
2004 NHIS Questionnaire - Sample Child
Child Identification

Document Version Date: 20-Jul-05

Question ID: CID.001_00.000 **Instrument Variable Name:** CURRE **QuestionnaireFileName:** Sample Child

Question Text: * Enter the line number of the person to whom you are speaking.

01-25 Person number of the respondent for Sample Child

Universe: Sample child section not started or not completed

Skip Instructions: if CSTAT <> empty and CSTAT <> 2 THEN
 if ASTAT = empty or ASTAT = 2 THEN
 goto adult.aid.SADULT
 elseif recontact.RCIFLAG <> 1 THEN
 goto recontact.RCI_BEGIN procedure
 else
 goto back.OUTCOMEB1 procedure
 endif
 goto back.OUTCOMEB1 procedure
 endif

 <01-25> if this is NOT an allowable line number
 goto ERR_CURRE
 elseif CURRE = a line number entered in KNOWSC2
 store CURRE in CSPAVAIL and CSRESP
 goto CSRELTIV
 elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
 goto KNOAVAIL
 else
 goto CSPAVAIL
 endif

2004 NHIS Questionnaire - Sample Child
Child Identification

Document Version Date: 20-Jul-05

Question ID: CID.010_00.000 **Instrument Variable Name:** CSPAVAIL **QuestionnaireFileName:** Sample Child

Question Text: The next questions are about [fill1: S.C. name].

Is [fill2:KNOWSC2 names] available to answer some questions about [fill3: HISHER] health?

* Enter line number of available respondent from list or enter '96' if no one is available.

* If refused enter CTRL_R.

01-25 Person # of person available to answer questions about Sample Child

96 No person available

Universe: Someone identified as knowledgeable about child's health and knowledgeable person(s) not entered in CURRE

Skip Instructions: <01-25> if line number not equal one of the line numbers in KNOWSC2
 goto child.cid.ERR_CSPAVAIL
 else
 store child.cid.CSPAVAIL in child.cid.CSRESP
 goto child.cid.CSRELTIV
 endif
 <96> store child.cid.CSPAVAIL in child.cid.CSRESP
 goto cbk.CCALLBK1
 <R> store <4> in CSTAT(FAMINT)
 if ASTAT = empty or ASTAT = 2 THEN
 goto adult.aid.SADULT
 elseif recontact.RCIFLAG <> 1 THEN
 goto recontact.RCI_BEGIN procedure
 else
 goto back.OUTCOMEB1 procedure
 endif

Question ID: CID.030_00.000 **Instrument Variable Name:** CSRELTIV **QuestionnaireFileName:** Sample Child

Question Text: (book) C1

[fill1: The next questions are about [fill2: S.C. name]
 What is your relationship to [fill2: S.C. name]?

01 Parent (Biological, adoptive, or step)

02 Grandparent

03 Aunt/Uncle

Universe: Someone identified as knowledgeable about child's health

Skip Instructions: <1-8,R,D> If CSRESP = demographics.hhc.RELRESP_A
 goto child.chs.BWGT_LB
 elseif CSRESP = demographics.hhc.HHRESP
 goto child.chs.BWGT_LB
 else]
 goto CSPVERF_S
 endif]

2004 NHIS Questionnaire - Sample Child
Child IdentificationDocument Version Date: 20-Jul-05

Question ID: CID.040_00.000 **Instrument Variable Name:** CSPVERF_S **QuestionnaireFileName:** Sample Child**Question Text:** * Please verify the following information about the sample child before proceeding:

I have recorded [fill1: S.C. name]'s sex as [fill2: Sex of Sample Child]. Is this correct?

* If respondent "refuses" or says "don't know", enter "1" for "yes".

- 1 Yes
- 2 No

Universe: Respondent is not the person entered in HHRESP or RELRESP_A.**Skip Instructions:** <1> goto CSPVERF_A
<2> goto NEWSEX

Question ID: CID.041_00.000 **Instrument Variable Name:** NEWSEX **QuestionnaireFileName:** Sample Child**Question Text:** * Ask if appropriate; otherwise, enter your best guess of the person's sex.

Is [fill: S.C. name] Male or Female?

- 1 Male
- 2 Female

Universe: Respondent said child's sex is not correct.**Skip Instructions:** <1,2> store NEWSEX in SEX
goto ERR_NEWSEX
reset CSPVERF_S
goto CSPVERF_S

Question ID: CID.042_00.000 **Instrument Variable Name:** CSPVERF_A **QuestionnaireFileName:** Sample Child**Question Text:** * Please verify the following information about the sample child before proceeding:

I have recorded [fill1: S.C name]'s age as [fill2: Age of Sample Child] old. Is this correct?

* If respondent "refuses" or says "don't know", enter "1" for "yes".

- 1 Yes
- 2 No

Universe: Respondent verified child's sex**Skip Instructions:** <1> goto CSPVERF_D
<2> goto NEWAGE

2004 NHIS Questionnaire - Sample Child
Child IdentificationDocument Version Date: 20-Jul-05

Question ID: CID.043_00.000 **Instrument Variable Name:** NEWAGE **QuestionnaireFileName:** Sample Child**Question Text:** How old is [fill1: S.C. name]?

* If age given in months, weeks, or days, convert age to appropriate year. If less than one year old, enter "0".

000-120 Age in years**Universe:** Respondent said child's age is not correct**Skip Instructions:** <0-120, Refused, Don't know>
if NEWAGE = Refused or NEWAGE = Don't know or NEWAGE = AGE
reset CSPVERF_A
goto ERR_NEWAGE
else
store NEWAGE in AGE
goto NEWDOB_M

Question ID: CID.044_00.000 **Instrument Variable Name:** CSPVERF_D **QuestionnaireFileName:** Sample Child**Question Text:** * Please verify the following information about the sample child before proceeding:

I have recorded [fill1: S.C. name]'s birthday as [fill2: Birthday of Sample Child]. Is this correct?

* If respondent "refuses" or says "don't know", enter "1" for "yes".

1 Yes**2** No**Universe:** Respondent verified child's sex**Skip Instructions:** <1> if AGE of Sample Child ge <18>
goto CNO_MORE
else
goto child.chs.BWGT_LB
endif
<2> goto NEWDOB_M

2004 NHIS Questionnaire - Sample Child
Child Identification

Document Version Date: 20-Jul-05

Question ID: CID.046_01.000 **Instrument Variable Name:** NEWDOB_M **QuestionnaireFileName:** Sample Child

Question Text: 1 of 3

What is [fill: S.C. name]'s birthday?

