

CHILD CORE
Section I -- IDENTIFICATION AND VERIFICATION

Check item CHILD BEGIN: If no sample child or sample child section is completed, go to Immunization Questionnaire; Else if KNOWSC (person who knows sample child) = blank, go to CID.015/KNOAVAIL, Else go to CID.001.

CID.001

FR: ENTER THE NUMBER OF THE PERSON TO WHOM YOU ARE SPEAKING.

>CURRE< _____ (1-30) Person number

[If the same person in CID.001 is identified as a person knowledgeable about child's health (FID.650/KNOWSC) go to CID.005; Else go to CSPEDIT.]

CID.005 The next questions are about {Sample Child name}. Are you able to answer questions about {his/her} health at this time?

>CSRESP< (1) Yes (CID.030) (7) Refused (Check item CSPEDIT)
(2) No (Check item CSPEDIT) (9) DK (Check item CSPEDIT)

Check item CSPEDIT: Check the content from FID.630, First section of *Family Core*: Plug names in CID.010 {KNOWSC name} for persons identified as knowledgeable about the child's health (FID.630/KNOWSC marked 'X') and go to CSDPEDIT2. If KNOWSC for CID.010 equals 7 or 9 (Refused or DK) go to Check Item CSPEDIT2.

Check item CSPEDIT2: Check the first person identified as knowledgeable about the child's health (FID.630/KNOWSC marked 'X'); if not available, check next person with KNOWSC marked 'X'; If all the KNOWSC are not available, go to CID.015/KNOAVAIL; if no one else in the family is available, go to CSPEDIT3.

Check item CSPEDIT3: Arrange a callback; go to next questionnaire.

CID.010 Is {KNOWSC name} available to answer some questions about {sample child name}'s health?

>CSPAVAIL< (1) Available (CID.030) (7) Refused (Check Item CSPEDIT)
(2) Not available (Check Item CSPEDIT) (9) DK (Check Item CSPEDIT)

CID.015 Is there any family member available who can answer questions about {sample child name}'s health?

>KNOAVAIL< (1) Yes (CID.020) (2) No (Immunization Questionnaire)

CID.020 Enter the person number of the respondent.

>CSRESPNO< _____ (1-30) Person number

CID.046 What is {sample child name} birthday?

>NEWDOB_M< MONTH: _____

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

>NEWDOB_D< DAY: _____

- (01-31) 1-31
(97) Refused
(99) DK

>NEWDOB_Y< YEAR: _____

- (1979-1999) 1979-1999
(9997) Refused
(9999) DK

[Update Birthdates in DOB_M, DOB_BDAY, and DOB_Y]

Check item CAGECHK: Verify that the age and birthdate are consistent. If not, go to CID.040, re-enter age or birth date.

(Go to next section--Conditions, Limitations, Health Status)

Section II - CONDITIONS, LIMITATION, HEALTH STATUS

Part A -- Conditions, Limitation of Activity & Health Status

CHS.010 What was {S.C.name}'s birth weight?

FR: ALLOW THE RESPONSES IN METRIC IF VOLUNTEERED.

>**BWGTLB**< Pounds _____

(01-15) 0-15 pounds
(997) Refused
(999) DK

>**BWGTOZ**< Ounces _____

(00-15) ounces
(97) Refused
(99) DK

>**BWGTMGR**< Grams _____

(0500) 500 grams or less
(0501-5484) 501-5484 grams
(9997) Refused
(9999) DK

CHS.020 About how tall is {S.C.name} now?

FR: ALLOW ALL RESPONSES TO BE IN METRIC IF VOLUNTEERED.

>**CHGHTF**< Feet _____

(00-07) 0-7 feet
(97) Refused
(99) DK

>**CHGHTI**< Inches _____

(00-36) 0-36 inches
(97) Refused
(99) DK

>**CHGHTM**< Meters _____

(00-02) 0-2 meters
(7) Refused
(9) DK

>**CHGHTCM**< Centimeters _____

(00-241) 0-241 centimeters
(997) Refused
(999) DK

CHS.021 About how much does {S.C.name} weigh now? (without shoes)

FR: ALLOW RESPONSES IN METRIC IF VOLUNTEERED.

