



**South Carolina
Children’s Health Assessment Survey
SC CHAS 2019 Survey**

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CHAS Introductory Script

- IntroQst. HELLO, my name is (interviewer name) and I'm calling for 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 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 10-15 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: General Information

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

K01Q02. 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]

Section 2: Weight/Height

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

K02Q01a. 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 K02Q02a]**
 9 9 9 9 Refused **[GO TO K02Q02a]**

K02Q01b. 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

K02Q02a. 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 K02Q03]**
 9 9 9 9 Refused **[GO TO K02Q03]**

K02Q02b. How did you arrive at **[CATI FILL: K02Q02a]** 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

K02Q03. During the past year, has your child's physician or another health professional told you that your child was overweight or obese?

- 1 Yes
- 2 No

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

K02Q04a. In the past year, has your child's physician or another health care professional discussed your child's weight with you?

- 1 Yes
- 2 No [GO TO K03Q01]

- 7 Don't know/Not sure [GO TO K03Q01]
- 9 Refused [GO TO K03Q01]

K02Q04b. If yes, what did he/she advise you about your child's weight?

- 1 Underweight
- 2 Healthy Weight
- 3 Overweight
- 4 Obese

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

Section 3: Health Care Access and Utilization

These next questions are about health insurance.

K03Q01. Does (CHILD) currently 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, First Choice by Select Health of SC, WellCare, or Molina Healthcare of SC.]

- 1 Yes
- 2 No [GO TO K03Q03]

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

K03Q02. During the past 12 months was there any time when (he/she) was not covered by ANY health insurance?

1 Yes [GO TO K03Q03]

2 No [GO TO K03Q04]

7 Don't know/Not sure [GO TO K03Q04]

9 Refused [GO TO K03Q04]

K03Q03. What was the MAIN reason that (CHILD) [(if K06Q01 = 2) does]/[(if K06Q02 = 1) did] not have health insurance coverage?

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

K03Q04. 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

K03Q05. In the past 12 months, did you [or another adult in your household] take (CHILD) to the doctor or any health professional?

- 1 Yes
- 2 No

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

Section 4: Immunizations

[CATI: If AGEYRS < 10 THEN GO TO K04Q07.]

Human papillomavirus (Human Pap·uh·loh·muh Virus) or HPV can cause genital warts or certain cancers in both males and females. A vaccine to prevent HPV infection and HPV associated cancers is available that some people call the HPV shot or Gardasil. I'll call it the HPV vaccine.

K04Q08. Has a doctor or healthcare professional ever recommended that (CHILD) receive HPV shots?

- 1 Yes
- 2 No **[GO TO K04Q03]**

- 7 Don't know/not sure **[GO TO K04Q03]**
- 9 Refused **[GO TO K04Q03]**

K04Q09. At what age did the doctor or healthcare professional recommend that (CHILD) should start receiving the HPV shots?

- 1 Before age 11
- 2 11 or 12 years of age
- 3 13 or 14 years of age
- 4 15 or 16 years of age
- 5 17 or 18 years of age
- 6 After 18 years of age
- 7 No specific age was recommended or discussed

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

K04Q03. Has (CHILD) had any shots of the HPV vaccine?

- 1 Yes **[GO TO K04Q06]**
- 2 No

- 7 Don't know/Not sure **[GO TO K04Q07]**
- 9 Refused **[GO TO K04Q07]**

K04Q04. What is the MAIN reason (CHILD) has NOT received the HPV vaccine?
[NOTE: If needed, say: "Is there any reason...(PAUSE)...for example, the child hasn't been to the doctor recently, the vaccine costs too much, you don't believe the child needs the vaccine, or you need more information about it?"]

- 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 for not getting shot)
- 10 Because of religious reasons
- 11 Child too young/ not old enough
- 12 Child is afraid of getting shots
- 13 Child is not sexually active
- 14 Child was sick
- 15 Plan to/ have appointment to get shot
- 16 Didn't know it was for boys
- 17 Other (Specify: K07Q04ot)
- 77 Don't know/Not sure
- 99 Refused

K04Q05. How likely are you to get the HPV vaccine for (CHILD) in the next 12 months? Would you say you definitely won't, probably won't, probably will, or definitely will?