*Enter month of birth.

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

Universe: Respondent said child's date of birth is not correct or child's age is not correct

Skip Instructions: <01-12, Refused, Don't know> goto NEWDOB_D

Question ID: CID.046_02.000 **Instrument Variable Name:** NEWDOB_D **QuestionnaireFileName:** Sample Child

Question Text: 2 of 3

* Enter day of birth.

01-31 Day of the month

Universe: Respondent said child's date of birth is not correct or child's age is not correct

Skip Instructions: <01-31,Refused,Don't know> goto NEWDOB_Y

If days not valid, goto ERR_NEWDOB_D

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.010_01.000 **Instrument Variable Name:** BWGT_LB **QuestionnaireFileName:** Sample Child

Question Text: What was [fill: S.C. name]'s birth weight?

* Enter 'M' to record metric measurements.

01-15 1-15 pounds
97 Refused
99 Don't know
M Metric

Universe: Sample children <18

Skip Instructions: <1-12> [goto BWGT_OZ]
<13-15> [goto ERR1_BWGT_LB]
<R,D> [goto CHGT_FT]
<M> [goto BWGT_GR]
[If NE <1-15, M, R, D> goto ERR2_BWGT_LB]

Question ID: CHS.010_02.000 **Instrument Variable Name:** BWGT_OZ **QuestionnaireFileName:** Sample Child

Question Text: * Enter ounces.

00-15 0-15 ounces
97 Refused
99 Don't know
Blank Blank

Universe: Sample children <18 who have a value entered for weight in pounds.

Skip Instructions: <0-15,R,D> [goto CHGT_FT]
[if BWGT_LB = <0-15, R, D> and BWGT_OZ = <empty> go to CHGT_FT]

Question ID: CHS.011_00.000 **Instrument Variable Name:** BWGT_GR **QuestionnaireFileName:** Sample Child

Question Text: * Enter weight in grams.

0500-5485 500-5485 grams
9997 Refused
9999 Don't know

Universe: Sample children <18 whose birth weight will be entered in metric.

Skip Instructions: <500-5485,R,D> [goto CHGT_FT]
<5486-6900> [goto ERR_BWGT_GR]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
 Document Version Date: 20-Jul-05

Question ID: CHS.020_01.000 **Instrument Variable Name:** CHGT_FT **QuestionnaireFileName:** Sample Child

Question Text: How tall is [fill: S.C. name] now (without shoes)?

* If the child's height is given in inches, press 'ENTER' at feet and enter the measure in inches (36 inches maximum).

* Enter 'M' to record metric measurements.

00-07 0-7 feet
97 Refused
99 Don't know
M Metric

Universe: Sample children <18

Skip Instructions: <empty> [goto CHGT_IN]
 <0-7> [goto CHGT_IN]
 <R,D> [goto CWGT_LB]
 <M> [goto CHGT_M]
 [If NE <0-7, M, R, D> go to ERR_CHGT_FT]

Question ID: CHS.020_02.000 **Instrument Variable Name:** CHGT_IN **QuestionnaireFileName:** Sample Child

Question Text: * Enter inches.

00-36 0-36 inches
97 Refused
99 Don't know

Universe: Sample children <18 whose height in feet is 0-7 or is left empty.

Skip Instructions: <0-36> [goto CWGT_LB]
 [If both CHGT_FT and CHGT_IN are either <empty> or <0>, display ERR1_CHGT_IN]
 [If CHGT_FT = <0-7> and CHGT_IN is GE <12> display ERR2_CHGT_IN]

Question ID: CHS.021_01.000 **Instrument Variable Name:** CHGT_M **QuestionnaireFileName:** Sample Child

Question Text: * Enter height in metric.

* If the child's height is given in centimeters, press 'ENTER' at meters and enter the measure in centimeters (241 centimeters maximum).

0-2 0-2 meters
7 Refused
9 Don't know
Blank Blank

Universe: Sample children <18 whose current height will be entered in metric.

Skip Instructions: <0-2> [goto CHGT_CM]
 <R,D> [goto CWGT_LB]
 <empty> [go to CHGT_CM]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
 Document Version Date: 20-Jul-05

Question ID: CHS.021_02.000 **Instrument Variable Name:** CHGT_CM **QuestionnaireFileName:** Sample Child

Question Text: * Enter centimeters.

000-241 0-241 centimeters
Blank Blank

Universe: Sample children <18 whose weight will be entered in metric, and who entered "0-2" for height in meters or left it empty.

Skip Instructions: <0-241> [goto CWGT_LB]
 [if CHGT_M = <empty, 0> and CHGT_CM = <empty, 0> go to ERR1_CHGT_CM]
 [if CHGT_M = 2 and CHGT_CM > 41 goto ERR2_CHGT_CM]
 [if CHGT_M = 1 and CHGT_CM >141 goto ERR2_CHGT_CM]

Question ID: CHS.022_00.000 **Instrument Variable Name:** CWGT_LB **QuestionnaireFileName:** Sample Child

Question Text: How much does [fill: S.C. name] weigh now (without shoes)?

* Enter 'M' to record metric measurements.

* Enter '500' if 500 pounds or more.

001-500 1-500 pounds
997 Refused
999 Don't know
M Metric

Universe: Sample children <18

Skip Instructions: <1-500,R,D> [if age ge <2> goto ADD_1, else, goto ADD1_2]
 <M> [goto CWGT_KG]
 [if = <501-999> goto ERR1_CWGT_LB]
 [if NE <1-999, M, R, D> goto ERR2_CWGT_KG]

Question ID: CHS.023_00.000 **Instrument Variable Name:** CWGT_KG **QuestionnaireFileName:** Sample Child

Question Text: * Enter weight in kilograms.

002-226 2-226 kilograms

Universe: Sample children <18 whose weight will be entered in metric.

Skip Instructions: <2-226> [if AGE ge <2> goto ADD_1; else goto ADD1_2]
 [if CWGT_KG > 226 goto ERR_CWGT_KG]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.031_02.000 **Instrument Variable Name:** ADD1_2 **QuestionnaireFileName:** Sample Child

Question Text: Has a doctor or health professional ever told you that [fill: S.C. name] had...

