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 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.OUTCOME procedure
  endif
  goto back.OUTCOME 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 CSRELITV
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

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

store child.cid.CSPAVAIL in child.cid.CSRESP
goto cbk.CCALLBK1

<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
**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: 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

**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: ALIAS of Sample Child] 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: 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

**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: 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".

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

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

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

**SkipInstructions:**

```
<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.

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

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

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

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.

**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 = '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]`
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

Sample children 12+

* Enter inches.

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

Sample children 12+ whose height in feet is 0-7 or is left empty.

* Enter height in metric.

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

Sample children 12+ whose current height will be entered in metric.
### Question ID: CHS.021_02.000
**Instrument Variable Name:** CHGT_CM  
**QuestionnaireFileName:** Sample Child

**QuestionText:** *Enter centimeters.

<table>
<thead>
<tr>
<th>000-241</th>
<th>0-241 centimeters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank</td>
<td>Blank</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children 12+ 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]`

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

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

* Enter 'M' to record metric measurements.

* Enter '500' if 500 pounds or more.

<table>
<thead>
<tr>
<th>001-500</th>
<th>1-500 pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
<tr>
<td>M</td>
<td>Metric</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children 12+

**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]`

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

**QuestionText:** *Enter weight in kilograms.

| 002-226 | 2-226 kilograms |

**UniverseText:** Sample children 12+ 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]`
Child Health Status & Limitations

Document Version Date: 24-Apr-09

2008 NHIS Questionnaire - Sample Child

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: <1,2,R,D> [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: <1,2,R,D> [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: <1,2,R,D> [go to ADD_2]
**2008 NHIS Questionnaire - Sample Child**

*Child Health Status & Limitations*

Document Version Date: 24-Apr-09

---

### 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: SC name] had any of these conditions?

*Read if necessary.

Down syndrome
Cerebral palsy
Muscular dystrophy
Cystic fibrosis
Sickle cell anemia
Autism
Diabetes
Arthritis
Congenital heart disease
Other heart condition

1 Yes
2 No
7 Refused
9 Don't know

Which ones?

* Enter all that apply, separate with commas.

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

Sample children <18 and CONDL=1

Question ID: CHS.060_00.000   Instrument Variable Name: CONDL   QuestionnaireFileName: Sample Child
2008 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 24-Apr-09

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]

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,R,D> [go to CASHYR]
The following questions are about [fill: S.C. name]'s asthma DURING THE PAST 12 MONTHS.

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

DURING THE PAST 12 MONTHS, has [fill: S.C. name] stayed overnight in a hospital because of asthma?

1  Yes
2  No
7  Refused
9  Don't know

Sample child <18 who had episode of asthma in past year

<1> [go to CASMMC]
<2,R,D> [go to CWZMSWK]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.100_00.020</th>
<th>Instrument Variable Name:</th>
<th>CASMMC</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>After (the last time) [fill: SC name] left the hospital, did a health professional talk with you about long term management of [fill: his/her] asthma?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Still in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample child &lt;18 in hospital overnight b/c of asthma, past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,3,R,D&gt; [go to CWZMSWK]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.100_00.030</th>
<th>Instrument Variable Name:</th>
<th>CWZSWK</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, that is since [12-month ref. date], HOW MANY DAYS of [fill1: daycare or preschool/fill2: school/fill3: school or work] did [fill: SC name] miss because of [fill: his/her] asthma?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter 995 if child home schooled.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter 996 if child did not go to [fill1: daycare or preschool/fill2: school/fill3: school or work].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>000-365</td>
<td>000-365 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>995</td>
<td>Child was home schooled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>996</td>
<td>child did not go to day care, preschool, school, or work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample child &lt;18 who had episode of asthma in past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;000-100,995,996,R,D&gt; [go to CWZPIN]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;101-365&gt; [go to ERR1_CWZMSWK]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;366-994&gt; [go to ERR2_CWZMSWK]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.100_00.040</th>
<th>Instrument Variable Name:</th>
<th>CWZPIN</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Has [fill: SC name] EVER used a PRESCRIPTION inhaler?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample child &lt;18 who still have asthma or asthma attack in past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto CASMINST]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2,D,R&gt; [go to CASMED]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Has a health professional shown [fill: SC name] how to use [fill: his/her] inhaler? (This includes showing parents for young children.)

