O.M.B. No. 68-R1600: Approval Expires March 31, 1982

FORM **HIS-1(CH) (1981)**
(11-03-80)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

1981 CHILD HEALTH SUPPLEMENT
NATIONAL HEALTH INTERVIEW SURVEY

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. Book ___ of ___ books	2. R.O. Number	3. Sample
4. Control number PSU	Segment	Serial
5. Interviewer's code	6. Sample child First name	Age ___ Yrs. ___ Mos. / Person number

7. Final status of interview

1 ☐ Supplement completed
2 ☐ Refused . . . . . .
3 ☐ Eligible respondent not available . . . .
4 ☐ No eligible respondent in HH . . . . . } *Explain in footnotes*
☐ Other noninterview reason . . . . . .

COMPLETE REMAINING ITEMS ON HH PAGE OF HIS-1.

▶ ***BEGIN CALLBACK INTERVIEW WITH CHECK ITEM B1 ON PAGE 4.***

FOOTNOTES

Section A. INTRODUCTION

The next questions will be used to study the health of the Nation's children.

If more than one child in family read: **The only child I will ask the rest of my questions about is — —.**

(These questions will go much more quickly if we can do them alone.)

Arrange to conduct supplement in private if possible.

Ask or verify for each HH member.

1. How is *(Name on HIS-1)* **related to — —?**

If parent ask: **Is** *(Name of parent)* **— — biological (natural), adoptive, step, or foster parent?**

If brother/sister ask: **Is** *(Name of sibling)* **— — full, half, step, adoptive, or foster (brother/sister)?**

Enter "sample child" on appropriate line.

Enter "unrelated" for persons not related to the sample child.

Person number on HIS-1	Relationship to sample child
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

CHECK ITEM A1 ▶ *Mark first appropriate box.*

1 ☐ Biological mother in HH and available *(Section B, page 4)*
2 ☐ Sample child 6+ years old AND biological father in HH and available *(Section B, page 4)*
3 ☐ Biological mother not in HH, only one adult relative in HH *(Section B, page 4)*
4 ☐ Biological mother in HH not available *(2)*
5 ☐ Biological mother not in HH, 2+ adult relatives in HH *(2)*

2. (Besides *(Biological mother)***) which family member knows the most about the health-related matters of — —?**

_____ Person number(s)

CHECK ITEM A2 ▶ *Mark first appropriate box.*

2 ☐ Biological mother in HH not available (arrange callback and complete remaining items on HIS-1, HH page)
3 ☐ Biological father or person in 2 available *(Section B, page 4)*
4 ☐ Biological father or person in 2 not available (arrange callback and complete remaining items on HIS-1, HH page)

FOOTNOTES

Section B. CHILD CARE

CHECK ITEM B1 ▶ *Mark box and enter person number of respondent.*

1 ☐ Same respondent as HIS-1 ↙
_____ Person number *(B2)*

2 ☐ New respondent ↙
_____ Person number *(INTRO)*

INTRO — I will be asking questions about — —. These questions will be used to study the health of the Nation's children.
(These questions will go much more quickly if we can do them alone.)
Arrange to conduct supplement in private if possible.

CHECK ITEM B2 ▶ *Refer to age of sample child.*

1 ☐ Under 15 years old *(B3)*
2 ☐ 15+ years old *(3)*

CHECK ITEM B3 ▶ *Refer to HH composition on HIS-1.*

1 ☐ Only 1 related HH member 12+ years old *(2)*
2 ☐ 2+ related HH members 12+ years old *(1)*

1. Which family member, that is, *(Related HH members 12+)*, spends the most time taking care of — —?

_____ Person number

2a. Not counting OCCASIONAL sitters, who (else) takes care of — — ? Include day care centers, nurseries, sitters, or anyone else who takes care of — —.
Do not include regular school.
If non HH member, ask: **Is this person related or unrelated to — — ?**

1 ☐ Related HH member(s)
6 ☐ Child cares for self
2 ☐ Unrelated HH member(s) ↙
_____ Person number(s)
3 ☐ Related non HH member(s) .....
4 ☐ Unrelated non HH member(s) .....
5 ☐ Day Care/Nursery .....

Indicate each person or place on a separate line in column 4 of the Child Care Table, then ask 2b.

b. Again, not counting OCCASIONAL sitters, does anyone else take care of — — either in this home or some other place?

Y *(Reask 2a and b)* N

3. Who usually takes — — to the doctor for checkups or other nonemergency visits?

☐ HH member ↙
_____ Person number
31 ☐ Non HH member – *Specify* ↙
_____
33 ☐ Child takes self
44 ☐ Never went to doctor

FOOTNOTES

Section B. CHILD CARE – Continued

CHILD CARE TABLE

Ask questions 5 through 7 for first caretaker before proceeding to next caretaker

4. CARETAKER	5. Does *(Caretaker in 4)* take care of – – in this home or some other place?	6. Is this (other place) in someone's home or some other place?	7. On the average, about how many hours per week does *(Caretaker in 4)* take care of – – (in this home/outside this home)?
1 ☐ Sitter (Unrelated) 2 ☐ Sitter (Related) – *Specify* ↙ ________ ________ 3 ☐ Day care center *(7)* 4 ☐ Nursery *(7)*	1 ☐ This home only *(7)* 8 ☐ Some other place only 3 ☐ Both	1 ☐ Someone's home 8 ☐ Some other place – *Specify* ↙ ________ ________ ________	________ Hours/week in this home ________ Hours/week outside this home
1 ☐ Sitter (Unrelated) 2 ☐ Sitter (Related) – *Specify* ↙ ________ ________ 3 ☐ Day care center *(7)* 4 ☐ Nursery *(7)*	1 ☐ This home only *(7)* 8 ☐ Some other place only 3 ☐ Both	1 ☐ Someone's home 8 ☐ Some other place – *Specify* ↙ ________ ________ ________	________ Hours/week in this home ________ Hours/week outside this home
1 ☐ Sitter (Unrelated) 2 ☐ Sitter (Related) – *Specify* ↙ ________ ________ 3 ☐ Day care center *(7)* 4 ☐ Nursery *(7)*	1 ☐ This home only *(7)* 8 ☐ Some other place only 3 ☐ Both	1 ☐ Someone's home 8 ☐ Some other place – *Specify* ↙ ________ ________ ________	________ Hours/week in this home ________ Hours/week outside this home
1 ☐ Sitter (Unrelated) 2 ☐ Sitter (Related) – *Specify* ↙ ________ ________ 3 ☐ Day care center *(7)* 4 ☐ Nursery *(7)*	1 ☐ This home only *(7)* 8 ☐ Some other place only 3 ☐ Both	1 ☐ Someone's home 8 ☐ Some other place – *Specify* ↙ ________ ________ ________	________ Hours/week in this home ________ Hours/week outside this home

Section C. RELATIONSHIPS AND RESIDENTIAL MOBILITY

CHECK ITEM C1 ▶ *Refer to question 1, page 3 of CHS.*

1 ☐ Biological mother in HH *(C2)*
8 ☐ Other *(1)*

1a. Has — — ever lived with — — biological mother for at least 3 months?

1 Y 2 N *(2)* 9 DK *(2)*

b. How long has it been since — — last lived with her for at least 3 months?