- 1 Definitely won't [GO TO K04Q07]
- 2 Probably won't [GO TO K04Q07]
- 3 Probably will [GO TO K04Q07]
- 4 Definitely will [GO TO K04Q07]
- 7 Don't know/Not sure
- 9 Refused

K04Q06. How many shots of the HPV vaccine has (CHILD) had?

- 1 1 shot
- 2 2 shots
- 3 3 shots
- 4 At least one shot, but not sure how many
- 7 Don't know/Not sure
- 9 Refused

K04Q07. During the past 12 months, has (CHILD) had a flu shot?

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

- 1 Yes
- 2 No

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

K04Q10. 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 K07Q09]**
- 2 No
- 3 Never heard of vaccine **[GO TO K07Q09]**

- 7 Don't know/Not sure **[GO TO K07Q09]**
- 9 Refused **[GO TOK07Q09]**

K04Q11 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

K04Q12 Has (CHILD) ever had a tetanus and pertussis (whooping cough) booster shot?

[PROBE: If no, then ask: ‘Have you ever heard of the tetanus and whooping cough booster shot?’]

[NOTE: Tetanus and whooping cough booster shot is also called Tdap.]

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

K04Q13 What is the MAIN reason (CHILD) has NOT received a tetanus and whooping cough booster shot (Tdap)?

[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 5: Demographics

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

K05Q01. Is (CHILD) Hispanic or Latino?

- 1 Yes

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

K05Q02. 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]

K05Q03. 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

K05Q04. 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 K05Q04 = 77,99 & ANS = 77,99 THEN GO TO KnoAge.]

KnoAge

c_grade. 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 |
| 99 | Refused |

[If K03Q03 = 77,99 then CHILD AGE is coded by grade]Thank you very much, but we are only interviewing children of a certain age. **STOP**

K05Q05. 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 |

K05Q06. What is your age?

_____ Enter value (in years)

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

K05Q07. 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

Section 6: Child Health Conditions

These next questions are about health conditions.

K06Q01. Has a doctor or health professional ever told you that (CHILD) has diabetes or high blood sugar?

- 1 Yes [GO TO K06Q03]
- 2 No

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

K06Q02. 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 K06Q04]

K06Q03. 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

K06Q04. 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 7: 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.

K07Q01. 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 K07Q04]**

7 Don't know/Not sure **[GO TO K07Q04]**

9 Refused **[GO TO K07Q04]**

K07Q02. 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

K07Q03. 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

K07Q04 Does (CHILD) need or use more medical care, **[CATI: If age ≥ 2 yrs, SHOW: “mental health or educational services”]** than is usual for most children of the same age?

- 1 Yes
- 2 No **[GO TO K07Q07]**

- 7 Don't know/Not sure **[GO TO K07Q07]**
- 9 Refused **[GO TO K07Q07]**

[NOTE: This refers to a current condition. The respondent should only reply with ‘Yes’ if the child currently has a special health care need.]

K07Q05. Is (CHILD)’s need for medical care, **[CATI: If age ≥ 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

K07Q06. 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

K07Q07. 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 K07Q10]**

- 7 Don't know/Not sure **[GO TO K07Q10]**
- 9 Refused **[GO TO K07Q10]**

K07Q08. 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

K07Q09. 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

K07Q10. 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 INSTRUCTIONS BEFORE K07Q15a]**

7 Don't know/Not sure **[GO TO INSTRUCTIONS BEFORE K07Q15a]**

9 Refused **[GO TO INSTRUCTIONS BEFORE K07Q15a]**

K07Q11. 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

K07Q12. 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

[CATI: IF K07Q01=2 AND K07Q04=2 AND K07Q07=2 AND K07Q10=2 THEN GO TO [NEXT SECTION](#), K08Q01.]

[CATI: IF CHILD AGE < 5, GO TO K07Q19a]

Now I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that [CHILD] had the condition, even if (he/she) does not have the condition now.

K07Q15a. First, Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD?

- 1 Yes
- 2 No

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

[CATI INSTRUCTION: IF K07Q15a IS NOT "1," THEN GO TO K07Q16a.]

K07Q15b. Does [CHILD] currently have ADD or ADHD?

