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.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
2010 NHIS Questionnaire - Sample Child
Child Identification

Document Version Date: 12-Apr-11

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

QuestionText: 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

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

SkipInstructions: <01-25> if line number not equal one of the line numbers in KNOWSC2
    goto child.cid.ERR_CSPAVAIL
    else
    store child.cid.CSPAVAIL in child.cid.CSRESP
    goto child.cid.CSRELTIV
    endif

<96> store child.cid.CSPAVAIL in child.cid.CSRESP
    goto cbk.CCALLBK1

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

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

QuestionText: (book) C1

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

UniverseText: Someone identified as knowledgeable about child's health

SkipInstructions: <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
* 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: <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".

1 Yes
2 No

UniverseText: Respondent verified child's sex

SkipInstructions: <1> if AGE of Sample Child ge '18'
goto CNO_MORE
everse
goto child.chs.BWGT_LB
dendif
<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

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

If days not valid, goto ERR_NEWDOB_D
3 of 3

* Enter year of birth.

1880-2020

Year of birth

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

<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.

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

**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.

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

**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.

- **0500-5485**  
  - 500-5485 grams
- **9997**  
  - Refused
- **9999**  
  - Don’t know

**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.
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.021_02.000</td>
<td>CHGT_CM</td>
<td>Sample Child</td>
<td>* Enter centimeters.</td>
</tr>
<tr>
<td>CHS.022_00.000</td>
<td>CWGT_LB</td>
<td>Sample Child</td>
<td>How much does [fill: S.C. name] weigh now (without shoes)?</td>
</tr>
<tr>
<td>CHS.023_00.000</td>
<td>CWGT_KG</td>
<td>Sample Child</td>
<td>* Enter weight in kilograms.</td>
</tr>
</tbody>
</table>

**Universe Text**
- Sample children 12+ whose weight will be entered in metric, and who entered "0-2" for height in meters or left it empty.
- Sample children 12+

**Skip Instructions**
- \(<0-241> \text{ [goto CWGT_LB]} \) 
  - \([\text{if CHGT_M} = <\text{empty, 0}> \text{ and CHGT_CM} = <\text{empty, 0}> \text{ go to ERR1_CHGT_CM}] \)
  - \([\text{if CHGT_M} = 2 \text{ and CHGT_CM} > 41 \text{ goto ERR2_CHGT_CM}] \)
  - \([\text{if CHGT_M} = 1 \text{ and CHGT_CM} > 141 \text{ goto ERR2_CHGT_CM}] \)
- \(<1-500,R,D> \text{ [if age ge <2> goto ADD_1, else, goto ADD1_2]} \)
  - \(<M> \text{ [goto CWGT_KG]} \)
  - \([\text{if = <501-999> goto ERR1_CWGT_LB}] \)
  - \([\text{if NE <1-999, M, R, D> goto ERR2_CWGT_KG}] \)
- \(<2-226> \text{ [if AGE ge <2> goto ADD_1; else goto ADD1_2]} \)
  - \([\text{if CWGT_KG} > 226 \text{ goto ERR_CWGT_KG}] \)
Question ID: CHS.031_02.000  Instrument Variable Name: ADD1_2  QuestionnaireFileName: Sample Child

Question Text:

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

Mental Retardation?

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample children <2

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

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

Question Text:

* Read if necessary.

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

Any other developmental delay?

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample children <2

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

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

Question Text:

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

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

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample children 2-17

Skip Instructions: <1,2,R,D> [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
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

<1-10,R,D> [go to CPOX]
[If <0> and <1-10> go to ERR_CONDL]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>1</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.070_00.000</td>
<td>CPOX</td>
<td>Sample Child</td>
<td>Has [fill: S.C. Name] EVER had chickenpox?</td>
<td>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
<tr>
<td>CHS.072_00.000</td>
<td>CPOX12MO</td>
<td>Sample Child</td>
<td>Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS?</td>
<td>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
<tr>
<td>CHS.080_00.000</td>
<td>CASHMEV</td>
<td>Sample Child</td>
<td>Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?</td>
<td>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
<tr>
<td>CHS.085_00.000</td>
<td>CASSTILL</td>
<td>Sample Child</td>
<td>Does [fill: S.C. name] still have asthma?</td>
<td>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample children <18

SkipInstructions: 
1. Has [fill: S.C. Name] EVER had chickenpox?
   - Yes
   - No
   - Refused
   - Don't know

2. Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS?
   - Yes
   - No
   - Refused
   - Don't know

3. Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?
   - Yes
   - No
   - Refused
   - Don't know

4. Does [fill: S.C. name] still have asthma?
   - Yes
   - No
   - Refused
   - Don't know

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

SkipInstructions: 
1. Has [fill: S.C. Name] EVER had chickenpox?
2. Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS?
3. Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?
4. Does [fill: S.C. name] still have asthma?
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 and doctor has informed that child had asthma

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

Sample children LE 2

[1,2,R,D] go to CCONDT1_2
Question ID: CHS.111_02.000  Instrument Variable Name: CCONDT1_2  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

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

Any kind of respiratory allergy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

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

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]
<table>
<thead>
<tr>
<th>Question ID: CHS.111_05.000</th>
<th>Instrument Variable Name: CCONDT1_5</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: * Read if necessary.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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]

<table>
<thead>
<tr>
<th>Question ID: CHS.111_06.000</th>
<th>Instrument Variable Name: CCONDT1_6</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: * Read if necessary.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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]

<table>
<thead>
<tr>
<th>Question ID: CHS.111_08.000</th>
<th>Instrument Variable Name: CCONDT1_8</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: * Read if necessary.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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 LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_9]
**Child Health Status & Limitations**

Document Version Date: 12-Apr-11

---

**Question ID:** CHS.111_09.000  
**Instrument Variable Name:** CCONDT1_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 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 ID:** CHS.115_03.000  
**Instrument Variable Name:** CCOND_T3  
**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?

