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 CSRELIV
elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
  goto KNOAVAIL
else
  goto CSPAVAIL
endif

Hard Edit: ERR_CURRES

* You have selected a non-selectable person.

* Please correct.
The next questions are about [fill1: ALIAS of Sample Child].

Is [fill2: KNOWSC2 names] available to answer some questions about [fill3: HISHER] health?

* Enter line number of available respondent from list or enter '96' if no one is available.

* If refused enter CTRL_R.

01-25 Person # of person available to answer questions about Sample Child

96 No person available

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

SkipInstructions:

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

<96> store child.cid.CSPAVAIL in child.cid.CSRESP
go to 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

Hard Edit:

ERR_CSPAVAIL

* You have selected a non-selectable person.

* Please correct.
Child Identification

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

Question Text: (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
09 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

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

Question Text: * Please verify the following information about the sample child before proceeding:

I have recorded [fill1: ALIAS of Sample Child]'s sex as [fill2: Sex of Sample Child]. Is this correct?

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

1 Yes
2 No

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

SkipInstructions: <1> goto CSPVERF_A
<2> goto NEWSEX
**2011 NHIS Questionnaire - Sample Child**

**Child Identification**

**Document Version Date:** 30-May-12

---

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

**QuestionText:**
* Ask if appropriate; otherwise, enter your best guess of the person's sex.

Is [fill: ALIAS of Sample Child] Male or Female?

1. Male
2. Female

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

**SkipInstructions:**

- <1> store NEWSEX in SEX
- goto ERR_NEWSEX
- reset CSPVERF_S
- goto CSPVERF_S

**Hard Edit:**

* The gender will now be changed to [fill: NEWSEX].

- goto CSPVERF_S (as the default goto)

---

**Question ID:** CID.042_00.000  
**Instrument Variable Name:** CSPVERF_A  
**QuestionnaireFileName:** Sample Child

**QuestionText:**
* Please verify the following information about the sample child before proceeding:

I have recorded [fill1: ALIAS of Sample Child]'s age as [fill2: Age of Sample Child] old. Is this correct?

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

1. Yes
2. No

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

**SkipInstructions:**

- <1> goto CSPVERF_D
- <2> goto NEWAGE
Question ID: CID.043_00.000  Instrument Variable Name: NEWAGE  QuestionnaireFileName: Sample Child

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

* If age given in months, weeks, or days, convert age to appropriate year. If less than one year old, enter "0".

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
endif

Hard Edit: ERR_NEWAGE

*Age of [fill1: ALIAS of Sample Child] remains [fill2: Age of Sample Child] years old.

goto CSPVERF_A (whether suppressed or not)

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
derest

goto child.chs.BWGT_LB
endif

<2> goto NEWDOB_M
What is [fill: ALIAS of Sample Child]'s birthday?

*Enter month of birth.

1 January
10 October
11 November
12 December
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September

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

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

2 of 3

* 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

ERR_NEWDOB_D

* [fill2: NEWDOB_D] is not a valid day for [fill3: NEWDOB_M].

* Please correct.
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CID.046_03.000</th>
<th>Instrument Variable Name:</th>
<th>NEWDOB_Y</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>3 of 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter year of birth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1880-2020</td>
<td>Year of birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**UniverseText:**
Respondent said child's date of birth is not correct or child's age is not correct

**SkipInstructions:**
<1880-2020, Refused, Don't know> if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty
  goto CSPVERF_A
else if 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

**Hard Edit:**
ERR1_NEWDOB_Y

*Future date invalid: [fill2: <NEWDOB_M> <NEWDOB_D>, <NEWDOB_Y>]*
*Please correct.

goto NEWDOB_M (whether suppressed or not)

ERR2_NEWDOB_Y

*Not a valid day: [fill2: <NEWDOB_M> <NEWDOB_D>, <NEWDOB_Y>]*
*Please correct.

goto NEWDOB_M (whether suppressed or not)

ERR3_NEWDOB_Y

*DOB of [fill1: ALIAS of Sample Child] remains [fill3: <DOBM> <DOBD>, <DOBY>]*

goto CSPVERF_A

ERR4_NEWDOB_Y

*Data mismatched. Please fix Age or Birthday.*
goto CSPVERF_A (whether suppressed or not)
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]

Hard Edit:
ERR2_BWGT_LB

* Only "1-15" or "M" or "Don't know/Refused" allowed in this field.
* Please correct.

Soft Edit:
ERR1_BWGT_LB

* [fill: BWGT_LB] is an unusually high number.
* Please verify.

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  500 grams or less
0501-6899  501-6899 grams
6900  6900+ 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]

Soft Edit: ERR_BWGT_GR

* [fill1: BWGT_GR] is an unusually high number (equal to [fill2] pounds, [fill3] ounces).
* Please verify.

Question ID: CHS.020_01.000  Instrument Variable Name: CHGT_FT  QuestionnaireFileName: Sample Child

QuestionText: How tall is [fill: S.C. name] now (without shoes)?

* If the child's height is given in inches, press 'ENTER' at feet and enter the measure in inches (36 inches maximum).

* Enter 'M' to record metric measurements.