Mental Retardation?

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

Universe: Sample children <2

Skip Instructions: <1,2,R,D> [goto ADD1_3]

Question ID: CHS.031_03.000 **Instrument Variable Name:** ADD1_3 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

Has a doctor or health professional ever told you that [fill: S.C. name] had...

Any other developmental delay?

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

Universe: Sample children <2

Skip Instructions: <1,2,R,D> [goto CONDL]

Question ID: CHS.032_01.000 **Instrument Variable Name:** ADD_1 **QuestionnaireFileName:** Sample Child

Question Text: Has a doctor or health professional ever told you that [fill: S.C. name] had...

Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?

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

Universe: Sample children 2-17

Skip Instructions: <1,2,R,D> [go to ADD_2]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.032_02.000 **Instrument Variable Name:** ADD_2 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

Has a doctor or health professional ever told you that [fill: S.C. name] had...

Mental Retardation?

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

Universe: Sample children 2-17

Skip Instructions: <1,2,R,D> [go to ADD_3]

Question ID: CHS.032_03.000 **Instrument Variable Name:** ADD_3 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

Has a doctor or health professional ever told you that [fill: S.C. name] had...

Any other developmental delay?

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

Universe: Sample children 2-17

Skip Instructions: <1,2,R,D> [go to CONDL]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.060_00.000 **Instrument Variable Name:** CONDL **QuestionnaireFileName:** Sample Child

Question Text: (book) C2

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

Which ones?

* Enter all that apply, separate with commas.

- 00 None
- 01 Down's syndrome
- 02 Cerebral palsy
- 03 Muscular dystrophy
- 04 Cystic fibrosis
- 05 Sickle cell anemia
- 06 Autism
- 07 Diabetes
- 08 Arthritis
- 09 Congenital heart disease
- 10 Other heart condition
- 97 Refused
- 99 Don't know

Universe: Sample children <18

Skip Instructions: <0-10,R,D> [go to CPOX]
[If <0> and <1-10> go to ERR_CONDL]

Question ID: CHS.070_00.000 **Instrument Variable Name:** CPOX **QuestionnaireFileName:** Sample Child

Question Text: Has [fill: S.C. Name] EVER had chickenpox?

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

Universe: Sample children <18

Skip Instructions: <1> [go to CPOX12MO]
<2,R,D> [go to CASHMEV]

Question ID: CHS.072_00.000 **Instrument Variable Name:** CPOX12MO **QuestionnaireFileName:** Sample Child

Question Text: Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS?

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

Universe: Sample children <18 who have had chickenpox

Skip Instructions: <1,2,R,D> [goto CASHMEV]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.080_00.000 **Instrument Variable Name:** CASHMEV **QuestionnaireFileName:** Sample Child

Question Text: Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?

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

Universe: Sample children <18

Skip Instructions: <1> [go to CASSTILL]
<2,R,D> [if AGE LE 2 go to CCONDT1; if AGE >2 go to CCONDT]

Question ID: CHS.085_00.000 **Instrument Variable Name:** CASSTILL **QuestionnaireFileName:** Sample Child

Question Text: Does [fill: S.C. name] still have asthma?

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

Universe: Sample children <18 and doctor has informed that child had asthma

Skip Instructions: <1,2,R,D> [go to CASHYR]

Question ID: CHS.090_00.000 **Instrument Variable Name:** CASHYR **QuestionnaireFileName:** Sample Child

Question Text: The following questions are about [fill: S.C. name]'s asthma DURING THE PAST 12 MONTHS.

DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?

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

Universe: Sample children <18 and doctor has informed that child had asthma

Skip Instructions: <1> [go to CASMERYR]
<2,R,D> [if AGE LE 2 go to CCONDT1; if AGE >2 go to CCONDT]

Question ID: CHS.100_00.000 **Instrument Variable Name:** CASMERYR **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] have to visit an emergency room or urgent care center because of [fill2: his/her] asthma?

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

Universe: Sample children <18 who has had an episode of asthma or an asthma attack in the past 12 months

Skip Instructions: <1,2,R,D> [if AGE LE 2 go to CCONDT1_1; if AGE >2 go to CCONDT_1]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.111_01.000 **Instrument Variable Name:** CCONDT1_1 **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Hay fever?

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

Universe: Sample children LE 2

Skip Instructions: <1,2,R,D> [go to CCONDT1_2]

Question ID: CHS.111_02.000 **Instrument Variable Name:** CCONDT1_2 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Any kind of respiratory allergy?

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

Universe: Sample children LE 2

Skip Instructions: <1,2,R,D> [go to CCONDT1_3]

Question ID: CHS.111_03.000 **Instrument Variable Name:** CCONDT1_3 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Any kind of food or digestive allergy?

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

Universe: Sample children LE 2

Skip Instructions: <1,2,R,D> [go to CCONDT1_4]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.111_04.000 **Instrument Variable Name:** CCONDT1_4 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Eczema or any kind of skin allergy?

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

Universe: Sample children LE 2

Skip Instructions: <1,2,R,D> [go to CCONDT1_5]

Question ID: CHS.111_05.000 **Instrument Variable Name:** CCONDT1_5 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Frequent or repeated diarrhea or colitis?

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

Universe: Sample children LE 2

Skip Instructions: <1,2,R,D> [go to CCONDT1_6]

Question ID: CHS.111_06.000 **Instrument Variable Name:** CCONDT1_6 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Anemia?

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

Universe: Sample children LE 2

Skip Instructions: <1,2,R,D> [go to CCONDT1_8]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.111_08.000 **Instrument Variable Name:** CCONDT1_8 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Three or more ear infections?

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

Universe: Sample children LE 2

Skip Instructions: <1,2,R,D> [go to CCONDT1_9]

Question ID: CHS.111_09.000 **Instrument Variable Name:** CCONDT1_9 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Seizures?

