**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:**

```plaintext
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:**

* You have selected a non-selectable person.

* Please correct.
The next questions are about health care.

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

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

Sample children <18

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

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

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

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

<1-5> [go to CHCPLROU]
<6,R,D> [go to CHCPLKND]
Is that \[\text{fill1: CPLKIND/CAU.030}\] the same place \[\text{fill2: alias}\] USUALLY goes when \[\text{fill3: he/she}\] 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

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

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

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

Sample children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.
### Question 1

**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 2

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

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

*Enter all that apply, separate with commas.

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

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

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

---

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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

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

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

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

Sample children <18

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

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

Sample children <18
2014 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-15

Question ID: CAU.080_01.000  Instrument Variable Name: CHCDLYR1_1  QuestionnaireFileName: Sample Child

QuestionText:

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

You couldn't get through on the telephone.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

---

Question ID: CAU.080_02.000  Instrument Variable Name: CHCDLYR1_2  QuestionnaireFileName: Sample Child

QuestionText:

* Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_3]
Question ID: CAU.080_03.000  Instrument Variable Name: CHCDLYR1_3  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_4]

---

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]
### 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.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [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?

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

**UniverseText:** Sample children <2

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

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.

* Enter ounces.

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

UniverseText: Sample children <18 who have a value entered for weight in pounds.

SkipInstructions:

<0-15,R,D> [goto CHGT_FT]
[if BWGT_LB = <0-15, D, R> and BWGT_OZ = <empty> go to CHGT_FT]
**Question ID:** CHS.011_00.000  **Instrument Variable Name:** BWGT_GR  **QuestionnaireFileName:** Sample Child

**QuestionText:**

* Enter weight in grams.

- 0500: 500 grams or less
- 0501-6899: 501-6899 grams
- 6900: 6900+ grams
- 9997: Refused
- 9999: Don't know

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

**SkipInstructions:**

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

**Soft Edit:**

* [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.

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

**UniverseText:** Sample children 12+

**SkipInstructions:**

<empty> [goto CHGT_IN]
<0-7> [goto CHGT_IN]
<R,D> [goto CWGT_LB]
<M> [goto CHGT_M]
[If NE <0-7, M, 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.
**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

Document Version Date: 28-May-15

---

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

**QuestionText:**  
* Enter inches.

**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.

**Soft Edit:**  
ERR3_CHGT_IN  
* Please verify that the height was entered correctly. Probe only if necessary.
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.021_01.000</th>
<th>Instrument Variable Name:</th>
<th>CHGT_M</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>
| 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). | | | | |
| UniverseText: | Sample children 12+ whose current height will be entered in metric. | | | | |
| SkipInstructions: | <0-2,empty> [goto CHGT_CM] | | | | |
| | <R,D> [goto CWGT_LB] | | | | |
**Document Version Date:** 28-May-15

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

**QuestionText:** * Enter centimeters.

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

**SkipInstructions:** `<0-241,R,D> If (CHGT_M = '0', 'empty') and (CHGT_CM = '0', 'empty')
  goto ERR1_CHGT_CM
  elseif (CHGT_M eq '2' and CHGT_CM gt '41') or (CHGT_M eq '1' and CHGT_CM gt '141')
  goto ERR2_CHGT_CM
  elseif (SEX = '1' and
    AGE = '12' and (CHTCM lt '137' or CHTCM gt '174')) or
    AGE = '13' and (CHTCM lt '140' or CHTCM gt '184')) or
    AGE = '14' and (CHTCM lt '148' or CHTCM gt '186')) or
    AGE = '15' and (CHTCM lt '152' or CHTCM gt '189')) or
    AGE = '16' and (CHTCM lt '156' or CHTCM gt '189')) or
    AGE = '17' and (CHTCM lt '157' or CHTCM gt '192')) or
  (SEX = '2' and
    AGE = '12' and (CHTCM lt '138' or CHTCM gt '173')) or
    AGE = '13' and (CHTCM lt '141' or CHTCM gt '176')) or
    AGE = '14' and (CHTCM lt '145' or CHTCM gt '176')) or
    AGE = '15' and (CHTCM lt '145' or CHTCM gt '177')) or
    AGE = '16' and (CHTCM lt '145' or CHTCM gt '177')) or
    AGE = '17' and (CHTCM lt '145' or CHTCM gt '176'))
  goto ERR3_CHGT_CM
  else
    goto CWGT_LB
  
  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.

  ERR3_CHGT_CM
  * Please verify that the height was entered correctly. Probe only if necessary.

**Hard Edit:**

**Soft Edit:**
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.

001-500 1-500 pounds
997 Refused
999 Don't know
M 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) – See CBMI spec page
<R,D> if AGE ge ‘2’
goto ADD_1
else
goto ADD1_2
<M> goto CWGT_KG

Hard Edit: ERR1_CWGT_LB

* Weight is out of range (1-500).
