RT 72

Section D — CHILD HEALTH

ITEM D1 — *Refer to household composition.*

☐ Child under 18 in family *(D2)*
☐ No child under 18 in family *(Section E)*

ITEM D2 — *Enter person number, first name, and age of sample child under 18.* — 3–4

Person number _____
First name _____
Age _____

Enter person number of respondent. — 5–6

Person number _____

ITEM D3 — *Refer to age.* — 7

1 ☐ Under 6 *(Intro above D4)*
2 ☐ 6–17 *(D5)*

These questions refer to *(read name)*, and are about various health topics, including immunizations that — — may have received. It would be helpful if we could refer to — — shot record.

ITEM D4 — *Refer to shot record* — 8

1 ☐ Available *(1)*
2 ☐ Not available *(7)*

1. Transcribe from shot record

Shot	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)
	RT 73 3–4		1 ☐ Measles 2 ☐ MMR 5 6–11	
1st	9–14 / /19 MO DAY YR	57–62 / /19 MO DAY YR	/ /19 MO DAY YR	26–31 / /19 MO DAY YR
2nd	15–20 / /19 MO DAY YR	63–68 / /19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 12 13–18 / /19 MO DAY YR	32–37 / /19 MO DAY YR
3rd	21–26 / /19 MO DAY YR	69–74 / /19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 19 20–25 / /19 MO DAY YR	38–43 / /19 MO DAY YR
4th	27–32 / /19 MO DAY YR	75–80 / /19 MO DAY YR		44–49 / /19 MO DAY YR
5th	33–38 / /19 MO DAY YR	81–86 / /19 MO DAY YR		
6th	39–44 / /19 MO DAY YR	87–92 / /19 MO DAY YR		
7th	45–50 / /19 MO DAY YR	93–98 / /19 MO DAY YR		
8th	51–56 / /19 MO DAY YR	99–104 / /19 MO DAY YR		

2. Are all the immunizations that — — ever received included on this shot record? — 50

1 ☐ Yes *(9)*
2 ☐ No } *(3)*
9 ☐ DK }

3a. Has — — ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)? — 51

1 ☐ Yes *(3b)*
2 ☐ No } *(4)*
9 ☐ DK }

b. How many additional DTP shots has — — received? — 52

_____ Shots
(Number)
9 ☐ DK

4a. Has — — ever received an additional polio vaccine by mouth (pink drops) or a polio shot? — 53

1 ☐ Yes *(4b)*
2 ☐ No } *(5)*
9 ☐ DK }

b. How many additional polio vaccines has — — received? — 54

_____ Vaccines
(Number)
9 ☐ DK

5a. Has — — ever received an additional measles or MMR (Measles - Mumps - Rubella) shot? — 55

1 ☐ Yes *(5b)*
2 ☐ No } *(6)*
9 ☐ DK }

b. How many additional measles or MMR shots has — — received? — 56

_____ Shots
(Number)
9 ☐ DK

FORM HIS-2 (1991) (1-23-91)

