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

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

01-25  Person number of the respondent for Sample Child

UniverseText: Sample child section not started or not completed

SkipInstructions: 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_CURRES
elseif CURRES = a line number entered in KNOWSC2
    store CURRES 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
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

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

<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

(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
04 Brother/Sister
05 Other relative
06 Legal guardian
07 Foster parent
08 Other non-relative
97 Refused
99 Don't know

Someone identified as knowledgeable about child's health

<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
**2006 NHIS Questionnaire - Sample Child**

**Child Identification**

**Document Version Date:** 31-May-07

---

**Question ID:** CID.040_00.000  **Instrument Variable Name:** CSPVERF_S  **QuestionnaireFileName:** Sample Child

**QuestionText:**

* 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

**UniverseText:** Respondent is not the person entered in HHRESP or RELRESP_A.

**SkipInstructions:**

<1> goto CSPVERF_A  
<2> goto NEWSEX

---

**Question ID:** CID.041_00.000  **Instrument Variable Name:** NEWSEX  **QuestionnaireFileName:** Sample Child

**QuestionText:**

* 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

**UniverseText:** Respondent said child's sex is not correct.

**SkipInstructions:**

<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

**QuestionText:**

* 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

**UniverseText:** Respondent verified child's sex

**SkipInstructions:**

<1> goto CSPVERF_D  
<2> goto NEWAGE

---
Question ID: CID.043_00.000  Instrument Variable Name: NEWAGE  QuestionnaireFileName: Sample Child

QuestionText: 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

UniverseText: Respondent said child's age is not correct

SkipInstructions:
<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

QuestionText: * 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

UniverseText: Respondent verified child's sex

SkipInstructions:
<1> if AGE of Sample Child ge <18>
  goto CNO_MORE
  goto child.chs.BWGT_LB
else
  endif
<2> goto NEWDOB_M
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

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

* Enter day of birth.

01-31 Day of the month

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

<01-31, Refused, Don't know> goto NEWDOB_D

If days not valid, goto ERR_NEWDOB_D
**Question ID:** CID.046_03.000  **Instrument Variable Name:** NEWDOB_Y  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

3 of 3

* Enter year of birth.

**1880-2020**

Year of birth

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

**SkipInstructions:**

```plaintext
<1880-2020, Refused, Don't know> if CSPVERF_A = No then reset CSPVERF_A to empty
    goto CSPVERF_A
elseif CSPVERF_D = No then reset CSPVERF_D to empty
    goto CSPVERF_D
endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)
    goto ERR1_NEWDOB_Y
endif

(if birth month = <02> and birth day = <29> and this is not a leap year)
    goto ERR2_NEWDOB_Y
endif

(if NEWDOB_M = Ref or DK) or (if NEWDOB_D = Ref or DK) or (if NEWDOB_Y = Ref or DK)
    goto ERR3_NEWDOB_Y
else
    store NEWDOB_M in DOBM
    store NEWDOB_D in DOBD
    store NEWDOB_Y in DOBY
    if CSPVERF_A = No then reset CSPVERF_A to empty
        goto CSPVERF_A
    elseif CSPVERF_D = No then reset CSPVERF_D to empty
        goto CSPVERF_D
    endif
endif

Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.

if age from NEWDOB items is ne AGE and age from NEWDOB items is valid
    reset CSPVERF_A or CSPVERF_D
    goto ERR4_NEWDOB_Y
endif
```
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.010_01.000</td>
<td>BWGT_LB</td>
<td>Sample Child</td>
<td>What was [fill: S.C. name]'s birth weight?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Enter 'M' to record metric measurements.</td>
</tr>
<tr>
<td>01-15</td>
<td>1-15 pounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>Metric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>Sample children &lt;18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions</td>
<td>&lt;1-12&gt; [goto BWGT_OZ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;13-15&gt; [goto ERR1_BWGT_LB]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R,D&gt; [goto CHGT_FT]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;M&gt; [goto BWGT_GR]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[If NE &lt;1-15, M, R, D&gt; goto ERR2_BWGT_LB]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question ID</td>
<td>BWGT_OZ</td>
<td></td>
<td>* Enter ounces.</td>
</tr>
<tr>
<td>00-15</td>
<td>0-15 ounces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blank</td>
<td>Blank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>Sample children &lt;18 who have a value entered for weight in pounds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions</td>
<td>&lt;0-15,R,D&gt; [goto CHGT_FT]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[if BWGT_LB = &lt;0-15, R, D&gt; and BWGT_OZ = &lt;empty&gt; go to CHGT_FT]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question ID</td>
<td>BWGT_GR</td>
<td></td>
<td>* Enter weight in grams.</td>
</tr>
<tr>
<td>0500-5485</td>
<td>500-5485 grams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9997</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>Sample children &lt;18 whose birth weight will be entered in metric.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions</td>
<td>&lt;500-5485,R,D&gt; [goto CHGT_FT]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;5486-6900&gt; [goto ERR_BWGT_GR]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Question ID: CHS.020_01.000
#### Instrument Variable Name: CHGT_FT
#### QuestionnaireFileName: Sample Child