* Please correct.

Soft Edit: ERR2_CWGT_LB

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

QuestionText: * Enter weight in kilograms.

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) – See CBMI spec page
<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.
Has a doctor or health professional ever told you that [fill: S.C. name] had...

an intellectual disability, also known as mental retardation?

1 Yes
2 No
7 Refused
9 Don't know

Sample children <2

? [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

Sample children <2

<1,2,R,D> [goto CONDL]
Has a doctor or health professional ever told you that [fill: S.C. name] had...

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

1. Yes
2. No
3. Refused
4. Don't know

UniverseText: Sample children 2-17

SkipInstructions: <1,2,R,D> [go to ADD_2]
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<th>CHS.032_02.010</th>
<th>Instrument Variable Name:</th>
<th>AUTISM</th>
<th>QuestionnaireFileName:</th>
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<td><img src="image" alt="Question Text" /></td>
<td>* Read if necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has a doctor or health professional ever told you that [fill: S.C. name] had...</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Autism, Asperger’s disorder, pervasive developmental disorder, or autism spectrum disorder?</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children 2-17</td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to ADD_3]</td>
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<th>ADD_3</th>
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<td>* Read if necessary.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Has a doctor or health professional ever told you that [fill: S.C. name] had...</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Any other developmental delay?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children 2-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CONDL]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
- Diabetes
- Arthritis
- Congenital heart disease
- Other heart condition

Sample children <18

Which ones?

* Enter all that apply, separate with commas.

Sample children <18 and CONDL=1
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.070_00.000</th>
<th>Instrument Variable Name:</th>
<th>CPOX</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Has [fill: SC Name] EVER had chickenpox?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18</td>
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</tbody>
</table>
| SkipInstructions: | <1> [go to CPOX12MO]  
<2, D, R> [go to CASHMEV] |

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<tr>
<th>Question ID:</th>
<th>CHS.072_00.000</th>
<th>Instrument Variable Name:</th>
<th>CPOX12MO</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Has [fill: SC name] had chickenpox DURING THE PAST 12 MONTHS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18 who have had chickenpox</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto CASHMEV]</td>
<td></td>
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<tr>
<th>Question ID:</th>
<th>CHS.080_00.000</th>
<th>Instrument Variable Name:</th>
<th>CASHMEV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>
| 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]

---

**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 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]

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]
* 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]
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 CCOND1_6]

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

Anemia?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCOND1_8]
Question Text: * 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

Universe Text: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCOND1_9]

Question Text: * 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

Universe Text: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CHSTATYR]
2014 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-15

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]

---

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]
* 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]
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]

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]

---

**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]
* 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]
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]

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.

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

UniverseText: Sample children 5-17

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

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.
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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.230_00.000</th>
<th>Instrument Variable Name:</th>
<th>CCOLD2W</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>These next questions are about [fill: SC name]'s recent health DURING THE LAST 2 WEEKS.</td>
<td>Did [fill: SC name] have a head cold or chest cold that started DURING THE LAST 2 WEEKS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
<td>9 Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto CINTIL2W]</td>
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<thead>
<tr>
<th>Question ID:</th>
<th>CHS.240_00.000</th>
<th>Instrument Variable Name:</th>
<th>CINTIL2W</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did [fill: SC name] have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST 2 WEEKS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
<td>9 Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto CHEARST2]</td>
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</tbody>
</table>
Question ID: CHS.250_00.010  Instrument Variable Name: CHEARST2  QuestionnaireFileName: Sample Child

QuestionText: These next questions are about [fill: SC name]'s hearing WITHOUT the use of hearing aids or other listening devices.