<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 = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCOND_T4]

---

**Question ID:** CHS.115_04.000  
**Instrument Variable Name:** CCOND_T4  
**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?

<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 = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCOND_T5]

---

**Question ID:** CHS.115_05.000  
**Instrument Variable Name:** CCOND_T5  
**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?

<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 = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCOND_T6]
### Child Health Status & Limitations

#### Anemia

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

* Read if necessary.

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

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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
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**UniverseText:** Sample children = 3-17

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

### Frequent or severe headaches, including migraines

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

* 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?

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<td>7</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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**UniverseText:** Sample children = 3-17

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

### Three or more ear infections

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

* Read if necessary.

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

Three or more ear infections?

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<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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</table>

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

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

* Read if necessary.

**Question Text (Seizures)**

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

**Question Text (Stuttering or Stammering)**

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

**Question Text (Health Status)**

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

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

**Universe Text**

Sample children = 3-17
2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 12-Apr-11

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

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

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

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

**UniverseText:** Sample children 5-17

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

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

**QuestionText:** * Hand calendar card.

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

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

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children <18

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHEARST1]
2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 12-Apr-11

Question ID: CHS.250_00.000  Instrument Variable Name: CHEARST1  QuestionnaireFileName: Sample Child

QuestionText: 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?

1. Excellent
2. Good
3. A little trouble hearing
4. Moderate trouble
5. A lot of trouble
6. Deaf
7. Refused
9. Don't know

UniverseText: Sample children <18

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

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

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

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

UniverseText: Sample children <18

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

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

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample children <18

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample children <18

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

Skip Instructions: <1,2,R,D> [goto PROBRX]
**2010 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date:** 12-Apr-11

---

**Question ID:** CHS.311_00.000  
**Instrument Variable Name:** PROBRX  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

Does [fill1: S.C. name] NOW have a problem for which [fill2: he/she] has regularly taken prescription medication for at least three months?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [if AGE LE <1> go to CUSUALPL;  
if AGE GE <3> go to LEARND;  
if AGE = <2> and SEX = <1> go to CMHAGM11_1;  
if AGE = <2> and SEX = <2> go to CMHAGF11_1]

---

**Question ID:** CHS.312_00.000  
**Instrument Variable Name:** LEARND  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

Has a representative from a school or a health professional ever told you that [fill: S.C. name] had a learning disability?

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

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [if AGE > 3 go to CUSUALPL;  
if AGE = 3 and SEX = 1 go to CMHAGM11_1;  
if AGE = 3 and SEX = 2 go to CMHAGF11_1]

---

**Question ID:** CHS.321_01.000  
**Instrument Variable Name:** CMHAGM11_1  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

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]
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

Has speech problems?

0 Not true
1 Sometimes true
2 Often true
7 Refused
9 Don't know
**Question ID:** CHS.321_04.000  **Instrument Variable Name:** CMHAGM11_4  **QuestionnaireFileName:** Sample Child

**QuestionText:**
*(book) C3

* Read if necessary.

I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

**HE:**

Has been unhappy, sad, or depressed?

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 CUSUALPL]

---

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

**QuestionText:**
*(book) C3

I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

**SHE:**

Has temper tantrums or a hot temper?

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]
(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]

(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]
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
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
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: alias] for any of the following reasons IN THE PAST 12 MONTHS...

You couldn't get through on the telephone.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

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: alias] for any of the following reasons IN THE PAST 12 MONTHS...

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

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: alias] for any of the following reasons IN THE PAST 12 MONTHS...

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_4]
There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

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

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <18
SkipInstructions: <1,2,R,D> [goto CHCDLYR1_5]

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

You didn't have transportation.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <18
SkipInstructions: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR]

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

Prescription medicines?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <2
SkipInstructions: <1,2,R,D> [if AGE <1 goto CHCSYR1_2; else goto CDENLONG]
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]

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]

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]
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]

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]

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]
**2010 NHIS Questionnaire - Sample Child**  
Child Access to Health Care & Utilization  
Document Version Date: 12-Apr-11

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

**QuestionText:**  
* Read if necessary.  

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

A foot doctor?  

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

**UniverseText:** Sample children <2

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

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

**QuestionText:**  
* Read if necessary.  

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

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

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

**UniverseText:** Sample children <2

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

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

**QuestionText:**  
* Read if necessary.  

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

A nurse practitioner, physician assistant or midwife?  

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR8_1]
Question ID: CAU.175_01.000  Instrument Variable Name: CHCSYR_1  QuestionnaireFileName: Sample Child

QuestionText:

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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children GE 2

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

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

QuestionText:

* Read if necessary.

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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children GE 2

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

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

QuestionText:

* Read if necessary.

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

A foot doctor?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children GE 2

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

QuestionText: * Read if necessary.

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

A chiropractor?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: * Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: * Read if necessary.

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

A nurse practitioner, physician assistant or midwife?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8_1]
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?)