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

UniverseText: Sample children 12+

SkipInstructions: <empty> [goto CHGT_IN]
<0-7> [goto CHGT_IN]
<R,D> [goto CWGT_LB]
<M> [goto CHGT_M]
[IF NE <0-7, M, R, D> go to ERR_CHGT_FT]

Hard Edit: ERR_CHGT_FT

* Only "0-7" or "M" or "Don't know/Refused" allowed in this field.
* Please correct.
**2011 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

Document Version Date: 30-May-12

---

**Question ID:** CHS.020_02.000  **Instrument Variable Name:** CHGT_IN  **QuestionnaireFileName:** Sample Child

**QuestionText:**
* Enter inches.

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

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

**SkipInstructions:**
<0-36> [goto CWGT_LB]  
[If both CHGT_FT and CHGT_IN are either <empty> or <0>, display ERR1_CHGT_IN]  
[If CHGT_FT = <0-7> and CHGT_IN is GE <12> display ERR2_CHGT_IN]

**Hard Edit: ERR1_CHGT_IN**
* Must enter an answer in at least the inches item.  
* Please correct.

**Hard Edit: ERR2_CHGT_IN**
* Number of inches exceeds maximum allowed.  
* Please correct.

**Soft Edit: ERR3_CHGT_IN**
* Please verify that the height was entered correctly.  Probe only if necessary.

---

**Question ID:** CHS.021_01.000  **Instrument Variable Name:** CHGT_M  **QuestionnaireFileName:** Sample Child

**QuestionText:**
* Enter height in metric.

* If the child's height is given in centimeters, press 'ENTER' at meters and enter the measure in centimeters (241 centimeters maximum).

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

**UniverseText:** Sample children 12+ whose current height will be entered in metric.

**SkipInstructions:**
<0-2> [goto CHGT_CM]  
<R,D> [goto CWGT_LB]  
<empty> [go to CHGT_CM]
2011 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 30-May-12

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.021_02.000</th>
<th>Instrument Variable Name:</th>
<th>CHGT_CM</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Enter centimeters.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>000-241</td>
<td>0-241 centimeters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blank</td>
<td>Blank</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SkipInstructions:
- `<0-241> [goto CWGT_LB]
- [if CHGT_M = <empty, 0> and CHGT_CM = <empty, 0> go to ERR1_CHGT_CM]
- [if CHGT_M = 2 and CHGT_CM > 41 goto ERR2_CHGT_CM]
- [if CHGT_M = 1 and CHGT_CM >141 goto ERR2_CHGT_CM]

Hard Edit:
- ERR1_CHGT_CM
  * Must enter an answer at least in the centimeters item.
  * Please correct.
- ERR2_CHGT_CM
  * Total height exceeds maximum allowed.
  * Please correct.

Soft Edit:
- ERR3_CHGT_CM
  * Please verify that the height was entered correctly. Probe only if necessary.

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.022_00.000</th>
<th>Instrument Variable Name:</th>
<th>CWGT_LB</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>How much does [fill: S.C. name] weigh now (without shoes)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter 'M' to record metric measurements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter '500' if 500 pounds or more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>001-500</td>
<td>1-500 pounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>Metric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample children 12+

SkipInstructions:
- `<1-500,R,D> [if age ge <2> goto ADD_1, else, goto ADD1_2]
- `<M> [goto CWGT_KG]
- [if = <501-999> goto ERR1_CWGT_LB]
- [if NE <1-999, M, R, D> goto ERR2_CWGT_KG]

Hard Edit:
- ERR1_CWGT_LB
  * Weight is out of range (1-500).
  * Please correct.

Soft Edit:
- ERR2_CWGT_LB
  * Please verify that the weight was entered correctly. Probe only if necessary.
Question ID: CHS.023_00.000  Instrument Variable Name: CWGT_KG  QuestionnaireFileName: Sample Child

QuestionText: * Enter weight in kilograms.

002-226  2-226 kilograms

UniverseText: Sample children 12+ whose weight will be entered in metric.

SkipInstructions: <2-226> [if AGE ge <2> goto ADD_1; else goto ADD1_2]
    [if CWGT_KG > 226 goto ERR_CWGT_KG]

Hard Edit: ERR1_CWGT_KG
    * Weight is out of range (2-226).
    * Please correct.

Soft Edit: ERR2_CWGT_KG
    * Please verify that the weight was entered correctly. Probe only if necessary.

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

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

an intellectual disability, also known as mental retardation?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <2

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

Sample children <2

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

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

Sample children 2-17

<1,2,R,D> [go to ADD_2]
Question ID: CHS.032_02.000  Instrument Variable Name: ADD_2  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

Has a doctor or health professional ever told you that [fill: S.C. name] had an intellectual disability, also known as mental retardation?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 2-17

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

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

QuestionText: * Read if necessary.

Has a doctor or health professional ever told you that [fill: S.C. name] had any other developmental delay?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 2-17

SkipInstructions: <1,2,R,D> [go to CONDL]
Looking at this list, has a doctor or health professional ever told you that [fill: SC name] had any of these conditions?

*Read if necessary.

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CONDL1] <2,R,D> [goto CPOX]
Question ID: CHS.061_00.000  Instrument Variable Name: CONDL1  QuestionnaireFileName: Sample Child

QuestionText:  (book) C2 [F1]

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/Autism spectrum disorder
07  Diabetes
08  Arthritis
09  Congenital heart disease
10  Other heart condition

UniverseText: Sample children <18 and CONDL=1

SkipInstructions: <1-10,R,D> [go to CPOX]
[If <0> and <1-10> go to ERR_CONDL]

Question ID: CHS.070_00.000  Instrument Variable Name: CPOX  QuestionnaireFileName: Sample Child

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

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample children <18

SkipInstructions: <1> [go to CPOX12MO]
<2,R,D> [go to CASHMEV]
## Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS?

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

**UniverseText:** Sample children <18 who have had chickenpox

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [go to CASSTILL]

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

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

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

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

**SkipInstructions:** <1,2,R,D> [go to CASHYR]
Question ID: CHS.090_00.000  Instrument Variable Name: CASHYR  QuestionnaireFileName: Sample Child

QuestionText: 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

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

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

---

Question ID: CHS.100_00.000  Instrument Variable Name: CASMERYR  QuestionnaireFileName: Sample Child

QuestionText: 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

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

SkipInstructions: <1,2,R,D> [if AGE LE 2 go to CCOND1_1, else go to CCONDT_1]

---

Question ID: CHS.111_01.000  Instrument Variable Name: CCOND1_1  QuestionnaireFileName: Sample Child

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

Hay fever?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCOND1_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]
**Child Health Status & Limitations**

**Question ID:** CHS.111_04.000  **Instrument Variable Name:** CCONDT1_4  **QuestionnaireFileName:** Sample Child

**QuestionText:**

* Read if necessary.

