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## 2013 NHIS Questionnaire - Sample Child

### Child Identification

Document Version Date: 29-May-14

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**Question ID:** CID.001\_00.000 **Instrument Variable Name:** CURRES **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter the line number of the person to whom you are speaking.

**01-25** Person number of the respondent for Sample Child

**UniverseText:** Sample child section not started or not completed

**SkipInstructions:**

```
if CSTAT ne empty and CSTAT ne '2' THEN
  if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
  elseif recontact.RCIFLAG ne '1' THEN
    goto recontact.RCI_BEGIN procedure
  else
    goto back.OUTCOMEB1 procedure
  endif
  goto back.OUTCOMEB1 procedure
endif

<01-25> if this is NOT an allowable line number
  goto ERR_CURRES
elseif CURRES = a line number entered in KNOWSC2
  store CURRES in CSPAVAIL and CSRESP
  goto CSRELTIV
elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
  goto KNOAVAIL
else
  goto CSPAVAIL
endif
```

**Hard Edit:** ERR\_CURRES

\* You have selected a non-selectable person.

\* Please correct.

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**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 CURRE

**SkipInstructions:** <01-25> if line number not equal one of the line numbers in KNOWSC2  
    goto child.cid.ERR\_CSPAVAIL  
    else  
        store child.cid.CSPAVAIL in child.cid.CSRESP  
        goto child.cid.CSRELTIV  
    endif  
<96> store child.cid.CSPAVAIL in child.cid.CSRESP  
    goto cbk.CCALLBK1  
<R> store '4' in CSTAT(FAMINT)  
    if ASTAT = empty or ASTAT = '2' THEN  
        goto adult.aid.SADULT  
    elseif recontact.RCIFLAG ne '1' THEN  
        goto recontact.RCI\_BEGIN procedure  
    else  
        goto back.OUTCOMEB1 procedure  
    endif

**Hard Edit:** ERR\_CSPAVAIL

\* You have selected a non-selectable person.

\* Please correct.

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**2013 NHIS Questionnaire - Sample Child****Child Identification****Document Version Date: 29-May-14**

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**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

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**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:** ERR\_NEWSEX

\* 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

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**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

**Hard Edit:** ERR\_NEWAGE

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

goto CSPVERF\_A (whether suppressed or not)

---

**Question ID:** CID.044\_00.000 **Instrument Variable Name:** CSPVERF\_D **QuestionnaireFileName:** Sample Child

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

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

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

**1** Yes

**2** No

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

**SkipInstructions:** <1> if AGE of Sample Child ge '18'  
 goto CNO\_MORE  
 else  
 goto child.chs.BWGT\_LB  
 endif  
 <2> goto NEWDOB\_M

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**Question ID:** CID.046\_01.000 **Instrument Variable Name:** NEWDOB\_M **QuestionnaireFileName:** Sample Child

**QuestionText:** 1 of 3

What is [fill: ALIAS of Sample Child]'s birthday?

\*Enter month of birth.

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

**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

---

**Question ID:** CID.046\_02.000 **Instrument Variable Name:** NEWDOB\_D **QuestionnaireFileName:** Sample Child

**QuestionText:** 2 of 3

\* Enter day of birth.

**01-31** Day of the month

**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:** ERR\_NEWDOB\_D

\* [fill2: NEWDOB\_D] is not a valid day for [fill3: NEWDOB\_M].

\* Please correct.

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**Question ID:** CID.046\_03.000 **Instrument Variable Name:** NEWDOB\_Y **QuestionnaireFileName:** Sample Child

**QuestionText:** 3 of 3

\* Enter year of birth.

**1880-2020** Year of birth

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

**SkipInstructions:** <1880-2020, Refused, Don't know> if CSPVERF\_A = '2' (No) then reset CSPVERF\_A to empty  
     goto CSPVERF\_A  
     elseif CSPVERF\_D = '2' (No) then reset CSPVERF\_D to empty  
     goto CSPVERF\_D  
     endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)  
     goto ERR1\_NEWDOB\_Y  
     endif

(if birth month = '02' and birth day = '29' and this is not a leap year)  
     goto ERR2\_NEWDOB\_Y  
     endif

(if NEWDOB\_M = 'Ref' or 'DK') or (if NEWDOB\_D = 'Ref' or 'DK') or (if NEWDOB\_Y = 'Ref' or 'DK')  
     goto ERR3\_NEWDOB\_Y  
     else  
         store NEWDOB\_M in DOBM  
         store NEWDOB\_D in DOBD  
         store NEWDOB\_Y in DOBY  
         if CSPVERF\_A = '2' (No) then reset CSPVERF\_A to empty  
             goto CSPVERF\_A  
         elseif CSPVERF\_D = '2' (No) then reset CSPVERF\_D to empty  
             goto CSPVERF\_D  
         endif  
     endif

