<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CID.001_00.000</th>
<th>Instrument Variable Name:</th>
<th>CURRES</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>

**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:**

```plaintext
if CSTAT ne empty and CSTAT ne '2' THEN
  if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
  elseif recontact.RCIFLAG ne '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: ALIAS of Sample Child].

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

01-25
96
No person available

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

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

<01-25> store child.cid.CSPAVAIL in child.cid.CSRESP
  goto cbk.CCALLBK1

<96> store '4' in CSTAT(FAMINT)
  if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
  elseif recontact.RCIFLAG ne '1' THEN
    goto recontact.RCI_BEGIN procedure
  else
    goto back.OUTCOMEB1 procedure
  endif

[fill1: The next questions are about [fill2: ALIAS of Sample Child].]  
What is your relationship to [fill2: ALIAS of Sample Child]?

01 Parent (Biological, adoptive, or step)
02 Grandparent
03 Aunt/Uncle

Someone identified as knowledgeable about child's health

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
* Please verify the following information about the sample child before proceeding:
I have recorded [fill1: ALIAS of Sample Child]'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

Respondent is not the person entered in HHRESP or RELRESP_A.

* Ask if appropriate; otherwise, enter your best guess of the person's sex.
Is [fill: ALIAS of Sample Child] Male or Female?

1 Male
2 Female

Respondent said child's sex is not correct.

* Please verify the following information about the sample child before proceeding:
I have recorded [fill1: ALIAS of Sample Child]'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

Respondent verified child's sex
Question ID: CID.043_00.000  
Instrument Variable Name: NEWAGE  
QuestionnaireFileName: Sample Child

**QuestionText:**
How old is [fill1: ALIAS of Sample Child]?

* 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:**

```sa<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: ALIAS of Sample Child]'s birthday as [fill2: Birthday of Sample Child]. Is this correct?

1 Yes
2 No

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

**SkipInstructions:**

```sa<1> if AGE of Sample Child ge '18'
goto CNO_MORE
else
    goto child.chs.BWGT_LB
endif
<2> goto NEWDOB_M```
What is [fill: ALIAS of Sample Child]'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

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

* 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

<0-31, Refused, Don't know> goto NEWDOB_Y

If days not valid, goto ERR_NEWDOB_D
* Enter year of birth.

**Year of birth**

1880-2020

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

**SkipInstructions:** `<1880-2020, Refused, Don't know>` if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty
goto CSPVERF_A
elseif CSPVERF_D = '2' (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 = '2' (No) then reset CSPVERF_A to empty
goto CSPVERF_A
elseif CSPVERF_D = '2' (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
### Question ID: CHS.010_01.000
**Instrument Variable Name:** BWGT_LB
**QuestionnaireFileName:** Sample Child

**QuestionText:** What was [fill: S.C. name]'s birth weight?

* Enter 'M' to record metric measurements.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-15</td>
<td>1-15 pounds</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:**
<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

**QuestionText:** * Enter ounces.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-15</td>
<td>0-15 ounces</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>Blank</td>
<td>Blank</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**
<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

**QuestionText:** * Enter weight in grams.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0500-5485</td>
<td>500-5485 grams</td>
</tr>
<tr>
<td>9997</td>
<td>Refused</td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**
<500-5485,R,D> [goto CHGT_FT]
<5486-6900> [goto ERR_BWGT_GR]
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.

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

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.

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

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).