- 1 Yes
- 2 No **[GO TO K07Q16A]**

- 77 Don't know/Not sure **[GO TO K07Q16A]**
- 99 Refused **[GO TO K07Q16A]**

K07Q15c. Would you describe [his/her] ADD or ADHD as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

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

K07Q16a. Has a doctor or other health care provider ever told you that CHILD had Depression?

- 1 Yes
- 2 No

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

[CATI INSTRUCTION: IF K07Q16a IS NOT "1," THEN GO TO K07Q17a.]

K07Q16b. Does [CHILD] currently have Depression?

- 1 Yes
- 2 No [GO TO K07Q17A]

- 77 Don't know/Not sure [GO TO K07Q17A]
- 99 Refused [GO TO K07Q17A]

K07Q16c. Would you describe [his/her] Depression mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

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

K07Q17a. Has a doctor or other health care provider ever told you that CHILD had Anxiety Problems?

- 1 Yes
- 2 No

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

[CATI INSTRUCTION: IF K07Q17a IS NOT "1," THEN GO TO K07Q18a.]

K07Q17b. Does [CHILD] currently have Anxiety problems?

- 1 Yes
- 2 No [GO TO K07Q18A]

- 77 Don't know/Not sure [GO TO K07Q18A]
- 99 Refused [GO TO K07Q18A]

K07Q17c. Would you describe [his/her] Anxiety problems as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

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

K07Q18a. Has a doctor or other health care provider ever told you that CHILD had Behavioral Conduct Problems?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

[CATI INSTRUCTION: IF K07Q18a IS NOT "1," THEN GO TO K07Q19a.]

K07Q18b. Does [CHILD] currently have Behavioral Conduct Problems?

1 Yes

2 No **[GO TO K07Q19A]**

77 Don't know/Not sure **[GO TO K07Q19A]**

99 Refused **[GO TO K07Q19A]**

K07Q18c. Would you describe [his/her] Behavioral Conduct Problems as mild, moderate, or severe?

1 Mild

2 Moderate

3 Severe

7 Don't know/Not sure

8 Refused

K07Q19a. (Has a doctor or other health care provider) ever told you that CHILD had Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

[CATI INSTRUCTION: IF K07Q19a IS NOT "1," THEN GO TO K07Q20a.]

K07Q19b. Does [CHILD] currently have autism or an autism spectrum disorder?

1 Yes

2 No **[GO TO K07Q20A]**

77 Don't know/Not sure **[GO TO K07Q20A]**

99 Refused **[GO TO K07Q20A]**

K07Q19c. Would you describe [his/her] autism or an autism spectrum disorder as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

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

K07Q20a. (Has a doctor or other health care provider) ever told you that CHILD had Any developmental delay that affects (his/her) ability to learn?

- 1 Yes
- 2 No

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

[CATI INSTRUCTION: IF K07Q20a IS NOT "1," THEN GO TO K07Q21a.]

K07Q20b. Does [CHILD] currently have developmental delay?

- 1 Yes
- 2 No **[GO TO K07Q21A]**

- 77 Don't know/Not sure **[GO TO K07Q21A]**
- 99 Refused **[GO TO K07Q21A]**

K07Q20c. Would you describe [his/her] developmental delay as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

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

K07Q21a. (Has a doctor or other health care provider) ever told you that CHILD had Intellectual disability or mental retardation?

- 1 Yes
- 2 No
- 77 Don't know/Not sure
- 99 Refused

[CATI INSTRUCTION: IF K07Q21a IS NOT "1," THEN GO TO K07Q22a.]

K07Q21b. Does [CHILD] currently have Intellectual disability or mental retardation?

- 1 Yes
- 2 No [GO TO K07Q22A]

- 77 Don't know/Not sure [GO TO K07Q22A]
- 99 Refused [GO TO K07Q22A]

K07Q21c. Would you describe [his/her] Intellectual disability as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

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

K07Q22a. (Has a doctor or other health care provider) ever told you that CHILD had Epilepsy or seizure disorder?

- 1 Yes
- 2 No

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

[CATI INSTRUCTION: IF K07Q22a IS NOT "1," THEN GO TO K07Q23a.]

K07Q22b. Does [CHILD] currently have epilepsy or seizure disorder?