Calculate age from NEWDOB\_M, NEWDOB\_D, and NEWDOB\_Y.

if age from NEWDOB items is ne AGE and age from NEWDOB items is valid  
     reset CSPVERF\_A or CSPVERF\_D  
     goto ERR4\_NEWDOB\_Y  
     endif

**Hard Edit:** ERR1\_NEWDOB\_Y

\*Future date invalid: [fill2: <NEWDOB\_M> <NEWDOB\_D>, <NEWDOB\_Y>]  
 \*Please correct.

goto NEWDOB\_M (whether suppressed or not)

ERR2\_NEWDOB\_Y

\*Not a valid day: [fill2: <NEWDOB\_M> <NEWDOB\_D>, <NEWDOB\_Y>]  
 \*Please correct.

goto NEWDOB\_M (whether suppressed or not)

ERR3\_NEWDOB\_Y

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

goto CSPVERF\_A

ERR4\_NEWDOB\_Y

\*Data mismatched. Please fix Age or Birthday.



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goto CSPVERF\_A (whether suppressed or not)

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**2013 NHIS Questionnaire - Sample Child****Child Health Status & Limitations**Document Version Date: 29-May-14

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**Question ID:** CHS.010\_01.000 **Instrument Variable Name:** BWGT\_LB **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

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]

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**2013 NHIS Questionnaire - Sample Child**
**Child Health Status & Limitations**
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**Question ID:** CHS.011\_00.000 **Instrument Variable Name:** BWGT\_GR **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter weight in grams.

<b>0500</b>	500 grams or less
<b>0501-6899</b>	501-6899 grams
<b>6900</b>	6900+ grams
<b>9997</b>	Refused
<b>9999</b>	Don't know

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

**SkipInstructions:** <500-5485, R,D> [goto CHGT\_FT]  
<5486-6900> [goto ERR\_BWGT\_GR]

**Soft Edit:** ERR\_BWGT\_GR

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

---

**Question ID:** CHS.020\_01.000 **Instrument Variable Name:** CHGT\_FT **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[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.

<b>00-07</b>	0-7 feet
<b>97</b>	Refused
<b>99</b>	Don't know
<b>M</b>	Metric

**UniverseText:** Sample children 12+

**SkipInstructions:** <empty> [goto CHGT\_IN]  
<0-7> [goto CHGT\_IN]  
<R,D> [goto CWGT\_LB]  
<M> [goto CHGT\_M]  
[If NE <0-7, M, 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.

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**Question ID:** CHS.020\_02.000 **Instrument Variable Name:** CHGT\_IN **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter inches.

<b>00-36</b>	0-36 inches
<b>97</b>	Refused
<b>99</b>	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

**Hard Edit:** 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.

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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**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]

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**2013 NHIS Questionnaire - Sample Child**
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**Question ID:** CHS.021\_02.000 **Instrument Variable Name:** CHGT\_CM **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter centimeters.

**000-241** 0-241 centimeters

**Blank** Blank

**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.

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## 2013 NHIS Questionnaire - Sample Child

### Child Health Status & Limitations

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**Question ID:** CHS.022\_00.000 **Instrument Variable Name:** CWGT\_LB **QuestionnaireFileName:** Sample Child

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

\* Enter 'M' to record metric measurements.

\* Enter '500' if 500 pounds or more.

<b>001-500</b>	1-500 pounds
<b>997</b>	Refused
<b>999</b>	Don't know
<b>M</b>	Metric

**UniverseText:** 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.

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**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 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

**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.

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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**Question ID:** CHS.031\_02.000 **Instrument Variable Name:** ADD1\_2 **QuestionnaireFileName:** Sample Child

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

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto ADD1\_3]

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**Question ID:** CHS.031\_03.000 **Instrument Variable Name:** ADD1\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]  
\* Read if necessary.  
Has a doctor or health professional ever told you that [fill: S.C. name] had...  
Any other developmental delay?

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

**UniverseText:** Sample children <2

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

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**Child Health Status & Limitations**

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**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]

---

---

---

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**Question ID:** CHS.032\_03.000 **Instrument Variable Name:** ADD\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

\* Read if necessary.

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

Any other developmental delay?

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

**UniverseText:** Sample children 2-17

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

---

**Question ID:** CHS.060\_00.000 **Instrument Variable Name:** CONDL **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C2 ?[F1]

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

**SkipInstructions:** <1> [goto CONDL1] <2,R,D> [goto CPOX]

---

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

**QuestionText:** (book) C2 ?[F1]

Which ones?