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

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]
### Child Health Status & Limitations

**Document Version Date:** 28-May-08

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.021_02.000</td>
<td>CHGT_CM</td>
<td>Sample Child</td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Enter centimeters.</td>
<td></td>
</tr>
</tbody>
</table>

000-241

0-241 centimeters

Blank

Blank

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

**SkipInstructions:**

<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]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.022_00.000</td>
<td>CWGT_LB</td>
<td>Sample Child</td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>How much does [fill: S.C. name] weigh now (without shoes)?</td>
<td></td>
</tr>
</tbody>
</table>

* 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

**UniverseText:**
Sample children <18

**SkipInstructions:**

<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]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.023_00.000</td>
<td>CWGT_KG</td>
<td>Sample Child</td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Enter weight in kilograms.</td>
<td></td>
</tr>
</tbody>
</table>

002-226

2-226 kilograms

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

**SkipInstructions:**

<2-226> [if AGE ge <2> goto ADD_1; else goto ADD1_2]

[if CWGT_KG > 226 goto ERR_CWGT_KG]
**2007 NHIS Questionnaire - Sample Child**

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---

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

**QuestionText:** 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

**SkipInstructions:** &lt;1,2,R,D&gt; [goto ADD1_3]

---

**Question ID:** CHS.031_03.000  **Instrument Variable Name:** ADD1_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

**SkipInstructions:** &lt;1,2,R,D&gt; [goto CONDL]

---

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

**QuestionText:** 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

**UniverseText:** Sample children 2-17

**SkipInstructions:** &lt;1,2,R,D&gt; [go to ADD_2]
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

Any other developmental delay?

1 Yes
2 No
7 Refused
9 Don't know
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Question ID: CHS.060_00.000  Instrument Variable Name: CONDL  QuestionnaireFileName: Sample Child

QuestionText: (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 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

UniverseText: Sample children <18

SkipInstructions: <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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18 who have had chickenpox

SkipInstructions: <1,2,R,D> [goto CASHMEV]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.080_00.000</th>
<th>Instrument Variable Name: CASHMEV</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</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&gt; [go to CASSTILL]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto LUNGYR]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.085_00.000</th>
<th>Instrument Variable Name: CASSTILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Does [fill: S.C. name] still have asthma?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18 and doctor has informed that child had asthma</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CASHYR]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.090_00.000</th>
<th>Instrument Variable Name: CASHYR</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>The following questions are about [fill: S.C. name]'s asthma DURING THE PAST 12 MONTHS.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18 and doctor has informed that child had asthma</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [go to CASMERYR]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto LUNGYR]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.100_00.000</th>
<th>Instrument Variable Name: CASMERYR</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</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>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</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>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto LUNGYR]</td>
<td></td>
</tr>
</tbody>
</table>
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Child Health Status & Limitations
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**Question ID:** CHS.110_01.010  **Instrument Variable Name:** LUNGYR  **QuestionnaireFileName:** Sample Child

**QuestionText:**

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Lung or breathing problems, other than asthma?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children <18

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

---

**Question ID:** CHS.110_02.020  **Instrument Variable Name:** CANCERYR  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Cancer?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children <18

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

---

**Question ID:** CHS.110_03.030  **Instrument Variable Name:** NEUROYR  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Neurological problems?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto URINYR]
**Question ID:** CHS.110_04.040  
**Instrument Variable Name:** URINYR  
**QuestionnaireFileName:** Sample Child

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Urinary problems, including urinary tract infection?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children <18

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

---

**Question ID:** CHS.110_05.050  
**Instrument Variable Name:** GUMYR  
**QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Gum disease?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children <18

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

---

**Question ID:** CHS.110_06.060  
**Instrument Variable Name:** FLUYR  
**QuestionnaireFileName:** Sample Child

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Influenza or pneumonia?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto SINUSYR]
2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.110_07.070  Instrument Variable Name: SINUSYR  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had...

...Sinusitis?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <18

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

Question ID: CHS.110_08.080  Instrument Variable Name: STREPYR  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had...

...Strep throat or tonsillitis?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <18

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

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]
**2007 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

Document Version Date: 28-May-08

---

**Question ID:** CHS.111_02.000  
**Instrument Variable Name:** CCOND1_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 CCOND1_3]

---

**Question ID:** CHS.111_03.000  
**Instrument Variable Name:** CCOND1_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 CCOND1_4]

---

**Question ID:** CHS.111_04.000  
**Instrument Variable Name:** CCOND1_4  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
* 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 CCOND1_5]