- 1 Yes
- 2 No [GO TO K07Q23A]

- 77 Don't know/Not sure [GO TO K07Q23A]
- 99 Refused [GO TO K07Q23A]

K07Q22c. Would you describe [his/her] epilepsy or seizure disorder as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

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

K07Q23a. (Has a doctor or other health care provider) ever told you that CHILD had Migraines or frequent headaches?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

[CATI INSTRUCTION: IF K07Q23a IS NOT "1," THEN GO TO K07Q24a.]

K07Q23b. Does [CHILD] currently have Migraines or frequent headaches?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K07Q24a. (Has a doctor or other health care provider) ever told you that CHILD had A head injury, concussion, or traumatic brain injury?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

[CATI INSTRUCTION: IF K07Q24a IS NOT "1," THEN GO TO K07Q25a.]

K07Q24b. Does [CHILD] currently have A head injury, concussion, or traumatic brain injury?

1 Yes

2 No **[GO TO K07Q25A]**

77 Don't know/Not sure **[GO TO K07Q25A]**

99 Refused **[GO TO K07Q25A]**

K07Q24c. Would you describe [his/her] injury as mild, moderate, or severe?

1 Mild

2 Moderate

3 Severe

7 Don't know/Not sure

8 Refused

K07Q25a. (Has a doctor or other health care provider) ever told you that CHILD had a Heart problem, including congenital (CUN-JIN-IT-TULL) heart disease?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

[CATI INSTRUCTION: IF K07Q25a IS NOT "1," THEN GO TO K07Q26a.]

K07Q25b. Does [CHILD] currently have a Heart problem, including congenital heart disease?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

K07Q26a. (Has a doctor or other health care provider) ever told you that CHILD had Blood problems such as anemia or sickle cell disease? Please do not include Sickle Cell Trait?

1 Yes

2 No

77 Don't know/Not sure

99 Refused

[CATI INSTRUCTION: IF K07Q26a IS NOT "1," THEN GO TO K07Q27a.]

K07Q26b. Does [CHILD] currently have a blood problem?

1 Yes

2 No **[GO TO K07Q27A]**

77 Don't know/Not sure **[GO TO K07Q27A]**

99 Refused **[GO TO K07Q27A]**

NOTE: Only asked if YES to K07Q26A and K07Q26B (child currently has a blood problem).

K07Q26c. Are (his/her) blood problems related to anemia, sickle cell disease, hemophilia (HEE-MUH-FEE-LEE-UH), or something else?

1 Anemia

2 Sickle Cell Disease

3 Hemophilia

4 Something Else

77 Don't know/Not sure
99 Refused

K07Q27a. (Has a doctor or other health care provider) ever told you that CHILD had Cystic Fibrosis (SIS-TIK FIBE-BRO-SIS)?

1 Yes
2 No

77 Don't know/Not sure
99 Refused

[CATI INSTRUCTION: IF K07Q27a IS NOT "1," THEN GO TO K07Q28a.]

K07Q27b. Does [CHILD] currently have Cystic Fibrosis (SIS-TIK FIBE-BRO-SIS)?

1 Yes
2 No

77 Don't know/Not sure
99 Refused

K07Q28a. (Has a doctor or other health care provider) ever told you that CHILD had Cerebral Palsy (SUH-REE-BRUHL PAWL-ZEE)?

1 Yes
2 No

77 Don't know/Not sure
99 Refused

[CATI INSTRUCTION: IF K07Q28a IS NOT "1," THEN GO TO K07Q29a.]

K07Q28b. Does [CHILD] currently have Cerebral Palsy (SUH-REE-BRUHL PAWL-ZEE)?

1 Yes
2 No

77 Don't know/Not sure
99 Refused

K07Q29a. (Has a doctor or other health care provider) ever told you that CHILD had Muscular Dystrophy (DISS-TRUH-FEE)?

1 Yes
2 No

77 Don't know/Not sure
99 Refused

[CATI INSTRUCTION: IF K07Q29a IS NOT "1," THEN GO TO K07Q30.]

K07Q29b. Does [CHILD] currently have Muscular Dystrophy (DISS-TRUH-FEE)?