\* Enter all that apply, separate with commas.

- 01 Down syndrome
- 02 Cerebral palsy
- 03 Muscular dystrophy
- 04 Cystic fibrosis
- 05 Sickle cell anemia
- 06 Autism/Autism spectrum disorder
- 07 Diabetes
- 08 Arthritis
- 09 Congenital heart disease
- 10 Other heart condition

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

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

---

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [go to CPOX12MO]  
<2, D, R> [go to CASHMEV]

---

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**Question ID:** CHS.072\_00.000 **Instrument Variable Name:** CPOX12MO **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] had chickenpox DURING THE PAST 12 MONTHS?

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

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

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

---

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

**QuestionText:** ? [F1]

Has a doctor or other health professional EVER told you that [fill: SC name] had asthma?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [go to CASSTILL]  
<2,R,D> if AGE LE 2 [go to CCONDT1\_1];  
else [go to CCONDT\_1]

---

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

**QuestionText:** Does [fill: SC name] still have asthma?

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

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

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

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**Question ID:** CHS.090\_00.000 **Instrument Variable Name:** CASHYR **QuestionnaireFileName:** Sample Child

**QuestionText:** 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]

---

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

**QuestionText:** 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]

---

**Question ID:** CHS.100\_00.010 **Instrument Variable Name:** CASMHSP **QuestionnaireFileName:** Sample Child

**QuestionText:** 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'.

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

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

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

---

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**Question ID:** CHS.100\_00.030 **Instrument Variable Name:** CWZMSWK **QuestionnaireFileName:** Sample Child

**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?

\*Enter '0' for none.

\*Enter 995 if child home schooled.

\*Enter 996 if child did not go to [fill1: daycare or preschool/fill2: school/fill3: school or work].

<b>000</b>	None
<b>001-365</b>	1-365 days
<b>995</b>	Child is home schooled
<b>996</b>	Child does not go to school
<b>997</b>	Refused
<b>999</b>	Don't know

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

**SkipInstructions:** <0-100,995,996,R,D> [go to CASMPMED]  
<101-365> [go to ERR1\_CWZMSWK]  
<366-994> [go to ERR2\_CWZMSWK]

**Hard Edit:** if CWZMSWK = 366-994 then display ERR2\_CWZMSWK:  
"366-994 days not allowed in this field.  
\* Please correct."

**Soft Edit:** if CWZMSWK >100 and ne 996 then display ERR1\_CWZMSWK:  
"CWZMSWK is an unusually large number; Did [fill: S.C. name] miss CWZMSWK days of [fill1/fill2/fill3] due to asthma?"  
1 correct proceed to CASMPMED;  
2 incorrect, change answer

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

**QuestionText:** Now I'm going to ask you about two different kinds of ASTHMA medicine. One 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.

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

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

**SkipInstructions:** <1> [goto CASMTYP]  
<2,R,D> [go to CASMDTP2]

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**Question ID:** CHS.100\_00.065 **Instrument Variable Name:** CASMTYP **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

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

**SkipInstructions:** <1> [go to CASMCAN]  
<2,R,D> [go to CASMDTP2]

---

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

**QuestionText:** 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

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

**SkipInstructions:** <1,2,R,D> [go to CASMDTP2]

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**Question ID:** CHS.100\_00.090 **Instrument Variable Name:** CASMDTP2 **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

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

**SkipInstructions:** <1-3,R,D> [go to CASWMP]

---

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

**QuestionText:** An asthma action plan is a printed form 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?

\*Read if necessary: Include nurses and asthma educators.

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

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

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

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

**QuestionText:** 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

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

**SkipInstructions:** <1,2,R,D> [go to CAS\_REC]

---

**Question ID:** CHS.100\_00.116 **Instrument Variable Name:** CAS\_REC **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

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

**SkipInstructions:** <1,2,R,D> [go to CAS\_RES]

---

**Question ID:** CHS.100\_00.117 **Instrument Variable Name:** CAS\_RES **QuestionnaireFileName:** Sample Child

**QuestionText:** \*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

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

**SkipInstructions:** <1,2,R,D> [go to CAS\_MON]

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**Question ID:** CHS.100\_00.118 **Instrument Variable Name:** CAS\_MON **QuestionnaireFileName:** Sample Child

**QuestionText:** \*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?

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

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

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

---

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

**QuestionText:** 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?

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

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

**SkipInstructions:** <1-3,R,D> [go to CAROUTIN]

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**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.

<b>000</b>	None
<b>001-365</b>	1-365 times
<b>997</b>	Refused
<b>999</b>	Don't know

**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:** ERR\_CAROUTIN[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?