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

Sample child <18 who have ever used prescription inhaler

Question ID: CHS.100_00.060  Instrument Variable Name: CASMPMED  QuestionnaireFileName: Sample Child

QuestionText: Now I’m going to ask you about two different kinds of ASTHMA medicine. One is for quick relief. The other does not give quick relief but protects your lungs AND PREVENTS SYMPTOMS OVER THE LONG TERM. DURING THE PAST 3 MONTHS, has [fill: SC name] used the kind of PRESCRIPTION inhaler THAT YOU BREATHE IN THROUGH YOUR MOUTH, that gives QUICK relief from asthma symptoms?

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

Sample child <18 who have ever used prescription inhaler

Question ID: CHS.100_00.070  Instrument Variable Name: CASMCAN  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 3 MONTHS did [fill: SC name] use more than three canisters of this type of inhaler?

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

Sample child <18 who have used quick relief inhaler, past 3 m

Question ID: CHS.100_00.080  Instrument Variable Name: CASMED  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 3 MONTHS did [fill: SC name] use more than three canisters of this type of inhaler?

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

Sample child <18 who have used quick relief inhaler, past 3 m
### Question ID: CHS.100_00.080  Instrument Variable Name: CASMED  QuestionnaireFileName: Sample Child

**QuestionText:** Has [fill: SC name] EVER taken the preventive kind of ASTHMA medicine used everyday to protect [fill: his/her] lungs and keep [fill: him/her] from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

<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>

**UniverseText:** Sample child <18 who still have asthma or who had asthma attack in the past 12 months

**SkipInstructions:** <1> [go to CASMDTP] <2,R,D> [goto CASWMP]

---

### Question ID: CHS.100_00.090  Instrument Variable Name: CASMDTP  QuestionnaireFileName: Sample Child

**QuestionText:** Is [fill: SC name] NOW taking this medication (that protects [fill: his/her] lungs) daily or almost daily?

<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>

**UniverseText:** Sample child <18 who have ever taken preventive asthma medicine

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

---

### Question ID: CHS.100_00.100  Instrument Variable Name: CASWMP  QuestionnaireFileName: Sample Child

**QuestionText:** An asthma action plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given [fill: SC name] an asthma action plan?

*Read if necessary: Include nurses and asthma educators.

<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>

**UniverseText:** Sample child <18 who still have asthma or who had an asthma attack in the past 12 months

**SkipInstructions:** <1,2,D,R> [go to CASCLASS]
Has [fill: SC name] ever taken a course or class on how to manage [fill: his/her] asthma?

*Include adult(s) who took a course for the child's asthma.

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

Sample child <18 who still have asthma or have had asthma attack in the past 12 months.

Has a doctor or other health professional EVER taught [fill: SC name] or [fill: his/her] parent or guardian

...how to recognize early signs or symptoms of an asthma episode

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

Sample child <18 who still have asthma or who have had asthma attack in the past 12 months.

*Read if necessary: Has a doctor or other health professional EVER taught [fill: SC name] or [fill: his/her] parent or guardian

...how to respond to episodes of asthma

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

Sample child <18 who still have asthma or who have had asthma attack in the past 12 months.
**2008 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

Document Version Date: 24-Apr-09

---

**Question ID:** CHS.100_00.118  
**Instrument Variable Name:** CAS_MON  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
*Read if necessary: A doctor or other health professional EVER taught [fill: SC name] or [fill: his/her] parent or guardian  
...how to monitor peak flow for daily therapy

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample child <18 who still have asthma or who have had asthma attack in the past 12 months

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

---

**Question ID:** CHS.100_00.130  
**Instrument Variable Name:** CAPENVLN  
**QuestionnaireFileName:** Sample Child

**QuestionText:** A doctor or other health professional EVER advised you to change things in [fill: SC name]'s home, school, or work to improve [fill: his/her] asthma?