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

Eczema or any kind of skin allergy?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample children LE 2

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

---

**Question ID:** CHS.111_05.000  **Instrument Variable Name:** CCONDT1_5  **QuestionnaireFileName:** Sample Child

**QuestionText:**

* Read if necessary.

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

Frequent or repeated diarrhea or colitis?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1_6]
**Question ID:** CHS.111_06.000  
**Instrument Variable Name:** CCONDT1_6  
**QuestionnaireFileName:** Sample Child

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

- Anemia?
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don’t know

**UniverseText:** Sample children LE 2

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

---

**Question ID:** CHS.111_08.000  
**Instrument Variable Name:** CCONDT1_8  
**QuestionnaireFileName:** Sample Child

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

- Three or more ear infections?
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don’t know

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1_9]
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]
2011 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 30-May-12

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: CCONDT_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 = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_4]
Question ID: CHS.115_04.000  Instrument Variable Name: CCONDTS_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 = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDTS_5]

---

Question ID: CHS.115_05.000  Instrument Variable Name: CCONDTS_5  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDTS_6]
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

Sample children = 3-17

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

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

Frequent or severe headaches, including migraines?

1  Yes
2  No
7  Refused
9  Don't know

Sample children = 3-17

<1,2,R,D> [go to CCONDT_8]
<table>
<thead>
<tr>
<th>Question ID: CHS.115_08.000</th>
<th>Instrument Variable Name: CCONDT_8</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Three or more ear infections?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children = 3-17</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CCONDT_9]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.115_09.000</th>
<th>Instrument Variable Name: CCONDT_9</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seizures?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children = 3-17</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CCONDT_10]</td>
<td></td>
</tr>
</tbody>
</table>
**2011 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

Document Version Date: 30-May-12

---

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

**QuestionText:** *Read if necessary.

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

- Stuttering or stammering?
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don't know

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

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

---

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

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

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

**UniverseText:** Sample children < 18

**SkipInstructions:** <1-3,R,D> [if AGE le <4> goto CCOLD2W; else goto SCHDAYR]
### Child Health Status & Limitations

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

**QuestionText:**
DURING THE PAST 12 MONTHS, 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.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-240</td>
<td>1-240 days</td>
</tr>
<tr>
<td>996</td>
<td>Did not go to school</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**  
Sample children 5-17

**SkipInstructions:**

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

**Hard Edit:**

- * "241-995" days not allowed in this field.
- * Please correct.

**Soft Edit:**

- [fill4: SCHDAYR] is an unusually large number. Did [fill2: SC name] miss [fill: SCHDAYR] days of school because of illness or injury?
- * Please verify.

---

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

**QuestionText:**
These next questions are about [fill: SC name]'s recent health DURING THE LAST 2 WEEKS.
Did [fill: SC name] have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

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

**UniverseText:**  
Sample children <18

**SkipInstructions:**

- `<1,2,R,D>` [goto CINTIL2W]
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Question ID: CHS.240_00.000  Instrument Variable Name: CINTIL2W  QuestionnaireFileName: Sample Child

QuestionText: Did [fill: SC name] have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST 2 WEEKS?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

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

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

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

UniverseText: Sample children <18

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

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

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

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

UniverseText: Sample children <18

SkipInstructions: <1> [goto IHMOBYR]
<2,R,D> [goto PROBRX]
Question ID: CHS.310_00.000  Instrument Variable Name: IHMOBYR  QuestionnaireFileName: Sample Child

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [if AGE > 3 go to CUSUALPL;  
                          if AGE = 3 and SEX = 1 go to CMHAGM11_1;  
                          if AGE = 3 and SEX = 2 go to CMHAGF11_1]
I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

HE:

Has been uncooperative?

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

UniverseText: Male sample children 2-3

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

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

HE:

Has trouble getting to sleep?

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

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_3]
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Question ID: CHS.321_03.000  Instrument Variable Name: CMHAGM11_3  QuestionnaireFileName: Sample Child

QuestionText: (book) C3

* Read if necessary.

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

HE:

Has speech problems?

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

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_4]

---

Question ID: CHS.321_04.000  Instrument Variable Name: CMHAGM11_4  QuestionnaireFileName: Sample Child

QuestionText: (book) C3

* Read if necessary.

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

HE:

Has been unhappy, sad, or depressed?

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]

---

Question ID: CHS.361_02.000  Instrument Variable Name: CMHAGF11_2  QuestionnaireFileName: Sample Child

QuestionText: (book) C3

* Read if necessary.

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

SHE:

Has speech problems?

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

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGF11_3]
I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

SHE:

Has been nervous or high-strung?

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

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGF11_4]
**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?

<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>There is NO place</td>
</tr>
<tr>
<td>3</td>
<td>There is MORE THAN ONE place</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18

**SkipInstructions:** <1,3> [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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clinic or health center</td>
</tr>
<tr>
<td>2</td>
<td>Doctor's office or HMO</td>
</tr>
<tr>
<td>3</td>
<td>Hospital emergency room</td>
</tr>
<tr>
<td>4</td>
<td>Hospital outpatient department</td>
</tr>
<tr>
<td>5</td>
<td>Some other place</td>
</tr>
<tr>
<td>6</td>
<td>Doesn't go to one place most often</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18 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]

---

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

**QuestionText:** What kind of place does [fill1: alias] USUALLY go to when [fill2: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

0. Doesn't get preventive care anywhere
1. Clinic or health center
2. Doctor's office or HMO
3. Hospital emergency room
4. Hospital outpatient department
5. Some other place
6. Doesn't go to one place most often
7. Refused
9. Don't know

**UniverseText:** Sample children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but doesn't go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.