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

**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]

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**Question ID:** CHS.100\_00.145 **Instrument Variable Name:** CARESCUE **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

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

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

---

**Question ID:** CHS.100\_00.150 **Instrument Variable Name:** CAACTLIM **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

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

**SkipInstructions:** <1,2,R,D> [if AGE LE 2 go to CCONDT1\_1; else go to CCONDT\_1]

---

**Question ID:** CHS.111\_01.000 **Instrument Variable Name:** CCONDT1\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_2]

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**Question ID:** CHS.111\_02.000 **Instrument Variable Name:** CCONDT1\_2 **QuestionnaireFileName:** Sample Child

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

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

Any kind of respiratory allergy?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_3]

---

**Question ID:** CHS.111\_03.000 **Instrument Variable Name:** CCONDT1\_3 **QuestionnaireFileName:** Sample Child

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

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

Any kind of food or digestive allergy?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_4]

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**Question ID:** CHS.111\_04.000 **Instrument Variable Name:** CCONDT1\_4 **QuestionnaireFileName:** Sample Child

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

DURING THE PAST 12 MONTHS, has [fill: 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]

---

**Question ID:** CHS.111\_05.000 **Instrument Variable Name:** CCONDT1\_5 **QuestionnaireFileName:** Sample Child

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

DURING THE PAST 12 MONTHS, has [fill: 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]

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**Question ID:** CHS.111\_06.000 **Instrument Variable Name:** CCONDT1\_6 **QuestionnaireFileName:** Sample Child

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

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

Anemia?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_8]

---

**Question ID:** CHS.111\_08.000 **Instrument Variable Name:** CCONDT1\_8 **QuestionnaireFileName:** Sample Child

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

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

Three or more ear infections?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_9]

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**Question ID:** CHS.111\_09.000 **Instrument Variable Name:** CCONDT1\_9 **QuestionnaireFileName:** Sample Child

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

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

Seizures?

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

**UniverseText:** Sample children LE 2

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

---

**Question ID:** CHS.115\_01.000 **Instrument Variable Name:** CCONDT\_1 **QuestionnaireFileName:** Sample Child

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

Hay fever?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_2]

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---

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**Question ID:** CHS.115\_02.000 **Instrument Variable Name:** CCONDT\_2 **QuestionnaireFileName:** Sample Child

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

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

Any kind of respiratory allergy?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_3]

---

**Question ID:** CHS.115\_03.000 **Instrument Variable Name:** CCONDT\_3 **QuestionnaireFileName:** Sample Child

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

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

Any kind of food or digestive allergy?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_4]

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**Question ID:** CHS.115\_04.000 **Instrument Variable Name:** CCONDT\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* 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 = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_5]

---

**Question ID:** CHS.115\_05.000 **Instrument Variable Name:** CCONDT\_5 **QuestionnaireFileName:** Sample Child

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

DURING THE PAST 12 MONTHS, has [fill: 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]

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**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]

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**Question ID:** CHS.115\_08.000 **Instrument Variable Name:** CCONDT\_8 **QuestionnaireFileName:** Sample Child

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

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

Three or more ear infections?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_9]

---

**Question ID:** CHS.115\_09.000 **Instrument Variable Name:** CCONDT\_9 **QuestionnaireFileName:** Sample Child

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

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

Seizures?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_10]

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**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]

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**2013 NHIS Questionnaire - Sample Child****Child Health Status & Limitations**Document Version Date: 29-May-14

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**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.

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

**UniverseText:** Sample children 5-17

**SkipInstructions:** <0-99,996,R,D> [goto CCOLD2W]  
<100-240> [go to ERR1\_SCHDAYR]  
<241-995> [goto ERR2\_SCHDAYR]

**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?

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample children <18

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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

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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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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

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

**QuestionText:** 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

**UniverseText:** Sample children <18

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

---

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

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

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

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

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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**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 LEARNND;  
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:** LEARNND **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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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

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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?

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

**UniverseText:** Male sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11\_2]

---

**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?

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

**UniverseText:** Male sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11\_3]

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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

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**Question ID:** CHS.321\_03.000 **Instrument Variable Name:** CMHAGM11\_3 **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 speech problems?

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

**UniverseText:** Male sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11\_4]

---

**Question ID:** CHS.321\_04.000 **Instrument Variable Name:** CMHAGM11\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[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 been unhappy, sad, or depressed?

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

**UniverseText:** Male sample children 2-3

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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

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**Question ID:** CHS.361\_01.000 **Instrument Variable Name:** CMHAGF11\_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: S.C. name] DURING THE PAST TWO MONTHS.