Section D — CHILD HEALTH — Continued

6 a. **Has — — ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.** — 57

1 ☐ Yes *(6b)*
2 ☐ No } *(9)*
9 ☐ DK

b. **How many additional HIB shots has — — received?** — 58

_____ (Number) Shots } *(9)*
9 ☐ DK

7. **Has — — ever received an immunization (that is a shot or drops)?** — 59

1 ☐ Yes *(8)*
2 ☐ No } *(9)*
9 ☐ DK

		Immunization			
8a. **Has — — ever received:**		**A DTP/DT shot (sometimes called a DPT shot, diptheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?**	**A polio vaccine by mouth (pink drops) or a polio shot?**	**A measles or MMR (Measles – Mumps – Rubella) shot?**	**An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)**
		1 ☐ Yes *(8b)* — 60 2 ☐ No } *(Next vaccine)* 9 ☐ DK	1 ☐ Yes *(8b)* — 86 2 ☐ No } *(Next vaccine)* 9 ☐ DK	1 ☐ Yes *(8b)* — 5 2 ☐ No } *(Next vaccine)* 9 ☐ DK	1 ☐ Yes *(8b)* — 19 2 ☐ No } *(9)* 9 ☐ DK
Ask 8b and c for each "Yes" in 8a. **b.** **At what age(s) did — — receive (additional) — — vaccine(s)?**	**1st**	61-63 _____ Age { 1 ☐ Months, 2 ☐ Years	87-89 _____ Age { 1 ☐ Months, 2 ☐ Years	6 1 ☐ Measles, 2 ☐ MMR — 7-9 _____ Age { 1 ☐ Months, 2 ☐ Years	20-22 _____ Age { 1 ☐ Months, 2 ☐ Years
	2nd	64-66 _____ Age { 1 ☐ Months, 2 ☐ Years	90-92 _____ Age { 1 ☐ Months, 2 ☐ Years	10 1 ☐ Measles, 2 ☐ MMR — 11-13 _____ Age { 1 ☐ Months, 2 ☐ Years	23-25 _____ Age { 1 ☐ Months, 2 ☐ Years
	3rd	67-69 _____ Age { 1 ☐ Months, 2 ☐ Years	93-95 _____ Age { 1 ☐ Months, 2 ☐ Years	14 1 ☐ Measles, 2 ☐ MMR — 15-17 _____ Age { 1 ☐ Months, 2 ☐ Years	26-28 _____ Age { 1 ☐ Months, 2 ☐ Years
	4th	70-72 _____ Age { 1 ☐ Months, 2 ☐ Years	96-98 _____ Age { 1 ☐ Months, 2 ☐ Years		29-31 _____ Age { 1 ☐ Months, 2 ☐ Years
	5th	73-75 _____ Age { 1 ☐ Months, 2 ☐ Years	99-101 _____ Age { 1 ☐ Months, 2 ☐ Years		
	6th	76-78 _____ Age { 1 ☐ Months, 2 ☐ Years	102-104 _____ Age { 1 ☐ Months, 2 ☐ Years		
	7th	79-81 _____ Age { 1 ☐ Months, 2 ☐ Years	105-107 _____ Age { 1 ☐ Months, 2 ☐ Years		
	8th	82-84 _____ Age { 1 ☐ Months, 2 ☐ Years	108-110 _____ Age { 1 ☐ Months, 2 ☐ Years		
c. **Has — — ever received any additional:**		**DTP/DT shots?** — 85 1 ☐ Yes *(Reask 8b and c)* 2 ☐ No } *(Next vaccine)* 9 ☐ DK	**Polio drops or shots?** — 111 1 ☐ Yes *(Reask 8b and c)* 2 ☐ No } *(Next vaccine)* 9 ☐ DK	**Measles/MMR shots?** — 18 1 ☐ Yes *(Reask 8b and c)* 2 ☐ No } *(Next vaccine)* 9 ☐ DK	**HIB shots?** — 32 1 ☐ Yes *(Reask 8b and c)* 2 ☐ No } *(9)* 9 ☐ DK

FORM HIS-2 (1991) (1-23-91)

Section D — CHILD HEALTH — Continued

9a. **DURING THE PAST 12 MONTHS, how many times has — — had diarrhea severe enough that — — had to cut down for more than half of the day on the things — — usually does?** — 33-34

00 ☐ None

_____ Times
(Number)

99 ☐ DK

b. **During the past 12 months, how many times has — — had a middle ear infection?** — 35-36

00 ☐ None

_____ Times
(Number)

99 ☐ DK

c. **During the past 12 months, did — — ever receive child care in a place that cares for MORE THAN 6 CHILDREN? This includes day care centers, preschool, nursery school, religious school, kindergarten, but does not include child care provided in this home.** — 37

1 ☐ Yes *(9d)*
2 ☐ No } *(D5)*
9 ☐ DK }

d. **In how many of the past 12 months did — — receive such child care?** — 38-39

_____ Months
(Number)

99 ☐ DK

e. **DURING THE PAST 2 WEEKS, did — — receive such child care?** — 40

1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM D5 *Refer to age.* — 41

1 ☐ Under 5 *(10)*
2 ☐ 5—15 *(11)*
3 ☐ 16—17 *(12)*

These next questions are about child safety.

10a. **Does — — now have a child safety seat?** — 42

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. **When riding in a car, is — — buckled in (a child safety seat or) a seat belt all or most of the time, some of the time, once in awhile, or never?** — 43

1 ☐ All or most of the time
2 ☐ Some of the time
3 ☐ Once in awhile
4 ☐ Never
5 ☐ Doesn't ride in car
9 ☐ DK
} *(D7)*

These next questions are about child safety.

11. **When riding in a car, does — — wear a seat belt all or most of the time, some of the time, once in awhile, or never?** — 44

1 ☐ All or most of the time
2 ☐ Some of the time
3 ☐ Once in awhile
4 ☐ Never
5 ☐ Doesn't ride in car
9 ☐ DK
} *(D6)*

These next questions are about child safety.

12. **When driving or riding in a car, does — — wear a seat belt all or most of the time, some of the time, once in awhile, or never?** — 45

1 ☐ All or most of the time
2 ☐ Some of the time
3 ☐ Once in awhile
4 ☐ Never
5 ☐ Doesn't ride in car
9 ☐ DK
} *(13)*

Notes

Section D — CHILD HEALTH — Continued

ITEM D6 — *Refer to age.*

46
1 ☐ 7–15 *(13)*
2 ☐ Under 7 *(D7)*

Hand Card D1. Read list if telephone interview.

13a. During the past 12 months, did — — play any of these ORGANIZED sports?