### Question 1: Frequent or repeated diarrhea or colitis?

- **Question ID:** CHS.111_05.000
- **Instrument Variable Name:** CCOND1_5
- **QuestionnaireFileName:** Sample Child

*Read if necessary.*

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

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCOND1_6]

### Question 2: Anemia?

- **Question ID:** CHS.111_06.000
- **Instrument Variable Name:** CCOND1_6
- **QuestionnaireFileName:** Sample Child

*Read if necessary.*

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

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCOND1_8]

### Question 3: Three or more ear infections?

- **Question ID:** CHS.111_08.000
- **Instrument Variable Name:** CCOND1_8
- **QuestionnaireFileName:** Sample Child

*Read if necessary.*

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

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCOND1_9]
<table>
<thead>
<tr>
<th>Question ID: CHS.111_09.000</th>
<th>Instrument Variable Name: CCONDT1_9</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: * Read if necessary. <strong>DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...</strong> Seizures?</td>
<td>Yes 1</td>
<td>No 2</td>
</tr>
<tr>
<td>UniverseText: Sample children LE 2</td>
<td>SkipInstructions: &lt;1,2,R,D&gt; [go to ALOTHYR1]</td>
<td></td>
</tr>
<tr>
<td>Question ID: CHS.112_01.010</td>
<td>Instrument Variable Name: ALOTHYR1</td>
<td>QuestionnaireFileName: Sample Child</td>
</tr>
<tr>
<td>QuestionText: <strong>DURING THE PAST 12 MONTHS, has [fill: SC name] had...Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies?</strong></td>
<td>Yes 1</td>
<td>No 2</td>
</tr>
<tr>
<td>UniverseText: Sample children LE 2</td>
<td>SkipInstructions: &lt;1,2,R,D&gt; [go to ABDOMYR1]</td>
<td></td>
</tr>
<tr>
<td>Question ID: CHS.112_02.020</td>
<td>Instrument Variable Name: ABDOMYR1</td>
<td>QuestionnaireFileName: Sample Child</td>
</tr>
<tr>
<td>QuestionText: *Read if necessary. <strong>DURING THE PAST 12 MONTHS, has [fill: SC name] had...Abdominal pain?</strong></td>
<td>Yes 1</td>
<td>No 2</td>
</tr>
<tr>
<td>UniverseText: Sample children LE 2</td>
<td>SkipInstructions: &lt;1,2,R,D&gt; [go to BACKYR1]</td>
<td></td>
</tr>
</tbody>
</table>
2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

**Question ID:** CHS.112_03.030  **Instrument Variable Name:** BACKYR1  **QuestionnaireFileName:** Sample Child

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Back or neck pain?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to PNOTHYR1]

---

**Question ID:** CHS.112_04.040  **Instrument Variable Name:** PNOTHYR1  **QuestionnaireFileName:** Sample Child

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Other chronic pain?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to FATIGYR1]

---

**Question ID:** CHS.112_05.050  **Instrument Variable Name:** FATIGYR1  **QuestionnaireFileName:** Sample Child

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fatigue or lack of energy?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to FEVRYR1]
### Question ID: CHS.112_06.060

**Question Text:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fever?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 LE 2

**Skip Instructions:** <1,2,R,D> [go to COLDYR1]

### Question ID: CHS.112_07.070

**Question Text:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Head or chest cold?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 LE 2

**Skip Instructions:** <1,2,R,D> [go to THOTHYR1]

### Question ID: CHS.112_08.080

**Question Text:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Sore throat other than strep or tonsillitis?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 LE 2

**Skip Instructions:** <1,2,R,D> [go to ACIDYR1]
**Question ID:** CHS.112_09.090  **Instrument Variable Name:** ACIDYR1  **Questionnaire FileName:** Sample Child

**Question Text:**
*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with acid reflux or heartburn?

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample children LE 2

**Skip Instructions:** <1,2,R,D> [go to NAUSYR1]

---

**Question ID:** CHS.112_10.100  **Instrument Variable Name:** NAUSYR1  **Questionnaire FileName:** Sample Child

**Question Text:**
*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Nausea and/or vomiting?