She:

Has temper tantrums or a hot temper?

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

**UniverseText:** Female sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11\_2]

---

**Question ID:** CHS.361\_02.000 **Instrument Variable Name:** CMHAGF11\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[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 speech problems?

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

**UniverseText:** Female sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11\_3]

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**2013 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

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

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**Question ID:** CHS.361\_03.000 **Instrument Variable Name:** CMHAGF11\_3 **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: S.C. name] DURING THE PAST TWO MONTHS.

She:

Has been nervous or high-strung?

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

**UniverseText:** Female sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11\_4]

---

**Question ID:** CHS.361\_04.000 **Instrument Variable Name:** CMHAGF11\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[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 unhappy, sad, or depressed?

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

**UniverseText:** Female sample children 2-3

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

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**Question ID:** CAU.020\_00.000 **Instrument Variable Name:** CUSUALPL **QuestionnaireFileName:** Sample Child

**QuestionText:** The next questions are about health care.

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

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

**UniverseText:** Sample children <18

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

---

**Question ID:** CAU.030\_00.000 **Instrument Variable Name:** CPLKIND **QuestionnaireFileName:** Sample Child

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

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

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

**SkipInstructions:** <1-5> [go to CHCPLROU]  
<6,R,D> [go to CHCPLKND]

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

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**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]

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

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**Question ID:** CAU.040\_00.000 **Instrument Variable Name:** CHCCHGYR **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

**UniverseText:** 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]

**SkipInstructions:** <1> [go to CHCCHGHI]  
<2,R,D> [goto to CPRVTRYR]

---

**Question ID:** CAU.050\_00.000 **Instrument Variable Name:** CHCCHGHI **QuestionnaireFileName:** Sample Child

**QuestionText:** Was this change for a reason related to health insurance?

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

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

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

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

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**Question ID:** CAU.050\_00.010 **Instrument Variable Name:** CNOUSLPL **QuestionnaireFileName:** Sample Child

**QuestionText:** Why doesn't [fill: alias] have a usual source of medical care?

\*Enter all that apply, separate with commas.

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

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

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

---

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

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

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

**UniverseText:** Sample children <18

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

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**2013 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**

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

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**Question ID:** CAU.053\_00.010 **Instrument Variable Name:** CPRVTRFD **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

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

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

---

**Question ID:** CAU.055\_00.010 **Instrument Variable Name:** CDRNANP **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

**UniverseText:** Sample children <18

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

---

**Question ID:** CAU.056\_00.010 **Instrument Variable Name:** CDRNAI **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D>[goto CHCDLYR\_1]

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

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**Question ID:** CAU.080\_01.000 **Instrument Variable Name:** CHCDLYR1\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:**

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

You couldn't get through on the telephone.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_2]

---

**Question ID:** CAU.080\_02.000 **Instrument Variable Name:** CHCDLYR1\_2 **QuestionnaireFileName:** Sample Child

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

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_3]

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**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

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**Question ID:** CAU.080\_03.000 **Instrument Variable Name:** CHCDLYR1\_3 **QuestionnaireFileName:** Sample Child

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

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_4]

---

**Question ID:** CAU.080\_04.000 **Instrument Variable Name:** CHCDLYR1\_4 **QuestionnaireFileName:** Sample Child

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

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_5]

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**2013 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
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**Question ID:** CAU.080\_05.000 **Instrument Variable Name:** CHCDLYR1\_5 **QuestionnaireFileName:** Sample Child

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

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

You didn't have transportation.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [if AGE GE <2> goto CHCAFYR1\_1; else goto CHCAFYR]

---

**Question ID:** CAU.130\_00.000 **Instrument Variable Name:** CHCAFYR **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 <2

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

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**2013 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
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**Question ID:** CAU.133\_00.010 **Instrument Variable Name:** CHCAFYRN **QuestionnaireFileName:** Sample Child

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

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

To see a specialist?

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

**UniverseText:** Sample children <2

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

---

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

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

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

Follow-up care?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [if AGE <1 goto CHCSYR1\_2; else goto CDENLONG]

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**2013 NHIS Questionnaire - Sample Child**

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

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**Question ID:** CAU.135\_03.000 **Instrument Variable Name:** CHCAFYR1\_3 **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...

Dental care (including check-ups)?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_4]

---

**Question ID:** CAU.135\_04.000 **Instrument Variable Name:** CHCAFYR1\_4 **QuestionnaireFileName:** Sample Child

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

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

Eyeglasses?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_5]

---

---

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

---

**Question ID:** CAU.135\_05.010 **Instrument Variable Name:** CHCAFYR1\_5 **QuestionnaireFileName:** Sample Child

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

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

To see a specialist?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_6]

---

**Question ID:** CAU.135\_06.010 **Instrument Variable Name:** CHCAFYR1\_6 **QuestionnaireFileName:** Sample Child

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

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

Follow-up care?