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 CHP EXYR]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
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</thead>
<tbody>
<tr>
<td>CAU.260_00.000</td>
<td>CHCSYR10</td>
<td>Sample Child</td>
<td>Does that doctor treat children and adults (a doctor in general practice or family medicine)?</td>
<td>Sample children &lt;18 who have seen or talked to a general doctor during the past 12 months</td>
<td>&lt;1,2,R,D&gt; [goto CHCSYREM]</td>
</tr>
<tr>
<td>CAU.265_00.000</td>
<td>CHCSYREM</td>
<td>Sample Child</td>
<td>Did you see or talk to this general doctor because of an emotional or behavioral problem that [fill1: alias] may have?</td>
<td>Sample children &lt;18 who have seen a general doctor in the past 12 months</td>
<td>&lt;1,2,R,D&gt; [goto CHPEXYR]</td>
</tr>
<tr>
<td>CAU.270_00.000</td>
<td>CHPEXYR</td>
<td>Sample Child</td>
<td>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?</td>
<td>Sample children &lt;18</td>
<td>&lt;1,2,R,D&gt; [goto CHERNOYR]</td>
</tr>
</tbody>
</table>
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.)

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]

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

DURING THE PAST 12 MONTHS, how many months did [fill: alias] 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 \[fill1: alias\] 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
Now, we are going to ask you about [fill1: SC name]'s skin's reaction to the sun. After several months of not being in the sun very much, if [fill1: SC name] went out in the sun for an hour without sunscreen, a hat, or protective clothing, which one of these best describes what would happen to [fill1: SC name]'s skin? (*Read choices 1-5 only.)

*Read if necessary: Even if [fill1: SC name] did not go out in the sun, what would happen if [fill1: SC name] did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of [fill1: SC name]'s skin turns red or hurts for 12 hours or more.

01 Get a severe sunburn with blisters
02 Have a moderate sunburn with peeling
03 Burn mildly with some or no darkening/tanning
04 Turn darker without sunburn
05 Nothing would happen to skin
06 Do not go out in the sun
07 Other
97 Refused
99 Don't know

By "sunburn" we mean even a small part of [fill1: SC name]'s skin turns red or hurts for 12 hours or more.

01 Very dark or deeply tanned
02 Dark/moderately tanned
03 A little dark/mildly tanned
04 Freckled but still light skinned
05 Burned repeatedly with little or no darkening or tanning--still light skinned
06 Don't go out in the sun
07 Other
97 Refused
99 Don't know

Next, consider that [fill1: SC name] was out in the sun repeatedly, such as every day for two weeks, without sunscreen, a hat, or protective clothing. Which one of these best describes what [fill1: SC name]'s skin would LOOK like? (*Read choices 1-5 only.)

*Read if necessary: Even if [fill1: SC name] did not go out in the sun, what would happen if [fill1: SC name] did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of [fill1: SC name]'s skin turns red or hurts for 12 hours or more.
DURING THE PAST 12 MONTHS, has [fill1: S.C. name] had a sunburn?

*Read if necessary: By "sunburn" we mean even a small part of [fill1: S.C. name]'s skin turns red or hurts for 12 hours or more. Also include burns from sunlamps and other indoor tanning devices.

1 Yes
2 No
7 Refused
9 Don't know

Sample children age 14-17

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 age 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.

001-365 001-365 times
997 Refused
999 Don't know

Sample children 14-17 who have used an indoor tanning device in the past 12 months
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.

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* Enter 1 to Continue.

1 Enter 1 to continue

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto CMHMF_1]

Question ID: CMB.020_01.000  Instrument Variable Name: CMHMF_1  QuestionnaireFileName: Sample Child

QuestionText: (book) C7

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

[fill2: He/She]

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

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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_2]
I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS...

[fill2: He/She]

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

0  Not true
1  Somewhat true
2  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.

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

**QuestionText:**
*(book) C7

* Read if necessary.

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

[fill2: He/She]

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

<table>
<thead>
<tr>
<th></th>
<th>Not true</th>
<th>Somewhat true</th>
<th>Certainly true</th>
<th>Refused</th>
<th>Don't know</th>
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</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:**
*(book) C7

* Read if necessary.

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

[fill2: He/She]

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

<table>
<thead>
<tr>
<th></th>
<th>Not true</th>
<th>Somewhat true</th>
<th>Certainly true</th>
<th>Refused</th>
<th>Don't know</th>
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</table>

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,D,R> [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
Question ID: CMS.001_00.000  Instrument Variable Name: DIFF6M  QuestionnaireFileName: Sample Child

QuestionText: Has [fill: SC name] had any difficulties with emotions, concentration, behavior, or getting along with others DURING THE PAST 6 MONTHS, that is since [fill month and year of 6 month reference period]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4-17

SkipInstructions: <1> [goto DIFFINTF] <2,R,D> [if CMHDIFF IN('2','3','4') [goto DIFFINTF]; else [goto PRESCP6M]

Question ID: CMS.005_00.000  Instrument Variable Name: DIFFINTF  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did the difficulties interfere with or limit [fill1: SC name] being able to get along in your family, in school, or in daily activities?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4-17 who have at least minor difficulties with emotions, concentration, behavior, or being able to get along with others

SkipInstructions: <1> [goto DIFFDEG] <2,R,D> [goto PRESCP6M]

Question ID: CMS.007_00.000  Instrument Variable Name: DIFFDEG  QuestionnaireFileName: Sample Child

QuestionText: How much did these difficulties interfere with [fill: S.C. name] being able to get along in your family, in school, or in daily activities? Would you say...

*Read categories below.