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample children LE 2

**Skip Instructions:** <1,2,R,D> [go to CONSPYR1]

---

**Question ID:** CHS.112_11.110  **Instrument Variable Name:** CONSPYR1  **Questionnaire FileName:** Sample Child

**Question Text:**
*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Recurring constipation?

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample children LE 2

**Skip Instructions:** <1,2,R,D> [go to OVRWTYR1]
Question ID: CHS.112_12.120  Instrument Variable Name: OVRWTYR1  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with being overweight?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to ACNEYR1]

Question ID: CHS.112_13.130  Instrument Variable Name: ACNEYR1  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Severe acne?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to WARTSYR1]

Question ID: CHS.112_14.140  Instrument Variable Name: WARTSYR1  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Warts?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to SKOTHYR1]
Child Health Status & Limitations

Question ID: CHS.112_15.150  Instrument Variable Name: SKOTHYR1  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Skin problems other than eczema, acne, or warts?

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  Instrument Variable Name: CCONDT_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 = 3-17

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

Question ID: CHS.115_02.000  Instrument Variable Name: CCONDT_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 = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_3]
**Question Text:**

*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 Text:** Sample children = 3-17

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

---

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

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

---

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

**Skip Instructions:** <1,2,R,D> [go to CCONDT_6]
### Question ID: CHS.115_06.000

**Question Text:**

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

<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 = 3-17

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

---

### Question ID: CHS.115_07.000

**Question Text:**

*DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions... Frequent or severe headaches, including migraines?*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 = 3-17

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

---

### Question ID: CHS.115_08.000

**Question Text:**

*DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions... Three or more ear infections?*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 = 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:**

*D Read if necessary.*

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

Seizures?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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 = 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:**

*D Read if necessary.*

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

Stuttering or stammering?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<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 = 3-17

**Skip Instructions:**
<1,2,R,D> [go to ALOTHYR2]

---

Question ID: CHS.120_01.010  
Instrument Variable Name: ALOTHYR2  
QuestionnaireFileName: Sample Child

**Question Text:**

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
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</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 3-17

**Skip Instructions:**
<1,2,R,D> [go to HEADYR2]
2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.120_02.020  Instrument Variable Name: HEADYR2  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Recurring headache, other than migraine?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 3-17 who had frequent or severe headaches, including migraines

SkipInstructions: <1,2,R,D> [go to ABDOMYR2]

Question ID: CHS.120_03.030  Instrument Variable Name: ABDOMYR2  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Abdominal pain?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to BACKYR2]

Question ID: CHS.120_04.040  Instrument Variable Name: BACKYR2  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Back or neck pain?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to PNOTHYR2]
**Question ID:** CHS.120_05.050  
**Instrument Variable Name:** PNOTHYR2  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Other chronic pain?

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

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [go to FATIGYR2]

---

**Question ID:** CHS.120_06.060  
**Instrument Variable Name:** FATIGYR2  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fatigue or lack of energy?

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

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [go to FEVRYR2]

---

**Question ID:** CHS.120_07.070  
**Instrument Variable Name:** FEVRYR2  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fever?

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

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [go to COLDYR2]
**Child Health Status & Limitations**

**Question ID:** CHS.120_08.080  **Instrument Variable Name:** COLDYR2  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Head or chest cold?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [go to THOTHYR2]

---

**Question ID:** CHS.120_09.090  **Instrument Variable Name:** THOTHYR2  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Sore throat other than strep or tonsillitis?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [go to ACIDYR2]

---

**Question ID:** CHS.120_10.100  **Instrument Variable Name:** ACIDYR2  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with acid reflux or heartburn?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [go to NAUSYR2]
<table>
<thead>
<tr>
<th>Question ID: CHS.120_11.110</th>
<th>Instrument Variable Name: NAUSYR2</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>
| QuestionText: *Read if necessary.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had  
...Nausea and/or vomiting?  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| UniverseText: Sample children 3-17 |
| SkipInstructions: <1,2,R,D> [go to CONSPYR2] |

<table>
<thead>
<tr>
<th>Question ID: CHS.120_12.120</th>
<th>Instrument Variable Name: CONSPYR2</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>
| QuestionText: *Read if necessary.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had  
...Recurring constipation?  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| UniverseText: Sample children 3-17 |
| SkipInstructions: <1,2,R,D> [go to INSOMYR2] |

<table>
<thead>
<tr>
<th>Question ID: CHS.120_13.130</th>
<th>Instrument Variable Name: INSOMYR2</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>
| QuestionText: *Read if necessary.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had  
...Insomnia or trouble sleeping?  