>CWT_LB< Pounds_____

- (001-500) 1-500 pounds
- (997) Refused
- (999) DK

>CWT_KG< Kilograms _____

- (0002-0226) 2-226 kilograms
- (9997) Refused
- (9999) DK

Check Item CHSCCI1: [If age is greater than or equal to 2 go to CHS.032; If the age is less than 2 then go to CHS.031]

CHS.031 Has a doctor or health professional ever told you that {S.C.name} had:

- (1) Yes (7) Refused
- (2) No (9) DK

>AMR1< Mental Retardation?

>AODD1< Any other developmental delay?

(Go to CHS.060)

CHS.032 Has a doctor or health professional ever told you that {S.C.name} had:

- (1) Yes (7) Refused
- (2) No (9) DK

>ADD2< Attention Deficit Disorder?

>AMR2< Mental Retardation?

>AODD2< Any other developmental delay?

CHS.060 **FR: SHOW CARD C2.**

Looking at this list, has a doctor or health professional ever told you that {S.C.name} had any of these conditions?

- >CONDL< (0) None (7) Diabetes
- (1) Down's syndrome (8) Arthritis
- (2) Cerebral Palsy (9) Congenital heart disease
- (3) Muscular Dystrophy (10) Other heart condition
- (4) Cystic Fibrosis (97) Refused
- (5) Sickle cell anemia (99) DK
- (6) Autism

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHS.070 Has {S.C.name} **EVER** had chickenpox?

- >CPOX< (1) Yes (7) Refused
(2) No (9) DK

CHS.080 Has a doctor or other health professional **EVER** told you that {S.C.name} had asthma?

- >CASHMEV< (1) Yes (CHS.090) (7) Refused (Check Item CHSCCI2)
(2) No (Check Item CHSCCI2) (9) DK (Check Item CHSCCI2)

>**Check Item CHSCCI2**: [If CHS.080 = 1 go to CHS.090. If CHS.080 equals 2, 7, or 9, and the age is greater than 2 then go to CHS.115; If CHS.080 equals 2, 7, 9 and the age is less than or equal to 2 then go to CHS.111]

CHS.090 During the past 12 months, has {S.C.name} had an episode of asthma or an asthma attack?

- >CASHYR< (1) Yes (CHS.100) (7) Refused (Check item CHSCCI3)
(2) No (Check item CHSCCI3) (9) DK (Check item CHSCCI3)

Check Item CHSCCI3: [If CHS.090 = 1 go to CHS.100. If CHS.090 equals 2, 7, or 9, and the age is greater than 2 then go to CHS.115; If CHS.090 equals 2, 7, 9 and the age is less than or equal to 2 then go to CHS.111]

CHS.100 During the past 12 months, did {S.C.name} have to visit an emergency room or urgent care center because of asthma?

- >CASMERYR< (1) Yes (7) Refused
(2) No (9) DK

Check Item CHSCCI4: [If the age is greater than 2 then go to CHS.115; If the age is less than or equal to 2 then go to CHS.111]

CHS.111 During the past 12 months, has {S.C.name} had any of the following conditions?

- (1) Yes (2) No (7) Refused (9) DK

- >HAYF1< Hay fever?
>RALLG1< Any kind of respiratory allergy?
>DALLG1< Any kind of food or digestive allergy?
>SALLG1< Eczema or any kind of skin allergy?
>DIARH1< Frequent or repeated diarrhea or colitis?
>ANEMIA1< Anemia?
>EARINF1< Three or more ear infections?
>SEIZE1< Seizures?

(Go to CHS.210)

CHS.115 During the past 12 months, has {S.C.name} had any of the following conditions?

(1) Yes (2) No (7) Refused (9) DK

- >HAYF2< Hay fever?
- >RALLG2< Any kind of respiratory allergy?
- >DALLG2< Any kind of food or digestive allergy?
- >SALLG2< Eczema or any kind of skin allergy?
- >DIARH2< Frequent or repeated diarrhea or colitis?
- >ANEMIA2< Anemia?
- >FHEAD< Frequent or severe headaches, including migraines?
- >EARINF2< Three or more ear infections?
- >SEIZE2< Seizures?
- >STUTTER< Stuttering or stammering?

CHS.210 Compared with 12 months ago, would you say {S.C.name}'s health is now BETTER, WORSE, or ABOUT THE SAME?