_____ Number
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

2. Is — — biological mother now living or deceased?

1 ☐ Living
2 ☐ Deceased
9 ☐ DK. . . . . } *(C2)*

3. How often does — — see her?

1 ☐ Every day
2 ☐ Almost every day
3 ☐ Several times a week
4 ☐ About once a week
5 ☐ 2 or 3 times a month
6 ☐ About once a month
7 ☐ Less than once a month
0 ☐ Never

CHECK ITEM C2 ▶ *Refer to question 1, page 3 of CHS.*

1 ☐ Biological father in HH *(7)*
8 ☐ Other *(4)*

4a. Has — — ever lived with — — biological father for at least 3 months?

1 Y 2 N *(5)* 9 DK *(5)*

b. How long has it been since — — last lived with him for at least 3 months?

_____ Number
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

5. Is — — biological father now living or deceased?

1 ☐ Living
2 ☐ Deceased
9 ☐ DK. . . . . } *(7)*

6. How often does — — see him?

1 ☐ Every day
2 ☐ Almost every day
3 ☐ Several times a week
4 ☐ About once a week
5 ☐ 2 or 3 times a month
6 ☐ About once a month
7 ☐ Less than once a month
0 ☐ Never

Section C. RELATIONSHIPS AND RESIDENTIAL MOBILITY — Continued

7a. How many children has — — *(Biological mother)* EVER had? Do not count miscarriages or stillbirths.

1 ☐ Only one *(C3)*

_____ Number

b. Of those *(Number in 7a)* children, was — — born first (or) second (or third, etc.)?

1 ☐ First
2 ☐ Second
3 ☐ Third
4 ☐ Fourth
5 ☐ Fifth
☐ Other — *Specify*

_____

CHECK ITEM C3 ▶ *Refer to question 1, page 3 of CHS or to question 2 on page 6 of CHS.*

1 ☐ Biological mother in HH *(9)*
2 ☐ Biological mother deceased or DK *(12)*
3 ☐ Biological mother not in HH *(8)*

8. Is — — biological mother now married, widowed, divorced, separated or never married?

1 ☐ Married
2 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
3 ☐ Never married
9 ☐ DK . . . . . } *(12)*

9. How many times altogether has — — *(Biological mother)* been married?

0 ☐ Never married *(12)*

_____ Number

Ask 10a — c about each marriage before proceeding to next marriage.

	MARRIAGE		
	1st	2nd	3rd
10a. In what year was — — *(Biological mother)* married (the (first/second/third) time)?	19 ____ Yr. began	19 ____ Yr. began	19 ____ Yr. began
If now married and this is last or only marriage, go to question 12. If now separated and this is last or only marriage, go to question 11. **b. In what year did this marriage end?** *For divorce and annulment, record legal end.*	19 ____ Yr. ended	19 ____ Yr. ended	19 ____ Yr. ended
If now widowed or divorced and this is last or only marriage, go to question 12. **c. Was this marriage ended by death, divorce, or annulment?**	1 ☐ Death 4 ☐ Divorce 5 ☐ Annulment	1 ☐ Death 4 ☐ Divorce 5 ☐ Annulment	1 ☐ Death 4 ☐ Divorce 5 ☐ Annulment

11. How long has she been separated?

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

12. In what month and year did — — move to this home?

0000 ☐ Lived here since birth *(C4)*

_____ / 19 ____
Month Year

Section C. RELATIONSHIPS AND RESIDENTIAL MOBILITY — Continued

13. About how many miles from here is the home — — lived in before — — moved to this home?

Range acceptable

000 ☐ Less than 1 mile

_____ Miles

14. How many times has — — ever moved?

_____ Number

CHECK ITEM C4 ▶

1 ☐ Respondent is biological mother or biological father *(Section D, page 9)*

8 ☐ Other *(15)*

15. How long has — — lived with you?

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

FOOTNOTES

Section D. BREASTFEEDING

CHECK ITEM D1 ▶ *Refer to age of sample child.*

5 ☐ Under 6 months old *(1)*
6 ☐ 6+ months old *(2)*

1. Is — — being breastfed at the present time?

1 Y *(D2)* 2 N

2. Was — — ever breastfed?

1 Y 2 N *(D4)*

3. How old was — — when — — completely stopped breastfeeding?

000 ☐ Still breastfeeding

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months

CHECK ITEM D2 ▶ *Mark first appropriate box.*

6 ☐ 6+ years old *(Section F, page 14)*
2 ☐ Respondent not biological mother *(D3)*
1 ☐ Respondent is biological mother *(4)*

4. While breastfeeding — —, did you ever take any birth control pills?

1 Y 2 N

CHECK ITEM D3 ▶ *Refer to age of sample child.*

1 ☐ 3+ years old (Section *E, page 10)*
2 ☐ Under 6 months old *(5a)*
8 ☐ Other *(5b)*

5a. Has — — ever been given any formula or regular milk?

1 Y 2 N *(D4)*

b. How old was — — when — — was first fed formula or regular milk on a daily basis?

000 ☐ Never on a daily basis

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months

CHECK ITEM D4 ▶ *Refer to age of sample child.*

1 ☐ 3+ years old *(Section E, page 10)*
2 ☐ Under 6 months old *(6a)*
8 ☐ Other *(6b)*

6a. Has — — ever been given any solid food, such as commercially prepared strained and junior foods, "table foods," or any other non-liquid foods?

1 Y 2 N *(Section E, page 10)*

b. How old was — — when — — started eating solid food (such as strained foods or any other non-liquid foods) on a daily basis?

000 ☐ Never on a daily basis

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months

FOOTNOTES

Section E. MOTOR AND SOCIAL DEVELOPMENT

CHECK ITEM E1 ▶ *Refer to age of sample child.*

1 ☐ Under 2 years old
2 ☐ 2–4 years old
} *(INTRO)*
3 ☐ 5+ years old *(Section F, page 14)*

INTRO — Now I would like to ask a few questions about various things children do at different ages.

CHECK ITEM E2 ▶ *Refer to age of sample child.*

After marking the appropriate box, go to the list of questions and circle the corresponding question numbers.

Ask first sequence of questions until five consecutive "Yes" responses are given, then ask second sequence of questions until five consecutive "No" responses are given. One or more of the five consecutive "No" responses may have been given at the beginning of the first sequence, thus requiring less than five consecutive "No" responses in the second sequence.

After completing second sequence, go to Check Item E3. If 10 consecutive "No" responses are given in the first sequence, go to Check Item E3 without asking any further questions in the list.