1 Yes  
2 No  
7 Refused  
9 Don't know |
<p>| UniverseText: Sample children 3-17 |
| SkipInstructions: &lt;1,2,R,D&gt; [go to OVRWTYR2] |</p>
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.120_14.140</th>
<th>Instrument Variable Name:</th>
<th>OVRWTYR2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>
| QuestionText: | *Read if necessary.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had  
...Problems with being overweight?  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| UniverseText: | Sample children 3-17 |
| SkipInstructions: | <1,2,R,D> [go to ACNEYR2] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.120_15.150</th>
<th>Instrument Variable Name:</th>
<th>ACNEYR2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>
| QuestionText: | *Read if necessary.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had  
...Severe acne?  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| UniverseText: | Sample children 3-17 |
| SkipInstructions: | <1,2,R,D> [go to WARTSYR2] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.120_16.160</th>
<th>Instrument Variable Name:</th>
<th>WARTSYR2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>
| QuestionText: | *Read if necessary.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had  
...Warts?  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| UniverseText: | Sample children 3-17 |
| SkipInstructions: | <1,2,R,D> [go to SKOTHYR2] |
**Question ID:** CHS.120_17.170  
**Instrument Variable Name:** SKOTHYR2  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

*DURING THE PAST 12 MONTHS, has [fill: SC name] had ...

...Skin problems other than eczema, acne, or warts?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,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]
* 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

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

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
2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

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)?

1  Yes
2  No
7  Refused
9  Don't know

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?

1  Yes
2  No
7  Refused
9  Don't know

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?

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

**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 DEPRSYR;
if AGE = 3 and SEX = 1 go to CMHAGM11_1;
if AGE = 3 and SEX = 2 go to CMHAGF11_1]
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

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_2]

---

* 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]
**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
*Document Version Date: 28-May-08*

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<tr>
<th>Question ID:</th>
<th>CHS.321_03.000</th>
<th>Instrument Variable Name:</th>
<th>CMHAGM11_3</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) C3</td>
<td>* Read if necessary.</td>
<td>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.</td>
<td>HE:</td>
<td>Has speech problems?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0 Not true</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Sometimes true</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 Often true</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Male sample children 2-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0-2,R,D&gt; [go to CMHAGM11_4]</td>
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<th>CHS.321_04.000</th>
<th>Instrument Variable Name:</th>
<th>CMHAGM11_4</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) C3</td>
<td>* Read if necessary.</td>
<td>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.</td>
<td>HE:</td>
<td>Has been unhappy, sad, or depressed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0 Not true</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Sometimes true</td>
</tr>
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<td></td>
<td></td>
<td>2 Often true</td>
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<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Male sample children 2-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0-2,R,D&gt; [go to CUSUALPL]</td>
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<td></td>
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</tbody>
</table>
2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
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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?

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 CMHAGF11_2]

Question ID: CHS.361_02.000  Instrument Variable Name: CMHAGF11_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.

SHE:

Has speech problems?

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 CMHAGF11_3]
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

Has been unhappy, sad, or depressed?

0  Not true
1  Sometimes true
2  Often true
7  Refused
9  Don't know
2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

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<tr>
<th>Question ID: CHS.370_01.010</th>
<th>Instrument Variable Name: DEPRSYR</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had Depression?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children GE 4</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto PHOBYR]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.370_02.020</th>
<th>Instrument Variable Name: PHOBYR</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Read if necessary.</em> DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had Phobia or fears?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children GE 4</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto C_ANXYR]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.375_01.010</th>
<th>Instrument Variable Name: C_ANXYR</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had Anxiety or stress?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children GE 4</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto INCONTYR]</td>
<td></td>
</tr>
</tbody>
</table>
Question ID: CHS.375_02.020  Instrument Variable Name: INCONTYR  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had  
...Incontinence, including bed wetting?  