- 1 Yes
- 2 No

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

K07Q30. (Has a doctor or other health care provider) ever told you that CHILD had Down Syndrome

- 1 Yes
- 2 No

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

K07Q31a. (Has a doctor or other health care provider) ever told you that CHILD had Arthritis or other joint problems?

- 1 Yes
- 2 No

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

[CATI INSTRUCTION: IF K07Q31a IS NOT "1," THEN GO TO K07Q32a.]

K07Q31b. Does [CHILD] currently have Arthritis or other joint problems?

- 1 Yes
- 2 No

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

K07Q32a. (Has a doctor or other health care provider) ever told you that CHILD had Allergies?

- 1 Yes
- 2 No

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

[CATI INSTRUCTION: IF K07Q32a IS NOT "1," THEN GO TO K07Q33]

K07Q32b. Does [CHILD] currently have Allergies?

- 1 Yes
- 2 No [GO TO K07Q33]

- 77 Don't know/Not sure [GO TO K07Q33]
- 99 Refused [GO TO K07Q33]

K07Q32c. Are any of these food allergies?

- 1 Yes
- 2 No

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

K07Q33. Does anyone help you arrange or coordinate (CHILD)'s care among the different doctors or services that (he/she) uses?

- 1 Yes
- 2 No

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

K07Q43. How many hours per week do you or other family members spend arranging or coordinating (CHILD)'s care? By this I mean making appointments, making sure that care providers are exchanging information, and following up on (CHILD)'s care needs.

- ___ ___ Hours Per Week
- 0 None / Less Than One Hour
- 168 Around The Clock

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

Section 8: Oral Health

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

K08Q01. How would you rate the condition of (CHILD)'s teeth? Would you say their condition 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

K08Q02. Does (s/he) have a dentist or dental clinic where (s/he) goes regularly?

- 1 Yes
- 2 No

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

K08Q03. About how long has it been since (CHILD) last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

[Please read 1-6.]

- 1 Never
- 2 6 months or less
- 3 More than 6 months, but not more than 1 year ago
- 4 More than 1 year, but not more than 2 years ago
- 5 More than 2 years, but not more than 5 years ago
- 6 More than 5 years ago

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

Section 9: Nutrition

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

[CATI: IF K05Q04a = 888, GO TO K09Q06]

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

K09Q01. 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

K09Q02. 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

K09Q03. 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

K09Q04. 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

K09Q05. 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

K09Q06. 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.

K09Q06a. 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

K09Q06b. 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

K09Q06c. 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 10: Physical Activity

[CATI: IF CHILD AGE < 2, GO TO K22Q01]

K10Q01. 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 but less than 1 hour
- 4 1 hour but less than 2 hours
- 5 2 hours but less than 3 hours
- 6 3 hours or more

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

K10Q02. 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 roller skating; 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

K10Q03a. 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 a typical weekday, what do you think the average would be.”]

[NOTE: TIME SPENT WATCHING PROGRAMS ON AN IPAD SHOULD *NOT* BE COUNTED AS TIME SPENT IN FRONT OF A TV.]

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

[CATI: IF K10Q03a = 777, 999 THEN GO TO [K10Q04a](#);

K10Q03b. MARK PERIOD

1 MINUTES
2 HOURS

[CATI IF (K10Q03a > 12) AND (K10Q03b = 2) THEN GO TO K10Q03bb. ELSE GO TO K10Q04a.]

K10Q03bb. Interviewer you indicated that (CHILD) watched TV, videos or DVD's **[CATI INSERT K10Q03a K10Q03b]** a day. This is NOT an allowed value.

1 GO to K10Q03a to re-ask.

K10Q04a. On an average weekday, about how much time does (CHILD) usually spend with computers, cell phones, handheld video games, and other electronic devices doing things other than school work?

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

[NOTE: TIME SPENT WATCH PROGRAMS ON AN IPAD COUNTS AS TIME SPENT WITH AN ELECTRONIC DEVICE.]

___ Enter value
888 DOES NOT SPEND ANY TIME USING ELECTRONIC DEVICES
777 Don't know/Not sure
999 Refused

[CATI: IF K10Q04a = 777, 999 THEN GO TO K10Q05; IF K10Q04a = 888 THEN GO TO K10Q04bv.]

