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.OUTCOME1 procedure
endif
goto back.OUTCOME1 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 CSRELAV
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.
Question ID: CID.010_00.000  Instrument Variable Name: CSPAVAIL  QuestionnaireFileName: Sample Child

QuestionText: The next questions are about [fill1: ALIAS of Sample Child].

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

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

* If refused enter CTRL_R.

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

96  No person available

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

SkipInstructions: <01-25> if line number not equal one of the line numbers in KNOWSC2

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

<R> store '4' in CSTAT(FAMINT)

Hard Edit: ERR_CSPAVAIL

* You have selected a non-selectable person.

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

QuestionText: (book) C1

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

01 Parent (Biological, adoptive, or step)
02 Grandparent
03 Aunt/Uncle
04 Brother/Sister
05 Other relative
06 Legal guardian
07 Foster parent
08 Other non-relative
97 Refused
99 Don't know

UniverseText: Someone identified as knowledgeable about child's health

SkipInstructions: <1-8,R,D> If CSRESP = demographics.hhc.RELRESP_A
goto child.chs.BWGT_LB
elseif CSRESP = demographics.hhc.HHRESP
goto child.chs.BWGT_LB
else
goto CSPVERF_S
endif

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

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

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

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

1 Yes
2 No

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

SkipInstructions: <1> goto CSPVERF_A
<2> goto NEWSEX
Question ID: CID.041_00.000  Instrument Variable Name: NEWSEX  QuestionnaireFileName: Sample Child

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

* If don’t know or refused enter your best guess of the child's sex.

1 Male
2 Female

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

**SkipInstructions:** <1,2> store NEWSEX in SEX
goto ERR_NEWSEX
reset CSPVERF_S
goto CSPVERF_S

**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

ERR_NEWAGE

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
else
goto child.chs.BWGT_LB
endif
<2> goto NEWDOB_M
### 2013 NHIS Questionnaire - Sample Child

#### Child Identification

**Document Version Date:** 29-May-14

<table>
<thead>
<tr>
<th>Question ID: CID.046_01.000</th>
<th>Instrument Variable Name: NEWDOB_M</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> 1 of 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>What is [fill: ALIAS of Sample Child]'s birthday?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Enter month of birth.</em></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>January</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>October</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>November</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>December</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>February</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>March</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>April</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>May</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>June</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>July</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>August</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>September</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:** <01-12, Refused, Don't know> goto NEWDOB_D

---

<table>
<thead>
<tr>
<th>Question ID: CID.046_02.000</th>
<th>Instrument Variable Name: NEWDOB_D</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> 2 of 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter day of birth.</td>
<td></td>
</tr>
<tr>
<td>01-31</td>
<td>Day of the month</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:** <01-31, Refused, Don't know> goto NEWDOB_Y

If days not valid, goto ERR_NEWDOB_D

**Hard Edit:**

* [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>* Enter year of birth.</td>
<td>1880-2020</td>
<td>Year of birth</td>
<td></td>
</tr>
</tbody>
</table>
Respondent said child's date of birth is not correct or child's age is not correct

SkipInstructions:

<1880-2020, Refused, Don't know> if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty
goto CSPVERF_A
elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty
goto CSPVERF_D
endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)
goto ERR1_NEWDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)
goto ERR2_NEWDOB_Y
endif

(if NEWDOB_M = 'Ref' or 'DK') or (if NEWDOB_D = 'Ref' or 'DK') or (if NEWDOB_Y = 'Ref' or 'DK')
goto ERR3_NEWDOB_Y
else
  store NEWDOB_M in DOBMM
  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

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: <DOBMM> <DOBD>, <DOBY>]
goto CSPVERF_A

ERR4_NEWDOB_Y

*Data mismatched. Please fix Age or Birthday.
goto CSPVERF_A (whether suppressed or not)
2013 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 29-May-14

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, D, R> 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, D, R> 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0500</strong></td>
<td>500 grams or less</td>
</tr>
<tr>
<td><strong>0501-6899</strong></td>
<td>501-6899 grams</td>
</tr>
<tr>
<td><strong>6900</strong></td>
<td>6900+ grams</td>
</tr>
<tr>
<td><strong>9997</strong></td>
<td>Refused</td>
</tr>
<tr>
<td><strong>9999</strong></td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

**Soft Edit:**  
* [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:**  
? [F1]

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>00-07</strong></td>
<td>0-7 feet</td>
</tr>
<tr>
<td><strong>97</strong></td>
<td>Refused</td>
</tr>
<tr>
<td><strong>99</strong></td>
<td>Don't know</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Metric</td>
</tr>
</tbody>
</table>

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

QuestionText: * Enter inches.