1  A lot
2  Some
3  A little
4  None
7  Refused
9  Don't know

UniverseText: Sample children 4-17 whose difficulties interfere with child being able to get along in the family, school, or daily activities

SkipInstructions: <1-4,R,D> [goto PRESCP6M]
**Question ID:** CMS.010_00.000  **Instrument Variable Name:** PRESCP6M  **QuestionnaireFileName:** Sample Child

**QuestionText:**

DURING THE PAST 6 MONTHS, was [fill1: S.C. name] prescribed medication or taking prescription 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 4-17

**SkipInstructions:**<1> [goto PMEDPED] <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]

---

**Question ID:** CMS.012_01.000  **Instrument Variable Name:** PMEDPED  **QuestionnaireFileName:** Sample Child

**QuestionText:**

Who FIRST prescribed the medication? Was it ...A pediatrician or other family doctor?

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

**UniverseText:** Sample children 4-17 who have been prescribed or have taken prescription medication in the past 6 months

**SkipInstructions:** <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]; <2,R,D> [goto PMEDPSY]

---

**Question ID:** CMS.012_02.000  **Instrument Variable Name:** PMEDPSY  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary.

Who FIRST prescribed the medication? Was it ...A psychiatrist, psychologist or other mental health professional?

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

**UniverseText:** Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician or other family doctor

**SkipInstructions:** <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]; <2,R,D> [goto PMEDOTH]
Who FIRST prescribed the medication? Was it... Someone else?

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

UniverseText: Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician, family doctor, or mental health professional

SkipInstructions: <1> [goto PMEDSP]; <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]

*Enter the person who prescribed the medication.

7. Refused
9. Don't know

UniverseText: Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician, family doctor, or mental health professional

SkipInstructions: <allow 20,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]

Sometimes students get treatment or counseling through the school system for DIFFICULTIES WITH emotions, concentration, behavior, or being able to get along with others. This counseling is often provided by school social workers, school psychologists, school nurses, school counselors, or school speech, occupational or physical therapists.

1. Continue

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto NSDUH2]
During the past 6 months, did [fill: S.C. name] receive any treatment or counseling from a school social worker, psychologist, nurse, counselor, or speech, occupational or physical therapist?

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

Universe Text: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

Skip Instructions: <1,2,R,D> [goto NSDUH3]

At any time during the past 6 months did [fill1: S.C. name] attend a school for students with difficulties with emotions, concentration, behavior, or being able to get along with others?

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

Universe Text: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

Skip Instructions: <1,2,R,D> [goto NSDUH4]

Regular schools sometimes provide programs for students with difficulties with emotions, concentration, behavior, or being able to get along with others. During the past 6 months, did [fill1: S.C. name] participate in a school program that was just for students with these kinds of difficulties?

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

Universe Text: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

Skip Instructions: <1> [goto NSDUH5] <2,R,D> if age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]
Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

1. School teacher
2. Special Ed teacher
3. School counselor, psychologist, nurse or social worker
4. School speech, occupational or physical therapist
5. Other school official
6. Refused
7. Don't know

Sample children 4-17 who participated in a special school program for these difficulties

Now I’d like to ask about places where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.

DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

At daycare, child care, or play group?

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

Sample children 4-6 who had at least minor difficulties
Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01 School counselor, school nurse or school social worker
02 Speech, occupational or physical therapist
03 Psychiatrist, psychologist, social worker, psychiatric nurse
04 Pediatrician or family doctor
05 Acupuncturist, massage therapist, chiropractor
06 Religious or spiritual counselor
07 Probation or juvenile corrections officer or court counselor
08 Other
97 Refused
99 Don't know

UniverseText: Sample children 4-6 who received counseling at daycare, child care, or play group

SkipInstructions: <1-7,R,D> [goto TRETWHR2] <8> [goto TRTWHRS1]
(book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01 School counselor, school nurse or school social worker
02 Speech, occupational or physical therapist
03 Psychiatrist, psychologist, social worker, psychiatric nurse
04 Pediatrician or family doctor
05 Acupuncturist, massage therapist, chiropractor
06 Religious or spiritual counselor
07 Probation or juvenile corrections officer or court counselor
08 Other

UniverseText: Sample children 4-17 who received counseling at an office, clinic or community center

SkipInstructions: <1-7,R,D> [goto TRETWHR3] <8> [goto TRTWHRS2]

*Specify the other source of treatment or counseling provided at an office, clinic or community center.

97 Refused
99 Don't know

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR3]

DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In your home, for example, from a visiting teacher or counselor?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO3] <2,R,D> [goto TRETWHR4]
Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01 School counselor, school nurse or school social worker
02 Speech, occupational or physical therapist
03 Psychiatrist, psychologist, social worker, psychiatric nurse
04 Pediatrician or family doctor
05 Acupuncturist, massage therapist, chiropractor
06 Religious or spiritual counselor
07 Probation or juvenile corrections officer or court counselor
08 Other

Sample children 4-17 who received counseling at home from visiting teacher or counselor

*Specify the other source of treatment or counseling provided in the home.

7 Refused
9 Don't know

Sample children 4-17 who received counseling or treatment from other source

DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In a hospital emergency room, crisis center, or emergency shelter?

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4-17 who had at least minor difficulties
Question ID: CMS.023_02.000  
Instrument Variable Name: TRETWHO4  
QuestionnaireFileName: Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01 School counselor, school nurse or school social worker
02 Speech, occupational or physical therapist
03 Psychiatrist, psychologist, social worker, psychiatric nurse
04 Pediatrician or family doctor
05 Acupuncturist, massage therapist, chiropractor
06 Religious or spiritual counselor
07 Probation or juvenile corrections officer or court counselor
08 Other

UniverseText: Sample children 4-17 who received counseling at hospital/ER/crisis center/shelter


Question ID: CMS.023_03.000  
Instrument Variable Name: TRTWHRS4  
QuestionnaireFileName: Sample Child

QuestionText: *Specify the other source of treatment or counseling provided in in hospital/ER/shelter.