1  Yes  
2  No  
3  Was told no changes needed  
7  Refused  
9  Don't know

**UniverseText:** Sample child <18 who still have asthma or who have had an asthma attack in the past 12 months

**SkipInstructions:** <1> [goto CAPENVDO]  
<2,3,R,D> [if AGE LE 2 go to CCONDT1_1; else go to CCONDT_1]

---

**Question ID:** CHS.100_00.140  
**Instrument Variable Name:** CAPENVDO  
**QuestionnaireFileName:** Sample Child

**QuestionText:** How much of this advice did you follow? Would you say none, a little, some, most, or all?

0  None  
1  A little  
2  Some  
3  Most  
4  All  
7  Refused  
9  Don't know

**UniverseText:** Sample child <18 who been told to change things because of asthma

**SkipInstructions:** <0-4,R,D> [if AGE LE 2 go to CCONDT1_1; else go to CCONDT_1]
**2008 NHIS Questionnaire - Sample Child**  
Child Health Status & Limitations  
Document Version Date: 24-Apr-09

<table>
<thead>
<tr>
<th>Question ID: CHS.111_01.000</th>
<th>Instrument Variable Name: CCONDT1_1</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>

**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]

<table>
<thead>
<tr>
<th>Question ID: CHS.111_02.000</th>
<th>Instrument Variable Name: CCONDT1_2</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>

**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]

<table>
<thead>
<tr>
<th>Question ID: CHS.111_03.000</th>
<th>Instrument Variable Name: CCONDT1_3</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>

**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]
2008 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: CHS.111_04.000  Instrument Variable Name: CCONDT1_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 CCONDT1_5]

Question ID: CHS.111_05.000  Instrument Variable Name: CCONDT1_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 LE 2

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

Question ID: CHS.111_06.000  Instrument Variable Name: CCONDT1_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 LE 2

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

Seizures?
1 Yes
2 No
7 Refused
9 Don't know

Hay fever?
1 Yes
2 No
7 Refused
9 Don't know
**2008 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date:** 24-Apr-09

---

**Question ID:** CHS.115_02.000  **Instrument Variable Name:** CCOND T_2  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*D 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 CCOND T_3]

---

**Question ID:** CHS.115_03.000  **Instrument Variable Name:** CCOND T_3  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*D 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 = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCOND T_4]

---

**Question ID:** CHS.115_04.000  **Instrument Variable Name:** CCOND T_4  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*D 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 = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCOND T_5]
Question ID: CHS.115_05.000  Instrument Variable Name: CCONDT_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 CCONDT_6]

Question ID: CHS.115_06.000  Instrument Variable Name: CCONDT_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 CCONDT_7]

Question ID: CHS.115_07.000  Instrument Variable Name: CCONDT_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 CCONDT_8]
**2008 NHIS Questionnaire - Sample Child**

*Child Health Status & Limitations*

**Document Version Date:** 24-Apr-09

---

**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]
**2008 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

_Document Version Date: 24-Apr-09_

---

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

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

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

**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

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

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

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

**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

**Question Text:** * Hand calendar card.

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CINTIL2W]

---
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.240_00.000</th>
<th>Instrument Variable Name:</th>
<th>CINTIL2W</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did [fill: S.C. name] have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHEARST1]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.250_00.000</th>
<th>Instrument Variable Name:</th>
<th>CHEARST1</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Which statement best describes [fill: SC name]'s hearing without a hearing aid: Excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or is [fill: SC's name] deaf?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A little trouble hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Moderate trouble</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>A lot of trouble</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Deaf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18

**SkipInstructions:** <1-6,R,D> [go to CVISION]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.260_00.000</th>
<th>Instrument Variable Name:</th>
<th>CVISION</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Does [fill1: S.C. name] have any trouble seeing [fill2: , even when wearing glasses or contact lenses]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CBLIND] <2,R,D> [if AGE <6 go to CVISTST; if AGE = 6-17 go to CVISGLAS]
Child Health Status & Limitations

2008 NHIS Questionnaire - Sample Child

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> [if AGE <6 go to IHSPEQ; else if AGE = 6-17 go to CVISACT]
<2, R, D> [if AGE <6 go to CVISTST; else if AGE = 6-17 go to CVISGLAS]

Question ID: CHS.270_00.010  Instrument Variable Name: CVISTST  QuestionnaireFileName: Sample Child

QuestionText: Has [fill: SC name] EVER had [fill: his/her] vision tested by a doctor or other health professional?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <6 who is not blind

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

Question ID: CHS.270_00.020  Instrument Variable Name: CVISLT  QuestionnaireFileName: Sample Child

QuestionText: When was [fill: his/her] vision last tested?