**QuestionText:** 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-07</td>
<td>0-7 feet</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>M</td>
<td>Metric</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18

**SkipInstructions:**
- `<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

**QuestionText:** * Enter inches.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-36</td>
<td>0-36 inches</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**
- `<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

**QuestionText:** * 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).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>0-2 meters</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
<tr>
<td>Blank</td>
<td>Blank</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**
- `<0-2>` [goto CHGT_CM]
  - `<R,D>` [goto CWGT_LB]
  - `<empty>` [go to CHGT_CM]
# 2006 NHIS Questionnaire - Sample Child

## Child Health Status & Limitations

*Document Version Date: 31-May-07*

<table>
<thead>
<tr>
<th>Question ID: CHS.021_02.000</th>
<th>Instrument Variable Name: CHGT_CM</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: * Enter centimeters.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>000-241 0-241 centimeters</td>
<td>Blank</td>
<td>Blank</td>
</tr>
<tr>
<td>UniverseText: Sample children &lt;18 whose weight will be entered in metric, and who entered &quot;0-2&quot; for height in meters or left it empty.</td>
<td>SkipInstructions: &lt;0-241&gt; [goto CWGT_LB] [if CHGT_M = &lt;empty, 0&gt; and CHGT_CM = &lt;empty, 0&gt; go to ERR1_CHGT_CM] [if CHGT_M = 2 and CHGT_CM &gt; 41 goto ERR2_CHGT_CM] [if CHGT_M = 1 and CHGT_CM &gt; 141 goto ERR2_CHGT_CM]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.022_00.000</th>
<th>Instrument Variable Name: CWGT_LB</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: * Enter 'M' to record metric measurements. * Enter '500' if 500 pounds or more.</td>
<td>What does [fill: S.C. name] weigh now (without shoes)?</td>
<td></td>
</tr>
<tr>
<td>001-500 1-500 pounds</td>
<td>997 Refused</td>
<td>999 Don't know</td>
</tr>
<tr>
<td>UniverseText: Sample children &lt;18</td>
<td>SkipInstructions: &lt;1-500,R,D&gt; [if age ge &lt;2&gt; goto ADD_1; else, goto ADD1_2] &lt;M&gt; [goto CWGT_KG] [if = &lt;501-999&gt; goto ERR1_CWGT_LB] [if NE &lt;1-999, M, R, D&gt; goto ERR2_CWGT_KG]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.023_00.000</th>
<th>Instrument Variable Name: CWGT_KG</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: * Enter weight in kilograms.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>002-226 2-226 kilograms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample children &lt;18 whose weight will be entered in metric.</td>
<td>SkipInstructions: &lt;2-226&gt; [if AGE ge &lt;2&gt; goto ADD_1; else goto ADD1_2] [if CWGT_KG &gt; 226 goto ERR_CWGT_KG]</td>
<td></td>
</tr>
</tbody>
</table>
### 2006 NHIS Questionnaire - Sample Child
#### Child Health Status & Limitations