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

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

SkipInstructions: <0-36,R,D> If (CHGT_FT = '0', 'empty') and (CHGT_IN = '0', 'empty')
  goto ERR1_CHGT_IN
  elseif CHGT_FT = '1-7' and CHGT_IN ge '12'
  goto ERR2_CHGT_IN
  elseif (SEX = '1' and
           AGE = '12' and (CHTINCH lt '53' or CHTINCH gt '68')) or
         AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '72')) or
         AGE = '14' and (CHTINCH lt '58' or CHTINCH gt '73')) or
         AGE = '15' and (CHTINCH lt '60' or CHTINCH gt '74')) or
         AGE = '16' and (CHTINCH lt '61' or CHTINCH gt '74')) or
         AGE = '17' and (CHTINCH lt '62' or CHTINCH gt '75')) or
       (SEX = '2' and
         AGE = '12' and (CHTINCH lt '54' or CHTINCH gt '68')) or
         AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '69')) or
         AGE = '14' and (CHTINCH lt '57' or CHTINCH gt '69')) or
         AGE = '15' and (CHTINCH lt '57' or CHTINCH gt '69')) or
         AGE = '16' and (CHTINCH lt '57' or CHTINCH gt '70')) or
         AGE = '17' and (CHTINCH lt '57' or CHTINCH gt '69'))
  goto ERR3_CHGT_IN
  else
    goto CWGT_LB
  ERR1_CHGT_IN
  * Must enter an answer in at least the inches item.
  * Please correct.

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).

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

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

SkipInstructions: <0-2,empty> [goto CHGT_CM]
<R,D> [goto CWGT_LB]
**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 29-May-14**

---

**Question ID:** CHS.021_02.000  
**Instrument Variable Name:** CHGT_CM  
**QuestionnaireFileName:** Sample Child

**QuestionText:**  
* Enter centimeters.

**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,R,D> If (CHGT_M = ‘0’, ‘empty’) and (CHGT_CM = ‘0’, ‘empty’)  
goto ERR1_CHGT_CM  
elseif (CHGT_M eq ‘2’ and CHGT_CM gt ‘41’) or (CHGT_M eq ‘1’ and CHGT_CM gt ‘141’)  
goto ERR2_CHGT_CM  
elseif (SEX = ‘1’ and  
AGE = ‘12’ and (CHTCM lt ‘137’ or CHTCM gt ‘174’)) or  
AGE = ‘13’ and (CHTCM lt ‘140’ or CHTCM gt ‘184’)) or  
AGE = ‘14’ and (CHTCM lt ‘148’ or CHTCM gt ‘186’)) or  
AGE = ‘15’ and (CHTCM lt ‘152’ or CHTCM gt ‘189’)) or  
AGE = ‘16’ and (CHTCM lt ‘156’ or CHTCM gt ‘189’)) or  
AGE = ‘17’ and (CHTCM lt ‘157’ or CHTCM gt ‘192’)) or  
(SEX = ‘2’ and  
AGE = ‘12’ and (CHTCM lt ‘138’ or CHTCM gt ‘173’)) or  
AGE = ‘13’ and (CHTCM lt ‘141’ or CHTCM gt ‘176’)) or  
AGE = ‘14’ and (CHTCM lt ‘145’ or CHTCM gt ‘176’)) or  
AGE = ‘15’ and (CHTCM lt ‘145’ or CHTCM gt ‘177’)) or  
AGE = ‘16’ and (CHTCM lt ‘145’ or CHTCM gt ‘177’)) or  
AGE = ‘17’ and (CHTCM lt ‘145’ or CHTCM gt ‘176’))  
goto ERR3_CHGT_CM  
else  
goto CWGT_LB

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

* Enter 'M' to record metric measurements.

* Enter '500' if 500 pounds or more.

001-500
1-500 pounds
997 Refused
999 Don't know
M Metric

Sample children 12+

SkipInstructions:

<1-500> if CWGT_LB lt ‘1’ or CWGT_LB gt ‘500’
goto ERR1_CWGT_LB
elseif (SEX = ‘1’ and
     AGE = ‘12’ and (CWGT_LB lt ‘62’ or CWGT_LB gt ‘209’)) or
     AGE = ‘13’ and (CWGT_LB lt ‘70’ or CWGT_LB gt ‘247’)) or
     AGE = ‘14’ and (CWGT_LB lt ‘83’ or CWGT_LB gt ‘266’)) or
     AGE = ‘15’ and (CWGT_LB lt ‘94’ or CWGT_LB gt ‘267’)) or
     AGE = ‘16’ and (CWGT_LB lt ‘98’ or CWGT_LB gt ‘306’)) or
     AGE = ‘17’ and (CWGT_LB lt ‘106’ or CWGT_LB gt ‘317’)) or
     (SEX = ‘2’ and
      AGE = ‘12’ and (CWGT_LB lt ‘62’ or CWGT_LB gt ‘212’)) or
      AGE = ‘13’ and (CWGT_LB lt ‘73’ or CWGT_LB gt ‘238’)) or
      AGE = ‘14’ and (CWGT_LB lt ‘84’ or CWGT_LB gt ‘252’)) or
      AGE = ‘15’ and (CWGT_LB lt ‘84’ or CWGT_LB gt ‘238’)) or
      AGE = ‘16’ and (CWGT_LB lt ‘87’ or CWGT_LB gt ‘257’)) or
      AGE = ‘17’ and (CWGT_LB lt ‘90’ or CWGT_LB gt ‘292’))
goto ERR2_CWGT_LB
elseif CHGT_FLG = ‘1’ and CWGT_FLG = ‘1’ and AGE ge ‘2’
goto ADD_1
elseif CHGT_FLG = ‘1’ and CWGT_FLG = ‘1’ and AGE lt ‘2’
goto ADD1_2
else
    calculate the BMI (Body Mass Index)
<R,D> if AGE ge ‘2’
goto ADD_1
else
goto ADD1_2
<M> goto 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 CWGT_KG lt ‘2’ or CWGT_KG gt ‘226’