Age *(Mark only one)*	Sequences 1 — Descending order beginning with question number—	Sequences 2 — Ascending order beginning with question number—
1 ☐ Under 4 months	6	7
2 ☐ 4 months	8	9
3 ☐ 5 months	10	11
4 ☐ 6 months	12	13
5 ☐ 7 months	14	15
6 ☐ 8 months	16	17
7 ☐ 9 months	18	19
8 ☐ 10 months	20	21
9 ☐ 11 months	22	23
10 ☐ 12–14 months	24	25
11 ☐ 15–17 months	28	29
12 ☐ 18–23 months	33	34
13 ☐ 2 years	36	37
14 ☐ 3 years	41	42
15 ☐ 4 years	44	45

Section E. MOTOR AND SOCIAL DEVELOPMENT — Continued

1. When lying on — — stomach, has — — ever turned — — head from side to side?	1 Y	2 N	9 DK
2. Have — — eyes ever followed a moving object at all?	1 Y	2 N	9 DK
3. When lying on — — stomach on a flat surface did — — ever lift — — head off the surface for a moment?	1 Y	2 N	9 DK
4. Have — — eyes ever followed a moving object all the way from one side to another?	1 Y	2 N	9 DK
5a. Has — — ever smiled at someone when they talked to or smiled at — — without being touched?	1 Y	2 N	9 DK
b. *If "Yes," ask:* How old was — — when — — first smiled at someone when they talked to or smiled at — —?	_____ Number	2 ☐ Weeks 3 ☐ Months	
6. When lying on — — stomach, has — — ever raised — — head AND chest from the surface while resting — — weight on — — lower arms or hands?	1 Y	2 N	9 DK
7. While lying on — — back and being pulled up to a sitting position, did — — ever hold — — head stiffly so that it DID NOT hang back as — — was pulled up?	1 Y	2 N	9 DK
8. Has — — ever laughed out loud without being tickled or touched?	1 Y	2 N	9 DK
9. Has — — ever turned — — HEAD around to look at something?	1 Y	2 N	9 DK
10. Has — — ever held in one hand a moderate size object such as a block or a rattle?	1 Y	2 N	9 DK
11. Has — — ever looked around with — — eyes for a toy which was lost or not nearby?	1 Y	2 N	9 DK
12a. Has — — ever rolled over on — — own ON PURPOSE?	1 Y	2 N	9 DK
b. *If "Yes," ask:* How old was — — when — — first rolled over?	_____ Number	2 ☐ Weeks 3 ☐ Months	
13. Has — — ever been pulled from a sitting to a standing position and supported — — own weight with legs stretched out?	1 Y	2 N	9 DK
14. Has — — ever sat alone with no help except for leaning forward on — — hands or with just a little help from someone else?	1 Y	2 N	9 DK
15. Has — — ever seemed to enjoy looking in the mirror at (himself/herself)?	1 Y	2 N	9 DK
16a. Has — — ever said any recognizable words, such as "mama" or "dada"?	1 Y	2 N	9 DK
b. *If "Yes," ask:* How old was — — when — — first said any recognizable words?	_____ Number	2 ☐ Weeks 3 ☐ Months	

Section E. MOTOR AND SOCIAL DEVELOPMENT — Continued

17a. Has — — ever crawled when left lying on — — stomach?	1 Y	2 N	9 DK
b. *If "Yes," ask:* How old was — — when — — first crawled?	_____ Number	2 ☐ Weeks 3 ☐ Months	
18. Did — — ever sit for 10 minutes without any support at all?	1 Y	2 N	9 DK
19. Has — — ever pulled (himself/herself) to a standing position without help from another person?	1 Y	2 N	9 DK
20. Has — — ever recognized — — own name when someone said it?	1 Y	2 N	9 DK
21. Has — — ever picked up small objects, such as raisins or cookie crumbs, using only — — thumb and first finger?	1 Y	2 N	9 DK
22a. Has — — ever waved good-bye without help from another person?	1 Y	2 N	9 DK
b. *If "Yes," ask:* How old was — — when — — first waved good-bye?	_____ Number	2 ☐ Weeks 3 ☐ Months	
23a. Has — — ever stood alone on — — feet for 10 seconds or more without holding on to anything or another person?	1 Y	2 N	9 DK
b. *If "Yes," ask:* How old was — — when — — first stood alone?	_____ Number	2 ☐ Weeks 3 ☐ Months	
24. Has — — said 2 recognizable words besides "mama" and "dada"?	1 Y	2 N	9 DK
25. Has — — ever walked at least 2 steps with one hand held or holding on to something?	1 Y	2 N	9 DK
26. Has — — ever shown by — — behavior that — — knows the names of some common objects when somebody else names them out loud?	1 Y	2 N	9 DK
27. Has — — ever crawled up at least 2 stairs or steps?	1 Y	2 N	9 DK
28. Has — — ever said the name of a familiar object, such as a ball?	1 Y	2 N	9 DK
29a. Has — — ever walked at least 2 steps without holding on to anything or another person?	1 Y	2 N	9 DK
b. *If "Yes," ask:* How old was — — when — — first walked at least 2 steps?	_____ Number	2 ☐ Weeks 3 ☐ Months	
30. Has — — ever shown that — — wanted something without crying or whining? It may have been by pointing, pulling, or making pleasant sounds.	1 Y	2 N	9 DK
31. Has — — ever made a line with a crayon or pencil?	1 Y	2 N	9 DK
32. Has — — ever run?	1 Y	2 N	9 DK
33. Did — — ever walk up at least 2 stairs with one hand held or holding the railing?	1 Y	2 N	9 DK
34. Has — — ever let someone know, without crying, that — — was bothered by — — pants or diapers being wet or soiled?	1 Y	2 N	9 DK
35. Has — — ever fed (himself/herself) with a spoon or fork without spilling much?	1 Y	2 N	9 DK

Section E. MOTOR AND SOCIAL DEVELOPMENT — Continued

36. Has — — ever walked upstairs by (himself/herself) without holding on to a rail?	1 Y 2 N 9 DK
37. Has — — ever spoken in a partial sentence of 3 words or more?	1 Y 2 N 9 DK
38. Has — — ever said — — first and last names together without someone's help? *Nickname may be used for first name.*	1 Y 2 N 9 DK
39. Has — — ever walked up stairs by (himself/herself) with no help, stepping on each step with only one foot?	1 Y 2 N 9 DK
40. Has — — ever counted 3 objects correctly?	1 Y 2 N 9 DK
41. Has — — ever pedaled a tricycle at least 10 feet?	1 Y 2 N 9 DK
42. Does — — know — — own age AND sex?	1 Y 2 N 9 DK
43. Has — — ever washed and dried — — hands without any help except for turning the water on and off?	1 Y 2 N 9 DK
44. Has — — ever done a somersault without help from anybody?	1 Y 2 N 9 DK
45. Has — — ever drawn a picture of a man or woman with at least 2 parts of the body besides a head?	1 Y 2 N 9 DK
46. Has — — ever gone to the toilet alone?	1 Y 2 N 9 DK
47. Has — — ever played with several children at the same time?	1 Y 2 N 9 DK
48. Has — — ever said the names of at least 4 colors?	1 Y 2 N 9 DK
49. Has — — ever dressed (himself/herself) without any help except for tying shoes (and buttoning the back of dresses)?	1 Y 2 N 9 DK
50. Has — — ever counted out loud up to 10?	1 Y 2 N 9 DK
CHECK ITEM E3 ▶ *Refer to age of sample child.*	1 ☐ Under 2 years old *(51a)* 2 ☐ 2 years old *(51b)* 3 ☐ 3+ years old *(E4)*
51a. Are any of — — teeth in yet, that is, have any teeth broken through the gums?	1 Y 2 N *(E4)*
b. How old was — — when the first tooth came in (that is, broke through the gums)?	____ Number { 2 ☐ Weeks 3 ☐ Months
CHECK ITEM E4 ▶ *Refer to age of sample child.*	1 ☐ Under 1 year old *(Section F, page 14)* 2 ☐ 1 – 3 years old *(52a)* 3 ☐ 4 years old *(52b)*
52a. Except for occasional accidents, is — — completely toilet trained? (That is, does — — go to the bathroom by (himself/herself) when — — needs to?)	1 Y 2 N *(Section F, page 14)*
b. How old was — — when — — was completely toilet trained?	000 ☐ Not completely toilet trained ____ Number { 3 ☐ Months 4 ☐ Years

Section F. BIRTH

In studying the health of children, it is important to have information about their birth.