**Document Version Date:** 31-May-07

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.031_02.000</td>
<td>ADD1_2</td>
<td>Sample Child</td>
<td>Has a doctor or health professional ever told you that [fill: S.C. name] had... Mental Retardation?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children &lt;2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto ADD1_3]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.031_03.000</td>
<td>ADD1_3</td>
<td>Sample Child</td>
<td>Has a doctor or health professional ever told you that [fill: S.C. name] had... Any other developmental delay?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children &lt;2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto CONDL]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.032_01.000</td>
<td>ADD_1</td>
<td>Sample Child</td>
<td>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)?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children 2-17</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [go to ADD_2]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: CHS.032_02.000  Instrument Variable Name: ADD_2  QuestionnaireFileName: Sample Child

QuestionText:  
* 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

UniverseText: Sample children 2-17

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

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

QuestionText:  
* 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

UniverseText: Sample children 2-17

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

1 Yes
2 No
7 Refused
9 Don't know
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.080_00.000</td>
<td>CASHMEV</td>
<td>Sample Child</td>
<td>Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sample children &lt;18</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;1&gt; [go to CASSTILL]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;2,R,D&gt; [if AGE LE 2 go to CCONDT1; if AGE &gt;2 go to CCONDT]</td>
<td></td>
</tr>
<tr>
<td>CHS.085_00.000</td>
<td>CASSTILL</td>
<td>Sample Child</td>
<td>Does [fill: S.C. name] still have asthma?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
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<td></td>
<td></td>
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<td>9 Don't know</td>
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<tr>
<td></td>
<td></td>
<td>Sample children &lt;18 and doctor has informed that child had asthma</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;1,2,R,D&gt; [go to CASHYR]</td>
<td></td>
</tr>
<tr>
<td>CHS.090_00.000</td>
<td>CASHYR</td>
<td>Sample Child</td>
<td>The following questions are about [fill: S.C. name]'s asthma DURING THE PAST 12 MONTHS.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
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<td></td>
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<td>2 No</td>
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<td>7 Refused</td>
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<td></td>
<td>9 Don't know</td>
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<tr>
<td></td>
<td></td>
<td>Sample children &lt;18 and doctor has informed that child had asthma</td>
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<td></td>
<td>&lt;1&gt; [go to CASMERYR]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;2,R,D&gt; [if AGE LE 2 go to CCONDT1; if AGE &gt;2 go to CCONDT]</td>
<td></td>
</tr>
<tr>
<td>CHS.100_00.000</td>
<td>CASMERYR</td>
<td>Sample Child</td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
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<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sample children &lt;18 who has had an episode of asthma or an asthma attack in the past 12 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;1,2,R,D&gt; [if AGE LE 2 go to CCONDT1_1; if AGE &gt;2 go to CCONDT_1]</td>
<td></td>
</tr>
</tbody>
</table>
Child Health Status & Limitations

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

QuestionText: 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

UniverseText: Sample children LE 2

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

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

QuestionText: * 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

UniverseText: Sample children LE 2

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

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

QuestionText: * 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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_4]
* 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

UniverseText: Sample children LE 2

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

* 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

UniverseText: Sample children LE 2

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

* 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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_8]
### Question ID: CHS.111_08.000  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
* Read if necessary.

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

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

**UniverseText:**  
Sample children LE 2

**SkipInstructions:**  
<1,2,R,D> [go to CCOND1_9]

---

### Question ID: CHS.111_09.000  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
* 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 |

**UniverseText:**  
Sample children LE 2

**SkipInstructions:**  
<1,2,R,D> [go to CHSTATYR]

---

### Question ID: CHS.115_01.000  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
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 |

**UniverseText:**  
Sample children = 3-17

**SkipInstructions:**  
<1,2,R,D> [go to CCOND1_2]
### DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

#### Any kind of respiratory allergy?

<p>| | | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tbody>
</table>

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDTS_3]

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

#### Any kind of food or digestive allergy?

<p>| | | | | |</p>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
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</tr>
</tbody>
</table>

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDTS_4]

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

#### Eczema or any kind of skin allergy?

<p>| | | | | |</p>
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<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tr>
</tbody>
</table>

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDTS_5]
Question ID: CHS.115_05.000  Instrument Variable Name: CCOND_T_5  QuestionnaireFileName: Sample Child

QuestionText: * 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 |

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCOND_T_6]