- >CHSTATYR< (1) Better (7) Refused
- (2) Worse (9) DK
- (3) About the same

Check Item CHSCCI5: [If the age is greater than 4 go to CHS.220; If age is less than or equal to 4 go to CHS.230]

CHS.220 During the past 12 months, that is, since {12-month ref. date}, about how many days did {S.C. name} miss school because of illness or injury?

- >SCHDAYR1< (000) none (997) Refused
- (001-240) 1-240 Days (999) DK
- (996) Did not go to school

CHS.230 These next questions are about {S.C.name}'s recent health during the 2 weeks outlined on that calendar. Did {S.C.name} have a head cold or chest cold that started during those two weeks?

- >CCOLD2W< (1) Yes (7) Refused
- (2) No (9) DK

CHS.240 Did {S.C.name} have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?

- >CINTIL2W< (1) Yes (7) Refused
- (2) No (9) DK

CHS.250 Which statement best describes {S.C.name}'s hearing (without a hearing aid): GOOD, A LITTLE TROUBLE, A LOT OF TROUBLE, or DEAF?

- >CHEARST< (1) Good (4) Deaf
- (2) Little trouble (7) Refused
- (3) Lot of trouble (9) DK

CHS.260 Does {S.C.name} have any trouble seeing?

[If child's age is 2 or more add:]

Even when wearing glasses or contact lenses?

>**CVISION**< (1) Yes (CHS.270) (7) Refused (CHS.290)
(2) No (CHS.290) (9) DK (CHS.290)

CHS.270 Is {S.C.name} blind or unable to see at all?

>**CBLIND**< (1) Yes (7) Refused
(2) No (9) DK

CHS.290 Does {S.C.name} have any impairment or health problem that requires {him/her} to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

>**IHSPEQ**< (1) Yes (7) Refused
(2) No (9) DK

CHS.300 Does {S.C.name} have an impairment or health problem that limits {his/her} ability to (crawl), walk, run, or play?

>**IHMOB**< (1) Yes (CHS.310) (7) Refused (CHS.311)
(2) No (CHS.311) (9) DK (CHS.311)

CHS.310 Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer?

>**IHMOBYR**< (1) Yes (7) Refused
(2) No (9) DK

CHS.311 Does {S.C.name} NOW have a problem for which {he/she} has regularly taken prescription medication for at least three months?

>**PROBRX**< (1) Yes (7) Refused
(2) No (9) DK

Check Item CHSCCI6: [If age is less than or equal to 1 go to next section -- Health Care Access and Utilization. CAU.020; If the age is equal to 2 go to CHSCCI7; If the age is greater than or equal to 3 go to CHS.312]

CHS.312 Has a representative from a school or a health professional ever told you that {S.C.name} had a learning disability?

>**LEARND**< (1) Yes (7) Refused
(2) No (9) DK

Part B - Child Behavior

Check item CHSCCI7: If AGE = 2-3 & RPSEX is male, then go to CHS.321;
If AGE = 2-3 & RPSEX is female, then, go to CHS.361;
If AGE = 4-11 & RPSEX is male, then go to CHS.401;
If AGE = 4-11 & RPSEX is female, then go to CHS.441;
If AGE = 12-17 & RPSEX is male, then go to CHS.481;
If AGE = 12-17 & RPSEX is female, then go to CHS.521.

CHS.321 I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C.name} during the past 2 months.

FR: SHOW CARD C3.

- (0) Not True (7) Refused
- (1) Sometimes True (9) DK
- (2) Often True

HE:

- >CMHAGM12< Has been uncooperative?
- >CMHAGM13< Has trouble getting to sleep?
- >CMHAGM14< Has speech problems?
- >CMHAGM15< Has been unhappy, sad, or depressed?

(Go to CAU.020)

CHS.361 I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C. name} during the past 2 months.

FR: SHOW CARD C3.

- (0) Not True (7) Refused
- (1) Sometimes True (9) DK
- (2) Often True

SHE:

- >CMHAGF12< Has temper tantrums or a hot temper?
- >CMHAGF13< Has speech problems?
- >CMHAGF14< Has been nervous or high-strung?
- >CMHAGF15< Has been unhappy, sad, or depressed?

(Go to next section -- Health Care Access and Utilization)

CHS.401 I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C.name} during the past 6 months.