CHECK ITEM F1 ▶ *Refer to question 1, page 3 of CHS.*	1 ☐ Biological mother in HH *(F2)* 2 ☐ Biological mother not in HH *(1)*
1. How old was — — biological mother when — — was born?	_____ Years
CHECK ITEM F2 ▶ *Refer to question 1, page 3 of CHS.*	1 ☐ Biological father in HH *(F3)* 2 ☐ Biological father not in HH *(2)*
2. How old was — — biological father when — — was born?	_____ Years
CHECK ITEM F3 ▶	1 ☐ Respondent is biological mother or biological father *(3)* 8 ☐ Other *(9)*
3a. Was — — born in a hospital or some other place?	1 ☐ Hospital *(3b)* ☐ Other — *Specify (4)* _____
b. How many nights was — — *(Biological mother)* in the hospital during this stay?	0 ☐ None _____ Nights
c. How many nights was — — in the hospital during this stay?	0 ☐ None _____ Nights
4a. How much did — — weigh at birth? *Probe for ounces if not reported.*	9999 ☐ DK _____ Lbs. _____ Oz. *(5)*
b. Did — — weigh more than 5 1/2 pounds or less?	☐ More than 5 1/2 lbs. 2 ☐ Less than 5 1/2 lbs. 7 ☐ DK ..... *(5)*
c. Did — — weigh more than 9 pounds or less?	3 ☐ More than 9 lbs. 4 ☐ Less than 9 lbs. 9 ☐ DK
5a. Was — — born about when expected, or was it earlier or later?	1 ☐ Earlier than expected 2 ☐ When expected *(6)* 3 ☐ Later than expected 9 ☐ DK *(6)*
b. About how much (earlier/later) than expected was — — born? *Range acceptable*	_____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months
6. How many hours was — — *(Biological mother)* in labor?	00 ☐ None *(8a)* _____ Hours
CHECK ITEM F4 ▶ *Refer to age of sample child.*	1 ☐ Under 6 years old *(7a)* 2 ☐ 6+ years old *(11)*

Section F. BIRTH – Continued

7a. Now I'm going to ask about medicine, shots, and gas given during labor AND delivery. First I'll ask about LABOR. While *(Biological mother)* was in LABOR, was she given any medicine, shots, or gas?

Read if necessary: Labor begins with the onset of contractions that lead to delivery. Do not include false labor but do include medication to induce labor.

1 Y 2 N *(8a)*

b. How was it given to *(Biological mother)* during labor? Was it a spinal shot, some other type of shot, gas, or some other method?

1 ☐ Spinal
2 ☐ Other shot/I.V.
3 ☐ Gas
8 ☐ Some other method – *Specify* ↙

_____

c. Was *(Biological mother)* given anything else during labor?

Y *(Reask 7b and c)* N

8a. While *(Biological mother)* was in DELIVERY, was she given any medicine, shots, or gas?

Read if necessary: Delivery begins when the baby starts to show, or the doctor starts to use forceps or to operate in the case of a caesarean section.

1 Y 2 N *(9)*

b. How was it given to *(Biological mother)* during delivery? Was it a spinal shot, some other type of shot, gas, or some other method?

1 ☐ Spinal
2 ☐ Other shot/I.V.
3 ☐ Gas
8 ☐ Some other method – *Specify* ↙

_____

c. Was *(Biological mother)* given anything else during delivery?

Y *(Reask 8b and c)* N

9a. Was — — delivered by caesarean section?

1 Y 2 N *(10)*

b. Why was the caesarean performed?

_____
_____ } *(11c)*

10. Was — — born head first or feet first?

1 ☐ Head first
2 ☐ Feet first
8 ☐ Other way – *Specify* ↙

_____

11a. Was it a normal delivery or were there any complications or problems?

1 ☐ Normal delivery *(12)*
2 ☐ Complications/problems

b. What was the matter?

_____
_____

c. (Besides the caesarean section) Were there any other problems during delivery?

Y *(Reask 11b and c)* N

Section F. BIRTH — Continued

12a. Including any condition not known about immediately after delivery but found out about later, was there anything (else) wrong with — — when — — was born?	1 Y 2 N *(13)*
b. What (else) was wrong with — —?	_____ _____
c. Was there anything else wrong with — —?	Y *(Reask 12b and c)* N
13a. Did — — receive any newborn care in an intensive care unit, premature nursery, or any other type of special care facility?	1 Y 2 N *(F5)*
b. How many nights did — — stay in the special care facility?	00 ☐ None _____ Nights
CHECK ITEM F5 ▶ *Refer to sex of sample child.*	☐ Male *(14)* ☐ Female *(Section G, page 17)*
14. Was — — ever circumcised?	1 Y 2 N 9 DK

FOOTNOTES

Section G. PRENATAL CARE

CHECK ITEM G1 ▶

1 ☐ Under 6 years old AND biological mother respondent *(1)*
8 ☐ Other *(Section H, page 21)*

1. The next set of questions is about the health care you may have received during your pregnancy with ——.
How many weeks pregnant were you when you first thought you were pregnant with ——?
_____ Weeks

2a. Did you see or talk to a doctor to find out if you were pregnant?
1 Y 2 N *(2c)*

b. How many weeks or months pregnant were you when you first saw or talked to a doctor to find out if you were pregnant?
_____ Number
2 ☐ Weeks
3 ☐ Months

c. Including routine checkups, did you see or talk to a doctor about your pregnancy at any (other) time during that pregnancy?
1 Y 2 N *(3)*

If "Yes" in 2a, go to 3.

d. How many weeks or months pregnant were you when you first saw a doctor about your pregnancy?
_____ Number
2 ☐ Weeks
3 ☐ Months

3a. How much did you weigh just before you became pregnant with ——?
_____ Pounds

b. Altogether, how many pounds did you either gain or lose during that pregnancy?
_____ Pounds
1 ☐ Gained
2 ☐ Lost

c. How many months pregnant were you when —— was born?
_____ Months

▶ **NOTE** — 4a-h are conditions that may occur during pregnancy.

4. At any time during your pregnancy with ——, did you have:

a. A urinary tract infection?
1 Y 2 N

b. Measles?
1 Y 2 N *(4c)*

If "Yes," ask: Was it German measles, sometimes known as Rubella or 3-day measles, OR was it Red measles, sometimes known as 8-day measles?
1 ☐ German/Rubella/3-day
2 ☐ Red/8-day
3 ☐ Both

At any time during your pregnancy with ——, did you have:

c. Hypertension or high blood pressure?
1 Y 2 N

d. Preeclampsia, eclampsia (eek-lamp-see-ah), or convulsions?
1 Y 2 N *(4e)*

If "Yes," ask: Which was it, preeclampsia, eclampsia, or convulsions?
1 ☐ Preeclampsia
2 ☐ Eclampsia
3 ☐ Convulsions

At any time during your pregnancy with ——, did you have:

e. An embolism or blood clot?
1 Y 2 N

f. Abnormal position of the placenta?
1 Y 2 N

g. Abnormal position of the cord?
1 Y 2 N

h. Vaginal bleeding?
1 Y 2 N

Section G. PRENATAL CARE — Continued

	Sugar in the urine? (1)	High sugar in the blood? (2)	Diabetes? (3)
5a. At any time during your pregnancy with — —, did you have —	1 Y *(5b and c)* 2 N *(Next column)*	1 Y *(5b and c)* 2 N *(Next column)*	1 Y *(5b and c)* 2 N *(6)*
b. When did you FIRST notice it — was it during your pregnancy with — — or before?	1 ☐ During 2 ☐ Before	1 ☐ During 2 ☐ Before	1 ☐ During 2 ☐ Before
c. Did you have the *(Condition)* for at least 3 months after — — was born?	1 Y 2 N } *(5a)*	1 Y 2 N } *(5a)*	1 Y 2 N } *(6)*

6. Do you NOW have diabetes or sugar diabetes?

1 Y 2 N

7a. At any time during your pregnancy with — —, did you stay in a hospital overnight? Do not count the hospitalization for — — birth.