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

Universe: Sample children LE 2

Skip Instructions: <1,2,R,D> [go to CHSTATYR]

Question ID: CHS.115_01.000 **Instrument Variable Name:** CCONDT_1 **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Hay fever?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CCONDT_2]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.115_02.000 **Instrument Variable Name:** CCONDT_2 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Any kind of respiratory allergy?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CCONDT_3]

Question ID: CHS.115_03.000 **Instrument Variable Name:** CCONDT_3 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Any kind of food or digestive allergy?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CCONDT_4]

Question ID: CHS.115_04.000 **Instrument Variable Name:** CCONDT_4 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Eczema or any kind of skin allergy?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CCONDT_5]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.115_05.000 **Instrument Variable Name:** CCONDT_5 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Frequent or repeated diarrhea or colitis?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CCONDT_6]

Question ID: CHS.115_06.000 **Instrument Variable Name:** CCONDT_6 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Anemia?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CCONDT_7]

Question ID: CHS.115_07.000 **Instrument Variable Name:** CCONDT_7 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Frequent or severe headaches, including migraines?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CCONDT_8]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.115_08.000 **Instrument Variable Name:** CCONDT_8 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Three or more ear infections?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CCONDT_9]

Question ID: CHS.115_09.000 **Instrument Variable Name:** CCONDT_9 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Seizures?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CCONDT_10]

Question ID: CHS.115_10.000 **Instrument Variable Name:** CCONDT_10 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Stuttering or stammering?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,R,D> [go to CHSTATYR]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.210_00.000 **Instrument Variable Name:** CHSTATYR **QuestionnaireFileName:** Sample Child

Question Text: Compared with 12 months ago, would you say [fill: S.C. name]'s health is now better, worse, or about the same?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

Universe: Sample children <18

Skip Instructions: <1-3,R,D> [if AGE le <4> goto CCOLD2W; else goto SCHDAYR]

Question ID: CHS.220_00.000 **Instrument Variable Name:** SCHDAYR **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, that is, since [fill1: 12-month ref. date], about how many days did [fill2: S.C. name] miss school because of illness or injury?

* Enter '996' if child did not go to school in the past 12 months.

- 000 None
- 001-240 1-240 days
- 996 Did not go to school
- 997 Refused
- 999 Don't know

Universe: Sample children 5-17

Skip Instructions: <0-99,996,R,D> [goto CCOLD2W]
<100-240> [go to ERR1_SCHDAYR]
<241-995> [goto ERR2_SCHDAYR]

Question ID: CHS.230_00.000 **Instrument Variable Name:** CCOLD2W **QuestionnaireFileName:** Sample Child

Question Text: * Hand calendar card.

These next questions are about [fill: S.C name]'s recent health during the 2 weeks outlined on that calendar.

Did [fill: SC name] have a head cold or chest cold that started during those two weeks?

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [goto CINTIL2W]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.240_00.000 **Instrument Variable Name:** CINTIL2W **QuestionnaireFileName:** Sample Child

Question Text: Did [fill: S.C. name] have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [goto CHEARST]

Question ID: CHS.250_00.000 **Instrument Variable Name:** CHEARST **QuestionnaireFileName:** Sample Child

Question Text: Which statement best describes [fill: S.C. name]'s hearing without a hearing aid: Good, a little trouble, a lot of trouble, or deaf?

- 1 Good
- 2 A little trouble
- 3 A lot of trouble
- 4 Deaf
- 7 Refused
- 9 Don't know

Universe: Sample children <18

Skip Instructions: <1-4,R,D> [go to CVISION]

Question ID: CHS.260_00.000 **Instrument Variable Name:** CVISION **QuestionnaireFileName:** Sample Child

Question Text: Does [fill1: S.C. name] have any trouble seeing [fill2: , even when wearing glasses or contact lenses]?

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

Universe: Sample children <18

Skip Instructions: <1> [goto CBLIND]
<2,R,D> [go to IHSPEQ]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 20-Jul-05

Question ID: CHS.270_00.000 **Instrument Variable Name:** CBLIND **QuestionnaireFileName:** Sample Child

Question Text: Is [fill: S.C. name] blind or unable to see at all?

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

Universe: Sample children <18 having trouble seeing

Skip Instructions: <1,2,R,D> [goto IHSPEQ]

Question ID: CHS.290_00.000 **Instrument Variable Name:** IHSPEQ **QuestionnaireFileName:** Sample Child

Question Text: Does [fill1: S.C. name] have any impairment or health problem that requires [fill2: him/her] to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [goto IHMOB]

Question ID: CHS.300_00.000 **Instrument Variable Name:** IHMOB **QuestionnaireFileName:** Sample Child

Question Text: Does [fill1: S.C. name] have an impairment or health problem that limits [fill2: his/her] ability to (crawl), walk, run, or play?

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

Universe: Sample children <18

Skip Instructions: <1> [goto IHMOBYR]
<2,R,D> [goto PROBRX]

Question ID: CHS.310_00.000 **Instrument Variable Name:** IHMOBYR **QuestionnaireFileName:** Sample Child

Question Text: Is this an impairment or health problem that has lasted, or is expected to last, 12 months or longer?

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

Universe: Sample children <18 that have limited ability to crawl, walk, run, or play

Skip Instructions: <1,2,R,D> [goto PROBRX]

2004 NHIS Questionnaire - Sample Child
Child Health Status & LimitationsDocument Version Date: 20-Jul-05

Question ID: CHS.311_00.000 **Instrument Variable Name:** PROBRX **QuestionnaireFileName:** Sample Child**Question Text:** Does [fill1: S.C. name] NOW have a problem for which [fill2: he/she] has regularly taken prescription medication for at least three months?

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

Universe: Sample children <18**Skip Instructions:** <1,2,R,D> [if AGE LE <1> go to CUSUALPL;
if AGE GE <3> go to LEARNND;
if AGE = <2> and SEX = <1> go to CMHAGM11_1;
if AGE = <2> and SEX = <2> go to CMHAGF11_1]

Question ID: CHS.312_00.000 **Instrument Variable Name:** LEARNND **QuestionnaireFileName:** Sample Child**Question Text:** Has a representative from a school or a health professional ever told you that [fill: S.C. name] had a learning disability?

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

Universe: Sample children 3-17**Skip Instructions:** <1,2,R,D> [if AGE > 3 go to CUSUALPL;
if AGE = 3 and SEX = 1 go to CMHAGM11_1;
if AGE = 3 and SEX = 2 go to CMHAGF11_1]

Question ID: CHS.321_01.000 **Instrument Variable Name:** CMHAGM11_1 **QuestionnaireFileName:** Sample Child**Question Text:** (book) C3

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 [fill: S.C. name] DURING THE PAST TWO MONTHS.

