CHILD PREVENTION MODULE Section A. - CONDITIONS

<u>Check item PCACCI01:</u> If [CHEARST/(CHS.250)] eq <1, D, R> [go to PCACCI03]; Else if [CHEARST/(CHS.250)] eq <2, 3, 4> [go to CKHEAR/(PCA.010)].

PCA.010 These next questions are about health conditions in children.

Earlier you told me that {fill child's name} has a hearing problem.

If CHEARST eq <2> FILL1="began to have trouble hearing";
If CHEARST eq <3,4> FILL1="began to have serious trouble hearing" or became deaf"

How old was {child's name} when {he/she} {fill FILL1}?

>**CKHEAR**< (00) At birth (PCA.030)

(01) Less than or equal to 1 year old (PCA.030)

(02-17) 2-17 years of age

(97) Refused (PCACCI02)

(99) Don't know (PCACCI02)

<u>Check item PCACCI02:</u> If AGE lt <3> set BIR03=1 (PCA.020) and go to [DIAG/(PCA.030)]; Else if AGE ge <3> go to [BIR03/(PCA.030)].

PCA.020 Was it before or after {child's name} 3rd birthday?

>BIR03< (1) Before (7) Refused

(2) After (9) Don't Know

PCA.030 How old was {child's name} when {his/her} (hearing problem/deafness) was diagnosed by a doctor or other health professional?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD. (ENTER "96" IF SINCE BIRTH)

>**DIAG_NUM**< [] NUMBER

(01-94) 1-94

(95) 95+

(96) Since birth

(97) Refused

(99) Don't know

>**DIAG_TP**< [] TIME PERIOD

(1) Day(s)

(2) Week(s)

(3) Month(s)

(4) Year(s)

(6) Since birth

(7) Refused

(9) Don't know

<u>Check item PCACCI03:</u> If AGE lt <6>, [go to DIAR/(PCA.040)]; Else if AGE ge <6> go to END_PCA.

PCA.040 During the past 12 months, how many times has {child's name} had diarrhea severe enough that

{he/she} had to cut down for more than a half a day on the things {he/she} usually does?

{invalid input message}

>**DIAR**< (00) None

(01-95) 1-95 times (97) Refused

(99) Don't know

PCA.050 During the past 12 months, did {child's name} 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.

>CARE< (1) Yes (PCA.060) (7) Refused (END_PCA)

(2) No (END_PCA) (9) Don't know (END_PCA)

PCA.060 In how many of the past 12 months did {child's name} receive such child care?

>CCAREMON< (00) Less than one full month

(01-12) 1-12 months(97) Refused(99) Don't know

Check item END PCA: Go to next section--Dental

Section B. - Dental

>LEADPCB< The next questions are about dental health in children.

<u>Check item PCBCCI01:</u> If AGE lt <6> [go to BTLFD1/(PCB.010)]; Else if AGE ge <6> [go to DENSL/(PCB.040)].

PCB.010 These next questions are about bottle feeding.

Has {child name} ever been fed with a bottle? Do not include bottles with plain water.

>BTLFD1< (1) Yes (PCBCCI02) (7) Refused (PCB.040)

(2) No (PCB.040) (9) Don't know (PCB.040)

<u>Check item PCBCCI02:</u> If AGE lt <2> [go to BTLFD2W/(PCB.030)]; Else if AGE ge <2> [go to BTLFD2/(PCB.020)].

PCB.020 Does {child name} still use a bottle? Do not include bottles with plain water.

>**BTLFD2**< (1) Yes (PCB.030) (7) Refused (PCB.040)

(2) No (PCB.040) (9) Don't know (PCB.040)

PCB.030 During the past 2 weeks, on how many days was {child name} put to bed with a bottle at bedtime

or naptime? Do not include bottles with plain water.

>BTLFD2W< (00) None (97) Refused

(01-14) 01-14 days (99) Don't know

PCB.040 The next questions are about oral hygiene.

Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are different from fillings, caps, crowns, and fluoride treatments. Has

{child name} had dental sealants painted on {his/her} teeth?

>**DENSL**< (1) Yes (7) Refused

(2) No (9) Don't know

PCB.050 In the past two weeks, has {child name} used a mouthwash or mouthrinse at home?