1  In the last 12 months
2  In the last 13-24 months
3  Over 24 months
7  Refused
9  Don't know

UniverseText: Sample children <6 ever had vision tested

SkipInstructions: <1-3,R,D> [go to IHSPEQ]
### Question ID: CHS.270_00.025
#### Instrument Variable Name: CVISGLAS
#### QuestionnaireFileName: Sample Child

**QuestionText:** Does [fill: SC name] wear eyeglasses or contact lenses?

<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>

**UniverseText:** Sample children 6-17 years who are not blind

**SkipInstructions:** <1> [goto CVISDIST] <2,R,D> [go to CVISACT]

### Question ID: CHS.270_00.030
#### Instrument Variable Name: CVISDIST
#### QuestionnaireFileName: Sample Child

**QuestionText:** Does [fill: SC name] wear eyeglasses or contact lenses to read road and street signs, see the blackboard, play sports, watch TV, or see things in the distance?

<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>

**UniverseText:** Sample children 6-17 years who wear glasses or contact lenses

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

### Question ID: CHS.270_00.035
#### Instrument Variable Name: CVISREAD
#### QuestionnaireFileName: Sample Child

**QuestionText:** Does [fill: SC name] wear eyeglasses or contact lenses to read books, write, play hand-held games, or do other things that require [fill: her/him] to see well up close?

<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>

**UniverseText:** Sample children 6-17 years who wear glasses or contact lenses

**SkipInstructions:** <1,2,R,D> [AGE GE 6 go to CVISACT; else go to IHSPEQ]

### Question ID: CHS.270_00.040
#### Instrument Variable Name: CVISACT
#### QuestionnaireFileName: Sample Child

**QuestionText:** Does [fill: SC name] participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, soccer and mowing the lawn.

<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>

**UniverseText:** Sample children 6-17

**SkipInstructions:** <1> [go to CVISPROT] <2,R,D> [go to IHSPEQ]
When doing these activities, on average, does [fill: he/she] wear eye protection always, most of the time, some of the time, or none of the time?

1. Always
2. Most of the time
3. Some of the time
4. None of the time
5. Refused
6. Don't know

Sample children 6-17 participate in sports that cause eye injuries

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
3. Refused
4. Don't know

Sample children <18

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
3. Refused
4. Don't know

Sample children <18
Question ID: CHS.310_00.000  Instrument Variable Name: IHMOBYR  QuestionnaireFile: 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  QuestionnaireFile: 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 AG <= <3> go to LEARND;
if AG = <2> and SEX = <1> go to CMHAGM11_1;
if AG = <2> and SEX = <2> go to CMHAGF11_1]

---

Question ID: CHS.312_00.000  Instrument Variable Name: LEARND  QuestionnaireFile: 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 AG = 3 and SEX = 1 go to CMHAGM11_1;
if AG = 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]

---

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]
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

Has been unhappy, sad, or depressed?

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

---

(boook) 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]
2008 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 24-Apr-09

Question ID: CHS.361_03.000  Instrument Variable Name: CMHAGF11_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.

SHE:

Has been nervous or high-strung?

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_4]

---

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]
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

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.

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

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]

Was this change for a reason related to health insurance?

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

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

Sample children <18

* Read if necessary.

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

Sample children <18

* Read if necessary.