1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1,2,R,D> if age GE 10 and SEX=2 [goto MENSTYR]; else [goto CUSUALPL]

Question ID: CHS.380_00.010  Instrument Variable Name: MENSTYR  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had  
...Menstrual problems such as heavy bleeding, bothersome cramping, or premenstrual syndrome (also called PMS)?  
1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Female sample children GE 10

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

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: 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

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: 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

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]
**2007 NHIS Questionnaire - Sample Child**
Child Access to Health Care & Utilization

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

**QuestionText:** 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 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: S.C. name] 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]
2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization

Document Version Date: 28-May-08

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

QuestionText: 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

UniverseText: Sample children <18
SkipInstructions: <1,2,R,D> [goto CHCDLYR1_2]

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

QuestionText: * Read 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

UniverseText: Sample children <18
SkipInstructions: <1,2,R,D> [goto CHCDLYR1_3]

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

QuestionText: * Read 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

UniverseText: Sample children <18
SkipInstructions: <1,2,R,D> [goto CHCDLYR1_4]
**Question ID:** CAU.080_04.000  **Instrument Variable Name:** CHCDLYR1_4  **QuestionnaireFileName:** Sample Child

**QuestionText:** * Read 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

**UniverseText:** Sample children <18

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

---

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

**QuestionText:** * Read 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

**UniverseText:** Sample children <18

**SkipInstructions:** <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

**QuestionText:** 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

**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 [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

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: 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

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: 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

UniverseText: Sample children GE 2

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

DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, has anyone in the family seen or talked to any of the following health care providers about {S.C. name}'s health?

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

1 Yes
2 No
7 Refused
9 Don't know
**Question ID:** CAU.170_02.000  **Instrument Variable Name:** CHCSYR1_3  **Questionnaire FileName:** 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: S.C. name]'s health?*

A foot doctor?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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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>
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</table>

**UniverseText:** Sample children <2

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

**Question ID:** CAU.170_03.000  **Instrument Variable Name:** CHCSYR1_5  **Questionnaire FileName:** 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: S.C. name]'s health?*

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

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<tr>
<td>1</td>
<td>Yes</td>
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<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>
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</tbody>
</table>

**UniverseText:** Sample children <2

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

**Question ID:** CAU.170_04.000  **Instrument Variable Name:** CHCSYR1_6  **Questionnaire FileName:** 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: S.C. name]'s health?*

A nurse practitioner, physician assistant or midwife?

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<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>
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**UniverseText:** Sample children <2

**SkipInstructions:** `<1,2,R,D> [goto CHCSYR8]`
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<th>CHCSYR_1</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>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?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children GE 2</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto CHCSYR_2]</td>
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<th>CHCSYR_2</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>* 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: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children GE 2</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto CHCSYR_3]</td>
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<tr>
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<th>CAU.175_03.000</th>
<th>Instrument Variable Name:</th>
<th>CHCSYR_3</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>* 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: S.C. name]'s health? A foot doctor?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children GE 2</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto CHCSYR_4]</td>
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</table>
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: S.C. name]'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: 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

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: S.C. name]'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]
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: S.C. name]'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_01.000  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: 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)?

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: 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

UniverseText: Sample children <18

SkipInstructions: <1> [goto CHCSYR10]
<2,R,D> [goto CHPEXYR]
2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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: S.C. name] 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: 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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHERNOYR]
2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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

QuestionText: (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

UniverseText: Sample children <18

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

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

QuestionText: 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

UniverseText: Sample children <18

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

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

QuestionText: 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

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

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

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

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

Sample children <18
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

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

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
Question ID: CFI.010_00.000  Instrument Variable Name: CSHFLUYR  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. 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.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

Question ID: CFI.015_01.000  Instrument Variable Name: CSHFLU_M  QuestionnaireFileName: Sample Child

QuestionText: 1 of 2

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

01  January
02  February
03  March
04  April
05  May
06  June
07  July
08  August
09  September
10  October
11  November
12  December
97  Refused
99  Don't know

UniverseText: Sample children <18 who have had a flu shot

SkipInstructions: <1-12,D> [ goto CSHFLU_Y] <R> [goto CSPFLUYR]

Question ID: CFI.015_02.000  Instrument Variable Name: CSHFLU_Y  QuestionnaireFileName: Sample Child

QuestionText: 2 of 2

*Enter year of most recent flu shot.