Question ID: CHS.115_06.000  Instrument Variable Name: CCOND_T_6  QuestionnaireFileName: Sample Child

QuestionText: * 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 |

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCOND_T_7]

Question ID: CHS.115_07.000  Instrument Variable Name: CCOND_T_7  QuestionnaireFileName: Sample Child

QuestionText: * 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 |

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCOND_T_8]
Question ID: CHS.115_08.000  Instrument Variable Name: CCONDT_8  QuestionnaireFileName: Sample Child

QuestionText:  
* 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

UniverseText: Sample children = 3-17

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

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

QuestionText:  
* 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

UniverseText: Sample children = 3-17

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

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

QuestionText:  
* 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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CHSTATYR]
Question ID: CHS.210_00.000  Instrument Variable Name: CHSTATYR  QuestionnaireFileName: Sample Child

QuestionText: 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

UniverseText: Sample children <18

SkipInstructions: <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

QuestionText: 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

UniverseText: Sample children 5-17

SkipInstructions: <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

QuestionText: * 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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CINTIL2W]
NHIS Questionnaire - Sample Child
Child Health Status & Limitations

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

QuestionText: 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

UniverseText: Sample children <18

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

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

QuestionText: 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

UniverseText: Sample children <18

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

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

QuestionText: 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

UniverseText: Sample children <18

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 having trouble seeing

SkipInstructions: <1,2,R,D> [goto IHSPEQ]
### Question ID: CHS.290_00.000  Instrument Variable Name: IHSPEQ  QuestionnaireFileName: Sample Child

**QuestionText:**
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)?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto IHMOB]

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

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

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto IHMOBYR]  
<2,R,D> [goto PROBRX]

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

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

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <1,2,R,D> [goto PROBRX]
### Question ID: CHS.311_00.000

**Instrument Variable Name:** PROBRX  
**QuestionnaireFileName:** Sample Child

**QuestionText:** 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 |

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [if AGE LE <1> go to CUSUALPL;  
if AGE GE <3> go to LEARND;  
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:** LEARND  
**QuestionnaireFileName:** Sample Child

**QuestionText:** 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 |

**UniverseText:** Sample children 3-17

**SkipInstructions:** <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

**QuestionText:** (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:

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

**UniverseText:** Male sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11_2]
**2006 NHIS Questionnaire - Sample Child**

*Child Health Status & Limitations*

**Document Version Date:** 31-May-07

---

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

**QuestionText:** *(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

**UniverseText:** Male sample children 2-3  
**SkipInstructions:** <0-2,R,D> [go to CMHAGM11_3]

---

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

**QuestionText:** *(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

**UniverseText:** Male sample children 2-3  
**SkipInstructions:** <0-2,R,D> [go to CMHAGM11_4]
**Question ID:** CHS.321_04.000  **Instrument Variable Name:** CMHAGM11_4  **QuestionnaireFileName:** Sample Child

**QuestionText:** (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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not true</td>
</tr>
<tr>
<td>1</td>
<td>Sometimes true</td>
</tr>
<tr>
<td>2</td>
<td>Often true</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Male sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CUSUALPL]

---

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

**QuestionText:** (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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not true</td>
</tr>
<tr>
<td>1</td>
<td>Sometimes true</td>
</tr>
<tr>
<td>2</td>
<td>Often true</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
</tr>
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</table>

**UniverseText:** Female sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11_2]
Has speech problems?

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

Has been nervous or high-strung?

0  Not true
1  Sometimes true
2  Often true
7  Refused
9  Don't know
Question ID: CHS.361_04.000  Instrument Variable Name: CMHAGF11_4  QuestionnaireFileName: Sample Child

QuestionText: (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

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CUSUALPL]
### Question ID: CAU.020_00.000  
**Instrument Variable Name:** CUSUALPL  
**QuestionnaireFileName:** Sample Child

**QuestionText:** The next questions are about health care.

Is there a place that [fill1: alias] 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

**UniverseText:** Sample children <18

**SkipInstructions:**<1,3> [go to CPLKIND]  
<2,R,D> [go to CHCPLKND]

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

**QuestionText:** [fill1: What kind of place is it / What kind of place does [fill2: alias] 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