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

**UniverseText:** Sample children GE 2

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

---

---

**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

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**Question ID:** CAU.160\_00.000 **Instrument Variable Name:** CDENLONG **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C4

About how long has it been since [fill: alias] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 0 Never
- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 2 years ago
- 4 More than 2 years, but not more than 5 years ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children GE 1

**SkipInstructions:** <0-5,R,D> [if AGE GE <2> goto CHCSYR\_1; else go to CHCSYR1\_2]

---

**Question ID:** CAU.170\_01.000 **Instrument Variable Name:** CHCSYR1\_2 **QuestionnaireFileName:** Sample Child

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

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

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1\_3]

---

---

**2013 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**

Document Version Date: 29-May-14

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**Question ID:** CAU.170\_02.000 **Instrument Variable Name:** CHCSYR1\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

\* Read if necessary.

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

A foot doctor?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1\_5]

---

**Question ID:** CAU.170\_03.000 **Instrument Variable Name:** CHCSYR1\_5 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

\* Read if necessary.

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

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

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1\_6]

---

---

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

---

**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]

---

---

**2013 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**

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

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**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:** ?[F1]

\* Read if necessary.

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

A foot doctor?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR\_4]

---

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**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

Document Version Date: 29-May-14

---

**Question ID:** CAU.175\_04.000 **Instrument Variable Name:** CHCSYR\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

Read if necessary.

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

A 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]

\* 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]

---



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**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:** ?[F1]

\* Read if necessary.

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

A nurse practitioner, physician assistant or midwife?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8\_1]

---

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

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about [fill2: alias]'s health?

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

**UniverseText:** Sample children GE 15 who are female

**SkipInstructions:** <1,2,R,D> [goto CHCSYR8\_1]

---

---

**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

---

**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]

---

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

---

**Question ID:** CAU.260\_00.000 **Instrument Variable Name:** CHCSYR10 **QuestionnaireFileName:** Sample Child

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

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

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

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

---

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

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

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

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

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

---

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

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

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

**UniverseText:** Sample children <18

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

---

---

**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

---

**Question ID:** CAU.280\_00.000 **Instrument Variable Name:** CHERNOYR **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C5

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: alias] gone to a HOSPITAL EMERGENCY ROOM about [fill2: his/her] health? (This includes emergency room visits that resulted in a hospital admission.)

- 00 None
- 01 1
- 02 2-3
- 03 4-5
- 04 6-7
- 05 8-9
- 06 10-12
- 07 13-15
- 08 16 or more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <0,R,D> [goto CHCHYR] <1-8> [goto CERVISND]

---

**Question ID:** CAU.281\_00.010 **Instrument Variable Name:** CERVISND **QuestionnaireFileName:** Sample Child

**QuestionText:** 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

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

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

---

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**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

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**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 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 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]

---

---

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

---

**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

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**Question ID:** CAU.290\_00.000 **Instrument Variable Name:** CHCHYR **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill1: alias] receive care AT HOME from a nurse or other health care professional?

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

**UniverseText:** Sample children <18

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

---

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

**QuestionText:** DURING THE PAST 12 MONTHS, how many months did [fill: alias] receive care AT HOME from a health care professional?

- 01-12 1-12 months
- 97 Refused
- 99 Don't know

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

**SkipInstructions:** <01-12,R,D> [goto CHCHNOYR]

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

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**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 |
| 97 | 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 |
| 97 | Refused    |
| 99 | Don't know |

**UniverseText:** Sample children <18**SkipInstructions:** <0-8,R,D> [goto CSRGYR]

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**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

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**Question ID:** CAU.330\_00.000 **Instrument Variable Name:** CSRGYR **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS has [fill1: alias] had SURGERY or other surgical procedures either as an inpatient or outpatient?

\* Read if necessary.

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

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

**UniverseText:** Sample children <18

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

---

**Question ID:** CAU.340\_00.000 **Instrument Variable Name:** CSRGNOYR **QuestionnaireFileName:** Sample Child

**QuestionText:** Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has [fill1: alias] had surgery DURING THE PAST 12 MONTHS?

\* Enter '95' for 95 or more times.

- 01-94 1-94 times
- 95 95+ times
- 97 Refused
- 99 Don't know

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

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

**Soft Edit:** ERR\_CMDLONG

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

\*Please verify.

