GO TO [K14Q10](#)]**
- 9 Refused **[GO TO [K14Q10](#)]**

K14Q08. Is (CHILD)'s limitation in abilities because of ANY medical, behavioral, or other health condition?

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

K14Q09. Has (CHILD)'s limitation in abilities lasted or is it expected to last 12 months or longer?

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

K14Q10. Does (CHILD) need or get SPECIAL THERAPY, such as physical, occupational, or speech therapy?

**[NOTE:** Special therapy includes physical, occupational, or speech therapy. Do not include psychological therapy. This question refers to current conditions. The respondent should only reply with "Yes" if the child currently has a special health care need.]

- 1 Yes
- 2 No **[GO TO [K14Q13](#)]**
  
- 7 Don't know/Not sure **[GO TO [K14Q13](#)]**
- 9 Refused **[GO TO [K14Q13](#)]**

K14Q11. Is (CHILD)'s need for special therapy because of ANY medical, behavioral, or other health condition?

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

K14Q12. Has (CHILD)'s need for special therapy lasted or is it expected to last for at least 12 months?

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

K14Q13. Does (CHILD) have any kind of emotional, developmental, or behavioral problem for which (he/she) needs treatment or counseling?

**[NOTE: Treatment or counseling means remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem. Emotional problems such as depression or schizophrenia. Developmental problems such as stunted growth. Behavioral problems such as aggressive behavior or Attention Deficit Disorder. These questions refer to a current condition. The respondent should only reply "Yes" if the child currently has a special health care need.]**

- 1 Yes
- 2 No **[GO TO K14Q15]**
  
- 7 Don't know/Not sure **[GO TO K14Q15]**
- 9 Refused **[GO TO K14Q15]**

K14Q14. Has (CHILD)'s 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

**[CATI: IF K14Q01=2 AND K14Q04=2 AND K14Q07=2 AND K14Q10=2 AND K14Q13=2 THEN GO TO [NEXT SECTION](#).]**

K14Q15. What condition does (CHILD) have?

**[NOTE: Read 1-9 only if necessary. Mark all that apply.]**

- 1 ADHD/ADD (Attention Deficit Hyperactivity Disorder)
- 2 Anxiety problems
- 3 Autism or Asperger's Disorder
- 4 Behavior or conduct problems (e.g. conduct disorder, ODD)
- 5 Brain Injury/ Concussion
- 6 Depression
- 7 Developmental delay that affects ability to learn
- 8 Learning Disability

- 9 Speech problems (including stuttering, stammering)
- 10 Other (specify: K14Q15ot)

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

K14Q16. Would you describe (his/her) condition as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

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

## Section 15: Nutrition

---

[CATI: IF CHILD AGE < 1, GO TO [NEXT SECTION](#)]

The next questions are about (CHILD)'s eating habits.

K15Q01. On a TYPICAL DAY, how many servings of fruit does (CHILD) eat?  
1 serving, 2 servings, 3 or more servings, or none.

[NOTE: A serving of fruit is 1/2 cup or a medium piece of fruit]

[NOTE: Typical Day: "On average or think about a week and what the average would be."]

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None

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

K15Q02. On a TYPICAL DAY, how many servings of 100% fruit juice does (CHILD) drink?  
1 serving, 2 servings, 3 or more servings, or none.

[NOTE: A serving of fruit juice is a little less than a cup or 6 oz.]

[NOTE, Typical day: "On average, or think about a week and what the average would be."]

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None

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

K15Q03. On a TYPICAL DAY, how many servings of vegetables does (CHILD) eat, not including french fries? 1 serving, 2 servings, 3 or more servings, or none.

[If necessary, say 'such as carrots, celery, or broccoli.']

**[NOTE:** A serving of vegetables is 1/2 cup of cooked or raw vegetable, or 1 cup of raw leafy salad greens.]

- 1 1 serving
- 2 2 servings
- 3 3 or more servings
- 4 None
  
- 7 Don't know/ Not sure
- 9 Refused

K15Q04. On a TYPICAL DAY, how many times does (CHILD) drink sweetened beverages such as soda pop, sweet tea, fruit punch, Kool-aid, sports drinks or fruit drinks? (Do not count 100% fruit juices.)