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

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

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

**QuestionText:** Is that [fill1: CPLKIND/CAU.030] the same place [fill2: alias] 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

**UniverseText:** 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

**SkipInstructions:**<1> [go to CHCCHGYR]  
<2,R,D> [go to CHCPLKND]
### Child Access to Health Care & Utilization

**NHIS Questionnaire - Sample Child**

**Document Version Date:** 31-May-07

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

**QuestionText:** What kind of place does [fill1: alias] 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 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

**UniverseText:** 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.

**SkipInstructions:** `<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

**QuestionText:** At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: alias] USUALLY goes for health care?

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

**UniverseText:** 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]

**SkipInstructions:** `<1> [go to CHCCHGHI]  
<2,R,D> [goto to CHCDLYR1_1]`

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

**QuestionText:** Was this change for a reason related to health insurance?

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

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

**SkipInstructions:** `<1,2,R,D> [goto CHCDLYR1_1]`
There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] 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

UniverseText: Sample children <18

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

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

You couldn't get an appointment for [fill: alias] soon enough.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_4]
There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] 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

UniverseText: Sample children <18

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

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] 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

UniverseText: Sample children <18

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

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] 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

UniverseText: Sample children <2>

SkipInstructions: <1,2,R,D> [if AGE <1 goto CHCSYR1_2; else goto CDENLONG]
Question ID: CAU.135_01.000  Instrument Variable Name: CHCAFYR1_1  QuestionnaireFileName: Sample Child

QuestionText:

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] 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

UniverseText: Sample children GE 2

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

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

QuestionText:

* Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] 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

UniverseText: Sample children GE 2

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

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

QuestionText:

* Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] 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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_4]
2006 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 31-May-07

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] 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

UniverseText: Sample children GE 2

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

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

QuestionText: (book) C4

About how long has it been since [fill: alias] 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

UniverseText: Sample children GE 1

SkipInstructions: <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

QuestionText:

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: alias]'s health?

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_3]
**Question ID:** CAU.170_02.000  **Instrument Variable Name:** CHCSYR1_3  **QuestionnaireFileName:** Sample Child

**QuestionText:**
* Read 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: alias]'s health?

A foot doctor?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1_5]

---

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

**QuestionText:**
* Read 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: alias]'s health?

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

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1_6]

---

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

**QuestionText:**
* Read 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: alias]'s health?

A nurse practitioner, physician assistant or midwife?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR8]
Question ID: CAU.175_01.000  Instrument Variable Name: CHCSYR_1  QuestionnaireFileName: Sample Child

QuestionText:

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: alias]'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

UniverseText: Sample children GE 2

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

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

QuestionText: * Read 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: alias]'s health?

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: * Read 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: alias]'s health?

A foot doctor?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_4]
### Question ID: CAU.175_04.000  Instrument Variable Name: CHCSYR_4  QuestionnaireFileName: Sample Child

**QuestionText:** *Read 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: alias]’s health?

- **A chiropractor?**
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don't know

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR_5]

### Question ID: CAU.175_05.000  Instrument Variable Name: CHCSYR_5  QuestionnaireFileName: Sample Child

**QuestionText:** *Read 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: alias]’s health?

- **A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?**
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don't know

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR_6]

### Question ID: CAU.175_06.000  Instrument Variable Name: CHCSYR_6  QuestionnaireFileName: Sample Child

**QuestionText:** *Read 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: alias]’s health?

- **A nurse practitioner, physician assistant or midwife?**
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don't know

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8]
2006 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 31-May-07

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

QuestionText: 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: alias]'s health?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 15 who are female

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

Question ID: CAU.240_00.000  Instrument Variable Name: CHCSYR8_1  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: alias]'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

UniverseText: Sample children <18

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

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

QuestionText: * Read 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: alias]'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

UniverseText: Sample children <18

SkipInstructions: <1> [goto CHCSYR10] <2,R,D> [goto CHPEXYR]
Child Access to Health Care & Utilization

2006 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-May-07

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

QuestionText: 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

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

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

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

QuestionText: Did you see or talk to this general doctor because of an emotional or behavioral problem that [fill1: alias] may have?