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

Sample children <18
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

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

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
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]

* 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]

* 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]
**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]
2008 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 24-Apr-09

QuestionID: 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]

QuestionID: 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]

QuestionID: 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]
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_04.000  **Instrument Variable Name:** CHCSYR_4  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*DIRECTIONS:*

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:**

*DIRECTIONS:*

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:**

*DIRECTIONS:*

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]
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_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: 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]
2008 NHIS Questionnaire - Sample Child  
Child Access to Health Care & Utilization  
Document Version Date: 24-Apr-09

**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: CAU.280_00.000 (CHERNOYR)

**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>Code</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
</tr>
<tr>
<td>01</td>
<td>1</td>
</tr>
<tr>
<td>02</td>
<td>2-3</td>
</tr>
<tr>
<td>03</td>
<td>4-5</td>
</tr>
<tr>
<td>04</td>
<td>6-7</td>
</tr>
<tr>
<td>05</td>
<td>8-9</td>
</tr>
<tr>
<td>06</td>
<td>10-12</td>
</tr>
<tr>
<td>07</td>
<td>13-15</td>
</tr>
<tr>
<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

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

### Question: CAU.290_00.000 (CHCHYR)

**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>Code</th>
<th>Value</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: CAU.300_00.000 (CHCHMOYR)

**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>Code</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-12</td>
<td>1-12 months</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:** <01-12,R,D> [goto CHCHMOYR]
What was the total number of home visits received for [fill1: alias] 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: 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.

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: 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

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.

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: 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
During the PAST 12 MONTHS, has [fill1: SC name] used any of the following indoor tanning devices - a sunlamp, sunbed, or tanning booth EVEN ONE TIME? Do NOT include a spray-on tan.

1 Yes
2 No
7 Refused
9 Don't Know

Sample children 14-17

During the PAST 12 MONTHS, how many times has [fill1: SC name] used the following indoor tanning devices - a sunlamp, sunbed, or tanning booth? Do NOT include times [fill1: SC name] has gotten a spray-on tan.

001-365 Number of tans
997 Refused
999 Don't know

Sample children 14-17 who have used an indoor tanning device in the past 12 months
Question ID: COH.010_00.000  Instrument Variable Name: COCOND  QuestionnaireFileName: Sample Child

QuestionText: How would you describe the condition of [fill: S.C. name]'s mouth and teeth? Would you say very good, good, fair or poor?

1 Very good
2 Good
3 Fair
4 Poor
7 Refused
9 Don't know

UniverseText: Sample children <18

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

Question ID: COH.020_00.000  Instrument Variable Name: COBTWS  QuestionnaireFileName: Sample Child

QuestionText: Would you say the condition of [fill: SC name]'s mouth and teeth is better than, the same as or not as good as other people [fill: her or his] age?

1 Better
2 Same
3 Not as good
7 Refused
9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1-3,R,D> [if AGE GE 5 go to COEMB; 
if AGE < 1 goto COPROB_2; 
else go to COPROB_1]

Question ID: COH.030_00.000  Instrument Variable Name: COEMB  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 6 MONTHS, how often was [fill: she/he] self-conscious or embarrassed because of [fill: her/his] teeth or mouth? Would you say often, sometimes, rarely or never?

1 Often
2 Sometimes
3 Rarely
4 Never
7 Refused
9 Don't know

UniverseText: Sample children 5-17

SkipInstructions: <1-4,R,D> [if CDENLONG = 1 go to COREAS_1; 
if AGE LE 15 and CDENLONG NE 1 go to COPROB_1; 
if AGE GE 16 and CDENLONG NE 1 go to COREAS_4; 
else goto COPROB_1]
I am going to read you a list of reasons people get dental care. Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for each one.

...For emergency dental care where [fill: SC name] saw the dentist within 24 hours or as soon as was possible

*If [SC name] did not miss any school enter '1'.
*Probe if necessary.

01 None to less than 1 hour
02 1 hour, less than 3 hours
03 3 hours, less than 5 hours
04 5 hours, less than 7 hours
05 7 or more hours
06 Doesn't go to school
07 Did not have this type of dental care
97 Refused
99 Don't know

Sample children 5-17, seen a dentist, past 6 mos

*Read if necessary: I am going to read you a list of reasons people get dental care. Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for each one.

...For planned routine dental or orthodontic care

*If [SC name] did not miss any school enter '1'.
*Probe if necessary.

01 None to less than 1 hour
02 1 hour, less than 3 hours
03 3 hours, less than 5 hours
04 5 hours, less than 7 hours
05 7 or more hours
06 Doesn't go to school
07 Did not have this type of dental care
97 Refused
99 Don't know

Sample children 5-17, seen a dentist, past 6 mos
Question ID: COH.040_03.000 Instrument Variable Name: COREAS_3 QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary:  I am going to read you a list of reasons people get dental care. Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for each one.