**[NOTE,** Typical day: "On average, or think about a week and what the average would be."]

- 1 1 time
- 2 2 times
- 3 3 or more times
- 4 None
  
- 7 Don't know/not sure
- 9 Refused

K15Q05. What type of milk does (CHILD) usually drink?

[Read 1-6 if necessary.]

- 1 Skim or non-fat
- 2 Lowfat (1/2 - 1%)
- 3 Reduced fat (2%; or Soymilk)
- 4 Whole (or goat's milk)
- 5 Flavored lowfat or skim
- 6 Flavored 2% or whole
  
- 88 Doesn't drink milk
- 77 Don't know/not sure
- 99 Refused

K15Q06. We are interested in learning where people get fresh fruits and vegetables and other healthy foods. Please tell me yes or no if you have gotten fresh fruits or vegetables from the following places in the past 12 months.

K15Q06a. In the past 12 months, did you buy fruits or vegetables locally grown such as from a farmer's market, Community Supported or Shared Agriculture, roadside stand, or pick-your-own produce?

**[NOTE:** Community Supported or Shared Agriculture are programs where a farmer sells directly to the public. Often membership or subscription is needed and in return the consumer receives a box of seasonal produce each week throughout the farming season.]

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

K15Q06b. In the past 12 months, did you eat fruits or vegetables that you grew yourself?

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

K15Q06c. In the past 12 months, in what kind of food store did your household do most of its food shopping?

- 1 Supermarkets or large superstores
- 2 Small grocery stores, such as mom and pop stores
- 3 Convenience Stores
- 4 Other store type
  
- 7 Don't know/Not sure
- 9 Refused

## Section 16: Whole Grain Foods

---

**[CATI: IF CHILD AGE < 1, GO TO [NEXT SECTION](#)]**

These next questions are about whole grain foods.

K16Q01. In the past week, has (CHILD) eaten any whole grain foods, such as whole grain breakfast cereals, whole wheat bread, brown rice, soft corn or whole wheat tortillas?

[If necessary say: "Whole grain foods usually have words such as 'whole wheat' or 'whole oats' as the first ingredient."]

- 1 Yes
- 2 No **[GO TO [NEXT SECTION](#)]**
  
- 7 Don't know/Not sure **[GO TO [NEXT SECTION](#)]**
- 9 Refused **[GO TO [NEXT SECTION](#)]**

K16Q02. **QUESTION STEM:** In the past week, how many times did (CHILD) eat:

K16Q02a. Whole grain cereals like Cheerios, Wheaties, Life, Bran Flakes or Grape Nuts?

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

K16Q02b. Whole wheat breads or whole grain breads like 100% whole wheat or 12 grain bread?

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

K16Q02c. Brown rice?

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

K16Q02d. Soft corn or whole wheat tortillas?

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

## **Section 17: Physical Activity**

---

**[CATI: IF CHILD AGE < 2, GO TO K17Q17a]**

K17Q01. On a typical day, how much total time does your child spend in physically active play?

- 1 None

- 2 Less than 20 min
- 3 20 minutes to 1 hour
- 4 1 hour to 2 hours
- 5 2 hours to 3 hours
- 6 3 hours or more
  
- 7 Don't know/Not sure
- 9 Refused

K17Q02. During the past week, on how many days did (CHILD) exercise, play a sport, or participate in physical activity for at least 60 minutes that made (him/her) sweat or breathe hard?

**[NOTE:** Include active sports such as baseball, softball, basketball, swimming, soccer, tennis, or football; riding a bike or rollerskating; walking or jogging; jumping rope; gymnastics; and active dance such as ballet.]

\_\_ : Number of Days (1 to 7 days; 88=none)

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

K17Q03a. On an average weekday, about how much time does (CHILD) usually spend in front of a TV watching TV programs, videos, DVDs, or playing video games?