>CORW< (1) Yes (PCB.060) (7) Refused (PCBCCI03)

(2) No (PCBCCI03) (9) Don't know (PCBCCI03)

What brand did {child name} use most often during the past two weeks? DO NOT READ ANSWER CATEGORIES. CHOOSE ONLY ONE BRAND. FR: >CORWB< (1) ACT, Fluorigard, Kolynos, Listermint, Reach, StanCare (PCB.080) (2) Prescription fluoride rinse (PCBCCI03) (3) PLAX (PCB.080) (4) Scope, Listerine, Lavoris (PCB.080) (5) Other (PCB.070) (7) Refused (PCB.080) (9) Don't know (PCB.080) PCB.070 FR: SPECIFY THE BRAND NAME OF THE MOUTH WASH OR RINSE >CORWB 1< Name: PCB.080 Does this mouthrinse contain fluoride? >CORWFL< (1) Yes (7) Refused (2) No (9) Don't Know Check item PCBCCI03: If AGE lt <2> [go to CORVTM/(PCB.100)]; Else if AGE ge<2> [go to CORWPG/(PCB.090)]. PCB.090 FR: **READ IF NECESSARY:** Some schools have fluoride mouthrinse programs. Does {child name} now take part in a fluoride mouthrinse program at school? >CORWPG< (1) Yes (7) Refused (2) No (9) Don't Know PCB.100 FR: **READ IF NECESSARY:** Doctors or dentists may prescribe or provide tablets, drops, or supplements with fluoride in them. (Sometimes these are given at school.) Does {child name} now take vitamins with FLUORIDE in them or any other kind of FLUORIDE tablets, drops, or supplements? >CORVTM< (7) Refused (1) Yes (2) No (9) Don't know **Check item END PCB:** Go to next section--Injury Prevention

PCB.060

Section C. - Injury Prevention

PCC.010 Does {child's name} now have a child safety seat? >SEAT<(1) Yes (7) Refused (2) No (9) Don't know PCC.020 When riding in a car, is {child's name} buckled in (a child safety seat or) a seat belt all or most of the time, some of the time, once in a while, or never? >**BUC1**< (1) All or most of the time (5) Doesn't ride in a car (2) Some of the time (7) Refused (3) Once in a while (9) Don't know (4) Never (Go to END_PCC) PCC.030 When riding in a car, does {child's name} wear a seatbelt all or most of the time, some of the time, once in a while, or never? >BUC2< (1) All or most of the time (5) Doesn't ride in a car (2) Some of the time (7) Refused (3) Once in a while (9) Don't know (4) Never (Go to CKACI2) PCC.040 When driving or riding in a car, does {child's name} wear a seatbelt all or most of the time, some of the time, once in a while, or never? >**BUC3**< (1) All or most of the time (5) Doesn't ride in a car (2) Some of the time (7) Refused (3) Once in a while (9) Don't know (4) Never

<u>Check item CKACI2:</u> If AGE ge <7> and AGE le <15>, [go to PLAY/(PCC.050)]; Else if AGE lt <7> or AGE eq <16> or AGE eq <17>, [go to END_PCC].

PCC.050 FR: SHOW CARD C7

During the past 12 months, did {child's name} play any of these ORGANIZED sports?

>PLAY< (1) Yes (PCC.060) (7) Refused (END_PCC) (2) No (END_PCC) (9) Don't know (END_PCC)

PCC.060 Which ones did {child's name} play?

FR: MARK "YES" OR "NO" FOR EACH ACTIVITY.

- (1) Yes (2) No (7) Refused (9) Don't know
- >**SPRT FTB**< (1) Football (PCC.110)
- >SPRT BAS< (2) Baseball or softball (PCC.120)
- >**SPRT SOC**< (3) Soccer (PCC.130)
- >**SPRT RUG**< (4) Rugby (PCC.140)
- >**SPRT_HOC**< (5) Field or ice hockey (PCC.150)
- >**SPRT LAC**< (6) Lacrosse (PCC.160)
- >**SPRT_WRE**< (7) Wrestling (PCC.170)
- >**SPRT BOX**< (8) Boxing (PCC.180)
- >SPRT_KAR< (9) Karate or Judo (PCC.190)

Check item LOOP: After asking SPRT, if any activity had a "1" response, begin LOOP by going to the corresponding follow-up question. When all marked activities have been covered, go to END PCC.

> Example: If @FTB eq <1> [goto PCC.110]. Ask @M and @H questions for PCC.110. Then begin @M and @H sequence again for next marked activity. If @FTB eq <2,R,D> [go to @BAS to check whether the activity is marked <1> and so forth]. After all input fields are checked or if all input fields have <R,D>, go to END PCC.