...For tooth whitening or other cosmetic procedures
*If [SC name] did not miss any school enter ’1’.
*Probe if necessary.

01 None or less than 1 hour
02 1 hour, less than 3 hours
03 3 hours, less than 5 hours
04 5 hours, less than 7 hours
05 7 or more hours
06 Doesn't go to school
07 did not have this type of dental care
97 Refused
99 Don't know

UniverseText: Sample children 5-17, seen a dentist, past 6 mos

SkipInstructions: <1-7,R,D> [if AGE GE 16 go to COREAS_4; else go to COPROB_1]

Question ID: COH.040_04.000 Instrument Variable Name: COREAS_4 QuestionnaireFileName: Sample Child

QuestionText: Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS.

...For taking someone else to a dental appointment
*If [SC name] did not miss any school enter ’1’.
*Probe if necessary.

01 None or less than 1 hour
02 1 hour, less than 3 hours
03 3 hours, less than 5 hours
04 5 hours, less than 7 hours
05 7 or more hours
06 Doesn't go to school
07 Did not have this type of dental care
97 Refused
99 Don't know

UniverseText: Sample children 16-17, seen a dentist, past 6 mos

SkipInstructions: <1-7,R,D> [go to COPROB_1]
<table>
<thead>
<tr>
<th>Question ID: COH.050_01.000</th>
<th>Instrument Variable Name: COPROB_01</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...A toothache or sensitive teeth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Read if necessary. Do not include pain from getting new teeth (teething pain).</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 1-17</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to COPROB_02]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: COH.050_02.000</th>
<th>Instrument Variable Name: COPROB_02</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 6 MONTHS, has [fill: S.C. name] had any of the following problems? Please say yes or no to each.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...Pain in [fill: her/his] jaw joint</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</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2, R,D&gt; [go to COPROB_03]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: COH.050_03.000</th>
<th>Instrument Variable Name: COPROB_03</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...Sores in [fill: her/his] mouth</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</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2, R,D&gt; [go to COPROB_04]</td>
<td></td>
</tr>
</tbody>
</table>
*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Bleeding gums

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2, R,D> [go to COPROB_05];
else [goto COPROB_11]

*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Crooked teeth

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2, R,D> [go to COPROB_06]

*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Broken or missing teeth other than losing baby teeth

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [go to COPROB_07]
**2008 NHIS Questionnaire - Sample Child**  
Child Oral Health  
Document Version Date: 24-Apr-09

**Question ID:** COH.050_07.000  
**Instrument Variable Name:** COPROB_07  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Stained or discolored teeth

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [go to COPROB_08]

---

**Question ID:** COH.050_08.000  
**Instrument Variable Name:** COPROB_08  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Loose teeth not due to an injury or losing baby teeth

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [go to COPROB_09]

---

**Question ID:** COH.050_09.000  
**Instrument Variable Name:** COPROB_09  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Decayed teeth or cavities

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [go to COPROB_10]
2008  NHIS Questionnaire - Sample Child  
Child Oral Health  
Document Version Date: 24-Apr-09

Question ID: COH.050_10.000  Instrument Variable Name: COPROB_10  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Broken or missing fillings

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2, R,D> [go to COPROB_11]

Question ID: COH.050_11.000  Instrument Variable Name: COPROB_11  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Bad breath

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2, R,D> [go to COPROB_12]

Question ID: COH.050_12.000  Instrument Variable Name: COPROB_12  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Dry mouth

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2, R,D> [if COPROB 01 =1 or COPROB 02 =1 or COPROB 03 =1 or COPROB 04 =1 or COPROB 05 =1 or COPROB 06 =1 or COPROB 07 =1 or COPROB 08 =1 or COPROB 09 =1 or COPROB 10 =1 or COPROB 11 =1 or COPROB 12 =1 go to CODENT1; else [go to next section]
**Question ID:** COH.060_00.000  **Instrument Variable Name:** CODENT1  **QuestionnaireFileName:** Sample Child

**QuestionText:**
DURING THE PAST 6 MONTHS did [fill S.C. name] see a dentist or a medical doctor for any of the problems with [fill: her or his] mouth or teeth?