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: alias] 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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHERNOYR]
### Question 8: Hospital Emergency Room Visits

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
</tr>
<tr>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>02</td>
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<td>07</td>
<td>13-15</td>
</tr>
<tr>
<td>08</td>
<td>16 or more</td>
</tr>
<tr>
<td>09</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample children <18

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

### Question 9: Home Care from Nurse or Health Professional

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample children <18

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

### Question 10: Home Care Months

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-12</td>
<td>1-12 months</td>
</tr>
<tr>
<td>09</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**Skip Instructions:** 
<01-12,R,D> [goto CHCHNOYR]
Question ID: CAU.310_00.000  Instrument Variable Name: CHCHNOYR  QuestionnaireFile Name: Sample Child

**Question Text:**

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>1</td>
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<tr>
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<td>07</td>
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<td>08</td>
<td>16 or more</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** 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  QuestionnaireFile Name: Sample Child

**Question Text:**

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: alias] 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: alias] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits or telephone calls.

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
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</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample children <18

**Skip Instructions:** <1-8,R,D> [goto CSRGYR]
Question ID: CAU.330_00.000  Instrument Variable Name: CSRGYR  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS has [fill1: alias] 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

UniverseText: Sample children <18

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

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

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has [fill1: alias] had surgery DURING THE PAST 12 MONTHS?

* Enter '95' for 95 or more times.

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

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

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

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

QuestionText: (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: alias]'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

UniverseText: Sample children <18

SkipInstructions: <0-5,R,D> [if AGE 4-17 goto CMHCOPY; else goto CSHFLUYR]
### Question 1

**Question ID:** CFI.010_00.000  
**Instrument Variable Name:** CSHFLUYR  
**Questionnaire File Name:** Sample Child

**Question Text:**

DURING THE PAST 12 MONTHS, has {fill1: SC name} had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

*Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample children <18

**Skip Instructions:** <1> [goto CSHFLU_M] <2,R,D> [goto CSPFLUYR]

### Question 2

**Question ID:** CFI.015_01.000  
**Instrument Variable Name:** CSHFLU_M  
**Questionnaire File Name:** Sample Child

**Question Text:**

During what month and year did {fill1: SC name} receive {fill2: his/her} most recent flu shot?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>January</td>
</tr>
<tr>
<td>02</td>
<td>February</td>
</tr>
<tr>
<td>03</td>
<td>March</td>
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<td>04</td>
<td>April</td>
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<td>October</td>
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<td>11</td>
<td>November</td>
</tr>
<tr>
<td>12</td>
<td>December</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample children <18 who have had a flu shot

**Skip Instructions:** <1-12,D> [goto CSHFLU_Y] <R> [goto CSPFLUYR]

### Question 3

**Question ID:** CFI.015_02.000  
**Instrument Variable Name:** CSHFLU_Y  
**Questionnaire File Name:** Sample Child

**Question Text:**

*Enter year of most recent flu shot.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>9997</td>
<td>Refused</td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample children <18 who gave a month for their last flu shot or who didn’t know the month

**Skip Instructions:** <valid year,R,D> [goto CSPFLUYR]  
[If CSHFLU_M and CSHFLU_Y = a future date] goto ERR1_CSHFLU_Y  
[If CSHFLU_M and CSHFLU_Y = a date prior to birth] goto ERR2_CSHFLU_Y  
[If CSHFLU_M and CSHFLU_Y = a date prior to 12 months ago] goto ERR3_CSHFLU_Y
DURING THE PAST 12 MONTHS, has {fill1: SC name} had a flu vaccine sprayed in {fill2: his/her} nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

1  Yes
2  No
7  Refused
9  Don't know

Sample children <18 who have had a flu nasal vaccine

<1-12,D> [ goto CSPFLU_Y] <R> [goto next section]
2006 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 31-May-07

Question ID: CFI.025_02.000  Instrument Variable Name: CSPFLU_Y  QuestionnaireFileName: Sample Child

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

Year
9997 Refused
9999 Don't know

UniverseText: Sample children 18+ who gave a month for their flu nasal vaccine or who didn’t know the month

SkipInstructions: <valid year,R,D> [goto next section]
[If CSPFLU_M and CSPFLU_Y = a future date] goto ERR1_CSPFLU_Y
[If CSPFLU_M and CSPFLU_Y = a date prior to birth] goto ERR2_CSPFLU_Y
[If CSPFLU_M and CSPFLU_Y = a date prior to 12 months ago] goto ERR3_CSPFLU_Y
* The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.