**[NOTE:** Average weekday, "On average, or think about a week and what the average would be."]

- \_\_\_ Enter value
- 888 DOES NOT SPEND ANY TIME WATCHING TV/VIDEOS OR DVDS
- 777 Don't know/Not sure
- 999 Refused

**[CATI: IF K17Q03a = 777, 999 THEN GO TO [K17Q04a](#); IF K17Q03a = 888 THEN GO TO [K17Q03bv](#).]**

K17Q03b. MARK PERIOD

- 1 MINUTES
- 2 HOURS

K17Q03bv. Interviewer you indicated that (CHILD) watches TV, videos or DVD's **[CATI INSERT K17Q03a K17Q03b]** a day **[CATI: IF K17Q03a = 888, show "does NOT watch ANY tv, videos, or DVD's"]**. Is this correct?

- 1 Yes correct as is.
- 2 No, (will skip to K17Q03a to reask)

**[CATI IF (K17Q03a > 12) AND (K17Q03b = 2) THEN GO TO [K17Q03bb](#). ELSE GO TO [K17Q04a](#).]**

K17Q03bb. Interviewer you indicated that (CHILD) watched TV, videos or DVD's **[CATI INSERT K17Q03a K17Q03b]** a day. This is NOT an allowed value.

1 Skip to K17Q03a to reask.

K17Q04a. On an average weekday, about how much time does (CHILD) usually spend with computers, cell phones, handheld video games, and other electronic devices?

**[NOTE:** Average weekday, "On average, or think about a week and what the average would be."**]**

— — — Enter value

888 DOES NOT SPEND ANY TIME USING ELECTRONIC DEVICES

777 Don't know/Not sure

999 Refused

**[CATI: IF K17Q04a = 777, 999 THEN GO TO K17Q05; IF K17Q04a = 888 THEN GO TO [K17Q04bv.](#)]**

K17Q04b. MARK PERIOD

1 MINUTES

2 HOURS

K17Q04bv. Interviewer you indicated that (CHILD) spends **[CATI INSERT K17Q04a K17Q04b]** a day **[CATI: IF K17Q04a = 888, show** "does NOT spend ANY time using electronic devices."**]** using computers, cell phones, handheld video games, and other electronic devices. Is this correct?

1 Yes correct as is.

2 No, (will skip to K17Q04a to reask)

**[CATI IF (K17Q04a > 12) AND (K17Q04b = 2) THEN GO TO [K17Q04bb.](#) ELSE GO TO K17Q05.]**

K17Q04bb. Interviewer you indicated that (CHILD) plays video games, computer games or uses the Internet **[CATI INSERT K17Q04a K17Q04b]** a day. This is NOT an allowed value.

1 Skip to K17Q04a to reask.

K17Q07 How would you rate your child's level of physical activity, compared to others of the same age and sex?

1 Much less than others

2 Somewhat less than others

3 About the same

4 Somewhat more than others

5 Much more than others

K17Q08 How would you rate your child's athletic coordination, compared to others of the same age and sex?

- 1 Much less coordinated
- 2 Somewhat less coordinated
- 3 About the same
- 4 Somewhat more coordinated
- 5 Much more coordinated

K17Q09 How much does your child enjoy physical activity?

- 1 A great deal
- 2 Somewhat
- 3 Not too much
- 4 Not at all

K17Q10 How much does your child enjoy physical education (PE) classes at school?

- 1 A great deal
- 2 Somewhat
- 3 Not too much
- 4 Not at all
- 5 Not enrolled in PE

K17Q11 What does your child do when she or he has a choice about how to spend recreational time?

- 1 Almost always chooses activities like TV, reading, listening to music, or computers
- 2 Usually chooses activities like TV, reading, listening to music, or computers
- 3 Just as likely to choose active as inactive recreation
- 4 Usually chooses activities like bicycling, dancing, outdoor games, or active sports
- 5 Almost always chooses activities like bicycling, dancing, outdoor games, or active sports

K17Q12 Within the past year, in how many organized sports and/or physically active classes or lessons (dance, gymnastics, karate, tennis, etc.) did your child participate?

\_\_ : Number of organized sports or physically active classes/lessons (88= None)

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

K17Q13a On average, how much time does your child spend each day walking, bicycling, or skating to and from school?