Y 0 N *(8)*

b. How many times?

_____ Number

c. For what (other) conditions did you stay in a hospital overnight?

_____

_____

_____

d. Any other conditions?

Y *(Reask 7c and d)* N

e. Altogether, how many NIGHTS did you stay in a hospital for *(Conditions in 7c)*?

_____ Nights

8a. (Not including the times you stayed overnight in the hospital,) Did a doctor ever tell you to remain in bed for one or more weeks during your pregnancy?

1 Y 2 N *(9)*

b. For what (other) conditions did the doctor tell you to remain in bed for one or more weeks?

_____

_____

_____

c. Any other conditions?

Y *(Reask 8b and c)* N

d. Altogether, how long did you stay in bed for *(Conditions in 8b)* during your pregnancy with — —? (Do not include time spent in the hospital.)

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months

9. DURING your pregnancy with — —, about how many cigarettes a day did you usually smoke?

00 ☐ None

_____ Number

Section G. PRENATAL CARE – Continued

10a. At any time during your pregnancy with ——, did you take tranquilizers?	1 Y 2 N *(11)*
Hand card T **b. Which number on that card best describes how often you took tranquilizers DURING your pregnancy?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ Once or twice a week 4 ☐ 2 or 3 times a month 5 ☐ About once a month 6 ☐ Less than once a month
11a. Had you ever had a miscarriage before you became pregnant with ——?	1 Y 2 N *(Section H, page 21)*
b. How many?	_____ Number
c. How long before —— was born did you have the (most recent of those) miscarriage(s)?	_____ Number { 3 ☐ Months 4 ☐ Years

FOOTNOTES

Section H. HOSPITALIZATIONS AND SURGERY

1a. Since — — was born, how many different times has — — stayed in the hospital overnight? Do not include the hospitalization when — — was born.	00 ☐ None *(3)* _____ Number of times
b. During any of these hospitalizations was — — treated for diabetes or sugar diabetes?	1 Y 2 N *(2)*
c. Does — — take insulin shots?	1 Y 2 N
2a. Was surgery of any kind or were any operations performed on — — during any stays in the hospital? Include bone settings and stitches.	1 Y 2 N *(3)*
b. What are the names of these surgeries or operations? *If name is not known, describe what was done.*	_____ _____
c. Any others?	Y *(Reask 2b and c)* N
3a. (Excluding the operations performed on — —while — — was an overnight patient in the hospital) Has — — EVER had any (other) surgery or operations? Include bone settings and stitches.	1 Y 2 N *(Section I, page 22)*
b. What are the names of these surgeries or operations? *If name is not known, describe what was done.*	_____ _____
c. Any others?	Y *(Reask 3b and c)* N

FOOTNOTES

Section I. SUPPLEMENTAL CONDITION LIST

Some of the following conditions were asked about earlier, but tell me whether or not — — EVER had any of these conditions even if they have been mentioned before.

If "Yes," enter conditon and number in Item 1 of Section J.

Did — — EVER have —		Did — — EVER have —	
1. Hepatitis?		33. Palsy or cerebral palsy?	
2. Yellow jaundice?		34. Paralysis of any kind?	
3. Any other liver trouble? * *		35. Mental retardation?	
4. Colitis?		36. Epilepsy?	
5. Any other bowel trouble? * *		37. REPEATED convulsions, seizures, or blackouts?	
6. An ulcer?		38. Migraine?	
7. A hernia or rupture?		39. FREQUENT or SEVERE headaches?	
8. Any other condition of the digestive system? * *		40. Meningitis?	
9. Asthma?		41. Chorea (ko-ree-uh) or St. Vitus' dance?	
10. Hay fever or allergies?		42. Nephritis?	
11. Tonsillitis or enlargement of the tonsils or adenoids? *		43. Urinary tract infection?	
12. Tuberculosis?		44. Any other kidney trouble? * *	
13. Pneumonia?		45. Diabetes?	
14. Any other respiratory, lung, or pulmonary condition? * *		46. Goiter or other thyroid trouble?	
15. Arthritis of any kind or rheumatism?		47. Cystic fibrosis?	
16. Curvature of the spine?		48. Anemia or sickle cell anemia?	
17. Clubfoot?		49. A heart murmur?	
18. Any other condition affecting the bone, cartilage, muscle or tendon? * *		50. Cancer of any kind?	
19. Eczema or psoriasis (so-rye-uh-sis)?		51. High blood pressure?	
20. TROUBLE with acne?		52. Rheumatic fever?	
21. Any kind of skin allergy?		53. Rheumatic heart disease?	
22. Any other kind of skin trouble? * *		54. Congenital heart disease?	
23. REPEATED ear infections?		55. Any other heart trouble? * *	
24. Deafness in one or both ears?		56. Does — — NOW have — a missing finger, hand, or arm, toe, foot, or leg?	
25. Any other trouble hearing with one or both ears? * *		57. PERMANENT stiffness or any deformity of the back, foot, or leg? (Permanent stiffness — joints will not move at all)	
26. Blindness in one or both eyes?		58. PERMANENT stiffness or any deformity of the fingers, hand, or arm?	
27. Cataracts?		59. Did — — EVER have any other health problem which lasted for at least 3 months which you have not mentioned? *If "Yes," ask:* What was the condition?	
28. Any other trouble seeing with one or both eyes even when wearing glasses? * *			
29. A cleft palate or harelip?			
30. Stammering or stuttering?			
31. Any other speech defect? * *			
32. Autism or has — — ever been autistic?			

▶ *Make no entry in Section J for cold; flu; grippe; red, sore, or strep throat; or "virus".*

* 1. **How many times did — — have . . .?** *If 2+ , enter in Section J.*

If only 1 time, ask:

2. **How long did it last?** — *If 1 month or longer, enter in Section J. If less than 1 month, do not record.*

* * **Did this condition last for at least 3 months?** *If "Yes," enter in Section J.*

If "No," do not record unless it is an obvious permanent condition which began less than 3 months ago.

Section J. SUPPLEMENTAL CONDITIONS

CONDITION 1

1. Item number | **Name of condition**

For allergy ask:
2. How does the allergy affect — — ?

