
2011 NHIS Questionnaire - Sample Child
Child Disability

Document Version Date: 30-May-12

Question ID: CDB.020_00.000 **Instrument Variable Name:** P2DCHEAR **QuestionnaireFileName:** Sample Child

QuestionText: With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.

Is {S.C. name} deaf or does {S.C. name} have serious difficulty hearing?

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

UniverseText: Sample children 1-17 years and random number generator=1

SkipInstructions: <1,2,D,R> goto P2DCSEE

Question ID: CDB.040_00.000 **Instrument Variable Name:** P2DCSEE **QuestionnaireFileName:** Sample Child

QuestionText: Is {S.C. name} blind or does {S.C. name} have serious difficulty seeing even when wearing glasses?

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

UniverseText: Sample children 1-17 years and random number generator=1

SkipInstructions: <1,2,D,R> if AGE GE 5 goto P2DCCON;
else if AGE LE 4 goto SCSSN4

Question ID: CDB.060_00.000 **Instrument Variable Name:** P2DCCON **QuestionnaireFileName:** Sample Child

QuestionText: Because of a physical, mental, or emotional condition, does {S.C. name} have serious difficulty concentrating, remembering, or making decisions?

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

UniverseText: Sample children 5-17 years and random number generator=1

SkipInstructions: <1,2,D,R> goto P2DCWALK

2011 NHIS Questionnaire - Sample Child
Child Disability

Document Version Date: 30-May-12

Question ID: CDB.080_00.000 **Instrument Variable Name:** P2DCWALK **QuestionnaireFileName:** Sample Child

QuestionText: Does {S.C. name} have serious difficulty walking or climbing stairs?

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

UniverseText: Sample children 5-17 years and random number generator=1

SkipInstructions: <1,2,D,R> goto P2DCDRES

Question ID: CDB.100_00.000 **Instrument Variable Name:** P2DCDRES **QuestionnaireFileName:** Sample Child

QuestionText: Does {S.C. name} have difficulty dressing or bathing?

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

UniverseText: Sample children 5-17 years and random number generator=1

SkipInstructions: <1,2,D,R> if AGE GE 15 goto P2DCERR,
else goto SCSSN4

Question ID: CDB.120_00.000 **Instrument Variable Name:** P2DCERR **QuestionnaireFileName:** Sample Child

QuestionText: Because of a physical, mental, or emotional condition, does {S.C. name} have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

UniverseText: Sample children 15-17 years and random number generator=1

SkipInstructions: <1,2,D,R> goto end of section