**SkipInstructions:** <0-6,R,D> if CUSUALPL=2 [goto CNOUSLPL]; else if CUSUALPL=,R,D [goto CPRVTRYR]; else [goto CHCCHGYR]
<table>
<thead>
<tr>
<th>Question ID: CAU.040_00.000</th>
<th>Instrument Variable Name: CHCCHGYR</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: alias] USUALLY goes for health care?</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>
<tr>
<td>UniverseText: Sample children &lt;18 with one or more place to go when sick/need advice [or who reported same place as usual source of routine/preventive care]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1&gt; [go to CHCCHGHI] &lt;2,R,D&gt; [goto CPRVTRYR]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CAU.050_00.000</th>
<th>Instrument Variable Name: CHCCHGHI</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Was this change for a reason related to health insurance?</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>
<tr>
<td>UniverseText: Sample children &lt;18 that have changed their usual place of health care in the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto CPRVTRYR]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Question ID:** CAU.050_00.010  
**Instrument Variable Name:** CNOUSLPL  
**QuestionnaireFileName:** Sample Child

**QuestionText:** Why doesn’t [fill: alias] have a usual source of medical care?
*Enter all that apply, separate with commas.

01 Doesn't need a doctor/Haven't had any problems  
02 Doesn't like/trust/believe in doctors  
03 Doesn't know where to go  
04 Previous doctor is not available/moved  
05 Too expensive/no insurance/cost  
06 Speak a different language  
07 No care available/Care too far away, not convenient  
08 Put it off/Didn't get around to it  
09 Other  
97 Refused  
99 Don’t know

**UniverseText:** Sample children <18 who don't have a usual place of care

**SkipInstructions:** <1-9,R,D>[goto CPRVTRYR]

---

**Question ID:** CAU.052_00.010  
**Instrument Variable Name:** CPRVTRYR  
**QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see [fill: alias]?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CPRVTRFD ] <2,R,D> [goto CDRNANP]
Were you able to find a general doctor or provider who could see [fill: alias]?

1  Yes
2  No
7  Refused
9  Don’t know

Sample children <18 who had trouble finding a provider in the last year

DURING THE PAST 12 MONTHS, were you told by a doctor’s office or clinic that they would not accept [fill: alias] as a new patient?

1  Yes
2  No
7  Refused
9  Don’t know

Sample children <18

DURING THE PAST 12 MONTHS, were you told by a doctor’s office or clinic that they did not accept [fill: alias]'s health care coverage?

1  Yes
2  No
7  Refused
9  Don’t know

Sample children <18
There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

You couldn't get through on the telephone.

1  Yes
2  No
7  Refused
9  Don't know

Sample children <18

<1,2,R,D> [goto CHCDLYR1_2]
There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

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

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

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

1  Yes
2  No
7  Refused
9  Don't know
There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

You didn’t have transportation.

1. Yes
2. No
7. Refused
9. Don’t know

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

Prescription medicines?

1. Yes
2. No
7. Refused
9. Don’t know
**Question ID:** CAU.133_00.010  **Instrument Variable Name:** CHCAFYRN  **QuestionnaireFileName:** Sample Child

**QuestionText:**

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

To see a specialist?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children <2

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

---

**Question ID:** CAU.133_00.020  **Instrument Variable Name:** CHCAFYRF  **QuestionnaireFileName:** Sample Child

**QuestionText:**

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

Follow-up care?

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]
2011 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 30-May-12

Question ID: CAU.135_01.000  Instrument Variable Name: CHCAFYR1_1  QuestionnaireFileName: Sample Child

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

Prescription medicines?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

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

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

QuestionText:
* Read if necessary.

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

Mental health care or counseling?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

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

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
**Question ID:** CAU.135_05.010  **Instrument Variable Name:** CHCAFYR1_5  **QuestionnaireFileName:** Sample Child

**QuestionText:** * Read if necessary.

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

To see a specialist?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1_6]

---

**Question ID:** CAU.135_06.010  **Instrument Variable Name:** CHCAFYR1_6  **QuestionnaireFileName:** Sample Child

**QuestionText:** * Read if necessary.

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

Follow-up care?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children GE 2

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

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

- 1 | Yes
- 2 | No
- 7 | Refused
- 9 | Don't know
Question ID: CAU.170_02.000  Instrument Variable Name: CHCSYR1_3  QuestionnaireFileName: Sample Child

QuestionText: ?[F1]

* Read if necessary.

DURING THE PAST 12 MONTHS, 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: ?[F1]

* Read if necessary.

DURING THE PAST 12 MONTHS, 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]
DURING THE PAST 12 MONTHS, 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]

DURING THE PAST 12 MONTHS, 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]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAU.175_02.000</th>
<th>Instrument Variable Name:</th>
<th>CHCSYR_2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>
| QuestionText: | * Read if necessary.  
DURING THE PAST 12 MONTHS, 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] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAU.175_03.000</th>
<th>Instrument Variable Name:</th>
<th>CHCSYR_3</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>
| QuestionText: | ?[F1]  
* Read if necessary.  
DURING THE PAST 12 MONTHS, 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] |
2011 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization

Document Version Date: 30-May-12

Question ID: CAU.175_04.000  Instrument Variable Name: CHCSYR_4  QuestionnaireFileName: Sample Child

QuestionText: ![QuestionText]

Read if necessary.