7 Refused
9 Don't know

Verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR5]

Question ID: CMS.024_01.000  
Instrument Variable Name: TRETWHR5  
QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

At a day treatment program in a hospital or community?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO5] <2,R,D> [goto TRETWHR6]
Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01 School counselor, school nurse or school social worker
02 Speech, occupational or physical therapist
03 Psychiatrist, psychologist, social worker, psychiatric nurse
04 Pediatrician or family doctor
05 Acupuncturist, massage therapist, chiropractor
06 Religious or spiritual counselor
07 Probation or juvenile corrections officer or court counselor
08 Other

Sample children 4-17 who received counseling at day treatment program in a hospital or community

*Specify the other source of treatment or counseling provided at day treatment program.

7 Refused
9 Don't know

Sample children 4-17 who received counseling or treatment from other source

DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

Any other place?

1 Yes
2 No
7 Refused
9 Don't know

Sample children 4-17 who had at least minor difficulties
2010 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 25-May-11

<table>
<thead>
<tr>
<th>Question ID: CMS.025_02.000</th>
<th>Instrument Variable Name: TRETWHO6</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: <em>(book) C9</em> Who provided the treatment or counseling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Enter all that apply, separate with commas.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>School counselor, school nurse or school social worker</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Speech, occupational or physical therapist</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Psychiatrist, psychologist, social worker, psychiatric nurse</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Pediatrician or family doctor</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Acupuncturist, massage therapist, chiropractor</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Religious or spiritual counselor</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Probation or juvenile corrections officer or court counselor</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

| UniverseText: Sample children 4-17 who received counseling at another place |
| SkipInstructions: <1-7,R,D> [goto OVERNT6M] <8> [goto TRTWHRS6] |

<table>
<thead>
<tr>
<th>Question ID: CMS.025_03.000</th>
<th>Instrument Variable Name: TRTWHRS6</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: <em>Specify the other source of treatment or counseling provided at other place.</em></td>
<td></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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Verbatim</th>
<th>Verbatim</th>
</tr>
</thead>
</table>

| UniverseText: Sample children 4-17 who received counseling or treatment from other source |
| SkipInstructions: <allow 20,R,D> [goto OVERNT6M] |

<table>
<thead>
<tr>
<th>Question ID: CMS.050_00.000</th>
<th>Instrument Variable Name: OVERNT6M</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: DURING THE PAST 6 MONTHS, did [fill: S.C. name] stay overnight or longer in a hospital, any type of group home, any type of juvenile detention center, sometimes called juvie, or juvenile hall, youth prisons, training school or jail, foster care home, or another special type of school to receive counseling or treatment for these difficulties?</td>
<td></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>
</tbody>
</table>

| UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months |
| SkipInstructions: <1> [goto OVERWHCH] <2,R,D> [goto SH1] |
**Question ID:** CMS.060_00.000  
**Instrument Variable Name:** OVERWHCH  
**QuestionnaireFileName:** Sample Child

**Question Text:**
Which one?

*Read list if necessary.

*Enter all that apply, separate with commas.

- 01 Hospital
- 02 Residential treatment center
- 03 Foster care or therapeutic foster care home
- 04 In any type of juvenile detention center, sometimes called "juvie", prison or jail
- 05 Group home
- 06 Homeless Shelter
- 07 In another place
- 97 Refused
- 99 Don't know

**Universe Text:** Sample children 4-17 who stayed overnight in a hospital or other overnight location for difficulties

**Skip Instructions:** <1-7,R,D> [goto SH1]  

---

**Question ID:** CMS.070_00.000  
**Instrument Variable Name:** SH1  
**QuestionnaireFileName:** Sample Child

**Question Text:**
DURING THE PAST 6 MONTHS, did [fill1: S.C. name] take part in a self-help group for children and youth with these difficulties?

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

**Universe Text:** Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

**Skip Instructions:** <1,2,R,D> [goto SH2]  

---

**Question ID:** CMS.080_00.000  
**Instrument Variable Name:** SH2  
**QuestionnaireFileName:** Sample Child

**Question Text:**
DURING THE PAST 6 MONTHS, did [fill1: S.C. name] use the Internet to seek treatment or counseling for these difficulties?

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

**Universe Text:** Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

**Skip Instructions:** <1,2,R,D> [goto CASEM6M]
Parents and caregivers sometimes get help from people sometimes called case managers or care coordinators who help to find or organize treatment for children's difficulties with emotions, concentration, behavior, or being able to get along with others.

*Read if necessary:  This type of help is sometimes called care coordination or case management.  People or agencies that do this work might also help you develop a service plan, contact providers for you, and provide support to you in getting the help your child or adolescent needs.

DURING THE PAST 6 MONTHS, did you or [fill1: S.C. name] receive this type of help from any individual or agency?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

Who provides help arranging or coordinating [fill1: S.C. name]'s care?

*Enter the MAIN answer.

01  Child welfare/social services/family and child services agency
02  School or educational system
03  Mental health agency
04  Private mental health professional
05  Juvenile justice agency or court system
06  Private insurance service
07  Family or friend
08  Pediatrician or other family doctor
09  Family or youth advocacy groups
10  Other
97  Refused
99  Don't know

Sample children 4-17 who received help from case managers/care coordinators in the past 6 months
I'm going to read a list of ways that treatment and counseling get paid for. Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Private health insurance, such as insurance that comes with a job?