FR: SHOW CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (2) Often True | |

HE:

- >CMHAGM22< Doesn't get along with other kids?
- >CMHAGM23< Can't concentrate or pay attention long?
- >CMHAGM24< Feels worthless or inferior?
- >CMHAGM25< Has been unhappy, sad, or depressed?

(Go to next section — Health Care Access and Utilization)

CHS.441 I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE of {S.C.name} during the past 6 months.

FR: SHOW CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (2) Often True | |

SHE:

- >CMHAGF22< Can't concentrate or pay attention long?
- >CMHAGF23< Has been nervous, high strung or tense?
- >CMHAGF24< Acts too young for her age?
- >CMHAGF25< Has been unhappy, sad, or depressed?

(Go to next section -- Health Care Access and Utilization)

CHS.481 I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, that during the past 6 months, {S.C.name}:

FR: SHOW CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (2) Often True | |

HE:

- >CMHAGM32< Can't concentrate or pay attention long?
- >CMHAGM33< Lies or cheats?
- >CMHAGM34< Doesn't get along with other kids?
- >CMHAGM35< Has been unhappy, sad, or depressed?

(Go to next section — Health Care Access and Utilization)

CHS.521 I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, that during the past 6 months, {S.C.name}:

FR: HAND CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (2) Often True | |

SHE:

- | | |
|------------|--------------------------------------|
| >CMHAGF32< | Lies or cheats? |
| >CMHAGF33< | Does poorly at school work? |
| >CMHAGF34< | Has trouble sleeping? |
| >CMHAGF35< | Has been unhappy, sad, or depressed? |

(Go to next section-Health Care Access and Utilization)

Section III -- HEALTH CARE ACCESS AND UTILIZATION

Part A -- Access To Care

CAU.020 The next questions are about Health Care.

Is there a place that {S.C.name} USUALLY goes when {he/she} is sick or you need advice about {his/her} health?

- >CUSUALPL< (1) Yes (CAU.030) (7) Refused (CAU.037)
(2) There is NO place (CAU.037) (9) DK (CAU.037)
(3) There is MORE THAN ONE place (CAU.030)

CAU.030 [If CAU.020 equal 1, then read:]

What kind of place is it ...

[Else CAU.020 equal 3, then read:]

What kind of place does {S.C.name} go to most often ...
... A clinic, doctor's office, emergency room, or some other place?

- >CPLKIND< (1) Clinic or health center (CAU.035) (5) Some other place (CAU.035)
(2) Doctor's office or HMO (CAU.035) (7) Refused (CAU.037)
(3) Hospital emergency room (CAU.035) (9) DK (CAU.037)
(4) Hospital outpatient department (CAU.035)

CAU.035 Is that {place selected in CAU.030} the same place {S.C.name} usually goes when {he/she} needs routine or preventive care, such as a physical examination or well baby/child check-up?

- >CHCPLROU< (1) Yes (CAU.040) (7) Refused (CAU.037)
(2) No (CAU.037) (9) DK (CAU.037)

CAU.037 What kind of place does {S.C.name} go to when {he/she} needs routine preventive care, such as a physical examination or well baby/child check-up?

- >CHCPLKND< (0) Doesn't get preventive care anywhere (4) Hospital outpatient department
(1) Clinic or health center (5) Some other place
(2) Doctor's office or HMO (7) Refused
(3) Hospital emergency room (9) DK

Check item CAUCCI: If CAU.020 equals 2, 7, or 9, then go to CAU.080; Else go to CAU.040.

CAU.040 At any time in the past 12 months did you CHANGE the place(s) to which {S.C.name} USUALLY goes for health care?

- >CHCCHGYR< (1) Yes (CAU.050) (7) Refused (CAU.080)
(2) No (CAU.080) (9) DK (CAU.080)

CAU.050 Was this change for a reason related to health insurance?

- >CHCCHGHI< (1) Yes (7) Refused
(2) No (9) DK

Part C -- Health Care Provider Contacts

CAU.170 During the past 12 months, that is since {12-month ref. date}, has anyone in the family seen or talked to any of the following health care providers about {S.C.name}'s health?

(1) Yes (2) No (3) Refused (9) DK

>CHCSYR11< An optometrist, optician, or eye doctor (someone who prescribes eyeglasses)?

>CHCSYR12< A foot doctor?