**[NOTE:** Average weekday, "On average, or think about a week and what the average would be."]

\_\_\_ Enter value

- 888 DOES NOT SPEND ANY TIME WALKING, BICYCLING, OR SKATING TO AND FROM SCHOOL
- 777 Don't know/Not sure
- 999 Refused

**[CATI: IF K17Q13a = 777, 999 THEN GO TO K17Q14; IF K17Q13a = 888 THEN GO TO K17Q13bv.]**

K17Q13b. MARK PERIOD

- 1 MINUTES
- 2 HOURS

K17Q13bv. Interviewer you indicated that (CHILD) spends **[CATI INSERT K17Q13a K17Q13b]** a day **[CATI: IF K17Q13a = 888, show “does NOT spend ANY time walking, bicycling, or skating to and from school.”]** walking, bicycling, or skating to and from school. Is this correct?

- 1 Yes correct as is.
- 2 No, (will skip to K17Q14a to reask)

K17Q14a On a typical weekday, how much time would you say your child spends outdoors (other than at school)?

**[NOTE: Average weekday, “On average, or think about a week and what the average would be.”]**

\_\_\_ Enter value

- 888 DOES NOT SPEND ANY OUTDOORS
- 777 Don't know/Not sure
- 999 Refused

**[CATI: IF K17Q14a = 777, 999 THEN GO TO K17Q15; IF K17Q14a = 888 THEN GO TO K17Q14bv.]**

K17Q14b. MARK PERIOD

- 1 MINUTES
- 2 HOURS

K17Q14bv. Interviewer you indicated that (CHILD) spends **[CATI INSERT K17Q14a K17Q14b]** a day **[CATI: IF K17Q14a = 888, show “does NOT spend ANY time outdoors.”]** outdoors. Is this correct?

- 1 Yes correct as is.
- 2 No, (will skip to K17Q14a to reask)

K17Q15a On a typical weekend day, how much time would you say your child spends outdoors?

**[NOTE:** Average weekend, “On average, or think about a week and what the average would be.”]

— — — Enter value

- 888 DOES NOT SPEND ANY TIME OUTDOORS
- 777 Don't know/Not sure
- 999 Refused

**[CATI: IF K17Q15a = 777, 999 THEN GO TO K17Q17; IF K17Q15a = 888 THEN GO TO K17Q15bv.]**

K17Q15b. MARK PERIOD

- 1 MINUTES
- 2 HOURS

K17Q15bv. Interviewer you indicated that (CHILD) spends **[CATI INSERT K17Q15a K17Q15b]** a day **[CATI: IF K17Q15a = 888, show “does NOT spend ANY time outdoors.”]** outdoors. Is this correct?

- 1 Yes correct as is.
- 2 No, (will skip to K17Q15a to reask)

**[QUESTION STEM:** At which of the following locations has your child done physical activities or sports during the past month?]

K17Q16a School grounds

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

K17Q16b Park or playground

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

K17Q16c Neighborhood

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

- K17Q16d After-school care
- 1 Yes
  - 2 No
  
  - 7 Don't know/Not sure
  - 9 Refused

**[NOTE: 'Commercial Facility' refers to dance studios, bowling alleys, health clubs, etc]**

- K17Q16e Commercial Facility
- 1 Yes
  - 2 No
  
  - 7 Don't know/Not sure
  - 8 Refused

- K17Q16f Public Recreation Center
- 1 Yes
  - 2 No
  
  - 7 Don't know/Not sure
  - 9 Refused

- K17Q16g Church
- 1 Yes
  - 2 No
  
  - 7 Don't know/Not sure
  - 9 Refused

K17Q17a How far from your home is the nearest public park or playground where your child can be active or play sports?

- 1 Less than 5 minutes
- 2 Between 5 and 10 minutes
- 3 Between 10 and 20 minutes
- 4 Between 20 and 30 minutes
- 5 Longer than 30 minutes
  
- 8 THERE IS NO PUBLIC PARK OR PLAYGROUND NEAR MY HOME
- 7 Don't know/Not sure
- 9 Refused

**[CATI: IF K17Q17a = 7, 9 THEN GO TO K17Q17c; IF K17Q14a = 8 THEN GO TO K17Q18.]**

- K17Q17b Do you walk or drive to this public park or playground?
- 1 WALK
  - 2 DRIVE

3 SOME OTHER WAY

4 Don't Know/Not sure

5 Refused

K17Q17c Do you know the name of this park or playground?