1 Yes
2 No
7 Refused
9 Don't know

School system?

1 Yes
2 No
7 Refused
9 Don't know

You or your family (sometimes called out of pocket or co-payment)?

1 Yes
2 No
7 Refused
9 Don't know
Question ID: CMS.120_04.000  Instrument Variable Name: TRPAYMED  QuestionnaireFileName: Sample Child

QuestionText: (Book) F14

*Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Medicaid?

*Read if necessary: In this State it is also called *(Refer to flashcard F14 for state Medicaid names).

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

Question ID: CMS.120_05.000  Instrument Variable Name: TRPAYCHP  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

[fill2: A state SCHIP/CHIP program?/ [STNAME1]]?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

Question ID: CMS.120_06.000  Instrument Variable Name: TRPAYMIL  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Military health care?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

SkipInstructions: <1,2,R,D> [goto TRPAYSHP]
2010 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 25-May-11

Question ID: CMS.120_07.000  Instrument Variable Name: TRPAYSHP  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Some other state or county sponsored health plan, Medicare or other government program?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

Question ID: CMS.120_08.000  Instrument Variable Name: TRPAYSP  QuestionnaireFileName: Sample Child

QuestionText: *Enter the name of the state sponsored health plan, Medicare, or other government program.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4-17 who paid for treatment with a state sponsored health plan, etc.

SkipInstructions: <allow 20> [goto TRPAYIHS]

Question ID: CMS.120_09.000  Instrument Variable Name: TRPAYIHS  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Indian Health Service?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

SkipInstructions: <1,2,R,D> [goto TRPAYOTH]
### Question ID: CMS.120_10.000  
**Instrument Variable Name:** TRPAYOTH  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
*Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.*

<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>
</tr>
</tbody>
</table>

**UniverseText:**  
Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling.

**SkipInstructions:**  
<1> [goto TRPAYOTS];  

---

### Question ID: CMS.120_11.000  
**Instrument Variable Name:** TRPAYOTS  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
*Enter the name of the other source.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**  
Sample children 4-17 who paid for treatment with some other source.

**SkipInstructions:**  
<allow 20> [goto TRETNEED]

---

### Question ID: CMS.120_12.000  
**Instrument Variable Name:** TRETFREE  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
Was ALL OF THE treatment or counseling [fill1: S.C. name] RECEIVED free?

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

**UniverseText:**  
Sample children 4-17 who did not pay for treatment.

**SkipInstructions:**  
<1,2,R,D>[goto TRETNEED]
**Question ID:** CMS.150_00.000  **Instrument Variable Name:** TRETNEED  **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 6 MONTHS, has [fill1: S.C. name] needed treatment or counseling for difficulties with emotions, concentration, behavior or being able to get along WITH OTHERS but didn't get it?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Not true</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Somewhat true</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Certainly true</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>
</tbody>
</table>

**UniverseText:** Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

**SkipInstructions:** <1> [goto NTRTCOST] <2,R,D> [goto next section]

---

**Question ID:** CMS.150_01.000  **Instrument Variable Name:** NTRTCOST  **QuestionnaireFileName:** Sample Child

**QuestionText:** Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

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

**UniverseText:** Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

---

**Question ID:** CMS.150_02.000  **Instrument Variable Name:** NTRTLOC  **QuestionnaireFileName:** Sample Child

**QuestionText:** *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You didn't know where to go?

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

**UniverseText:** Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

**SkipInstructions:** <1,2,R,D> [goto NTRTNEXP]
Question ID: CMS.150_03.000  Instrument Variable Name: NTRTNEXP  QuestionnaireFileName: Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You had a negative experience with professionals?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_04.000  Instrument Variable Name: NTRTFEAR  QuestionnaireFileName: Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You are afraid or you don't like professionals?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_05.000  Instrument Variable Name: NTRTLOSE  QuestionnaireFileName: Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You were afraid [fill1: S.C. name] would be taken from your home or that you would lose your parental rights or custody?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

SkipInstructions: <1,2,R,D> [goto NTRTSAY]
Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You were afraid of what your family or friends would say?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You had to wait a long time for an appointment?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You had no way to get there?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

SkipInstructions: <1,2,R,D> [goto NTRTINCV]
**Question Text:**

*Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Services were too inconvenient to use?

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

**Universe Text:**

Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

**Skip Instructions:**

<1,2,R,D> [goto NTRTFAR]
*Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Some other reason?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

*Enter other reason for not getting treatment or counseling.

7  Refused
9  Don't know

Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

<allow 20,R,D> [goto next section]
2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization

Document Version Date: 12-Apr-11

Question ID: CFI.005_00.010  
Instrument Variable Name: CH1N1_1  
QuestionnaireFileName: Sample Child

QuestionText: This question was removed from the instrument in August 2010.

There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine. I will first ask you questions about the vaccine for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about the seasonal flu.

Since October 2009, has {SC name} had a H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample Child LE 17 years

SkipInstructions: <1> [goto CH1N1_2] <2,R,D> [goto CSHFLUYR]

---

Question ID: CFI.005_00.010  
Instrument Variable Name: CH1N1_1  
QuestionnaireFileName: Sample Child

QuestionText: This question was added to the instrument in August 2010.

During the past 12 months, several kinds of flu vaccines have been available. I will ask you about {S.C. name’s} most recent flu vaccinations.