K10Q04b. MARK PERIOD

1 MINUTES
2 HOURS

K10Q04bv. Interviewer you indicated that (CHILD) spends **[CATI INSERT K10Q04a K10Q04b]** a day **[CATI: IF K10Q04a = 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 GO to K10Q04a to reask)

[CATI IF (K10Q04a > 12) AND (K10Q04b = 2) THEN GO TO K10Q04bb. ELSE GO TO K10Q05.]

K10Q04bb. Interviewer you indicated that (CHILD) plays video games, computer games or uses the Internet **[CATI INSERT K10Q04a K10Q04b]** a day. This is NOT an allowed value.

- 1 GO to K10Q04a to reask.

K10Q05. Do any schools in your community allow people to use the school playing fields, playgrounds, or athletic facilities for their own personal exercise or recreation?

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

K10Q06. In the past 12 months, how often did you or your child use these school playing fields, playgrounds, or athletic facilities for personal exercise or recreation? Would you say at least once a week, once a month, a few times a year or never?

- 1 At least once a week
- 2 At least once a month
- 3 A few times per year
- 4 Never
- 7 Don't know/Not sure
- 9 Refused

Section 11: Tobacco Indicators

K11Q01. 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

[\[CATI INSTRUCTION: IF K03Q05 IS NOT "1", THEN GO TO K12Q01\]](#)

K11Q03. Did the doctor or health professional ask you [or the adult who brought (CHILD) to the doctor] about your smoking status?

- 1 Yes
- 2 No

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

[\[CATI INSTRUCTION: IF K11Q03 IS NOT "1", THEN GO TO K12Q01\]](#)

K11Q04. Did (CHILD)'s doctor or health professional advise you [or the adult who brought (CHILD) to the doctor] to quit smoking?

- 1 Yes
- 2 No
- 3 I don't [or he/she doesn't] smoke

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

K11Q05. Did (CHILD)'s doctor or health professional refer you [or the adult who brought (CHILD) to the doctor] to any resources for quitting tobacco?

[\[CATI INSTRUCTION: IF K11Q04 = "3", FILL K11Q05 = "3" AND GO TO K12Q01\]](#)

- 1 Yes
- 2 No
- 3 I don't [or he/she doesn't] smoke

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

Section 12: Abstinence Education

[CATI: ONLY ASK THESE QUESTIONS IF 'C_GRADE' = 4, 5, 6, 7, 8, 9, 10, 11, OR 12]

K12Q01. Has your child been invited to participate in formal instruction at school, church, a community center, or some other place about waiting until marriage to have sex?

[NOTE: Formal instruction includes things like classes, workshops, training sessions, and presentations.]

- 1 Yes
- 2 No [SKIP TO K25Q06]
- 7 Don't know/Not sure [SKIP TO K25Q06]
- 9 Refused [SKIP TO K25Q06]

K12Q04. Do you think that the instruction provided an opportunity for you and (CHILD) to talk about (HIS/HER) sexual development?

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

K12Q06. [CATI: Only ask those where 'C_GRADE' = 6, 7, 8, 9, 10, 11, OR 12] Would you be supportive of your child attending classes at school, church, or a community setting on the importance of waiting until marriage to have sex?

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

Section 13: 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.

K13Q01. 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 K13Q02a]**

- 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

K13Q02a. 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.

Height/Weight Call-back Script

K13Q03. 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 K13Q01; schedule callback for height**]
- 2 Parent has child's height only [**Go to K13Q01; schedule a callback for weight**]
- 3 Parent has child's weight and height
- 4 Has neither [**schedule a callback**]

K13Q04. 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 < 3rd percentile for age/sex or > 97th percentile for age/sex then show: "Interviewer you indicated the child weighs [CATI FILL: K13Q04]. IS THIS CORRECT?" Yes, correct as is -GO TO K13Q05; No, reask question – GO TO K13Q04.]

K13Q05. 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 < 3rd percentile for age/sex or > 97th percentile for age/sex show:
“Interviewer you indicated that (CHILD) was [CATI FILL: K13Q05] tall. IS THIS CORRECT?”
Yes, correct as is -CONTINUE; No, re-ask question – GO TO K13Q05.]**

Closing Statement

That’s my last question. Everyone’s answers will be combined to give us information about the health and health practices of South Carolina children.