---

**2013 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

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

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**Question ID:** CAU.345\_00.000 **Instrument Variable Name:** CMDLONG **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C4

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

**UniverseText:** Sample children <18

**SkipInstructions:** <0-5, D, R> [if AGE=4-17 goto CMHCOPY; else goto CH1N1\_1]

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**2013 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**

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

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**Question ID:** CMB.010\_00.000 **Instrument Variable Name:** CMHCOPY **QuestionnaireFileName:** Sample Child

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

\* The next 6 items contained in CMHMF\_1 through CMHDIFF are included in this survey with permission as indicated below.

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

\* Enter 1 to Continue.

**1** Enter 1 to continue

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1> [goto CMHMF\_1]

---

**Question ID:** CMB.020\_01.000 **Instrument Variable Name:** CMHMF\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C7

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

[fill2: He/She]

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

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

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,D,R> [goto CMHMF\_2]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Brief Questionnaire**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Brief Questionnaire**

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

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**Question ID:** CMB.020\_04.000 **Instrument Variable Name:** CMHMF\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C7

\* Read if necessary.

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

[fill2: He/She]

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

- 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\_5]

---

**Question ID:** CMB.020\_05.000 **Instrument Variable Name:** CMHMF\_5 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C7

\* Read if necessary.

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

[fill2: He/She]

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

- 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 CMHDIFF]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Brief Questionnaire**

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

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

**QuestionText:** (book) C8

Overall, do you think that [fill1: SC name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- 1 No
- 2 Yes, minor difficulties
- 3 Yes, definite difficulties
- 4 Yes, severe difficulties
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children GE 4

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**Question ID:** CMS.001\_00.000 **Instrument Variable Name:** DIFF6M **QuestionnaireFileName:** Sample Child

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

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

**UniverseText:** Sample children 4-17

**SkipInstructions:** <1> [goto DIFFINTF] <2,R,D> [if CMHDIFF (variable name in layouts is RSCL6) IN ('2','3','4')] [goto DIFFINTF]; else [goto PRESCP6M]

---

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

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

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

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

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**Question ID:** CMS.010\_00.000 **Instrument Variable Name:** PRESCP6M **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 6 MONTHS, was [fill1: S.C. name] prescribed medication or taking prescription medication for difficulties with emotions, concentration, behavior, or being able to get along with others?

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

**UniverseText:** Sample children 4-17

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

---

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

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

\*Read categories below.

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

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

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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

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

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

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

---

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

**QuestionText:** \*Read if necessary.  
Who FIRST prescribed the medication? Was it  
...A psychiatrist, psychologist or other mental health professional?

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

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

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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

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

Who FIRST prescribed the medication? Was it

...A neurologist?

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

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

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

---

**Question ID:** CMS.012\_04.000 **Instrument Variable Name:** PMEDOTH **QuestionnaireFileName:** Sample Child

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

Who FIRST prescribed the medication? Was it

...Someone else?

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

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

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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**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];

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**Question ID:** CMS.020\_01.000 **Instrument Variable Name:** TRETWHR1 **QuestionnaireFileName:** Sample Child

**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]

---

**Question ID:** CMS.020\_02.000 **Instrument Variable Name:** TRETWHO1 **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 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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**Question ID:** CMS.021\_02.000 **Instrument Variable Name:** TRETWHO2 **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 an office, clinic or community center

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

---

**Question ID:** CMS.021\_03.000 **Instrument Variable Name:** TRTMHP2 **QuestionnaireFileName:** Sample Child

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

\*Enter all that apply, separate with commas

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

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

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**Question ID:** CMS.023\_02.000 **Instrument Variable Name:** TRETWHO4 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C9

Who provided the treatment or counseling?

\*Enter all that apply, separate with commas.

- 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 hospital/ER/crisis center/shelter

**SkipInstructions:** <1,3-6,R,D> [goto TRETWHR5] <2> [goto TRTMHP4]

---

**Question ID:** CMS.023\_03.000 **Instrument Variable Name:** TRTMHP4 **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 hospital/ER/crisis center/shelter from mental health provider

**SkipInstructions:** <1-4,R,D> [goto TRETWHR5]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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

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

At a day treatment program in a hospital or 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 TRETWHO5] <2,R,D> [goto TRETWHR6]

---

**Question ID:** CMS.024\_02.000 **Instrument Variable Name:** TRETWHO5 **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 day treatment program in a hospital or community

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**Question ID:** CMS.025\_02.000 **Instrument Variable Name:** TRETWHO6 **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 or court counselor
- 6 Other
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** <1,3-6,R,D> [goto OVERNT6M] <2> [goto TRTMHP6]

---

**Question ID:** CMS.025\_03.000 **Instrument Variable Name:** TRTMHP6 **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 another place from mental health provider

**SkipInstructions:** <1-4,R,D> [goto OVERNT6M]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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

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**Question ID:** CMS.100\_00.000 **Instrument Variable Name:** CASEM6M **QuestionnaireFileName:** Sample Child**QuestionText:** Parents and caregivers sometimes get help from people sometimes called case managers or care coordinators who help to find or organize treatment for children's difficulties with emotions, concentration, behavior, or being able to get along with others.