HE:

Has been uncooperative?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

Universe: Male sample children 2-3**Skip Instructions:** <0-2,R,D> [go to CMHAGM11_2]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: CHS.321_02.000 **Instrument Variable Name:** CMHAGM11_2 **QuestionnaireFileName:** Sample Child

Question Text: (book) C3

* Read if necessary.

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 [fill: S.C. name] DURING THE PAST TWO MONTHS.

HE:

Has trouble getting to sleep?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

Universe: Male sample children 2-3

Skip Instructions: <0-2,R,D> [go to CMHAGM11_3]

Question ID: CHS.321_03.000 **Instrument Variable Name:** CMHAGM11_3 **QuestionnaireFileName:** Sample Child

Question Text: (book) C3

* Read if necessary.

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 [fill: S.C. name] DURING THE PAST TWO MONTHS.

HE:

Has speech problems?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

Universe: Male sample children 2-3

Skip Instructions: <0-2,R,D> [go to CMHAGM11_4]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: CHS.321_04.000 **Instrument Variable Name:** CMHAGM11_4 **QuestionnaireFileName:** Sample Child

Question Text: (book) C3

* Read if necessary.

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 [fill: S.C. name] DURING THE PAST TWO MONTHS.

HE:

Has been unhappy, sad, or depressed?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

Universe: Male sample children 2-3

Skip Instructions: <0-2,R,D> [go to CUSUALPL]

Question ID: CHS.361_01.000 **Instrument Variable Name:** CMHAGF11_1 **QuestionnaireFileName:** Sample Child

Question Text: (book) C3

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 [fill: S.C. name] DURING THE PAST TWO MONTHS.

SHE:

Has temper tantrums or a hot temper?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

Universe: Female sample children 2-3

Skip Instructions: <0-2,R,D> [go to CMHAGF11_2]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: CHS.361_02.000 **Instrument Variable Name:** CMHAGF11_2 **QuestionnaireFileName:** Sample Child

Question Text: book) C3

* Read if necessary.

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 [fill: S.C. name] DURING THE PAST TWO MONTHS.

SHE:

Has speech problems?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

Universe: Female sample children 2-3

Skip Instructions: <0-2,R,D> [go to CMHAGF11_3]

Question ID: CHS.361_03.000 **Instrument Variable Name:** CMHAGF11_3 **QuestionnaireFileName:** Sample Child

Question Text: book) C3

* Read if necessary.

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 [fill: S.C. name] DURING THE PAST TWO MONTHS.

SHE:

Has been nervous or high-strung?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

Universe: Female sample children 2-3

Skip Instructions: <0-2,R,D> [go to CMHAGF11_4]

2004 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: CHS.361_04.000 **Instrument Variable Name:** CMHAGF11_4 **QuestionnaireFileName:** Sample Child

Question Text: book) C3

* Read if necessary.

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 [fill: S.C. name] DURING THE PAST TWO MONTHS.

SHE:

Has been unhappy, sad, or depressed?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

Universe: Female sample children 2-3

Skip Instructions: <0-2,R,D> [go to CUSUALPL]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.020_00.000 **Instrument Variable Name:** CUSUALPL **QuestionnaireFileName:** Sample Child

Question Text: The next questions are about health care.

Is there a place that [fill1: S.C. name] USUALLY goes when [fill2: he/she] is sick or you need advice about [fill3: his/her] health?

- 1 Yes
- 2 There is NO place
- 3 There is MORE THAN ONE place
- 7 Refused
- 9 Don't know

Universe: Sample Children <18

Skip Instructions: <1,3> [go to CPLKIND]
<2,R,D> [go to CHCPLKND]

Question ID: CAU.030_00.000 **Instrument Variable Name:** CPLKIND **QuestionnaireFileName:** Sample Child

Question Text: [fill1: What kind of place is it / What kind of place does [fill2: S.C. name] go to most often] - a clinic, doctor's office, emergency room, or some other place?

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

Universe: Sample children <18 with one or more usual places to go when sick or need health advice

Skip Instructions: <1-5> [go to CHCPLROU]
<6,R,D> [go to CHCPLKND]

Question ID: CAU.035_00.000 **Instrument Variable Name:** CHCPLROU **QuestionnaireFileName:** Sample Child

Question Text: Is that [fill1: CPLKIND/CAU.030] the same place [fill2: S.C. name] USUALLY goes when [fill3: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

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

Universe: Sample children <18 with one or more usual places to go when sick or need health advice who reported that place as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place

Skip Instructions: <1> [go to CHCCHGYR]
<2,R,D> [go to CHCPLKND]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.037_00.000 **Instrument Variable Name:** CHCPLKND **QuestionnaireFileName:** Sample Child

Question Text: What kind of place does [fill1: S.C. name] USUALLY go to when [fill2: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office of HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

Universe: Sample Children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.

Skip Instructions: <0-6,R,D> [if CUSUALPL=2,R,D goto CHCDLYR_1; else goto CHCCHGYR]

Question ID: CAU.040_00.000 **Instrument Variable Name:** CHCCHGYR **QuestionnaireFileName:** Sample Child

Question Text: At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care?

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

Universe: Sample children <18 with one or more place to go when sick/need advice [or who reported same place as usual source of routine/preventive care]

Skip Instructions: <1> [go to CHCCHGHI]
<2,R,D> [go to CHCDLYR1_1]

Question ID: CAU.050_00.000 **Instrument Variable Name:** CHCCHGHI **QuestionnaireFileName:** Sample Child

Question Text: Was this change for a reason related to health insurance?

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

Universe: Sample children <18 that have changed their usual place of health care in the past 12 months

Skip Instructions: <1,2,R,D> [goto CHCDLYR1_1]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.080_01.000 **Instrument Variable Name:** CHCDLYR1_1 **QuestionnaireFileName:** Sample Child

Question Text: There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

You couldn't get through on the telephone.

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [goto CHCDLYR1_2]

Question ID: CAU.080_02.000 **Instrument Variable Name:** CHCDLYR1_2 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

You couldn't get an appointment for [fill: S.C. name] soon enough.