   goto ERR1_CWGT_KG

   elseif (SEX = ‘1’ and

      AGE = ‘12’ and (CWGT_KG = ‘28’ or CWGT_KG = ‘95’)) or
      AGE = ‘13’ and (CWGT_KG = ‘32’ or CWGT_KG = ‘112’)) or
      AGE = ‘14’ and (CWGT_KG = ‘38’ or CWGT_KG = ‘121’)) or
      AGE = ‘15’ and (CWGT_KG = ‘42’ or CWGT_KG = ‘121’)) or
      AGE = ‘16’ and (CWGT_KG = ‘44’ or CWGT_KG = ‘139’)) or
      AGE = ‘17’ and (CWGT_KG = ‘48’ or CWGT_KG = ‘144’)) or
      (SEX = ‘2’ and

      AGE = ‘12’ and (CWGT_KG = ‘28’ or CWGT_KG = ‘96’)) or
      AGE = ‘13’ and (CWGT_KG = ‘33’ or CWGT_KG = ‘108’) or
      AGE = ‘14’ and (CWGT_KG = ‘38’ or CWGT_KG = ‘114’)) or
      AGE = ‘15’ and (CWGT_KG = ‘38’ or CWGT_KG = ‘108’)) or
      AGE = ‘16’ and (CWGT_KG = ‘39’ or CWGT_KG = ‘117’)) or
      AGE = ‘17’ and (CWGT_KG = ‘41’ or CWGT_KG = ‘133’))

   goto ERR2_CWGT_KG

   elseif CHGT_FLG = ‘1’ and CWGT_FLG = ‘1’ and AGE ge ‘2’

   goto ADD1

   elseif CHGT_FLG = ‘1’ and CWGT_FLG = ‘1’ and AGE lt ‘2’

   goto ADD1_2

   else

      calculate the BMI (Body Mass Index)

      <R,D> if AGE ge ‘2’

      goto ADD1

   else

      goto ADD1_2

   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.
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

Sample children <2

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

**QuestionText:**  
?F1

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

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

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

**UniverseText:** Sample children 2-17

**SkipInstructions:** <1,2,R,D> [go to ADD_2]

---

### 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]
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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18
### Questionnaire: Child Health Status & Limitations

**Question ID:** CHS.061_00.000  **Instrument Variable Name:** CONDL1  **QuestionnaireFileName:** Sample Child

**QuestionText:**

(books) C2 ?[F1]

Which ones?

* Enter all that apply, separate with commas.

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Down syndrome</td>
</tr>
<tr>
<td>02</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td>03</td>
<td>Muscular dystrophy</td>
</tr>
<tr>
<td>04</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>05</td>
<td>Sickle cell anemia</td>
</tr>
<tr>
<td>06</td>
<td>Autism/Autism spectrum disorder</td>
</tr>
<tr>
<td>07</td>
<td>Diabetes</td>
</tr>
<tr>
<td>08</td>
<td>Arthritis</td>
</tr>
<tr>
<td>09</td>
<td>Congenital heart disease</td>
</tr>
<tr>
<td>10</td>
<td>Other heart condition</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18 and CONDL=1

**SkipInstructions:** <1-10, R,D> [go to CPOX]

---

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

**QuestionText:** Has [fill: SC Name] EVER had chickenpox?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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 CPOX12MO]  
<2, D, R> [go to CASHMEV]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.072_00.000</th>
<th>Instrument Variable Name:</th>
<th>CPOX12MO</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Has [fill: SC name] had chickenpox DURING THE PAST 12 MONTHS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18 who have had chickenpox</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto CASHMEV]</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.080_00.000</th>
<th>Instrument Variable Name:</th>
<th>CASHMEV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a doctor or other health professional EVER told you that [fill: SC name] had asthma?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [go to CASSTILL] &lt;2,R,D&gt; if AGE LE 2 [go to CCONDT1_1]; else [go to CCONDT_1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
</table>
| CHS.090_00.000 | CASHYR                    | Sample Child          | The following questions are about [fill: SC 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] |  |

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
</table>
| CHS.100_00.000 | CASMERYR                    | Sample Child          | DURING THE PAST 12 MONTHS, did [fill1: SC 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 CASSTILL=1 or CASHYR=1 [go to CASMHSP]; else if CASSTILL=2,R,D and CASHYR=2,R,D and AGE LE 2 [go to CCONDT1_1]; else [go to CCONDT_1] |  |