- PCC.110 During the past 12 months when playing football, how often did {child's name}
- wear a mouth guard to protect {his/her} mouth and teeth all or most of the time, some >FOOT M< (a) of the time, once in awhile, or never?
- >FOOT_H< wear protective headgear - all or most of the time, some of the time, once in awhile, or (b) never? (Go to Loop)
 - (1) All or most of the time
 - (2) Some of the time
 - (3) Once in awhile
 - (4) Never
 - (7) Refused
 - (9) Don't know

Printed: June 26, 2000

PCC.120 During the past 12 months when playing baseball or softball, how often did {child's name} >BASE M< (a) wear a mouth guard to protect {his/her} mouth and teeth - all or most of the time, some of the time, once in awhile, or never? >BASE_H< (b) wear protective headgear - all or most of the time, some of the time, once in awhile, or never? (Go to LOOP) (1) All or most of the time (2) Some of the time (3) Once in awhile (4) Never (7) Refused (9) Don't know PCC.130 During the past 12 months when playing soccer, how often did {child's name} >SOCC_M< wear a mouth guard to protect {his/her} mouth and teeth - all or most of the time, some (a) of the time, once in awhile, or never? >SOCC H< (b) wear protective headgear - all or most of the time, some of the time, once in awhile, or never? (Go to LOOP) (1) All or most of the time (2) Some of the time (3) Once in awhile (4) Never (7) Refused (9) Don't know PCC.140 During the past 12 months when playing rugby, how often did {child's name} >RUGB_M< (a) wear a mouth guard to protect {his/her} mouth and teeth - all or most of the time, some of the time, once in awhile, or never? >RUGB H< (b) wear protective headgear - all or most of the time, some of the time, once in awhile, or never? (Go to LOOP) (1) All or most of the time (2) Some of the time (3) Once in awhile (4) Never (7) Refused (9) Don't know

PCC.150 During the past 12 months when playing field or ice hockey, how often did {child's name} >HOCK M< (a) wear a mouth guard to protect {his/her} mouth and teeth - all or most of the time, some of the time, once in awhile, or never? >HOCK_H< (b) wear protective headgear - all or most of the time, some of the time, once in awhile, or never? (Go to LOOP) (1) All or most of the time (2) Some of the time (3) Once in awhile (4) Never (7) Refused (9) Don't know PCC.160 During the past 12 months when playing lacrosse, how often did {child's name} >LACR_M< wear a mouth guard to protect {his/her} mouth and teeth - all or most of the time, some (a) of the time, once in awhile, or never? >LACR H< (b) wear protective headgear - all or most of the time, some of the time, once in awhile, or never? (Go to LOOP) (1) All or most of the time (2) Some of the time (3) Once in awhile (4) Never (7) Refused (9) Don't know PCC.170 During the past 12 months when wrestling, how often did {child's name} >WRES_M< (a) wear a mouth guard to protect {his/her} mouth and teeth - all or most of the time, some of the time, once in awhile, or never? >WRES H< (b) wear protective headgear - all or most of the time, some of the time, once in awhile, or never? (Go to LOOP) (1) All or most of the time

1998 NHIS Version 98.3 Child Prevention Module Printed: June 26, 2000 Printed 8

(2) Some of the time(3) Once in awhile

(4) Never(7) Refused(9) Don't know

PCC.180 During the past 12 months when boxing, how often did {child's name} wear a mouth guard to protect {his/her} mouth and teeth - all or most of the time, some >BOX M< (a) of the time, once in awhile, or never? >BOX_H< (b) wear protective headgear - all or most of the time, some of the time, once in awhile, or never? (Go to LOOP) (1) All or most of the time (2) Some of the time (3) Once in awhile (4) Never (7) Refused (9) Don't know PCC.190 During the past 12 months when practicing Karate or Judo, how often did {child's name} $>KAR_M<$ wear a mouth guard to protect {his/her} mouth and teeth - all or most of the time, some (a) of the time, once in awhile, or never? >KAR_H< (b) wear protective headgear - all or most of the time, some of the time, once in awhile, or never? (Go to END_PCC) (1) All or most of the time (2) Some of the time (3) Once in awhile (4) Never (7) Refused

Check item END PCC: Go to next section

(9) Don't know