For an impairment or ulcer, ask:
3. What part of the body is affected by *(Condition)*? _____
Show the following detail:
Head (skull, scalp, face) _____
Back/spine/vertebrae (upper, middle, lower) _____
Side (left or right)
Ear (inner or outer; left, right, or both) _____
Eye (left, right, or both)
Arm (shoulder, upper, elbow, lower or wrist; left, right or both)
Hand (entire hand or fingers only; left, right, or both)
Leg (hip, upper, knee, lower, or ankle; left, right, or both)
Foot (entire foot, arch, or toes only; left, right, or both)

4a. When was *(Condition)* **first noticed?**
(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
4 ☐ 3 months or less *(6)*
5 ☐ Over 3 – 12 months *(6)*
6 ☐ More than 12 months ago

b. How old was — — when this was first noticed?
0 ☐ Less than 1 month
_____ Number { 3 ☐ Months / 4 ☐ Years

0 ☐ Condition from 56, 57, or 58 *(NC)*

5. Did — — have this condition at any time during the past 12 months?
1 Y 2 N *(6b)*

0 ☐ Condition from 56, 57, or 58 *(NC)*

6a. Does — — still have this condition?
1 Y *(NC)* N

b. Is this condition completely cured or is it under control?
2 ☐ Cured
3 ☐ Under control
4 ☐ Other – *Specify* _____

CONDITION 2

1. Item number | **Name of condition**

For allergy ask:
2. How does the allergy affect — — ?

For an impairment or ulcer, ask:
3. What part of the body is affected by *(Condition)*? _____
Show the following detail:
Head (skull, scalp, face) _____
Back/spine/vertebrae (upper, middle, lower) _____
Side (left or right)
Ear (inner or outer; left, right, or both) _____
Eye (left, right, or both)
Arm (shoulder, upper, elbow, lower or wrist; left, right or both)
Hand (entire hand or fingers only; left, right, or both)
Leg (hip, upper, knee, lower, or ankle; left, right, or both)
Foot (entire foot, arch, or toes only; left, right, or both)

4a. When was *(Condition)* **first noticed?**
(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
4 ☐ 3 months or less *(6)*
5 ☐ Over 3 – 12 months *(6)*
6 ☐ More than 12 months ago

b. How old was — — when this was first noticed?
0 ☐ Less than 1 month
_____ Number { 3 ☐ Months / 4 ☐ Years

0 ☐ Condition from 56, 57, or 58 *(NC)*

5. Did — — have this condition at any time during the past 12 months?
1 Y 2 N *(6b)*

0 ☐ Condition from 56, 57, or 58 *(NC)*

6a. Does — — still have this condition?
1 Y *(NC)* N

b. Is this condition completely cured or is it under control?
2 ☐ Cured
3 ☐ Under control
4 ☐ Other – *Specify* _____

CONDITION 3

1. Item number | **Name of condition**

For allergy ask:
2. How does the allergy affect — — ?

For an impairment or ulcer, ask:
3. What part of the body is affected by *(Condition)*? _____
Show the following detail:
Head (skull, scalp, face) _____
Back/spine/vertebrae (upper, middle, lower) _____
Side (left or right)
Ear (inner or outer; left, right, or both) _____
Eye (left, right, or both)
Arm (shoulder, upper, elbow, lower or wrist; left, right or both)
Hand (entire hand or fingers only; left, right, or both)
Leg (hip, upper, knee, lower, or ankle; left, right, or both)
Foot (entire foot, arch, or toes only; left, right, or both)

4a. When was *(Condition)* **first noticed?**
(Was it during the past 3 months or before that time?)
(Was it during the past 12 months or before that time?)
4 ☐ 3 months or less *(6)*
5 ☐ Over 3 – 12 months *(6)*
6 ☐ More than 12 months ago

b. How old was — — when this was first noticed?
0 ☐ Less than 1 month
_____ Number { 3 ☐ Months / 4 ☐ Years

0 ☐ Condition from 56, 57, or 58 *(NC)*

5. Did — — have this condition at any time during the past 12 months?
1 Y 2 N *(6b)*

0 ☐ Condition from 56, 57, or 58 *(NC)*

6a. Does — — still have this condition?
1 Y *(NC)* N

b. Is this condition completely cured or is it under control?
2 ☐ Cured
3 ☐ Under control
4 ☐ Other – *Specify* _____

CONDITION 4

1. Item number | **Name of condition**

For allergy ask:
2. How does the allergy affect — — ?

For an impairment or ulcer, ask:
3. What part of the body is affected by *(Condition)*? _____
Show the following detail:
Head (skull, scalp, face) _____
Back/spine/vertebrae (upper, middle, lower) _____
Side (left or right)
Ear (inner or outer; left, right, or both) _____
Eye (left, right, or both)
Arm (shoulder, upper, elbow, lower or wrist; left, right or both)
Hand (entire hand or fingers only; left, right, or both)
Leg (hip, upper, knee, lower, or ankle; left, right, or both)
Foot (entire foot, arch, or toes only; left, right, or both)

4a. When was *(Condition)* **first noticed?**
(Was it during the past 3 months or before that time?)
(Was it during the past 12 months or before that time?)
4 ☐ 3 months or less *(6)*
5 ☐ Over 3 – 12 months *(6)*
6 ☐ More than 12 months ago

b. How old was — — when this was first noticed?
0 ☐ Less than 1 month
_____ Number { 3 ☐ Months / 4 ☐ Years

0 ☐ Condition from 56, 57, or 58 *(NC)*

5. Did — — have this condition at any time during the past 12 months?
1 Y 2 N *(6b)*

0 ☐ Condition from 56, 57, or 58 *(NC)*

6a. Does — — still have this condition?
1 Y *(NC)* N

b. Is this condition completely cured or is it under control?
2 ☐ Cured
3 ☐ Under control
4 ☐ Other – *Specify* _____

Section K. WEIGHT, EYES, AND TEETH

1a. For — — height, would you say — — is underweight, about the right weight, or overweight?	☐ Underweight *(1c)* 1 ☐ About the right weight *(K1)* ☐ Overweight
b. Would you say — — is extremely overweight, somewhat overweight, or only a little overweight?	2 ☐ Extremely overweight 3 ☐ Somewhat overweight 4 ☐ Only a little overweight } *(K1)*
c. Would you say — — is extremely underweight, somewhat underweight, or only a little underweight?	5 ☐ Extremely underweight 6 ☐ Somewhat underweight 7 ☐ Only a little underweight
CHECK ITEM K1 ▶ *Refer to age of sample child.*	0 ☐ Under 3 years old *(Section L, page 26)* 1 ☐ 3+ years old *(2)*
2a. Does — — wear glasses or contact lenses?	1 Y 2 N *(3)*
b. Which does — — wear?	1 ☐ Both glasses and contacts 2 ☐ Glasses only 3 ☐ Contacts only
3a. Has — — ever had — — teeth straightened or had braces or bands on the teeth?	1 Y *(4)* 2 N
b. Would you say — — teeth need to be straightened?	1 Y 2 N
c. Has a doctor or dentist ever said that — — teeth need to be straightened?	1 Y 2 N
4a. Does — — have any fillings in — — teeth?	Y 0 N *(Section L, page 26)*
b. How many teeth NOW have fillings? *Range acceptable — Exclude baby or other teeth child no longer has.*	_____ Number

FOOTNOTES

Section L. MEDICINE USE

NOTE — Ask 1a—k before asking 2—5.

Hand calendar

The next few questions refer to the use of medicines, pills, or ointments.

1. During the 2 weeks outlined in red on that calendar, did — — take or use any:

NOTE — Ask 2—5, only for those questions in 1a—k which were answered "Yes."