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [goto CHCDLYR1_3]

Question ID: CAU.080_03.000 **Instrument Variable Name:** CHCDLYR1_3 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

Once you get there, [fill: S.C. name] has to wait too long to see the doctor.

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [goto CHCDLYR1_4]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.080_04.000 **Instrument Variable Name:** CHCDLYR1_4 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

The (clinic/doctor's office) wasn't open when you could get there.

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [goto CHCDLYR1_5]

Question ID: CAU.080_05.000 **Instrument Variable Name:** CHCDLYR1_5 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

You didn't have transportation.

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR]

Question ID: CAU.130_00.000 **Instrument Variable Name:** CHCAFYR **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it...

Prescription medicines?

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

Universe: Sample children <2

Skip Instructions: <1,2,R,D> [if AGE <1 goto CHCSYR1_2; else goto CDENLONG]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.135_01.000 **Instrument Variable Name:** CHCAFYR1_1 **QuestionnaireFileName:** Sample Child

Question Text:

DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it...

Prescription medicines?

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

Universe: Sample children GE 2

Skip Instructions: <1,2,R,D> [goto CHCAFYR1_2]

Question ID: CAU.135_02.000 **Instrument Variable Name:** CHCAFYR1_2 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it...

Mental health care or counseling?

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

Universe: Sample children GE 2

Skip Instructions: <1,2,R,D> [goto CHCAFYR1_3]

Question ID: CAU.135_03.000 **Instrument Variable Name:** CHCAFYR1_3 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it...

Dental care (including check-ups)?

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

Universe: Sample children GE 2

Skip Instructions: <1,2,R,D> [goto CHCAFYR1_4]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.135_04.000 **Instrument Variable Name:** CHCAFYR1_4 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it..

Eyeglasses?

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

Universe: Sample children GE 2

Skip Instructions: <1,2,R,D> [goto CDENLONG]

Question ID: CAU.160_00.000 **Instrument Variable Name:** CDENLONG **QuestionnaireFileName:** Sample Child

Question Text: (book) C4

About how long has it been since [fill: S.C. name] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 0 Never
- 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 2 years ago
- 4 More than 2 years, but not more than 5 years ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

Universe: Sample children GE 1

Skip Instructions: <0-5,R,D> [if AGE GE <2> goto CHCSYR_1; else go to CHCSYR1_2]

Question ID: CAU.170_01.000 **Instrument Variable Name:** CHCSYR1_2 **QuestionnaireFileName:** Sample Child

Question Text:

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

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

Universe: Sample children <2

Skip Instructions: <1,2,R,D> [goto CHCSYR1_3]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.170_02.000 **Instrument Variable Name:** CHCSYR1_3 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A foot doctor?

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

Universe: Sample children <2

Skip Instructions: <1,2,R,D> [goto CHCSYR1_5]

Question ID: CAU.170_03.000 **Instrument Variable Name:** CHCSYR1_5 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

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

Universe: Sample children <2

Skip Instructions: <1,2,R,D> [goto CHCSYR1_6]

Question ID: CAU.170_04.000 **Instrument Variable Name:** CHCSYR1_6 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A nurse practitioner, physician assistant or midwife?

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

Universe: Sample children <2

Skip Instructions: <1,2,R,D> [goto CHCSYR8]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.175_01.000 **Instrument Variable Name:** CHCSYR_1 **QuestionnaireFileName:** Sample Child

Question Text:

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

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

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

Universe: Sample children GE 2

Skip Instructions: <1,2,R,D> [goto CHCSYR_2]

Question ID: CAU.175_02.000 **Instrument Variable Name:** CHCSYR_2 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

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

Universe: Sample children GE 2

Skip Instructions: <1,2,R,D> [goto CHCSYR_3]

Question ID: CAU.175_03.000 **Instrument Variable Name:** CHCSYR_3 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A foot doctor?

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

Universe: Sample children GE 2

Skip Instructions: <1,2,R,D> [goto CHCSYR_4]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & UtilizationDocument Version Date: 20-Jul-05

Question ID: CAU.175_04.000 **Instrument Variable Name:** CHCSYR_4 **QuestionnaireFileName:** Sample Child**Question Text:** * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A chiropractor?

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

Universe: Sample children GE 2**Skip Instructions:** <1,2,R,D> [goto CHCSYR_5]

Question ID: CAU.175_05.000 **Instrument Variable Name:** CHCSYR_5 **QuestionnaireFileName:** Sample Child**Question Text:** * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

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

Universe: Sample children GE 2**Skip Instructions:** <1,2,R,D> [goto CHCSYR_6]

Question ID: CAU.175_06.000 **Instrument Variable Name:** CHCSYR_6 **QuestionnaireFileName:** Sample Child**Question Text:** * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A nurse practitioner, physician assistant or midwife?

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

Universe: Sample children GE 2**Skip Instructions:** <1,2,R,D> if SEX eq <2> and AGE GE 15 [goto CHCSYR7]; else [goto CHCSYR8_1]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.230_00.000 **Instrument Variable Name:** CHCSYR7 **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about [fill2: S.C. name]'s health?

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

Universe: Sample children GE 15 who are female

Skip Instructions: <1,2,R,D> [goto CHCSYR8_1]

Question ID: CAU.240_01.000 **Instrument Variable Name:** CHCSYR8_1 **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: S.C. name]'s health?
A medical doctor who specializes in a particular medical disease or problem (fill3:other than obstetrician/ gynecologist, psychiatrist or ophthalmologist?/fill4: other than psychiatrist or ophthalmologist)?

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [goto CHCSYR8_2]

Question ID: CAU.240_02.000 **Instrument Variable Name:** CHCSYR8_2 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: S.C. name]'s health?

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

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

Universe: Sample children <18

Skip Instructions: <1> [goto CHCSYR10]
<2,R,D> [goto CHPEXYR]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.260_00.000 **Instrument Variable Name:** CHCSYR10 **QuestionnaireFileName:** Sample Child

Question Text: Does that doctor treat children and adults (a doctor in general practice or family medicine)?

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

Universe: Sample children <18 who have seen or talked to a general doctor during the past 12 months

Skip Instructions: <1,2,R,D> [goto CHCSYREM]

Question ID: CAU.265_00.000 **Instrument Variable Name:** CHCSYREM **QuestionnaireFileName:** Sample Child

Question Text: Did you see or talk to this general doctor because of an emotional or behavioral problem that [fill1: S.C. name] may have?