---

K17Q17d This park or playground has a reputation of being:

1 Very unsafe

2 Somewhat unsafe

3 Somewhat safe

4 Very safe

K17Q17e How often does this child go to this park or playground?

1 Never

2 1 to 2 times per month

3 3 to 7 times per month

4 8 to 14 times per month

5 14 or more times per month

K17Q18 You often see other children playing outdoors in my neighborhood.

1 Disagree A Lot

2 Disagree A Little

3 Agree A Little

4 Agree A Lot

K17Q19 It is safe for this child to play outdoors with other children in the neighborhood without adult supervision.

1 Disagree A Lot

2 Disagree A Little

3 Agree A Little

4 Agree A Lot

K17Q20 In my home or yard, my child has access to the following

**[INTERVIEWER: Check all that apply.]**

1 Basketball Hoop/ Sports Goal

2 Big yard/ Empty Field

3 Indoor Play space

4 Cardio Equipment (treadmill/bike...)

5 Jungle Gym/ Tree house

6 Wheeled Toys (scooter, bike, skates, skateboard)

7 Active Equipment (balls, jump ropes, Frisbees, racquets)

8 Swimming Pool

9 Trampoline

10 Weight lifting Equipment

- 11 Bicycle
- 12 Exercise Videos
- 13 Swings/Slides
- 14 Other
- 15 None
  
- 16 Don't know/Not sure
- 17 Refused

## **Section 18: Parent Reaction to Child Weight**

---

- K18Q01. How would you describe your child's weight? Would you say: very overweight, somewhat overweight, healthy weight, somewhat underweight, or very underweight?
- 1 Very overweight
  - 2 Somewhat overweight
  - 3 Healthy weight
  - 4 Somewhat underweight
  - 5 Very underweight
  
  - 7 Don't know/Not sure
  - 9 Refused

## **Section 19: Food Insecurity**

---

[CATI: IF CHILD AGE > 5, GO TO [K19Q02](#)]

- K19Q01. Is (CHILD) currently enrolled in the WIC program?

[NOTE: WIC stands for Women, Infants, and Children.]

- 1 Yes
  - 2 No
  
  - 7 Don't know/Not sure
  - 9 Refused
- K19Q02. Is your household currently enrolled in the Food Stamp Program or the Supplemental Nutritional Assistance Program also known as SNAP?

[INTERVIEWER NOTE: If respondent is unsure ask "Do you use an Electronic Benefit Transfer (EBT) card to purchase certain products?".

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

9 Refused

[CATI: IF CHILD AGE < 1, GO TO [NEXT SECTION](#)]

[CATI: If K08Q06 ≠ 1, 2 (child not in Public or Private school) or K03Q04=15 (child not in school) GO TO K19Q05.]

K19Q03. During the past 12 months, did (CHILD) receive free or reduced-cost breakfasts or lunches at school?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

K19Q05. In the last 12 months, did you ever cut the size of (his/her) meals because there wasn't enough money for food?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

## Section 20: Family Involvement

---

K20Q01. How many times in a TYPICAL WEEK do members of your household eat a main meal together that was prepared at home?

[NOTE: 'main meal' = most substantial meal of the day.]

-- Number of times

88 None

77 Don't know/Not sure

99 Refused

[CATI: IF AGE > 6 THEN GO TO NEXT SECTION].

K20Q02. During the past week, how many days did you or other family members read to (CHILD)?

[NOTE: Reading stories includes books with words or pictures but not books read by or with the assistance of an audio tape, record, CD, or computer.]

-- Number of days (1 to 7 days, 77, 88, or 99)

88 None

77 Don't know/Not sure

## Section 21: Tobacco Indicators

---

K21Q01. Which of these best describes the rules about smoking inside the home where (CHILD) lives: smoking is NEVER allowed, smoking is SOMETIMES allowed or allowed in some places, or smoking is ALWAYS allowed inside where (s/he) lives?