	1.	2. What is the main health problem for which — — took or used the *(Medication)*?	3. Did anyone get a prescription from a doctor for — — to take or use the *(Medication)*?	4. Did a doctor recommend that — — take or use the *(Medication)*?	*Hand card T* 5. Which number on that card best describes how often — — took or used the *(Medication)* during the past 3 months?
a. Pain relievers such as aspirin (or Tylenol and the like)?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
b. Cough medicines (such as Vicks, Robitussin, or Phenergan Expectorant and the like)?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
c. Any other medicines or remedies for colds?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
d. Asthma or allergy pills or medicines (such as Benadryl, Dimetapp, or Sudafed and the like)?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
e. Topical Steroids (such as hydrocortisone cream or valisone and the like)?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
f. Other skin ointments or salves (such as Desitin, Calomine Lotion, Vaseline, or Clearasil and the like)?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
g. Laxatives or any other medicines or remedies for the stomach (such as Ex-Lax, Rolaids, Colace, or Donnatal and the like)?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
h. Vitamins or minerals?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
i. Tranquilizers or sedatives (such as Valium, Chloral Hydrate, or Seconal and the like)?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
j. Antibiotics (such as Penicillin, Tetracycline, Ampicillin and the like)?	Y N		1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
k. Are there any other pills, ointments, or other types of medicines that — — has taken or used during that 2-week period? — *Specify*	Y N				
Any others?					
K1_____			1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
K2_____			1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6
K3_____			1 Y *(5)* 2 N	1 Y 2 N	1 2 3 4 5 6

Section M. SCHOOL

CHECK ITEM M1 ▶ *Refer to age of sample child.*

0 ☐ Under 5 years old *(Section N, page 31)*
1 ☐ 5 years old *(1)*
2 ☐ 6 + years old *(M2)*

1. What was — — doing most of the past 12 months — going to school or doing something else?

1 ☐ Going to school *(3)*
2 ☐ Something else

2. In terms of health would — — be able to go to school?

1 Y 2 N *(6)*

3a. Does (Would) — — have to go a certain type of school because of — — health?

1 Y *(6)* 2 N

b. Is (Would) — — (be) limited in school attendance because of — — health?

1 Y *(6)* 2 N *(M3)*

CHECK ITEM M2 ▶ *Refer to age of sample child and/or to SCHOOL box on HIS-1.*

0 ☐ Under 17 years old *(M3)*
1 ☐ 17 years old and SCHOOL box marked *(M3)*
2 ☐ 17 years old and SCHOOL box not marked *(4)*

4. In terms of health would — — be able to go to school?

1 Y 2 N *(6)*

5a. Would — — have to go to a certain type of school because of — — health?

1 Y *(6)* 2 N

b. Would — — be limited in school attendance because of — — health?

1 Y 2 N *(M3)*

6a. What is the MAIN condition which causes — — to

{not be able to go to school? / have to go to a certain type of school? / be limited in school attendance?}

_____

_____

b. When was this condition first noticed? (Was it during the past 3 months or before that time?)

☐ During the past 3 months
☐ Over 3 months

CHECK ITEM M3 ▶ *Refer to SCHOOL box on HIS-1 and/or to question 1, above.*

1 ☐ SCHOOL box marked *(8)*
2 ☐ Going to school in Q1 *(8)*
8 ☐ Other *(7)*

7. Has — — ever attended school?

1 Y 2 N *(Section N, page 31)*

8. Is — — NOW either going to school or on vacation from school?

1 ☐ Going to school
2 ☐ On vacation from school
0 ☐ Neither *(11)*

9. What grade {is — — in now? / will — — be in?}

21 ☐ Nursery school
22 ☐ Kindergarten
(Section N, page 31)

If child is between grades, enter grade promoted to.

_____ Grade

10a. Does — — go to a special class or get special help in school because of a disability or health problem?

1 Y *(12)* 2 N

b. Do you think that — — needs to attend a special class or get special help in school because of a disability or health problem?

1 Y *(12)* 2 N *(12)*

Section M. SCHOOL – Continued

11a. Why did — — stop going to school?

0 ☐ Never went – health reasons
1 ☐ Never went – other reasons
(Section N, page 31)
2 ☐ Graduated
3 ☐ Health problem
4 ☐ Dropped out
8 ☐ Other – *Specify*

_____

_____

b. How long ago did — — stop going to school?

1 ☐ Less than 12 months
2 ☐ 12 months – less than 2 years *(13)*
3 ☐ 2+ years *(13)*

12. During the past 12 months, that is, since *(12 month date)* a year ago, about how many days was — — absent from school because of illness?
Range acceptable

00 ☐ None

_____ Days

13a. Has — — repeated any grades for any reasons?

1 Y 2 N *(14)*

b. What grade or grades did — — repeat?

_____ Grade(s)

c. Why did — — repeat the *(Grades in 13b)* grade(s)?

1 ☐ Academic failure
2 ☐ Immature/acted too young
3 ☐ Frequently absent
4 ☐ Moved into more difficult school
8 ☐ Other – *Specify*

_____

d. Any other reasons?

Y *(Reask 13c and d)* N

14a. Has — — ever been suspended, excluded, or expelled from school?

1 Y 2 N *(14d)*

b. How many times has this happened?

_____ Number

c. How long ago was the last time?

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

d. Not counting routine conferences, has anyone from — — school ever asked someone to come in to talk about problems — — was having?

1 Y 2 N *(M4)*

e. How long ago was the last time?

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

Section M. SCHOOL — Continued

CHECK Item M4 ▶ *Refer to question 8, page 27 of CHS.*	1 ☐ In school or on vacation *(15)* 0 ☐ Neither *(Section N, page 31)*
15. Overall what kind of student would you say — — is now? Is — — one of the best in the class, above the middle, in the middle, below the middle, or near the bottom of the class?	1 ☐ One of the best 2 ☐ Above the middle 3 ☐ In the middle 4 ☐ Below the middle 5 ☐ Near the bottom
16. How do you feel — — is doing in school? Is — — doing really well, doing about as well as — — can, or could — — be doing better?	1 ☐ Doing really well 2 ☐ Doing about as well as he/she can 3 ☐ Could be doing better

FOOTNOTES

Section N. BEHAVIOR

CHECK ITEM N1 ▶ *Refer to age of sample child.*	1 ☐ Under 3 years old *(Section P, page 34)* 8 ☐ 3+ years old *(1)*
1a. During the past twelve months has — — ever wet the bed?	1 Y 2 N *(2)*
b. About how many times has this happened? *Range acceptable*	_____ Number
2. Does — — now suck — — thumb or fingers either during the day or at night?	1 Y 2 N
3a. Has — — ever run away from home? (Disappeared at a time when you thought this is what — — might be doing, and stayed away so long that you had to start searching or looking for — —.)	1 Y 2 N *(4)*
b. How many times has — — run away?	_____ Number
c. How old was — — the (last) time — — ran away?	_____ Years
4. Does — — take any medicines or drugs to help control activity or behavior?	1 Y 2 N
5a. Has — — ever seen a psychiatrist, psychologist, or psychoanalyst about any emotional, mental, or behavior problem?	1 Y 2 N *(5d)*
b. Is — — still seeing this person?	1 Y *(Section O, page 32)* 2 N
c. When was the last time — — saw this person?	1 ☐ More than 12 months ago 8 ☐ Within past 12 months *(Section O, page 32)*
d. During the past 12 months, have you felt, or has anyone suggested that — — needed help for any emotional, mental, or behavior problem?	1 Y 2 N

FOOTNOTES

Section O. BEHAVIOR PROBLEMS INDEX

CHECK ITEM O1 ▶ *Refer to age of sample child.*

1 ☐ Under 4 years old *(Section P, page 34)*
2 ☐ 4 + years old *(INTRO)*

Hand card B

INTRO — Now I am going to read some statements that describe behavior problems many children have. Please tell me whether each statement has been OFTEN true, SOMETIMES true, or NOT true of — — during the past 3 months.