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
</table>
| CHS.100_00.010 | CASMHSP                    | Sample Child          | DURING THE PAST 12 MONTHS, has [fill: S.C. name] stayed overnight in a hospital because of asthma?  
*If in hospital for asthma AND other reasons, enter '1'.  
<p>| 1 | Yes |  |
| 2 | No |  |
| 7 | Refused |  |
| 9 | Don't know |  |
| UniverseText: | Sample child &lt;18 who still have asthma or who had asthma episode/attack in past 12 months |  |
| SkipInstructions: | &lt;1,2,R,D&gt; [go to CWZMSWK] |  |</p>
<table>
<thead>
<tr>
<th>Question ID: CHS.100_00.030</th>
<th>Instrument Variable Name: CWZMSWK</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: DURING THE PAST 12 MONTHS, HOW MANY DAYS of [fill1: daycare or preschool/fill2: school/fill3: school or work] did [fill: S.C name] miss because of [fill: his/her] asthma?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter '0' for none.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter 995 if child home schooled.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter 996 if child did not go to [fill1: daycare or preschool/fill2: school/fill3: school or work].</td>
<td></td>
</tr>
<tr>
<td>000</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>001-365</td>
<td>1-365 days</td>
<td></td>
</tr>
<tr>
<td>995</td>
<td>Child is home schooled</td>
<td></td>
</tr>
<tr>
<td>996</td>
<td>Child does not go to school</td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample child &lt;18 who still have asthma or who had asthma episode/attack in past 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SkipInstructions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;0-100,995,996,R,D&gt; [go to CASMPMED]</td>
<td></td>
</tr>
<tr>
<td>&lt;101-365&gt; [go to ERR1_CWZMSWK]</td>
<td></td>
</tr>
<tr>
<td>&lt;366-994&gt; [go to ERR2_CWZMSWK]</td>
<td></td>
</tr>
</tbody>
</table>

| Hard Edit: if CWZMSWK = 366-994 then display ERR2_CWZMSWK: "366-994 days not allowed in this field. * Please correct." |

<table>
<thead>
<tr>
<th>Soft Edit: if CWZMSWK &gt;100 and ne 996 then display ERR1_CWZMSWK: &quot;CWZMSWK is an unusually large number; Did [fill: S.C. name] miss CWZMSWK days of [fill1/fill2/fill3] due to asthma?&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 correct proceed to CASMPMED; 2 incorrect, change answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.100_00.060</th>
<th>Instrument Variable Name: CASMPMED</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Now I'm going to ask you about two different kinds of ASTHMA medicine. One prevents symptoms over the long term. The other is for quick relief of symptoms during an attack or episode. This quick relief medicine is breathed in through your mouth using a canister inhaler or a disk inhaler. DURING THE PAST 3 MONTHS, has [fill: S.C. name] used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? Include only medications prescribed by a health care professional.</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 child &lt;18 who still have asthma or who had asthma episode/attack in past 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SkipInstructions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1&gt; [goto CASMTYP]</td>
<td></td>
</tr>
<tr>
<td>&lt;2,R,D&gt; [go to CASMDTP2]</td>
<td></td>
</tr>
</tbody>
</table>
When [fill: S.C. name] takes [his/her] rescue prescription asthma medication, would you say that [he/she] most often uses an inhaler and/or disk, or does [he/she] most often use a nebulizer?

*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes.

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

Sample child <18 who have used a quick relief prescription asthma inhaler in the past three months

---

DURING THE PAST 3 MONTHS, did [fill: S.C. name] use more than three canisters or disks of this type of quick relief inhaler?

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

Sample child <18 who have used a prescription asthma inhaler/disk most often in the past three months

---
The second kind of asthma medication is different from inhalers used for quick relief. It is the preventive kind that is used to protect your lungs and keep you from having attacks. It can be either a pill or an inhaler.

Is [fill: S.C. name] NOW taking a preventive asthma medication every day or almost every day, less often, or never?

1  Every day or almost every day
2  Less often
3  Never
7  Refused
9  Don't know

Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

An asthma action plan is a printed form with specific instructions based on [fill: S.C. name]'s asthma that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

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

1  Yes
2  No
7  Refused
9  Don't know

Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
2013 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

**Question ID:** CHS.100_00.110  **Instrument Variable Name:** CASCLASS  **QuestionnaireFileName:** Sample Child

**Question Text:** Has [fill: S.C. name] ever taken a course or class on how to manage [fill: his/her] asthma?

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

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

**Universe Text:** Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

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

---

**Question ID:** CHS.100_00.116  **Instrument Variable Name:** CAS_REC  **QuestionnaireFileName:** Sample Child

**Question Text:** Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian...how to recognize early signs or symptoms of an asthma episode?

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

**Universe Text:** Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

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

---

**Question ID:** CHS.100_00.117  **Instrument Variable Name:** CAS_RES  **QuestionnaireFileName:** Sample Child

**Question Text:** *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian...how to respond to episodes of asthma?

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

**Universe Text:** Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

**Skip Instructions:** <1,2,R,D> [go to CAS_MON]
### 2013 NHIS Questionnaire - Sample Child

#### Child Health Status & Limitations

**Document Version Date:** 29-May-14

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.100_00.118</td>
<td>CAS_MON</td>
<td>Sample Child</td>
<td>*Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian ... how to monitor peak flow for daily therapy?</td>
<td>Sample child &lt;18 who still have asthma or who had asthma episode/attack in past 12 months</td>
<td>&lt;1,2,R,D&gt; [go to CAPENVLN]</td>
</tr>
<tr>
<td>Question ID</td>
<td>Instrument Variable Name</td>
<td>QuestionnaireFileName</td>
<td>QuestionText</td>
<td>UniverseText</td>
<td>SkipInstructions</td>
</tr>
<tr>
<td>CHS.100_00.130</td>
<td>CAPENVLN</td>
<td>Sample Child</td>
<td>Has a doctor or other health professional EVER advised you to change things in [fill: S.C. name]'s home, school, or work environment to improve [fill: his/her] asthma?</td>
<td>Sample child &lt;18 who still have asthma or who had asthma episode/attack in past 12 months</td>
<td>&lt;1-3,R,D&gt; [go to CAROUTIN]</td>
</tr>
</tbody>
</table>
2013 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 29-May-14