DURING THE PAST 12 MONTHS, 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: ![QuestionText]

* Read if necessary.

DURING THE PAST 12 MONTHS, 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]
DURING THE PAST 12 MONTHS, 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

Sample children GE 2

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

DURING THE PAST 12 MONTHS, 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

Sample children GE 15 who are female

<1,2,R,D> [goto CHCSYR8_1]
DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]'s health?
A medical doctor who specializes in a particular medical disease or problem (fill3: other than obstetrician/ gynecologist, psychiatrist or ophthalmologist? /fill4: other than psychiatrist or ophthalmologist)?

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCSYR8_2]
Question ID: CAU.260_00.000  Instrument Variable Name: CHCSYR10  QuestionnaireFileName: Sample Child

QuestionText: Does that doctor treat children and adults (a doctor in general practice or family medicine)?

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: alias] receive a well-child check-up, that is a general check-up, when [fill2: he/she] was not sick or injured?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

Sample children <18

Thinking about [fill: S.C. name]’s most recent emergency room visit, did [fill: he/she] go to the emergency room either at night or on the weekend?

1  Yes  
2  No  
7  Refused  
9  Don't know

Sample children <18 who had at least one ER visit in the past year
**Question ID:** CAU.282_00.010  
**Instrument Variable Name:** CERHOS  
**QuestionnaireFileName:** Sample Child  

**QuestionText:** Did this emergency room visit result in a hospital admission?

1  Yes  
2  No  
7  Refused  
9  Don't know  

**UniverseText:** Sample children <18 who had at least one ER visit in the past year  

**SkipInstructions:** <1,R,D> [goto CHCHYR] < 2> [go to CERREAS1]

---

**Question ID:** CAU.283_01.010  
**Instrument Variable Name:** CERREAS1  
**QuestionnaireFileName:** Sample Child  

**QuestionText:** Tell me which of these apply to [fill: alias]'s last emergency room visit?

… [fill: He/She] didn’t have another place to go

1  Yes  
2  No  
7  Refused  
9  Don’t know  

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission  

**SkipInstructions:** <1,2,R,D> [goto CERREAS2]

---

**Question ID:** CAU.283_02.020  
**Instrument Variable Name:** CERREAS2  
**QuestionnaireFileName:** Sample Child  

**QuestionText:** *Read if necessary.*  

Tell me which of these apply to [fill: alias]'s last emergency room visit?

… [fill: alias]'s doctor’s office or clinic was not open

1  Yes  
2  No  
7  Refused  
9  Don’t know  

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission  

**SkipInstructions:** <1,2,R,D> [goto CERREAS3]
**Question ID:** CAU.283_03.030  
**Instrument Variable Name:** CERREAS3  
**QuestionnaireFileName:** Sample Child

**QuestionText:** *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

… [fill: alias]'s health provider advised that [fill: he/she] go

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS4]

---

**Question ID:** CAU.283_04.040  
**Instrument Variable Name:** CERREAS4  
**QuestionnaireFileName:** Sample Child

**QuestionText:** *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

… The problem was too serious for the doctor’s office or clinic

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS5]
**Question ID:** CAU.283_05.050  
**Instrument Variable Name:** CERREAS5  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
*Read if necessary.*

Tell me which of these apply to [fill: alias]’s last emergency room visit?

… Only a hospital could help [fill: alias]

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS6]

---

**Question ID:** CAU.283_06.060  
**Instrument Variable Name:** CERREAS6  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
*Read if necessary.*

Tell me which of these apply to [fill: alias]’s last emergency room visit?

… The emergency room is [fill: alias]’s closest provider

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS7]
Question ID: CAU.283_07.070  Instrument Variable Name: CERREAS7  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

…[fill: alias] gets most of [fill: his/her] care at the emergency room

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto CERREAS8]

Question ID: CAU.283_08.080  Instrument Variable Name: CERREAS8  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

…[fill: alias] arrived by ambulance or other emergency vehicle

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

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

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

---

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

**QuestionText:** 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
**2011 NHIS Questionnaire - Sample Child**  
*Child Access to Health Care & Utilization*

**Document Version Date:** 30-May-12

<table>
<thead>
<tr>
<th>Question ID: CAU.330_00.000</th>
<th>Instrument Variable Name: CSRGYR</th>
</tr>
</thead>
</table>
| **Question Text:** | **DURING THE PAST 12 MONTHS has [fill1: alias] had SURGERY or other surgical procedures either as an inpatient or outpatient?**

* Read if necessary.

This includes both major surgery and minor procedures such as setting bones or removing growths.

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

**UniverseText:** Sample children <18

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

<table>
<thead>
<tr>
<th>Question ID: CAU.340_00.000</th>
<th>Instrument Variable Name: CSRGNOYR</th>
</tr>
</thead>
</table>
| **Question Text:** | **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

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

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

**Soft Edit:** ERR_CMDLONG

[fill2: CSRGNOYR] is an unusually large number. Did [fill1: alias] have [fill2: CSRGNOYR] surgical procedures?  
*Please verify.
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

Sample children <18
Question ID: CMB.010_00.000  Instrument Variable Name: CMHCOPY  QuestionnaireFileName: Sample Child

QuestionText: * The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.

* The next 6 items contained in CMHMF_1 through CMHDIFF are included in this survey with permission as indicated below.

* The SDQ questions are copyrighted by Robert Goodman, Ph.D., FRCPSYCH, MRCP. State and local agencies may use these questions without charge and without seeking separate permission provided the wording is not modified, all the questions are retained, and Dr. Goodman's copyright is acknowledged.

* Enter 1 to Continue.

1 Enter 1 to continue

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto CMHMF_1]

---

Question ID: CMB.020_01.000  Instrument Variable Name: CMHM_F_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]
Question ID: CMB.020_02.000  Instrument Variable Name: CMHMF_2  Questionnaire FileName: 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 many worries, or often seems worried.