* The next 6 items contained in CMHMF_1 through CMHDIFF 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

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1> [goto CMHMF_1]

---

**QuestionID:** CMB.020_01.000  **Instrument Variable Name:** CMHMF_1  **QuestionnaireFileName:** Sample Child

**QuestionText:** (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: SC 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

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,R,D> [goto CMHMF_2]
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: SC 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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [goto CMHMF_3]
(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: SC 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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_5]

---

(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: SC 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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [goto CMHDIFF]
Overall, do you think that [fill1: SC name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes, minor difficulties</td>
</tr>
<tr>
<td>3</td>
<td>Yes, definite difficulties</td>
</tr>
<tr>
<td>4</td>
<td>Yes, severe difficulties</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample children GE 4

SkipInstructions: <1-4,R,D> [goto SEEDIFF]
### NHIS Questionnaire - Sample Child

#### Child Mental Health Services

**Document Version Date:** 31-May-07

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS.010_00.000</td>
<td>SEEDIFF</td>
<td>Sample Child</td>
<td>Did you ever see or talk to any health care provider or school staff/personnel about difficulties [fill1: SC name] has with emotions, concentration, behavior or being able to get along with others?</td>
<td>&lt;1&gt; [goto MRVSEE] &lt;2,R,D&gt; [goto MEDDIFF]</td>
</tr>
<tr>
<td>Question ID</td>
<td>CMS.020_00.000</td>
<td>MRVSEE</td>
<td>(book) C9</td>
<td>&lt;1-3,R,D&gt; [goto MEDDIFF]</td>
</tr>
<tr>
<td>Question ID</td>
<td>CMS.030_00.000</td>
<td>MEDDIFF</td>
<td>Was [fill1: SC name] ever prescribed medication for difficulties with [fill2: his/her] emotions, concentration, behavior or being able to get along with others?</td>
<td>&lt;1&gt; [goto MRVMED] &lt;2,R,D&gt; [goto TRETDIFF]</td>
</tr>
</tbody>
</table>
When was the MOST RECENT medication prescribed for these difficulties?

1. In the past 6 months
2. 7 to 12 months ago
3. More than 12 months ago
7. Refused
9. Don't know

Sample children GE 4 who have had medication prescribed for difficulties with emotion, concentration, behavior, or getting along with others

Was this medication prescribed for difficulties with concentration, hyperactivity, or impulsivity?

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

Sample children GE 4 who have had medication prescribed for difficulties with emotion, concentration, behavior, or getting along with others

Has [Fill1: SC name] EVER received ANY treatment or help, [Fill2: other than medication,] for difficulties with emotions, concentration, behavior or being able to get along with others?

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

Sample children GE 4

<1> [goto MRVTRET] <2,R,D> [goto next section]
2006 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 31-May-07

Question ID: CMS.070_00.000  Instrument Variable Name: MRVTRET  QuestionnaireFileName: Sample Child

<table>
<thead>
<tr>
<th>QuestionText: (book) C9</th>
</tr>
</thead>
<tbody>
<tr>
<td>When was the MOST RECENT help or treatment received?</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>

UniverseText: Sample children GE 4 who have received treatment or help for difficulties with emotions, concentration, behavior, or getting along with others

SkipInstructions: <1-3,R,D> [goto TRETWHER]

Question ID: CMS.080_00.000  Instrument Variable Name: TRETWHER  QuestionnaireFileName: Sample Child

<table>
<thead>
<tr>
<th>QuestionText: (book) C10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was any of this treatment or help received from any of the following?</td>
</tr>
<tr>
<td>*Enter all that apply, separate with commas.</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>9</td>
</tr>
</tbody>
</table>

UniverseText: Sample children GE 4 who have received treatment or help for difficulties with emotions, concentration, behavior, or getting along with others

SkipInstructions: <1-5,R,D> [goto next section]