**Question ID:** CHS.100_00.135  **Instrument Variable Name:** CAROUTIN  **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, how many times did [fill: S.C. name] see a doctor or other health professional for a routine checkup for [fill: his/her] asthma? Please do not include emergency room visits, visits to urgent care centers, or other visits for acute care for an asthma episode or attack.

*Enter '0' for none.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-365</td>
<td>1-365 times</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <0-50,R,D> [go to CASYMPT] <51-365> [goto ERR_CAROUTIN]

**Soft Edit:** [fill4: CAROUTIN] is an unusually large number. * Please verify.

---

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

**QuestionText:** The next three questions are about the last time [S.C. name] saw a doctor or other health care professional for routine care or for any reason.

At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN

…. [fill: he/she] had asthma symptoms?

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

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

**SkipInstructions:** TO: <1,2,R,D> [go to CARESCUE]
At his/her last visit, did [fill: S.C. name]’s doctor or other health professional ask HOW OFTEN...

...[fill: he/she] used a quick relief inhaler

1 Yes
2 No
7 Refused
9 Don’t know

Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

At his/her last visit, did [fill: S.C. name]’s doctor or other health professional ask HOW OFTEN...

...asthma symptoms limited [fill: his/her] daily activities?

1 Yes
2 No
7 Refused
9 Don’t know

Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

During the past 12 months, has [fill: SC name] had any of the following conditions...

Hay fever?

1 Yes
2 No
7 Refused
9 Don’t know

Sample children LE 2

<1,2,R,D> [go to CCONDT1_2]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.111_02.000</th>
<th>Instrument Variable Name:</th>
<th>CCOND1_2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any kind of respiratory allergy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children LE 2</td>
<td></td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CCOND1_3]</td>
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<th>CCOND1_3</th>
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<tbody>
<tr>
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<td>* Read if necessary.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any kind of food or digestive allergy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children LE 2</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CCOND1_4]</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
* Read if necessary.

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

* Read if necessary.

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

Anemia?

1 Yes
2 No
7 Refused
9 Don't know

Sample children LE 2

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

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

Three or more ear infections?

1 Yes
2 No
7 Refused
9 Don't know

Sample children LE 2

<1,2,R,D> [go to CCONDT1_9]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.111_09.000</th>
<th>Instrument Variable Name:</th>
<th>CCOND T1_9</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary. DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions... Seizures? 1 Yes 2 No 7 Refused 9 Don't know</td>
<td>UniverseText:</td>
<td>Sample children LE 2</td>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CHSTATYR]</td>
</tr>
<tr>
<td>Question ID:</td>
<td>CHS.115_01.000</td>
<td>Instrument Variable Name:</td>
<td>CCOND T_1</td>
<td>QuestionnaireFileName:</td>
<td>Sample Child</td>
</tr>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions... Hay fever? 1 Yes 2 No 7 Refused 9 Don't know</td>
<td>UniverseText:</td>
<td>Sample children = 3-17</td>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CCOND T_2]</td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...

Any kind of respiratory allergy?

1 Yes
2 No
7 Refused
9 Don't know

Sample children = 3-17

<1,2,R,D> [go to CCONDT_4]
DURING THE PAST 12 MONTHS, has [fill: SC 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 CCONDT_5]

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

Frequent or repeated diarrhea or colitis?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_6]
Question ID: CHS.115_06.000  Instrument Variable Name: CCONDT_6  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

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

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

UniverseText: Sample children = 3-17

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

---

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

QuestionText: * Read if necessary.

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

Frequent or severe headaches, including migraines?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_8]
<table>
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<tr>
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<th>CHS.115_08.000</th>
<th>Instrument Variable Name:</th>
<th>CCOND_8</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Three or more ear infections?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children = 3-17</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CCOND_9]</td>
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<th>Question ID:</th>
<th>CHS.115_09.000</th>
<th>Instrument Variable Name:</th>
<th>CCOND_9</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Seizures?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children = 3-17</td>
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<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CCOND_10]</td>
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</table>
**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: SC 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> [goto CHSTATYR]

---

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

**QuestionText:** Compared with 12 months ago, would you say [fill: SC 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]
**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

*Document Version Date: 29-May-14*

---

**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: SC 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>Option</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:**  
ERR2_SCHDAYR  
* "241-995" days not allowed in this field.  
* Please correct.