The first statement is: "Has sudden changes in mood or feelings." Has that been OFTEN true, SOMETIMES true, or NOT true of — — in the past 3 months?

Record response and continue with statement 2.

Read list repeating categories and/or time reference as needed.

	Often true (A)	Sometimes true (B)	Not true (C)
1. Has sudden changes in mood or feelings.	1 ☐	2 ☐	3 ☐
2. Feels or complains that no one loves — —.	1 ☐	2 ☐	3 ☐
3. Is rather high strung, tense, or nervous.	1 ☐	2 ☐	3 ☐
4. Cheats or tells lies.	1 ☐	2 ☐	3 ☐
5. Is too fearful or anxious.	1 ☐	2 ☐	3 ☐
6. Argues too much.	1 ☐	2 ☐	3 ☐
7. Has difficulty concentrating, cannot pay attention for long.	1 ☐	2 ☐	3 ☐
8. Is easily confused, seems to be in a fog.	1 ☐	2 ☐	3 ☐
9. Bullies, or is cruel or mean to others.	1 ☐	2 ☐	3 ☐
10. Is disobedient at home.	1 ☐	2 ☐	3 ☐
11. Is disobedient at school.	1 ☐	2 ☐	3 ☐
12. Does not seem to feel sorry after — — misbehaves.	1 ☐	2 ☐	3 ☐
13. Has trouble getting along with other children.	1 ☐	2 ☐	3 ☐
14. Has trouble getting along with teachers.	1 ☐	2 ☐	3 ☐
15. Is impulsive, or acts without thinking.	1 ☐	2 ☐	3 ☐
16. Feels worthless or inferior.	1 ☐	2 ☐	3 ☐

Section O. BEHAVIOR PROBLEMS INDEX – Continued

	Often true (A)	Sometimes true (B)	Not true (C)
17. Is not liked by other children.	1 ☐	2 ☐	3 ☐
18. Has a lot of difficulty getting — — mind off certain thoughts, has obsessions.	1 ☐	2 ☐	3 ☐
19. Is restless or overly active, cannot sit still.	1 ☐	2 ☐	3 ☐
20. Is stubborn, sullen, or irritable.	1 ☐	2 ☐	3 ☐
21. Has a very strong temper and loses it easily.	1 ☐	2 ☐	3 ☐
22. Is unhappy, sad or depressed.	1 ☐	2 ☐	3 ☐
23. Is withdrawn, does not get involved with others.	1 ☐	2 ☐	3 ☐
If child is 12+ years old, go to 29. **24. Breaks things on purpose, deliberately destroys — — own or others' things.**	1 ☐	2 ☐	3 ☐
25. Clings to adults.	1 ☐	2 ☐	3 ☐
26. Cries too much.	1 ☐	2 ☐	3 ☐
27. Demands a lot of attention.	1 ☐	2 ☐	3 ☐
28. Is too dependent on others.	1 ☐	2 ☐	3 ☐
If child is under 12 years old, go to Section P, page 34. **29. Feels others are out to get — —.**	1 ☐	2 ☐	3 ☐
30. Hangs around with kids who get into trouble.	1 ☐	2 ☐	3 ☐
31. Is secretive, keeps things to (himself/herself).	1 ☐	2 ☐	3 ☐
32. Worries too much.	1 ☐	2 ☐	3 ☐

FOOTNOTES

Section P. SOCIAL EFFECTS OF ILL HEALTH

1. A child's illness or disability may cause problems for other members of the family. Tell me if any of the following things have EVER happened because of a health problem of — —.

Because of a health problem of — —:

a. Has the family moved to a different home? — 1 Y — 2 N

b. Has a family member not been able to take a job? — 1 Y — 2 N

c. Has a family member quit or changed jobs? — 1 Y — 2 N

d. Has a family member been forced to take a job when he or she otherwise would not have? — 1 Y — 2 N

e. Has a family member left home? — 1 Y — 2 N

f. Has a family member gotten a divorce or legal separation? — 1 Y — 2 N

Because of a health problem of — —:

g. Has the family been under severe problems making ends meet? — 1 Y — 2 N

h. Has the family or any family member made some (other) major change in regular ways of life? — 1 Y — 2 N *(P1)*

i. What (other) changes were made? _____

_____

j. Were any other changes made? — Y *(Reask 1i and j)* — N

CHECK ITEM P1 ▶ *Refer to question 1a above.*

1 ☐ "N" in 1a above *(Section Q, page 35)*
8 ☐ Other *(2)*

2. When the family moved because of — — health problem, was it to be nearer to certain special services that were needed, was it because the family could not afford to stay where it was, or was it for some other reason?

Mark the most appropriate box.

1 ☐ Near services
2 ☐ Could not afford
8 ☐ Other — *Specify* _____

FOOTNOTES

Section Q. SLEEP AND SEAT BELTS

CHECK ITEM Q1 ▶ *Refer to age of sample child.*

1 ☐ Under 1 year old *(1d)*
2 ☐ 1+ years old *(1a)*

If respondent asks, question 1 refers to sleeping patterns on school days and nights.

1a. About what time does — — usually go to bed (*If 5+:* on school nights)?

0 ☐ No usual time
1 ☐ Before 8 p.m.
2 ☐ 8–8:59 p.m.
3 ☐ 9–9:59 p.m.
4 ☐ 10–10:59 p.m.
5 ☐ 11–12 midnight
6 ☐ After midnight

b. About how many hours does — — usually SLEEP each night?

1 ☐ Less than 5 hours
2 ☐ 5–6 hours
3 ☐ 7–8 hours
4 ☐ 9–10 hours
5 ☐ 11+ hours

c. Does — — usually take naps during the day?

1 Y 2 N *(2)*

d. Counting daily naps and night-time sleep, about how many hours in all does — — usually sleep each day?

1 ☐ Less than 8 hours
2 ☐ 8–9 hours
3 ☐ 10–11 hours
4 ☐ 12–14 hours
5 ☐ 15+ hours

2a. During the past 12 months has — — walked in — — sleep?

4 ☐ Child does not walk *(3)*

1 Y 2 N *(3)*

b. About how many times has — — walked in — — sleep during the past 12 months?

Range acceptable

_____ Times

3a. Does — — usually sleep in one room or in different rooms?

1 ☐ One room
2 ☐ Different rooms

b. Does — — usually sleep in a room alone or share a room?

1 ☐ Alone *(4)*
2 ☐ Shares

c. Who (else) usually sleeps in the room with — —?

1 ☐ Brother(s)
2 ☐ Sister(s)
3 ☐ Father
4 ☐ Mother
8 ☐ Other(s)

d. Anyone else?

Y *(Reask 3c and d)* N

4. When riding in a car, does — — wear a seat belt or restraint all or most of the time, some of the time, once in a while, or never?

1 ☐ All/most of time
2 ☐ Some of the time
3 ☐ Once in a while
0 ☐ Never

▶ *COMPLETE ITEM 7 ON PAGE 1 OF CHS.*