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_3]

---

Question ID: CMB.020_03.000  Instrument Variable Name: CMHMF_3  Questionnaire FileName: 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]

...is often unhappy, depressed or tearful.

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_4]
**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>0</th>
<th>Not true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Somewhat true</td>
</tr>
<tr>
<td>2</td>
<td>Certainly true</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,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>0</th>
<th>Not true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Somewhat true</td>
</tr>
<tr>
<td>2</td>
<td>Certainly true</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,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
2011 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 30-May-12

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?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17

SkipInstructions: <1> [goto DIFFINTF] <2,R,D> [if CMHDIFF (variable name in layouts is RSCL6) 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 DIFFLNG]

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
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: <1-3,R,D> [goto DIFFLNG]
2011 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 30-May-12

Question ID: CMS.008_00.000  Instrument Variable Name: DIFFLNG  QuestionnaireFileName: Sample Child

QuestionText: How long have these difficulties been present?

1  Less than a month
2  1-5 months
3  6 to 12 months
4  Over a year
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: <1-4,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 PRESHELP] <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [end]; else [goto NSDUH21]
**2011 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

Document Version Date: 30-May-12

---

**Question ID:** CMS.011_00.000  **Instrument Variable Name:** PRESHELP  **QuestionnaireFileName:** Sample Child

**QuestionText:**

During the past 6 months, how much has this prescription medication helped [fill: S.C. name]? Would you say…

*Read categories below.

1. Not at all
2. A little
3. Some
4. A lot
7. Refused
9. Don't know

**UniverseText:** Sample children 4-17 have taken prescription medicine in the past 6 mos

**SkipInstructions:** <1-4,R,D> [goto PMEDPED]

---

**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 TRETHELP]; else [goto NSDUH21]; <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 TRETHELP]; else [goto NSDUH21]; <2,R,D> [goto PMEDNEU]

---

Question ID: CMS.012_03.000  
Instrument Variable Name: PMEDNEU  
QuestionnaireFileName: Sample Child

**QuestionText:**

*Read if necessary.

Who FIRST prescribed the medication? Was it

...A neurologist?

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, psychiatrist/ or other family doctor

**SkipInstructions:** <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto TRETHELP]; else [goto NSDUH21]; <2,R,D> [goto PMEDOTH]
**Question ID:** CMS.012_04.000  **Instrument Variable Name:** PMEDOTH  **QuestionnaireFileName:** Sample Child

**QuestionText:** *Read if necessary.*

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, psychiatrist or neurologist

**SkipInstructions:** <1,2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto TRETHELP]; else [goto NSDUH21]

---

**Question ID:** CMS.014_00.000  **Instrument Variable Name:** NSDUH21  **QuestionnaireFileName:** Sample Child

**QuestionText:** Sometimes students get treatment or counseling through the school system for DIFFICULTIES WITH emotions, concentration, behavior, or being able to get along with others.

DURING THE PAST 6 MONTHS, did [fill: S.C. name] receive any treatment or counseling FROM A SCHOOL SOCIAL WORKER, SCHOOL PSYCHOLOGIST, SCHOOL NURSE, SCHOOL COUNSELOR, SPECIAL ED TEACHER, OR SCHOOL SPEECH, OCCUPATIONAL OR PHYSICAL THERAPIST?

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

**SkipInstructions:** <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

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

Was it a day school or school where {S.C. name} stayed overnight or longer?

1  Day School
2  Overnight School
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, and attend a special needs school
Who provided the treatment or counseling?
*Enter all that apply, separate with commas.

1. Special Ed teacher
2. Other school 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 needs day school with program for these difficulties

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

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 provided the treatment or counseling?

*Enter all that apply, separate with commas.

1. Special Ed teacher
2. Other school 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 school program for difficulties with emotions, concentration, behavior

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

<1-5,R,D> age 4-6 [goto TRETWHO1]; else [goto TRETWHR2]
(book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

1 Pediatrician or family doctor
2 Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3 Speech, occupational or physical therapist
4 Religious or spiritual counselor or advisor
5 Probation of juvenile corrections officer or court counselor
6 Other
7 Refused
8 Other
9 Don’t know

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

SkipInstructions: <1,3-6,R,D> [goto TRETWHR2] <2> [goto TRTMHP1]

You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1 Psychiatrist
2 Psychologist
3 Clinical social worker
4 Psychiatric nurse
7 Refused
9 Don’t know

UniverseText: Sample children 4-6 who received counseling or treatment at daycare, child care, or play group from mental health provider

SkipInstructions: <1-4,R,D> [goto TRETWHR2]
DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In an office, clinic or center in your community?

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

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

1. Pediatrician or family doctor
2. Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3. Speech, occupational or physical therapist
4. Religious or spiritual counselor or advisor
5. Probation or juvenile corrections officer or court counselor
6. Other
7. Refused
9. Don't know
Question ID: CMS.021_03.000  Instrument Variable Name: TRTMHP2  QuestionnaireFileName: Sample Child

QuestionText: You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1 Psychiatrist  
2 Psychologist  
3 Clinical social worker  
4 Psychiatric nurse  
7 Refused  
9 Don't know

UniverseText: Sample children 4-17 who received counseling or treatment at an office, clinic or community center from mental health provider

SkipInstructions: <1-4,R,D> [goto TRETWHR3]

Question ID: CMS.022_01.000  Instrument Variable Name: TRETWHR3  QuestionnaireFileName: Sample Child

QuestionText: 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.