Year
9997  Refused
9999  Don't know

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

SkipInstructions: <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
2007 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 28-May-08

Question ID: CFI.020_00.000  Instrument Variable Name: CSPFLUYR  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. 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

UniverseText: Sample children <18

SkipInstructions: <1> [goto CSPFLU_M] <2,R,D> [goto next section]
[if CSHFLUYR =1 and CSPFLUYR=1] goto ERR_CSPFLUYR

Question ID: CFI.025_01.000  Instrument Variable Name: CSPFLU_M  QuestionnaireFileName: Sample Child

QuestionText: 1 of 2

During what month and year did {fill1: S.C. name} receive {his/her} most recent flu nasal spray?

01  January
02  February
03  March
04  April
05  May
06  June
07  July
08  August
09  September
10  October
11  November
12  December
97  Refused
99  Don't know

UniverseText: Sample children <18 who have had a flu nasal vaccine

SkipInstructions: <1-12,D> [ goto CSPFLU_Y] <R> [goto next section]
Question ID: CF1.025_02.000  Instrument Variable Name: CSPFLU_Y  QuestionnaireFileName: Sample Child

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

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

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.

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Enter 1 to Continue.

Enter 1 to continue

Sample children GE 4

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.

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

Not true

Somewhat true

Certainly true

Refused

Don't know

Sample children GE 4

Enter 1 to continue
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

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 often unhappy, depressed, or tearful.

1 Not true
2 Somewhat true
3 Certainly true
7 Refused
9 Don't know
Question ID: CMB.020_04.000  Instrument Variable Name: CMHMF_4  QuestionnaireFileName: Sample Child

QuestionText:  

* 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].  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>7</th>
<th>9</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not true</td>
<td>Somewhat true</td>
<td>Certainly true</td>
<td>Refused</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample children GE 4

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

---

Question ID: CMB.020_05.000  Instrument Variable Name: CMHMF_5  QuestionnaireFileName: Sample Child

QuestionText:  

* 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.  

<table>
<thead>
<tr>
<th></th>
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<th>7</th>
<th>9</th>
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<td></td>
</tr>
</tbody>
</table>

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?

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

Sample children GE 4
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?

1. Yes
2. No
7. Refused
9. Don’t know

Sample children GE 4

When was the MOST RECENT conversation or visit?

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 seen or talked to health care provider/school/staff/personnel about child's difficulties

Was [fill1: SC name] ever prescribed medication for difficulties with [fill2: his/her] 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
2007 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 28-May-08

Question ID: CMS.040_00.000  Instrument Variable Name: MRVMED  QuestionnaireFileName: Sample Child

QuestionText: (book) C9

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

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

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

Question ID: CMS.050_00.000  Instrument Variable Name: MEDWHY  QuestionnaireFileName: Sample Child

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: CMS.060_00.000  Instrument Variable Name: TRETDIFF  QuestionnaireFileName: Sample Child

QuestionText: 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

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto MRVTRET] <2,R,D> [goto next section]
Question ID: CMS.070_00.000  Instrument Variable Name: MRVTRET  QuestionnaireFileName: Sample Child

**QuestionText:**

When was the MOST RECENT help or treatment received?

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

**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

**QuestionText:**

Was any of this treatment or help received from any of the following?

*Enter all that apply, separate with commas.

1. A pediatric or general medical care practice
2. A mental health private practice
3. A mental health clinic or center
4. The child's school
5. Other
7. Refused
9. Don't know

**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]