**Soft Edit:**  
ERR1_SCHDAYR  
[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>Option</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]
2013 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

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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: SC 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: SC 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: SC 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]
Does [fill1: SC 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

Sample children <18

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

Sample children <18 that have limited ability to crawl, walk, run, or play
Question ID: CHS.311_00.000  Instrument Variable Name: PROBRX  QuestionnaireFileName: Sample Child

QuestionText: 

?{F1}

Does [fill1: SC 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 CAU.CUSUALPL; else if AGE GE 3 go to LEARND; else 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: 

?{F1}

Has a representative from a school or a health professional ever told you that [fill: SC 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]
2013 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

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

QuestionText: (book) C3  ?[F1]

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: SC name] DURING THE PAST TWO MONTHS.

He:

Has been uncooperative?

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</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Not true</td>
<td>Sometimes true</td>
<td>Often true</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Male sample children 2-3

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

---

Question ID: CHS.321_02.000  Instrument Variable Name: CMHAGM11_2  QuestionnaireFileName: Sample Child

QuestionText: (book) C3  ?[F1]

* 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: SC name] DURING THE PAST TWO MONTHS.

He:

Has trouble getting to sleep?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Not true</td>
<td>Sometimes true</td>
<td>Often true</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_3]
**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

Document Version Date: 29-May-14

<table>
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<tr>
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<th>QuestionnaireFileName: Sample Child</th>
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<tr>
<td><strong>QuestionText:</strong></td>
<td>(book) C3 ?[F1]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: SC name] DURING THE PAST TWO MONTHS.</td>
<td></td>
</tr>
<tr>
<td>He:</td>
<td>Has speech problems?</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Not true</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sometimes true</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Often true</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>
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</table>

*UniverseText:* Male sample children 2-3

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

---

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<th>QuestionnaireFileName: Sample Child</th>
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<td>(book) C3 ?[F1]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: SC name] DURING THE PAST TWO MONTHS.</td>
<td></td>
</tr>
<tr>
<td>He:</td>
<td>Has been unhappy, sad, or depressed?</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Not true</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sometimes true</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Often true</td>
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<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

*UniverseText:* Male sample children 2-3

*SkipInstructions:* <0-2,R,D> [go to CAU.CUSUALPL]
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

Female sample children 2-3

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 speech problems?

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

Female sample children 2-3
(book) C3 ?[F1]

* Read if necessary.

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

She:

Has been nervous or high-strung?

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

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGF11_4]
The next questions are about health care.

Is there a place that [fill1: alias] USUALLY goes when [fill2: he/she] is sick or you need advice about [fill3: his/her] health?

1   Yes
2   There is NO place
3   There is MORE THAN ONE place
7   Refused
9   Don't know

Sample children <18

<1,3> [go to CPLKIND]
<2,R,D> [go to CHCPLKND]

[fill1: What kind of place is it / What kind of place does [fill2: alias] go to most often] - a clinic, doctor's office, emergency room, or some other place?

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

Sample children <18 with one or more usual places to go when sick or need health advice

<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 does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.

**SkipInstructions:**
<0-6,R,D> if CUSUALPL=2 [goto CNOUSLPL]; else if CUSUALPL=,R,D [goto CPRVTRYR]; else [goto CHCCHGYR]
At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: alias] USUALLY goes for health care?

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

Sample children <18 with one or more place to go when sick/need advice [or who reported same place as usual source of routine/preventive care]

Was this change for a reason related to health insurance?

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

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

**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

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

**Sample children <18**
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

<1,2,R,D> [goto CDRNANP]
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

* Read if necessary.

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

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

1 Yes
2 No
7 Refused
9 Don't know
* Read if necessary.

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

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

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

UniverseText: Sample children <18

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

You didn’t have transportation.

1  Yes
2  No
7  Refused
9  Don't know

Sample children <18

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

Sample children <2

<1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR]
* 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 <2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYRF]
2013 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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 Text: * 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

Universe Text: Sample children GE 2

Skip Instructions: <1,2,R,D> [goto CHCAFYR1_6]
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?

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_04.000  Instrument Variable Name: CHCSYR1_6  QuestionnaireFileName: Sample Child

QuestionText: * 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 nurse practitioner, physician assistant or midwife?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR8_1]

Question ID: CAU.175_01.000  Instrument Variable Name: CHCSYR_1  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health?

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_2]
Question ID: CAU.175_02.000  Instrument Variable Name: CHCSYR_2  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children GE 2

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

---

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

QuestionText: * Read if necessary.

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

A foot doctor?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children GE 2

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

**QuestionText:**

> ![F1](image)

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:**

> ![F1](image)

* 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]
2013 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 29-May-14

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

QuestionText: ![Question Text]

UniverseText: Sample children GE 2

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

Question ID: CAU.230_00.000  Instrument Variable Name: CHCSYR7  QuestionnaireFileName: Sample Child

QuestionText: ![Question Text]

UniverseText: Sample children GE 15 who are female

SkipInstructions: <1,2,R,D> [goto CHCSYR8_1]
Question ID: CAU.240_01.000  Instrument Variable Name: CHCSYR8_1  QuestionnaireFileName: Sample Child

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

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCSYR8_2]

Question ID: CAU.240_02.000  Instrument Variable Name: CHCSYR8_2  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]'s health? A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?