>CHCSYR13< A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

>CHCSYR14< A nurse practitioner, physician assistant or midwife? (Go to Check Item CAUCCI4)

CAU.175 During the past 12 months, that is since {12-month ref. date}, have you seen or talked to any of the following health care providers about {S.C.name}'s health?

(1) Yes (2) No (3) Refused (9) DK

>CHCSYR1< A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>CHCSYR2< An optometrist, optician, or eye doctor (someone who prescribes eyeglasses)?

>CHCSYR3< A foot doctor?

>CHCSYR4< A chiropractor?

>CHCSYR5< A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

>CHCSYR6< A nurse practitioner, physician assistant or midwife?

Check Item CAUCCI4: [If female and age is greater than 14 then go to CAU.230; Else go to CAU.240]

CAU.230 During the past 12 months, have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about {S.C.name}'s health?

>CHCSYR7< (1) Yes (7) Refused
(2) No (9) DK

CAU.240 During the past 12 months, have you seen or talked to the following about {S.C.name}'s health?

(1) Yes (2) No (7) Refused (9) DK

>CHCSYR81< A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist or ophthalmologist)?

>CHCSYR82< A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?

Check Item CAUCCI5: [If CHCSYR82 = 1 go to CAU.260; Else go to CAU.270]

CAU.260 Does that doctor treat children and adults (a doctor in general practice or family medicine)?

>CHCSYR10< (1) Yes (7) Refused
(2) No (9) DK

CAU.270 During the past 12 months did {S.C.name} receive a physical examination or well baby/child check-up?

>CHPEXYR< (1) Yes (7) Refused
(2) No (9) DK

CAU.280 During the past 12 months, HOW MANY TIMES has {S.C.name} gone to a HOSPITAL EMERGENCY ROOM about {his/her} health? (This includes emergency room visits that resulted in a hospital admission.)

FR: SHOW CARD C5.

>CHERNOYR< (0) None (4) 10-12
(1) 1 (5) 13 or more
(2) 2-3 (7) Refused
(3) 4-9 (9) DK

CAU.290 During the past 12 months, did {S.C.name} receive care AT HOME from a nurse or other health care professional?

>CHCHYR< (1) Yes (CAU.300) (7) Refused (CAU.320)
(2) No (CAU.320) (9) DK (CAU.320)

CAU.300 During how many of the past 12 months did {S.C.name} receive care at home from a health care professional?

>CHCHMOYR< (01-12) 1-12 months
(97) Refused
(99) DK

CAU.310 What was the total number of home visits received for {S.C.name} during that/those months?

FR: SHOW CARD C6

>CHCHNOYR< (1) 1 (5) 13 or more
(2) 2-3 (7) Refused
(3) 4-9 (9) DK
(4) 10-12

CAU.320 During the past 12 months, HOW MANY TIMES has {S.C.name} seen a doctor or other health care professional about {his/her} health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times {S.C.name} was hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls.

FR: SHOW CARD C5

>CHCNOYR< (0) None (4) 10-12
(1) 1 (5) 13 or more
(2) 2-3 (7) Refused
(3) 4-9 (9) DK

CAU.330 During the past 12 months has {S.C.name} had SURGERY or other surgical procedures either as an inpatient or outpatient?

>CSRGYR< (1) Yes (CAU.340) (7) Refused (Check item CAUCCI6)
(2) No (Check item CAUCCI6) (9) DK (Check item CAUCCI6)

CAU.340 Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has {S.C. name} had surgery done as an outpatient during the past 12 months?

>CSRGN0YR< (00-94) 0-94 times (97) Refused
(95) 95+ times (99) DK

Check item CAUCCI6: If sample child had a doctor visit in the last 2 weeks as indicated in the family core, that is: If FAU.180 equals 1 and sample child's person number is in FAU.190, then CAU.345 equals 1 and go to next questionnaire--Immunization; Else go to CAU.345.

CAU.345 About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about {S.C.name}'s health? Include doctors seen while {he/she} was a patient in a hospital.

>CMDLONG< (1) 6 months or less
(2) More than 6 months, but not more than 1 year ago
(3) More than 1 year, but not more than 3 years ago
(4) More than 3 years
(5) Never
(7) Refused
(9) DK

(Go to next questionnaire -- Immunization)