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

*Read if necessary: {fill: SC name}’s most recent flu vaccination could have been the new 2010-2011 flu vaccine available starting this fall, or either of the two types available last season, one called “seasonal” and the other called “H1N1” or “swine” flu vaccine.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample Child LE 17 years

SkipInstructions: <1> [goto CH1N1_2] <2,R,D> IF AGE="8-17" [goto CHP.CHPVHRD]; else [goto SCSSN4]
<table>
<thead>
<tr>
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<th>CF1.005_00.020</th>
<th>Instrument Variable Name:</th>
<th>CH1N1_2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>This question was removed from the instrument in August 2010. How many of these H1N1 vaccinations has {S.C. name} received?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1 vaccination or dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2 or more vaccination doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample Child LE 17 years who have had an H1N1 vaccine dose</td>
<td></td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2&gt; [goto CH1N1_3M] &lt;R,D&gt; [goto CSHFLUYR]</td>
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<th>CF1.005_00.020</th>
<th>Instrument Variable Name:</th>
<th>CH1N1_2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>This question was added to the instrument in August 2010. How many vaccinations has {S.C. name} received?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1 vaccination or dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>2</td>
<td>2 or more vaccination doses</td>
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<td>7</td>
<td>Refused</td>
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<td></td>
<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample Child LE 17 years who have had a flu vaccine dose</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2&gt; [goto CH1N1_3M] &lt;R,D&gt; [goto CHPVHRD]; &lt;R,D&gt; IF AGE='8-17' [goto CHPVHRD]; else [goto SCSSN4]</td>
<td></td>
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</tbody>
</table>
### Question ID: CFI.005_00.030
### Instrument Variable Name: CH1N1_3M
### QuestionText: This question was removed from the instrument in August 2010.

#### 1 of 2

During what month and year did {S.C. name} receive {fill: his/her/his first/her first} H1N1 flu vaccine?

<p>| | |</p>
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<tbody>
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<td>01</td>
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<td>December</td>
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<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

#### UniverseText:
Sample Child LE 17 who have had one or more H1N1 vaccine doses

#### SkipInstructions:
<1-12,D> [ goto CH1N1_4Y] <R> [goto CH1N1_5]

### Question ID: CFI.005_00.030
### Instrument Variable Name: CH1N1_3M
### QuestionText: This question was added to the instrument in August 2010.

#### 1 of 2

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

<p>| | |</p>
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<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

#### UniverseText:
Sample Child LE 17 who have had one or more vaccine doses

#### SkipInstructions:
<1-12,D> [ goto CH1N1_4Y] <R> [goto CH1N1_5]
2010 NHIS Questionnaire - Sample Child

Child Influenza Immunization

Document Version Date: 12-Apr-11

Question ID: CFI.005_00.040  Instrument Variable Name: CH1N1_4Y  QuestionnaireFileName: Sample Child

QuestionText: This question was removed from the instrument in August 2010.

2 of 2

*Enter year of {fill: H1N1 flu vaccine/first H1N1 flu vaccine}.

Year
9997 Refused
9999 Don't know

UniverseText: Sample Child LE 17 years who have had one or more H1N1 vaccine doses and gave month/don't know month of vaccine dose

SkipInstructions: <valid year,R,D> [goto CH1N1_5]
[If CH1N1_3M and CH1N1_4Y = a future date] goto ERR1_CH1N1_4Y
[If CH1N1_3M and CH1N1_4Y = a date prior to birth] goto ERR2_CH1N1_4Y
[If CH1N1_3M and CH1N1_4Y = a date prior to October 2009] goto ERR3_CH1N1_4Y

Question ID: CFI.005_00.040.  Instrument Variable Name: CH1N1_4Y  QuestionnaireFileName: Sample Child

QuestionText: This question was added to the instrument in August 2010.

2 of 2

*Enter year of most recent flu vaccine.

Year
9997 Refused
9999 Don't know

UniverseText: Sample Child LE 17 years who have had one or more vaccine doses and gave month/don't know month of vaccine dose

SkipInstructions: <valid year,R,D> [goto CH1N1_5]
[If CH1N1_3M and CH1N1_4Y = a future date] goto ERR1_CH1N1_4Y
[If CH1N1_3M and CH1N1_4Y = a date prior to birth] goto ERR2_CH1N1_4Y
[If CH1N1_3M and CH1N1_4Y = a date prior to 12 months ago] goto ERR3_CH1N1_4Y

Question ID: CFI.005_00.050  Instrument Variable Name: CH1N1_5  QuestionnaireFileName: Sample Child

QuestionText: This question was removed from the instrument in August 2010.

Was this a shot, or was it a vaccine sprayed in the nose?

1 Flu shot
2 Flu nasal spray (spray, mist or drop in nose)
7 Refused
9 Don't know

UniverseText: Sample Child LE 17 years who have had one or more H1N1 vaccine doses

SkipInstructions: <1-2,R,D> if CH1N1_2=1 [goto CSHFLUYR]; else if CH1N1_2=2 [goto CH1N1_6M]
2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

Question ID: CFI.005_00.050
Instrument Variable Name: CH1N1_5
QuestionnaireFileName: Sample Child

QuestionText: This question was added to the instrument in August 2010.

Was this a shot, or was it a vaccine sprayed in the nose?

*Read if necessary: The flu nasal spray is called FluMist(trademark).