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

Universe: Sample children <18 who have seen a general doctor in the past 12 months

Skip Instructions: <1,2,R,D> [goto CHPEXYR]

Question ID: CAU.270_00.000 **Instrument Variable Name:** CHPEXYR **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] receive a well-child check-up, that is a general check-up, when [fill2: he/she] was not sick or injured?

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

Universe: Sample children <18

Skip Instructions: <1,2,R,D> [goto CHERNOYR]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.280_00.000 **Instrument Variable Name:** CHERNOYR **QuestionnaireFileName:** Sample Child

Question Text: (book) C5

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] gone to a HOSPITAL EMERGENCY ROOM about [fill2: his/her] health? (This includes emergency room visits that resulted in a hospital admission.)

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

Universe: Sample children <18

Skip Instructions: <0-8,R,D> [goto CHCHYR]

Question ID: CAU.290_00.000 **Instrument Variable Name:** CHCHYR **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] receive care AT HOME from a nurse or other health care professional?

1	Yes
2	No
7	Refused
9	Don't know

Universe: Sample children <18

Skip Instructions: <1> [goto CHCHMOYR]
<2,R,D> [goto CHCNOYR]

Question ID: CAU.300_00.000 **Instrument Variable Name:** CHCHMOYR **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, how many months did [fill: S.C. name] receive care AT HOME from a health care professional?

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

Universe: Sample children <18 that have received home care from health professional during the past 12 months

Skip Instructions: <01-12,R,D> [goto CHCHNOYR]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.310_00.000 **Instrument Variable Name:** CHCHNOYR **QuestionnaireFileName:** Sample Child

Question Text: (book) C6

What was the total number of home visits received for [fill1: S.C. name] during [fill2: that month/those months]?

- | | |
|----|------------|
| 01 | 1 |
| 02 | 2-3 |
| 03 | 4-5 |
| 04 | 6-7 |
| 05 | 8-9 |
| 06 | 10-12 |
| 07 | 13-15 |
| 08 | 16 or more |
| 97 | Refused |
| 99 | Don't know |

Universe: Sample children <18 that have received home care from health professional during the past 12 months

Skip Instructions: <1-8,R,D> [goto CHCNOYR]

Question ID: CAU.320_00.000 **Instrument Variable Name:** CHCNOYR **QuestionnaireFileName:** Sample Child

Question Text: (book) C5

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health care professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits or telephone calls.

- | | |
|----|------------|
| 00 | None |
| 01 | 1 |
| 02 | 2-3 |
| 03 | 4-5 |
| 04 | 6-7 |
| 05 | 8-9 |
| 06 | 10-12 |
| 07 | 13-15 |
| 08 | 16 or more |
| 97 | Refused |
| 99 | Don't know |

Universe: Sample children <18

Skip Instructions: <1-8,R,D> [goto CSRGYR]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: CAU.330_00.000 **Instrument Variable Name:** CSRGYR **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS has [fill1: S.C. name] had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary.

This includes both major surgery and minor procedures such as setting bones or removing growths.

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

Universe: Sample children <18

Skip Instructions: <1> [goto CSRGNOYR]
<2,R,D> [goto CMDLONG]

Question ID: CAU.340_00.000 **Instrument Variable Name:** CSRGNOYR **QuestionnaireFileName:** Sample Child

Question Text: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has [fill1: S.C. name] had surgery DURING THE PAST 12 MONTHS?

* Enter '95' for 95 or more times.

- 01-94 1-94 times
- 95 95+ times
- 97 Refused
- 99 Don't know

Universe: Sample children <18 that have undergone surgery during the past 12 months

Skip Instructions: <1-10,R,D> [goto CMDLONG]
<11-95> [goto ERR_CMDLONG]

Question ID: CAU.345_00.000 **Instrument Variable Name:** CMDLONG **QuestionnaireFileName:** Sample Child

Question Text: (book) C4

About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about [fill1: S.C. name]'s health? Include doctors seen while [fill2: he/she] was a patient in a hospital.

- 0 Never
- 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 2 years ago
- 4 More than 2 years, but not more than 5 years ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

Universe: Sample children <18

Skip Instructions: <0-5,R,D> if AGE le <3> store <1> in CSTAT [goto next section]; else [goto CSCLCOPY]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.005_00.000 **Instrument Variable Name:** CSCLCOPY **QuestionnaireFileName:** Sample Child

Question Text: * The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.

* The next 25 items contained in CSCL1_S1 through CSCL5_H5 are included in this survey with permission as indicated below.

* The SDQ questions are copyrighted by Robert Goodman, Ph.D., FRCPSYCH, MRCP. State and local agencies may use these questions without charge and without seeking separate permission provided the wording is not modified, all the questions are retained, and Dr. Goodman's copyright is acknowledged.

* Enter 1 to Continue.

1 Enter 1 to continue

Universe: Sample children GE 4

Skip Instructions: <1> [goto CSCL1_S1]

Question ID: CMH.010_01.000 **Instrument Variable Name:** CSCL1_S1 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is considerate of other people's feelings.

1 Not true
2 Somewhat true
3 Certainly true
7 Refused
9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL1_H1]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.010_02.000 **Instrument Variable Name:** CSCL1_H1 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is restless, overactive, cannot stay still for long.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL1_E1]

Question ID: CMH.010_03.000 **Instrument Variable Name:** CSCL1_E1 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...often COMPLAINS of headaches, stomach-aches or sickness.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL1_S2]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.010_04.000 **Instrument Variable Name:** CSCL1_S2 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...shares readily with other [fill 3: children; for example, toys, treats, pencils/youth; for example, CDs, games, food].

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL1_C1]

Question ID: CMH.010_05.000 **Instrument Variable Name:** CSCL1_C1 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...often loses temper.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL2_P1]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.020_01.000 **Instrument Variable Name:** CSCL2_P1 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...[fill3: is rather solitary, prefers to play alone/would rather be alone than with other teenagers].