*Read if necessary: Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children <18 have at least one problem mouth or teeth

**SkipInstructions:** <1> [go to CODENT2]  
<2> [go to CONODEN_1]  
<R,D> [go to COINT_1]

---

**Question ID:** COH.070_00.000  **Instrument Variable Name:** CODENT2  **QuestionnaireFileName:** Sample Child

**QuestionText:** 
Which one did [fill S. C. name] see - a dentist or a medical doctor?

*Code as dentist: orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

1  Dentist  
2  Medical doctor  
3  Both  
7  Refused  
9  Don't know

**UniverseText:** Sample children <18 who have seen a doctor or dentist for mouth or teeth problem

**SkipInstructions:** <1,3,R,D> [go to COINT_1] <2> [go to CONODEN_1]

---

**Question ID:** COH.080_01.000  **Instrument Variable Name:** CONODEN_1  **QuestionnaireFileName:** Sample Child

**QuestionText:**
DURING THE PAST 6 MONTHS, why didn’t [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth?  Please say yes or no to each.

...You didn’t think it was important

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample children <18 didn’t see a dentist for problem with mouth or teeth

**SkipInstructions:** <1,2,R,D> [go to CONODEN_2]
2008 NHIS Questionnaire - Sample Child

Child Oral Health

Document Version Date: 24-Apr-09

Question ID: COH.080_02.000  Instrument Variable Name: CONODEN_2  QuestionnaireFileName: Sample Child

QuestionText:
*Read if necessary: DURING THE PAST 6 MONTHS, why didn’t [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...The problem went away

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to CONODEN_3]

Question ID: COH.080_03.000  Instrument Variable Name: CONODEN_3  QuestionnaireFileName: Sample Child

QuestionText:
*Read if necessary: DURING THE PAST 6 MONTHS, why didn’t [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...You couldn’t afford treatments or [fill S.C. name] didn’t have insurance

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to CONODEN_4]

Question ID: COH.080_04.000  Instrument Variable Name: CONODEN_4  QuestionnaireFileName: Sample Child

QuestionText:
*Read if necessary: DURING THE PAST 6 MONTHS, why didn’t [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...No transportation was available

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to CONODEN_5]
Question ID: COH.080_05.000  Instrument Variable Name: CONODEN_5  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, why didn’t [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...[fill S. C. name] was afraid to see a dentist

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2,R,D> [go to CONODEN_6]

---

Question ID: COH.080_06.000  Instrument Variable Name: CONODEN_6  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, why didn’t [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...[fill: SC name] was waiting for an appointment

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2,R,D> [go to CONODEN_7]

---

Question ID: COH.080_07.000  Instrument Variable Name: CONODEN_7  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, why didn’t [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...You didn’t think a dentist could fix the problem

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2,R,D> [if AGE=5-17 go to COINT_1, else if AGE < 5 go to COINT_3]
Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...School or school activities

1 Yes
2 No
3 Doesn't go to school
7 Refused
9 Don't know

Sample children 5-17 have at least one problem mouth or teeth

*Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...Work

1 Yes
2 No
3 Doesn't work
7 Refused
9 Don't know

Sample children 14-17 have at least one problem with mouth or teeth

*Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...Eating

1 Yes
2 No
7 Refused
9 Don't know

Sample children <18 have at least one problem with mouth or teeth
2008 NHIS Questionnaire - Sample Child
Child Oral Health
Document Version Date: 24-Apr-09

Question ID: COH.090_04.000  Instrument Variable Name: COINT_4  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...Sleeping

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 have at least one problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to COINT_5]

Question ID: COH.090_05.000  Instrument Variable Name: COINT_5  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...Social activities such as going out or being with other people

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 have at least one problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to COINT_6]

Question ID: COH.090_06.000  Instrument Variable Name: COINT_6  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...[fill S. C. name]'s usual activities at home

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 have at least one problem with mouth or teeth

SkipInstructions: <1,2, R,D> [if AGE GE 4 go to CMHCOPY; else go to CSHFLUYR]
**Question ID:** CMB.010_00.000  **Instrument Variable Name:** CMHCOPY  **QuestionnaireFileName:** Sample Child

**QuestionText:**

* 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]

---

**Question ID:** CMB.030_00.000  **Instrument Variable Name:** CMHDIFF  **QuestionnaireFileName:** Sample Child

**QuestionText:**

(books) C7

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

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-4,R,D> [goto next section]
### Question ID: CFI.010_00.000
**Instrument Variable Name:** CSHFLUYR  **QuestionnaireFileName:** Sample Child

**QuestionText:**
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>
</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>

**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: SC name} receive {fill2: his/her} most recent flu shot?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</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>
</tr>
<tr>
<td>04</td>
<td>April</td>
</tr>
<tr>
<td>05</td>
<td>May</td>
</tr>
<tr>
<td>06</td>
<td>June</td>
</tr>
<tr>
<td>07</td>
<td>July</td>
</tr>
<tr>
<td>08</td>
<td>August</td>
</tr>
<tr>
<td>09</td>
<td>September</td>
</tr>
<tr>
<td>10</td>
<td>October</td>
</tr>
<tr>
<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>

**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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Year</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 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
2008 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 24-Apr-09

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

QuestionText: 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

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: SC 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.