**[NOTE: 'home' refers to the place or places where the child lives including a house, apartment, condo, trailer or other place of residence.]**

- 1 Never allowed inside the home where the child lives
- 2 Sometimes allowed or allowed in some places where the child lives
- 3 Always allowed inside the home where the child lives
  
- 7 Don't know/Not sure
- 9 Refused

**[CATI: IF AGE <7 THEN GO TO K21Q03].**

K21Q02 How often have you discussed the dangers of tobacco use with (CHILD) in the last 12 months?

(CATI responses, if needed)

\_\_\_: Enter value. Ex. 112 = 12 days, 205 = five weeks.

- 1\_\_ Times per day
- 2\_\_ Times per week
- 3\_\_ Times per month
- 4\_\_ Times per year

888 Never  
777 Don't know / Not sure  
999 Refused

K21Q03 Do you feel well prepared to talk with (CHILD) about reducing the chances of smoking?

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

## Section 24: Height/Weight Follow-up

---

Finally, we have a couple of follow-up questions on your child's height and weight. For research purposes, we need to gather information that is as up-to-date and accurate as possible.

K24Q01. During the next few days, could you (weigh/measure) (CHILD) and tell us the results? You could call us or we could call you.

- 1 Yes, respondent will call Survey Lab **[GO TO [K24Q02a](#)]**
- 2 Yes, Survey Lab to call the respondent **[schedule callback]**
- 3 No, not willing to weigh/measure
- 4 No way to weigh/measure child
  
- 7 Don't know/not sure
- 9 Refused

K24Q02a. Please call our toll-free number, 1-800-476-3803, in the next few days and provide the person who answers the phone with your phone number and (CHILD)'s (height/weight). If no one answers, please leave this information on our voice mail. Thanks for your cooperation.

**CATI: GO TO [CLOSING STATEMENT](#).**

## Height/Weight Call-back Script

K24Q03. Hello. This is (interviewer name) calling from the SC Department of Health and Environmental Control. Recently you completed our study on children's health in South Carolina and I'm calling back to see if you've had a chance to **[CATI FILL: "weigh" if K04Q01a = 7777 or K04Q01b = 1, 2, 6, 7, 9; "measure" if K04Q02a = 7777 or K04Q02b = 1,2,6,7,9; "weigh and measure" if K04Q01a =7777 or K04Q01b = 1, 2, 6, 7, 9 AND K04Q02a = 7777 or K04Q02b = 1,2,6,7,9]** (CHILD)?

- 1 Parent has child's weight only **[Go to K24Q01; schedule callback for height]**
- 2 Parent has child's height only **[Go to K24Q01; schedule a callback for weight]**
- 3 Parent has child's weight and height
- 4 Has neither **[schedule a callback]**

K24Q04. How much does (CHILD) weigh now?

**[NOTE: If respondent's answer is metric place a '9' in the first position, see example below. Round fractions up.]**

\_\_ \_ Enter weight in whole pounds or kilograms  
(Ex. 99 lbs = 0099, 45 kg = 9045)

**[CATI: If weight < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex then show: "Interviewer you indicated the child weighs [CATI FILL: K25Q04]. IS THIS CORRECT?" Yes, correct as is -GO TO K24Q05; No, reask question – GO TO K24Q04.]**

K24Q05. How tall is (CHILD)?

**[INTERVIEWER NOTE:** If respondent's answer is metric place a '9' in the first position, see example below. Round fractions down.]

\_\_\_ Enter height in feet and inches (Ex. 5 feet 9 inches = 509)  
or meters and centimeters (Ex. 1 meter 75 centimeters = 9175)

**[CATI: If height < 3<sup>rd</sup> percentile for age/sex or > 97<sup>th</sup> percentile for age/sex show:**  
"Interviewer you indicated that (CHILD) was [CATI FILL: K24Q05] tall. IS THIS CORRECT?"  
**Yes, correct as is -CONTINUE; No, reask question – GO TO K24Q05.]**