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL2_C2]

Question ID: CMH.020_02.000 **Instrument Variable Name:** CSCL2_C2 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is generally well behaved, usually does what adults request.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL2_E2]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.020_03.000 **Instrument Variable Name:** CSCL2_E2 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...has many worries, or often seems worried.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL2_S3]

Question ID: CMH.020_04.000 **Instrument Variable Name:** CSCL2_S3 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is helpful if someone is hurt, upset, or feeling ill.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL2_H2]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.020_05.000 **Instrument Variable Name:** CSCL2_H2 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is constantly fidgeting or squirming.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL3_P2]

Question ID: CMH.030_01.000 **Instrument Variable Name:** CSCL3_P2 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...has at least one good friend.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL3_C3]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.030_02.000 **Instrument Variable Name:** CSCL3_C3 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...often fights with other [fill3: children/youth] or bullies them.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL3_E3]

Question ID: CMH.030_03.000 **Instrument Variable Name:** CSCL3_E3 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is often unhappy, depressed, or tearful.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL3_P3]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.030_04.000 **Instrument Variable Name:** CSCL3_P3 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is generally liked by other [fill3: children/youth].

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL3_H3]

Question ID: CMH.030_05.000 **Instrument Variable Name:** CSCL3_H3 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is easily distracted, concentration wanders.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL4_E4]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.040_01.000 **Instrument Variable Name:** CSCL4_E4 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...[fill3: is nervous or clingy in new situations/is nervous in new situations, easily loses confidence].

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL4_S4]

Question ID: CMH.040_02.000 **Instrument Variable Name:** CSCL4_S4 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is kind to younger children.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL4_C4]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.040_03.000 **Instrument Variable Name:** CSCL4_C4 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...often lies OR cheats.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL4_P4]

Question ID: CMH.040_04.000 **Instrument Variable Name:** CSCL4_P4 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is picked on or bullied by other [fill3: children/youth].

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL4_S5]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.040_05.000 **Instrument Variable Name:** CSCL4_S5 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...often offers to help others (parents, teachers, other children).

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL5_H4]

Question ID: CMH.050_01.000 **Instrument Variable Name:** CSCL5_H4 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...thinks things out before acting.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL5_C5]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.050_02.000 **Instrument Variable Name:** CSCL5_C5 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...steals from home, school or elsewhere.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL5_P5]

Question ID: CMH.050_03.000 **Instrument Variable Name:** CSCL5_P5 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...gets along better with adults than with other [fill3: children/youth].

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL5_E5]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.050_04.000 **Instrument Variable Name:** CSCL5_E5 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...has many fears, is easily scared.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL5_H5]

Question ID: CMH.050_05.000 **Instrument Variable Name:** CSCL5_H5 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: S.C. name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...has good attention span, sees chores or homework through to the end.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4

Skip Instructions: <1-3,R,D> [goto CSCL6]

2004 NHIS Questionnaire - Sample Child
Child Mental HealthDocument Version Date: 20-Jul-05

Question ID: CMH.060_00.000 **Instrument Variable Name:** CSCL6 **QuestionnaireFileName:** Sample Child**Question Text:** (book) C8

Overall, do you think that [fill: S.C. name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- 1 No
- 2 Yes, minor difficulties
- 3 Yes, definite difficulties
- 4 Yes, severe difficulties
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4**Skip Instructions:** <2-4> [goto CSCL8]
<1,R,D> [store 1 in CSTAT; goto next section]

Question ID: CMH.070_00.000 **Instrument Variable Name:** CSCL7 **QuestionnaireFileName:** Sample Child**Question Text:**

How long have these difficulties been present?

- 1 Less than a month
- 2 1-5 months
- 3 6-12 months
- 4 Over 12 months
- 7 Refused
- 8 Not Ascertained
- 9 Don't know

Universe: Sample children GE 4 who have difficulties with emotions, concentration, behavior, or getting along**Skip Instructions:** <2-4> [goto CSCL8]
<1,R,D> [store 1 in CSTAT; goto next section]

Question ID: CMH.080_00.000 **Instrument Variable Name:** CSCL8 **QuestionnaireFileName:** Sample Child**Question Text:** (book) C9

Do the difficulties upset or distress your child?

- 1 Not at all
- 2 A little
- 3 A medium amount
- 4 A great deal
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more**Skip Instructions:** <1-4,R,D> [goto CSCL9_HL]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.090_01.000 **Instrument Variable Name:** CSCL9_HL **QuestionnaireFileName:** Sample Child

Question Text: (book) C9

Do the difficulties interfere with your child's everyday life in the following areas...

...Home life?

- 1 Not at all
- 2 A little
- 3 A medium amount
- 4 A great deal
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more

Skip Instructions: <1-4,R,D> [goto CSCL9_FR]

Question ID: CMH.090_02.000 **Instrument Variable Name:** CSCL9_FR **QuestionnaireFileName:** Sample Child

Question Text: (book) C9

* Read if necessary.

Do the difficulties interfere with your child's everyday life in the following areas...

...Friendships?

- 1 Not at all
- 2 A little
- 3 A medium amount
- 4 A great deal
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more

Skip Instructions: <1-4,R,D> [goto CSCL9_CL]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.090_03.000 **Instrument Variable Name:** CSCL9_CL **QuestionnaireFileName:** Sample Child

Question Text: (book) C9

* Read if necessary.

Do the difficulties interfere with your child's everyday life in the following areas...

...Classroom learning?

- 1 Not at all
- 2 A little
- 3 A medium amount
- 4 A great deal
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more

Skip Instructions: <1-4,R,D> [goto CSCL9_LA]

Question ID: CMH.090_04.000 **Instrument Variable Name:** CSCL9_LA **QuestionnaireFileName:** Sample Child

Question Text: (book) C9

* Read if necessary.

Do the difficulties interfere with your child's everyday life in the following areas...

...Leisure activities?

- 1 Not at all
- 2 A little
- 3 A medium amount
- 4 A great deal
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more

Skip Instructions: <1-4,R,D> [goto CSCL10]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 20-Jul-05

Question ID: CMH.100_00.000 **Instrument Variable Name:** CSCL10 **QuestionnaireFileName:** Sample Child

Question Text: (book) C9

Do the difficulties put a burden on you or the family as a whole?

- 1 Not at all
- 2 A little
- 3 A medium amount
- 4 A great deal
- 7 Refused
- 9 Don't know

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more

Skip Instructions: <1-4,R,D> store <1> in CSTAT [goto next section]