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

UniverseText: Sample children <18

SkipInstructions: <1> [goto CHCSYR10]
<2,R,D> [goto CHPEXYR]
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

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

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

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

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

Sample children <18
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

<1,2,R,D> [go to CERHOS]
### Question 282
**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:** <1,2,R,D> [go to CERREAS1]

---

### Question 283
**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

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

---

### Question 284
**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

**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

**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

**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

**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

**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

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

SkipInstructions: <1,2,R,D> [goto CHCHYR]
DURING THE PAST 12 MONTHS, did [fill1: alias] receive care AT HOME from a nurse or other health care professional?

1 Yes
2 No
7 Refused
9 Don't know

Sample children <18

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

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

<01-12,R,D> [goto CHCHNOYR]
### Question ID: CAU.310_00.000

**Instrument Variable Name:** CHCHNOYR  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

> (book) C6 [F1]  
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 |
| 09 | Refused |
| 99 | Don't know |

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

**SkipInstructions:** <1-8,R,D> [goto CHCNOYR]

---

### Question ID: CAU.320_00.000

**Instrument Variable Name:** CHCNOYR  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

> (book) C5 [F1]  
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 |
| 09 | Refused |
| 99 | Don't know |

**UniverseText:** Sample children <18

**SkipInstructions:** <0-8,R,D> [goto CSRGYR]
<table>
<thead>
<tr>
<th>Question ID: CAU.330_00.000</th>
<th>Instrument Variable Name: CSRGYR</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS has [fill1: alias] had SURGERY or other surgical procedures either as an inpatient or outpatient?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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

<table>
<thead>
<tr>
<th>Question ID: CAU.340_00.000</th>
<th>Instrument Variable Name: CSRGNOYR</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has [fill1: alias] had surgery DURING THE PAST 12 MONTHS?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| 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:**

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

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

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* Enter 1 to Continue.

1 Enter 1 to continue

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1> [goto CMHMF_1]

---

**Question Text:**

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]
2013 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 29-May-14

Question ID: CMB.020_02.000  Instrument Variable Name: CMHMF_2  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 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  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]

...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:**

* 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].

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<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>
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</table>

**UniverseText:** Sample children GE 4

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

---

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

**QuestionText:**

* 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.

<p>| | |</p>
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<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
5. Refused
6. Don't know

Sample children GE 4

<1-4,R,D> [goto next section]
Has [fill: SC name] had any difficulties with emotions, concentration, behavior, or getting along with others DURING THE PAST 6 MONTHS, that is since [fill month and year of 6 month reference period]?

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

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

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

---

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 PREHELP] <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [end]; else [goto NSDUH21]

---

**Question ID:** CMS.011_00.000  **Instrument Variable Name:** PREHELP  **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]
Who FIRST prescribed the medication? Was it

...A pediatrician or other family doctor?

1 Yes
2 No
7 Refused
9 Don't know

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

*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

Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician or other family doctor
Who FIRST prescribed the medication? Was it...

A neurologist?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician, psychiatrist/ or other family doctor

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

Who FIRST prescribed the medication? Was it...

Someone else?

1  Yes
2  No
7  Refused
9  Don't know

Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician, family doctor, psychiatrist or neurologist

<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]

Question ID: CMS.015_00.000  Instrument Variable Name: NSDUH3  QuestionnaireFileName: Sample Child

QuestionText: 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

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> [go to NSDUH31] <2,R,D> [go to NSDUH4]
Question ID: CMS.015_00.010  Instrument Variable Name: NSDUH31  QuestionnaireFileName: Sample Child

QuestionText: 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

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 attend a special needs school

SkipInstructions: <1> [goto NSDUH32] <2,R,D [got to NSDUH4]

Question ID: CMS.015_00.020  Instrument Variable Name: NSDUH32  QuestionnaireFileName: Sample Child

QuestionText: 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
7  Refused
9  Don't know

UniverseText: Sample children 4-17 who participated in a special needs day school with program for these difficulties

SkipInstructions: <1-5,R,D> [goto NSDUH4];
### Question ID: CMS.016_00.000  Instrument Variable Name: NSDUH4  QuestionnaireFileName: Sample Child

**QuestionText:** 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 |

**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 NSDUH5] <2,R,D> if age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]

### Question ID: CMS.017_00.000  Instrument Variable Name: NSDUH5  QuestionnaireFileName: Sample Child

**QuestionText:** 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 |
| 7 | Refused |
| 9 | Don’t know |

**UniverseText:** Sample children 4-17 who participated in a school program for difficulties with emotions, concentration, behavior

**SkipInstructions:** <1-5,R,D> age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]
2013 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 29-May-14

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<td>TRETWHRI</td>
<td>Sample Child</td>
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**QuestionText:**

Now I’d like to ask about places other than {S.C.name}’s school where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.

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

At daycare, child care, or play group?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:**

Sample children 4-6 who had at least minor difficulties

**SkipInstructions:**

<1> [goto TRETWHO1] <2,R,D> [goto TRETWHR2]

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<td>CMS.020_02.000</td>
<td>TRETWHO1</td>
<td>Sample Child</td>
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**QuestionText:**

(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
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]
Question ID: CMS.020_03.000  Instrument Variable Name: TRTMHP1  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 4-6 who received counseling or treatment at daycare, child care, or play group from mental health provider

SkipInstructions: <1-4,R,D> [goto TRETWHR2]

Question ID: CMS.021_01.000  Instrument Variable Name: TRETWHR2  QuestionnaireFileName: Sample Child

QuestionText: [fill2: Now I’d like to ask about places other than [S.C. name]’s school where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.]