1 Flu shot
2 Flu nasal spray (spray, mist or drop in nose)
7 Refused
9 Don't know

UniverseText: Sample Child LE 17 years who have had one or more vaccine doses

SkipInstructions: <1-2,R,D> IF (CH1N1_2=1 and AGE='8-17') [goto CHP.CHPVHRD];
else if (CH1N1_2=1 and AGE LE 7) [go to SCSSN4];
else if CH1N1_2=2 [goto CH1N1_6M]

Question ID: CFI.005_00.060
Instrument Variable Name: CH1N1_6M
QuestionnaireFileName: Sample Child

QuestionText: This question was removed from the instrument in August 2010.

1 of 2

During what month and year did {S.C. name} receive {fill: his/her} second H1N1 flu vaccine?

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 Child LE 17 years who have had more than one H1N1 vaccine doses

SkipInstructions: <1-12,D> [ goto CH1N1_7Y] <R> [goto CH1N1_8]
This question was added to the instrument in August 2010.

1 of 2

During what month and year did {S.C. name} receive {fill: his/her} next most recent flu vaccine?

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

*Enter year of second H1N1 flu vaccine.

Year
Year
9997 Refused
9999 Don't know

This question was removed from the instrument in August 2010.

2 of 2

Sample Child LE 17 years who have had more than one vaccine doses

Sample Child LE 17 years who have had more than one H1N1 vaccine doses and gave month/don't know month of vaccine dose
This question was added to the instrument in August 2010.

*Enter year of next most recent flu vaccine.

**Year**
- Year
- **Refused**
- **9999 Don't know**

**Universe Text:** Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose

**Skip Instructions:** <valid year,R,D> [goto CH1N1_8]
  - [If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y
  - [If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_CH1N1_7Y
  - [If CH1N1_6M and CH1N1_7Y = a date prior to 12 months ago] goto ERR3_CH1N1_7Y

**Question ID:** CFI.005_00.080  **Instrument Variable Name:** CH1N1_8  **QuestionnaireFileName:** Sample Child

**Question Text:** This question was removed from the instrument in August 2010.

Was this a shot, or was it a vaccine sprayed in the nose?

1 Flu shot
2 Flu nasal spray (spray, mist or drop in nose)
7 Refused
9 Don't know

**Universe Text:** Sample Child LE 17 years who have more than one H1N1 vaccine dose

**Skip Instructions:** <1-2,R,D> [goto CSHFLUYR]

**Question ID:** CFI.005_00.080  **Instrument Variable Name:** CH1N1_8  **QuestionnaireFileName:** Sample Child

**Question Text:** This question was added to the instrument in August 2010.

Was this a shot, or was it a vaccine sprayed in the nose?

*Read if necessary: The flu nasal spray is called FluMist(trademark).

1 Flu shot
2 Flu nasal spray (spray, mist or drop in nose)
7 Refused
9 Don't know

**Universe Text:** Sample Child LE 17 years who have more than one vaccine dose

**Skip Instructions:** <1-2,R,D> IF AGE="8-17" [goto CHP.CHPVHRD];
else IF AGE LE 7 [go to SCSSN4]
This question was removed from the instrument in August 2010.

Now I'm going to ask you about the seasonal flu vaccine.

DURING THE PAST 12 MONTHS, has {fill1: SC name} had a seasonal flu shot? A seasonal 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

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

Sample children <18 who have had a flu shot

<1-12,D> [ goto CSHFLU_Y] <R> [goto CSPFLUYR]
### Question ID: CFI.015_02.000  
**Instrument Variable Name:** CSHFLU_Y  
**QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

2 of 2

*Enter year of most recent seasonal flu shot.*

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</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 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]`

---

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

**QuestionText:** This question was removed from the instrument in August 2010.

DURING THE PAST 12 MONTHS, has {fill1: SC name} had a seasonal 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 CSPFLUYR =1 and CSPFLUYR=1] goto ERR_CSPFLUYR`
**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
*Document Version Date: 12-Apr-11*

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

**QuestionText:** This question was removed from the instrument in August 2010.

1 of 2

During what month and year did {fill1: SC name} receive [fill: his/her] most recent seasonal flu nasal spray?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- Refused
- 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:** CFI.025_02.000  
**Instrument Variable Name:** CSPFLU_Y  
**QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

2 of 2

*Enter year of most recent seasonal flu nasal spray.

- Year
- Refused
- 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
Two vaccines, or shots, to prevent the human papillomavirus (pap-uh-LOW-muh-vi-rus) or HPV infection are available in the United States. Both vaccines prevent cervical cancer and one also prevents genital warts. The two HPV vaccines are sometimes called CERVARIX® or GARDASIL®. Before this survey, have you ever heard of HPV vaccines or shots?

1  Yes
2  No
7  Refused
9  Don't know

Did [fill: SC name] ever receive an HPV shot?

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

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

Sample children 8+ who have received the HPV vaccine or shot

<1-50,96,R,D> IF SEX=2 goto HPVAGE;
else if SEX=1 goto next section.
<51-95> goto ERR_CSHHPVDS
Question ID: CHP.035_00.000  Instrument Variable Name: HPVAGE  QuestionnaireFileName: Sample Child

QuestionText: How old was [fill1: SC name] when she received her first HPV shot?

| 08-17 | 8-17 years |
| 97    | Refused    |
| 99    | Don't know |

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

SkipInstructions: <1-17,R,D> goto next section

Question ID: CHP.040_00.000  Instrument Variable Name: CHPVREC  QuestionnaireFileName: Sample Child

QuestionText: If [fill1: 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
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

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

If [fill1: 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

<1,2,R,D> goto next section

<2> goto CHPVLOC

<1,2,R,D> goto next section