1 Pediatrician or family doctor
2 Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3 Speech, occupational or physical therapist
4 Religious or spiritual counselor or advisor
5 Probation or juvenile corrections officer or court counselor
6 Other
7 Refused
9 Don’t know

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

You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1 Psychiatrist
2 Psychologist
3 Clinical social worker
4 Psychiatric nurse
7 Refused
9 Don’t know

Sample children 4-17 who received counseling or treatment at home from mental health provider
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

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

1 Pediatrician or family doctor
2 Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3 Speech, occupational or physical therapist
4 Religious or spiritual counselor or advisor
5 Probation or juvenile corrections officer or court counselor
6 Other
7 Refused
9 Don’t know

Sample children 4-17 who received counseling at hospital/ER/crisis center/shelter
You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1 Psychiatrist
2 Psychologist
3 Clinical social worker
4 Psychiatric nurse
7 Refused
9 Don't know

Sample children 4-17 who received counseling or treatment at hospital/ER/crisis center/shelter from mental health provider

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 in your community?

1 Yes
2 No
7 Refused
9 Don’t know

Sample children 4-17 who had at least minor difficulties
### Question ID: CMS.024_02.000  Instrument Variable Name: TRETWHO5  QuestionnaireFileName: Sample Child

**Question Text:**

(book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.*

1. Pediatrician or family doctor
2. Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3. Speech, occupational or physical therapist
4. Religious or spiritual counselor or advisor
5. Probation or juvenile corrections officer or court counselor
6. Other
7. Refused
9. Don’t know

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

**SkipInstructions:** <1,3-6,R,D> [goto TRETWHR6] <2> [goto TRTMHP5]

---

### Question ID: CMS.024_03.000  Instrument Variable Name: TRTMHP5  QuestionnaireFileName: Sample Child

**Question Text:**

You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas*

1. Psychiatrist
2. Psychologist
3. Clinical social worker
4. Psychiatric nurse
7. Refused
9. Don’t know

**UniverseText:** Sample children 4-17 who received counseling or treatment at day treatment program in a hospital or community from mental health provider

**SkipInstructions:** <1-4,R,D> [goto TRETWHR6]
**2011 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

Document Version Date: 30-May-12

---

**Question ID:** CMS.025_01.000  **Instrument Variable Name:** TRETWHR6  **QuestionnaireFileName:** Sample Child

**Question Text:**

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

**Universe Text:** Sample children 4-17 who had at least minor difficulties

**SkipInstructions:** <1> [goto TRETWHO6] <2,R,D> [goto OVERNT6M]

---

**Question ID:** CMS.025_02.000  **Instrument Variable Name:** TRETWHO6  **QuestionnaireFileName:** Sample Child

**Question Text:**

(book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

1. Pediatrician or family doctor
2. Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3. Speech, occupational or physical therapist
4. Religious or spiritual counselor or advisor
5. Probation or juvenile corrections or court counselor
6. Other
7. Refused
9. Don’t know

**Universe Text:** Sample children 4-17 who received counseling at another place

**SkipInstructions:** <1,3-6,R,D> [goto OVERNT6M] <2> [goto TRTMHP6]
### 2011 NHIS Questionnaire - Sample Child
#### Child Mental Health Services

**Document Version Date:** 30-May-12

<table>
<thead>
<tr>
<th>Question ID: CMS.025_03.000</th>
<th>Instrument Variable Name: TRTMHP6</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>
| **QuestionText:** You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?  
*Enter all that apply, separate with commas  
  1 Psychiatrist  
  2 Psychologist  
  3 Clinical social worker  
  4 Psychiatric nurse  
  7 Refused  
  9 Don’t know  

**UniverseText:** Sample children 4-17 who received counseling or treatment at another place from mental health provider  

**SkipInstructions:** <1-4,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>
</table>
| **QuestionText:** DURING THE PAST 6 MONTHS, in addition to a school you may have told me about, 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 prison, training school or jail, foster care home, or another special type of center or shelter to receive counseling or treatment for these difficulties?  
  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  

**SkipInstructions:** <1> [goto OVERWHCH] <2,R,D> [goto SH1] |
**Question ID:** CMS.060_00.000  **Instrument Variable Name:** OVERWHCH  **QuestionnaireFileName:** Sample Child

**QuestionText:**
Which ones?
*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

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

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

---

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

**QuestionText:** 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

**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:** <1,2,R,D> [goto SH2]
2011 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 30-May-12

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

QuestionText: 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

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: <1,2,R,D> [goto CASEM6M]

---

Question ID: CMS.100_00.000  Instrument Variable Name: CASEM6M  QuestionnaireFileName: Sample Child

QuestionText: 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

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 CASEMWHO];
<2,R,D> IF PRESCP6M=1 or NSDUH21=1 or NSDUH3=1 or NSDUH4=1 or TRETWHR1=1 or TRETWHR2=1 or TRETWHR3=1 or TRETWHR4=1 or TRETWHR5=1 or TRETWHR6=1 or OVERNT6M=1 or SH1=1 or SH2=1 or CASEM6M=1 [goto TRETHELP];  else [goto TRTNEED1]
Question ID: CMS.110_00.000  Instrument Variable Name: CASEMWHO  QuestionnaireFileName: Sample Child

QuestionText: 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

UniverseText: Sample children 4-17 who received help from case managers/care coordinators in the past 6 months

SkipInstructions: <1-10,R,D> [goto TRETHELP]

Question ID: CMS.115_00.000  Instrument Variable Name: TRETHELP  QuestionnaireFileName: Sample Child

QuestionText: You told us that [S.C. child] has received treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others. During the past 6 months, how much has this treatment or counseling helped [S.C. child]? Would you say…

* Read answer categories below.

1 Not at all
2 A little
3 Some
4 A lot
7 Refused
9 Don’t know

UniverseText: Sample children 4-17 who received treatment in the past 6 months

SkipInstructions: <1-4,R,D> if CMHDIFF=2-4 and DIFF6M=1 [goto TRPAYPHI]; else [goto next section]
Next I'm going to read a list of ways that treatment and counseling get paid for. Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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

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 received some type of treatment or counseling in the past 6 months

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

*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

School system?