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

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

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

**UniverseText:** Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months**SkipInstructions:** <1> [goto CASEMWHO];  
<2,R,D> IF PRESCP6M=1 or NSDUH21=1 or NSDUH3=1 or NSDUH4=1 or TRETWHR1=1 or TRETWHR2=1 or TRETWHR3=1 or TRETWHR4=1 or TRETWHR5=1 or TRETWHR6=1 or OVERNT6M=1 or SH1=1 or SH2=1 or CASEM6M=1 [goto TRETHELP]; else [goto TRTNEED1]

---

**Question ID:** CMS.110\_00.000 **Instrument Variable Name:** CASEMWHO **QuestionnaireFileName:** Sample Child**QuestionText:** Who provides help arranging or coordinating [fill1: S.C. name]'s care?

\*Enter the MAIN answer.

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

**UniverseText:** Sample children 4-17 who received help from case managers/care coordinators in the past 6 months**SkipInstructions:** <1-10,R,D> [goto TRETHELP]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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

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

Military health care?

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

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

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

---

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

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

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

- 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 TRPAYIHS]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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

**SkipInstructions:** <1,2,R,D> if TRPAYPHI=2,R,D and TRPAYSCH=2,R,D and TRPAYSLF=2,R,D and TRPAYMED=2,R,D and TRPAYCHP=2,R,D and TRPAYMIL=2,R,D and TRPAYSHP=2,R,D and TRPAYIHS=2,R,D and TRPAYOTH=2,R,D [goto TRETFREE];  
else [goto TRTNEED1]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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

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

- 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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**Question ID:** CMS.150\_08.000 **Instrument Variable Name:** NTRTTRAN **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 no way to get there?

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

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

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

---

**Question ID:** CMS.150\_09.000 **Instrument Variable Name:** NTRTINCV **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 inconvenient to use?

- 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 NTRTFAR]

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**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

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**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]

---

**2013 NHIS Questionnaire - Sample Child**

**Child Mental Health Services**

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

---

**Question ID:** CMS.150\_12.000 **Instrument Variable Name:** NTRTOTH **QuestionnaireFileName:** Sample Child

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

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

Some other reason?

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

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

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

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**2013 NHIS Questionnaire - Sample Child**

**Child Influenza Immunization**

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

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**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]

---

**2013 NHIS Questionnaire - Sample Child****Child Influenza Immunization**

Document Version Date: 29-May-14

**Question ID:** CFI.005\_00.030 **Instrument Variable Name:** CH1N1\_3M **QuestionnaireFileName:** Sample Child

**QuestionText:** 1 of 2

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

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

**SkipInstructions:** <1-12,D> [ goto CH1N1\_4Y] <R> [goto CH1N1\_5]

**Question ID:** CFI.005\_00.040 **Instrument Variable Name:** CH1N1\_4Y **QuestionnaireFileName:** Sample Child

**QuestionText:** 2 of 2

\*Enter year of most recent flu vaccine.

- Year Year
- 9997 Refused
- 9999 Don't know

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

**SkipInstructions:** <valid year,R,D> [goto CH1N1\_5]  
 [If CH1N1\_3M and CH1N1\_4Y = a future date] goto ERR1\_ CH1N1\_4Y]  
 [If CH1N1\_3M and CH1N1\_4Y = a date prior to birth] goto ERR2\_ CH1N1\_4Y]  
 [If CH1N1\_3M and CH1N1\_4Y = a date prior to 12 months ago] goto ERR3\_ CH1N1\_4Y]

**Hard Edit:** ERR1\_ CH1N1\_4Y  
 \*Future date invalid.

ERR2\_ CH1N1\_4Y  
 \*Date before birth.

ERR3\_ CH1N1\_4Y  
 \*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]

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**2013 NHIS Questionnaire - Sample Child****Child Influenza Immunization****Document Version Date: 29-May-14**

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**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.

<b>Year</b>	Year
<b>9997</b>	Refused
<b>9999</b>	Don't know

**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).

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

**UniverseText:** Sample Child LE 17 years who have more than one vaccine dose**SkipInstructions:** <1-2,R,D> [goto next section]