47
1 ☐ Yes *(13b)*
2 ☐ No
9 ☐ DK
(D7)

NOTE: Ask 13c and d for each activity marked "Yes" in 13b.

b. Which ones did — — play? *Mark "Yes" or "No" for each activity.*		**c. During the past 12 months, when (playing) *(sport in 13b)*, how often did — — wear a mouth guard to protect — — mouth and teeth — all or most of the time, some of the time, once in awhile, or never?**	**d. During the past 12 months, when (playing) *(sport in 13b)*, how often did — — wear protective headgear — all or most of the time, some of the time, once in awhile or never?**
(1) Football	48 1 ☐ Yes 2 ☐ No	49 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK	50 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK
(2) Baseball or softball	51 1 ☐ Yes 2 ☐ No	52 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK	53 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK
(3) Soccer	54 1 ☐ Yes 2 ☐ No	55 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK	56 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK
(4) Rugby	57 1 ☐ Yes 2 ☐ No	58 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK	59 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK
(5) Field or ice hockey	60 1 ☐ Yes 2 ☐ No	61 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK	62 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK
(6) Lacrosse	63 1 ☐ Yes 2 ☐ No	64 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK	65 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK
(7) Wrestling	66 1 ☐ Yes 2 ☐ No	67 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK	68 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK
(8) Boxing	69 1 ☐ Yes 2 ☐ No	70 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK	71 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK
(9) Karate or Judo	72 1 ☐ Yes 2 ☐ No	73 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK	74 1 ☐ All or most of the time 2 ☐ Some of the time 3 ☐ Once in awhile 4 ☐ Never 9 ☐ DK

Section D — CHILD HEALTH — Continued

ITEM D7 — *Refer to age.*

1 ☐ Under 6 months *(20)*
2 ☐ 6 months — 5 years *(14)*
3 ☐ 6+ years *(D9)*

75

These next questions are about bottle feeding.

14. Has —— ever been fed with a bottle? Do not include bottles with plain water.

1 ☐ Yes *(D8)*
2 ☐ No
9 ☐ DK
} *(D9)*

76

ITEM D8 — *Refer to age.*

1 ☐ Less than 2 years *(15b)*
2 ☐ 2—5 years *(15a)*

77

15a. Does —— still use a bottle? Do not include bottles with plain water.

1 ☐ Yes *(15b)*
2 ☐ No
9 ☐ DK
} *(D9)*

78

b. During the past 2 weeks, on how many days was —— put to sleep with a bottle at bedtime or naptime? Do not include bottles with plain water.

00 ☐ None

_____ Days
(Number)

99 ☐ DK

79-80

ITEM D9 — *Refer to age.*

1 ☐ 2—6 years *(16)*
8 ☐ Other *(D10)*

81

16. During the past 12 months, about how many visits did —— make to a dentist?

00 ☐ No visits

_____ Visits
(Number)

99 ☐ DK

82-83

ITEM D10 — *Refer to age.*

1 ☐ 5—17 years *(17)*
8 ☐ Other *(20)*

84

NOTE: Ask all of 17a before 17b.

The next questions are about how well —— is able to do certain activities.

17a. Because of a physical or mental health condition, does —— have any difficulty —

If "Doesn't do," ask before marking a box: **Is this because of a PHYSICAL OR MENTAL HEALTH condition?**
If "Yes," mark "Yes."
If "No," mark "Doesn't do"

Ask 17b for each activity marked "Yes" in 17a.

b. Does —— need help from another person *(activity in 17a)*?

	YES	NO	DOESN'T DO		YES	NO	DK	
(1) Getting around inside the home?	1 ☐	2 ☐	3 ☐	85	1 ☐	2 ☐	9 ☐	86
(2) Walking?	1 ☐	2 ☐	3 ☐	87	1 ☐	2 ☐	9 ☐	88
(3) Getting in or out of bed or chairs?	1 ☐	2 ☐	3 ☐	89	1 ☐	2 ☐	9 ☐	90
(4) Eating?	1 ☐	2 ☐	3 ☐	91	1 ☐	2 ☐	9 ☐	92
(5) Using the toilet, including getting to and from the toilet?	1 ☐	2 ☐	3 ☐	93	1 ☐	2 ☐	9 ☐	94
(6) Bathing or showering?	1 ☐	2 ☐	3 ☐	95	1 ☐	2 ☐	9 ☐	96
(7) Dressing?	1 ☐	2 ☐	3 ☐	97	1 ☐	2 ☐	9 ☐	98

18a. Because of a physical or mental health condition, is —— speech difficult to understand?

1 ☐ Yes *(18b)*
2 ☐ No
9 ☐ DK
} *(19)*

99

b. Can —— speech be understood AT ALL?

1 ☐ Yes
2 ☐ No
9 ☐ DK

100

19. Does —— have trouble seeing with one or both eyes EVEN when wearing glasses or contact lenses?

1 ☐ Yes
2 ☐ No
9 ☐ DK

101

20. Are you —— biological, adoptive, step , or foster [mother/father] or are you some other relative?

01 ☐ Biological mother
02 ☐ Adoptive mother
03 ☐ Step mother
04 ☐ Foster mother
05 ☐ Biological father
06 ☐ Adoptive father
07 ☐ Step father
08 ☐ Foster father
88 ☐ Other relative — *Specify* _____

98 ☐ Non-relative — *Specify* _____

102-103

FORM HIS-2 (1991) (1-23-91)