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 received some type of treatment or counseling in the past 6 months

SkipInstructions: <1,2,R,D> [goto TRPAYSLF]
**2011 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

Document Version Date: 30-May-12

---

**Question ID:** CMS.120_03.000  **Instrument Variable Name:** TRPAYSLF  **QuestionnaireFileName:** Sample Child

**QuestionText:**

*Read if necessary:  Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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

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 received some type of treatment or counseling in the past 6 months

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

---

**Question ID:** CMS.120_04.000  **Instrument Variable Name:** TRPAYMED  **QuestionnaireFileName:** Sample Child

**QuestionText:**

(Book) F14

*Read if necessary:  Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

**SkipInstructions:**  <1,2,R,D> [goto TRPAYCHP]
**2011 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

Document Version Date: 30-May-12

---

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

**QuestionText:**

*Read if necessary:  Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

[fill2: A state CHIP/SCHIP 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 received some type of treatment or counseling in the past 6 months

**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 or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

**SkipInstructions:** <1,2,R,D> [goto TRPAYSHP]
### Question 1

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

**QuestionText:**

*Read if necessary:  Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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

<p>| | |</p>
<table>
<thead>
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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 received some type of treatment or counseling in the past 6 months

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

### Question 2

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

**QuestionText:**

*Read if necessary:  Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

Indian Health Service?

<p>| | |</p>
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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 received some type of treatment or counseling in the past 6 months

**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 or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.*

<p>| | |</p>
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<thead>
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<tbody>
<tr>
<td></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 received some type of treatment or counseling in the past 6 months

#### SkipInstructions:  
else [goto TRTNEED1]

---

### 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 during the past 6 months free?

<p>| | |</p>
<table>
<thead>
<tr>
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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 did not pay for treatment

#### SkipInstructions:  
<1,2,R,D>[goto TRTNEED1]
**Question ID:** CMS.150_00.000  **Instrument Variable Name:** TRTNEED1  **QuestionnaireFileName:** Sample Child

**QuestionText:**
DURING THE PAST 6 MONTHS, did [fill1: S.C. name] need treatment or counseling for these difficulties but didn't get it?

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

**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.

Help was too expensive?

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 NRTTLOC]
**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?

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 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]
**Question ID:** CMS.150_06.000  **Instrument Variable Name:** NTRTSA

**Question ID:** CMS.150_07.000  **Instrument Variable Name:** NTRTW

---

**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.

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

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 NTRTWA]

---

**Question Text:**

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

**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 NTRTTR]
*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 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 ID: CMS.150_10.000   Instrument Variable Name: NTRTFAR   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.

Services were too far away?

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 NTRTCHNO]

---

Question ID: CMS.150_11.000   Instrument Variable Name: NTRTCHNO   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.

[fill1: S.C. name] did not want to go?

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 NTRTOTH]
Question ID: CMS.150_12.000  Instrument Variable Name: NTRTOTH  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.

Some other reason?

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 next section]
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 {S.C. 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: {S.C. name’s} most recent flu vaccination could have been the new 2010-2011 flu vaccine available starting last fall, or either of the two types available last season, one called “seasonal” and the other called “H1N1” or “swine” flu vaccine.

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

Question Text: 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 {S.C. 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: {S.C. name’s} most recent flu vaccination could have been the new 2010-2011 flu vaccine available starting last fall, or either of the two types available last season, one called “seasonal” and the other called “H1N1” or “swine” flu vaccine.

UniverseText: Sample Child LE 17 years

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

Question ID: CFI.005_00.020
Instrument Variable Name: CH1N1_2
QuestionnaireFileName: Sample Child

Question Text: How many vaccinations has {S.C. name} received?

UniverseText: Sample Child LE 17 years who have had a flu vaccine dose

SkipInstructions: <1,2> [goto CH1N1_3M]
<R,D> [goto next section]

Question ID: CFI.005_00.030
Instrument Variable Name: CH1N1_3M
QuestionnaireFileName: Sample Child

Question Text: During what month and year did {S.C. name} receive {S.C. name’s} most recent flu vaccine?

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

SkipInstructions: <1-12,D> [goto CH1N1_4Y] <R> [goto CH1N1_5]
### Question ID: CFI.005_00.040
**Instrument Variable Name:** CH1N1_4Y  
**QuestionnaireFileName:** Sample Child

**QuestionText:** 2 of 2

*Enter year of most recent flu vaccine.*

**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]`

**Hard Edit:**
- ERR1_CH1N1_4Y  
  *Future date invalid.*
- ERR2_CH1N1_4Y  
  *Date before birth.*
- ERR3_CH1N1_4Y  
  *Date before 12 months ago.*

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

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

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

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

**SkipInstructions:**
- `<1-2,R,D> IF CH1N1_2=1 [goto next section]; else if CH1N1_2=2 [goto CH1N1_6M]`

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

**QuestionText:** 1 of 2

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

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

**SkipInstructions:**
- `<1-12,D> [ goto CH1N1_7Y] <R> [goto CH1N1_8]`
Question ID: CFI.005_00.070  Instrument Variable Name: CH1N1_7Y  QuestionnaireFileName: Sample Child

QuestionText: 2 of 2

*Enter year of next most recent flu vaccine.

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

SkipInstructions: <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

Hard Edit:
ERR1_ CH1N1_7Y
*Future date invalid.

ERR2_ CH1N1_7Y
*Date before birth.

ERR3_ CH1N1_7Y
*Date before 12 months ago.

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

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

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

UniverseText: Sample Child LE 17 years who have more than one vaccine dose

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