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

In an office, clinic or center in your community?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto TRETWHO2] <2,R,D> [goto TRETWHR3]
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
8. Don't know

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

**SkipInstructions:** <1,3-6,R,D> [goto TRETWHR3] <2> [goto TRTMHP2]
**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]

---

**Question ID:** CMS.022_02.000  **Instrument Variable Name:** TRETWHO3  **QuestionnaireFileName:** Sample Child

**QuestionText:**

(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 home from visiting teacher or counselor

**SkipInstructions:** <1,3-6,R,D> [goto TRETWHR4] <2> [goto TRTMHP3]
Question ID: CMS.022_03.000  Instrument Variable Name: TRTMHP3  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 home from mental health provider

SkipInstructions: <1-4,R,D> [goto TRETWHR4]

---

Question ID: CMS.023_01.000  Instrument Variable Name: TRETWHR4  QuestionnaireFileName: Sample Child

QuestionText: 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

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

SkipInstructions: <1> [goto TRETWHO4] <2,R,D> [goto TRETWHR5]
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

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.024_03.000  Instrument Variable Name: TRTMHP5  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 day treatment program in a hospital or community from mental health provider

SkipInstructions: <1-4,R,D> [goto TRETWHR6]

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

QuestionText: 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

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

SkipInstructions: <1> [goto TRETWHO6] <2,R,D> [goto OVERNT6M]
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
8. Don’t know

Sample children 4-17 who received counseling at another place

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 another place from mental health provider
**Question ID:** CMS.050_00.000  
**Instrument Variable Name:** OVERNT6M  
**QuestionnaireFileName:** Sample Child

**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]
2013 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 29-May-14

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]

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]
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

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
7 Refused
99 Don't know
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]

---

Question ID: CMS.120_01.000  Instrument Variable Name: TRPAYPHI  QuestionnaireFileName: Sample Child

QuestionText: 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]
2013 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 29-May-14

Question ID: CMS.120_02.000  Instrument Variable Name: TRPAYSCH  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.

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]

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]

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]
*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

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

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

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

<1,2,R,D> [goto TRPAYIHS]
2013 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 29-May-14

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?

  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 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.

  Some other source?

  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

2013 NHIS Questionnaire - Sample Child
Child Mental Health Services

Document Version Date: 29-May-14

Question ID: CMS.120_12.000  Instrument Variable Name: TREFREE  QuestionnaireFileName: Sample Child

QuestionText: Was ALL OF THE treatment or counseling [fill1: S.C. name] RECEIVED during the past 6 months free?

1  Yes
2  No
7  Refused
9  Don’t know

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

**QuestionText:**

*Read lead-in if necessary:

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

You didn't know where to go?

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:** NTRTSAY  **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 of what your family or friends would say?

1  Yes
2  No
7  Refused
9  Don’t know

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

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

---

**Question ID:** CMS.150_07.000  **Instrument Variable Name:** NTRTWAIT  **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 to wait a long time for an appointment?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** <1,2,R,D> [goto NTRTTRAN]
**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

**Document Version Date:** 29-May-14

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<table>
<thead>
<tr>
<th>Question ID</th>
<th>CMS.150_08.000</th>
<th>Instrument Variable Name:</th>
<th>NTRTTRAN</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Read lead-in if necessary:</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>You had no way to get there?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>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</td>
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<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto NTRTINCV]</td>
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<th>CMS.150_09.000</th>
<th>Instrument Variable Name:</th>
<th>NTRTINCV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Read lead-in if necessary:</em></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Services were too inconvenient to use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>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</td>
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</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto NTRTFAR]</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
**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]
*Read lead-in if necessary:

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

Some other reason?

1 Yes
2 No
7 Refused
9 Don’t know

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

<1,2,R,D> [goto next section]
Question ID: CFI.005_00.010  Instrument Variable Name: CH1N1_1  QuestionnaireFileName: Sample Child

QuestionText: ?[F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample Child LE 17 years

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

---

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

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

1  1 vaccination or dose
2  2 or more vaccination doses
7  Refused
9  Don't know

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

SkipInstructions: <1,2> [goto CH1N1_3M]
<R,D> [goto next section]
During what month and year did {S.C. name} receive {fill: his/her} most recent flu vaccine?

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

*Enter year of most recent flu vaccine.

9997 Refused
9999 Don't know

*Future date invalid.
*Date before birth.
*Date before 12 months ago.
2013 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 29-May-14

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).

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

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

SkipInstructions: <1-2,R,D> IF CH1N1_2=1 [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?

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

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

SkipInstructions: <1-12,D> [ goto CH1N1_7Y] <R> [goto CH1N1_8]
**2013 NHIS Questionnaire - Sample Child**

**Child Influenza Immunization**

**Document Version Date: 29-May-14**

---

**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.*

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

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Flu shot</td>
</tr>
<tr>
<td>2</td>
<td>Flu nasal spray (spray, mist or drop in nose)</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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