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
Question ID: CHP.010_00.000  Instrument Variable Name: CHPVHRD  QuestionnaireFileName: Sample Child

QuestionText: A vaccine to prevent the human papilloma virus (pap-uh-LOW-muh-vi-rus) or HPV infection is available and is called the HPV shot, cervical cancer vaccine, or GARDASIL®. Before this survey, have you ever heard of the HPV shot or cervical cancer vaccine?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Female sample children 8+

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

Question ID: CHP.020_00.000  Instrument Variable Name: CSHTHPV  QuestionnaireFileName: Sample Child

QuestionText: Did [fill: SC name] ever receive the HPV shot or cervical cancer vaccine?

1  Yes
2  No
3  Doctor refused when asked
7  Refused
9  Don't know

UniverseText: Female sample children 8+

SkipInstructions: <1> goto CSHHPVDS  
<2,R,D> goto CHPVREC  
<3> goto next section

Question ID: CHP.030_00.000  Instrument Variable Name: CSHHPVDS  QuestionnaireFileName: Sample Child

QuestionText: How many HPV shots did [fill: SC name] receive?

* Enter '96' for all shots

01-50  1-50 shots
96  All shots
97  Refused
99  Don't know

UniverseText: Female sample children 8+ who have received the HPV vaccine or shot

SkipInstructions: <1-50,96,R,D> goto next section  
<51-95> goto ERR_CSHHPVDS
Question ID: CHP.040_00.000  Instrument Variable Name: CHPVREC  QuestionnaireFileName: Sample Child

QuestionText: If [fill: SC name]'s doctor recommended the HPV vaccine, would you have her get it?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Female sample children 8+ who have not received an HPV vaccine or shot or refused to say/said don't know if received vaccine or shot

SkipInstructions: <1> goto CHPVCOST  
<2,D> goto CHPVNOT  
<R> goto next section

Question ID: CHP.050_00.000  Instrument Variable Name: CHPVNOT  QuestionnaireFileName: Sample Child

QuestionText: What is the MAIN reason you would NOT want [fill: SC name] to get the vaccine?

01  Does not need vaccine
02  Not sexually active
03  Too expensive
04  Too young for vaccine
05  Doctor didn't recommend it
06  Worried about safety of vaccine
07  Don't know where to get vaccine
08  My spouse/family member is against it
09  Don't know enough about vaccine
10  Already has HPV
11  Other
97  Refused
99  Don't know

UniverseText: Female sample children 8+ who would not get the HPV vaccine if her doctor recommended it or who said don't know to this information

SkipInstructions: <1,2,4-11,R,D> goto next section  
<3> goto CHPVLOC

Question ID: CHP.060_00.000  Instrument Variable Name: CHPVCOST  QuestionnaireFileName: Sample Child

QuestionText: The cost of the vaccine may be about $360-$500. Would you have [fill: SC name] get the vaccine if you had to pay this amount?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Female sample children age 8+ whose respondent would be interested in getting the HPV vaccine for her

SkipInstructions: <1,R,D> goto next section  
<2> goto CHPVLOC
If [fill: SC name] could get the vaccine free or at a much lower cost, would you have her get it?

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

Female sample children age 8+ whose respondent would not pay $360-$500 for the HPV vaccine or for whom the main reason not to get the vaccine was because it was too expensive