Which statement best describes [fill: SC name]'s hearing: 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> [goto CHRWHISP]; <2-6,R,D> [go to CHRWORS]

Question ID: CHS.251_00.010  Instrument Variable Name: CHRWORS  QuestionnaireFileName: Sample Child

QuestionText: Without a hearing aid…

Is [fill: SC name]'s hearing WORSE in one ear than the other?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <18 who have other than excellent hearing

SkipInstructions: <1> [goto CHRWORSE] <2,R,D> [go to CHRWHISP]
*Read if necessary:

Without a hearing aid…

Is [fill: SC name]'s hearing in [fill: his/her] WORSE ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or is [fill: he/she] 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 who hear worse in one ear than the other

SkipInstructions: <1-6,R,D> [goto CHRWHISP]
**2014 NHIS Questionnaire - Sample Child**

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<thead>
<tr>
<th>Question ID: CHS.251_00.040</th>
<th>Instrument Variable Name: CHRTALK</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>
| **QuestionText:** *Read if necessary:*  
Without a hearing aid…  
Can [fill: SC name] usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person TALKS IN A NORMAL VOICE to [fill: him/her] from across a QUIET room?  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| **UniverseText:** Sample children <18 who cannot hear whispers across a quiet room or REF/DK that question |
| **SkipInstructions:** <1> if CHEARST2=6 and CHRWORS=2,R,D [goto CHEARAG1]; else [goto CHRFAM] <2,R,D> [goto CHRSHOUT] |

<table>
<thead>
<tr>
<th>Question ID: CHS.251_00.050</th>
<th>Instrument Variable Name: CHRSHOUT</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>
| **QuestionText:** *Read if necessary:*  
Without a hearing aid…  
Can [fill: SC name] usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SHOUTS to [fill: him/her] from across a QUIET room?  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| **UniverseText:** Sample children <18 who cannot hear a normal voice across a quiet room or REF/DK that question |
| **SkipInstructions:** <1> if CHEARST2=6 and CHRWORS=2,R,D [goto CHEARAG1]; else [goto CHRFAM]<2,R,D> [goto CHRSPK] |
*Read if necessary:

Without a hearing aid…

Can [fill: SC name] usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SPEAKS LOUDLY into [fill: his/her] [fill1: ear/better ear]

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

Sample children <18 who cannot hear a shouting voice across a quiet room or REF/DK that question

A cochlear (KOH-klee-uhr) implant is an electrical device that a surgeon puts in a person's ear(s) if they have severe hearing loss or are almost totally deaf. Has a doctor or other health care professional ever recommended a cochlear implant for [fill: SC name]?

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

Sample children <18 who cannot hear a shouting voice across a quiet room or REF/DK that question
**Question ID:** CHS.251_00.080  **Instrument Variable Name:** CHRCOCIM  **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] had cochlear implant surgery?

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

**UniverseText:** Sample children <18 who have had a cochlear implant recommended

**SkipInstructions:** <1,2,R,D> if CHEARST2=6 and CHRWORS=2,R,D [goto CHEARAG1]; else [goto CHRFAM]

---

**Question ID:** CHS.252_00.010  **Instrument Variable Name:** CHRFAM  **QuestionnaireFileName:** Sample Child

**QuestionText:** Has anyone, friends, relatives, teachers or others, ever told you that [fill: SC name] has a hearing problem?

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

**UniverseText:** Sample children <18 who are not deaf or who are deaf but hear worse in one ear

**SkipInstructions:** <1,2,R,D> If (AGE <3 and CHEARST2=1,2) or (CHEARST2=2 and CHRWORS=2,R,D) [goto CHRPRBHP]; else [goto CHEARAG1]; else if AGE 3-11 [goto CHRMIS]; else [goto CHRUNDNS]
### Question 1

**Question Text:** When you speak directly to [fill: SC name], how often does [fill: he/she] hear something different from what you said?

*Read categories below.

1. Always
2. Usually
3. About half the time
4. Seldom
5. Never
6. Refused
7. Don't know

**Universe Text:** Sample children age 3-11 who are not deaf or who are deaf but hear worse in one ear

**Skip Instructions:** <1-5,R,D> [goto CHRUNDST]

### Question 2

**Question Text:** How often does [fill: SC name] have difficulty understanding what people say to her/him?

*Read categories below.

1. Always
2. Usually
3. About half the time
4. Seldom
5. Never
6. Refused
7. Don't know

**Universe Text:** Sample children age 3-11 who are not deaf or who are deaf but hear worse in one ear

**Skip Instructions:** <1-5,R,D> [goto CHRUNDNS]
### Question ID: CHS.252_00.040  
**Instrument Variable Name:** CHRUNDNS  
**QuestionnaireFileName:** Sample Child

**QuestionText:** How often does [fill: SC name] have difficulty understanding a conversation if there is background NOISE, for example, when other people are talking, TV or radio is on, or children are playing close by?

*Read categories below.

1. Always
2. Usually
3. About half the time
4. Seldom
5. Never
6. Refused
7. Don't know

**UniverseText:** Sample children 3+ who are not deaf or who are deaf but hear worse in one ear

**SkipInstructions:** <1-5,R,D> if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D) [goto CHRPRBHP]; else [goto CHEARAG1]

---

### Question ID: CHS.253_00.010  
**Instrument Variable Name:** CHEARAG1  
**QuestionnaireFileName:** Sample Child

**QuestionText:** How old was [fill: SC name] when [fill: he/she] began to have ANY [fill: hearing loss/hearing loss in either ear]?

1. At birth
2. 0 to 2 years of age
3. 3 to 5 years of age
4. 6 to 8 years of age
5. 9 to 11 years of age
6. 12 to 14 years of age
7. 15 to 17 years of age
8. Refused
9. Don't know

**UniverseText:** Sample children <18 whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other

**SkipInstructions:** <1-7,R,D> [goto CHRAUS1]
Question ID: CHS.253_00.020  Instrument Variable Name: CHRCAUS1  QuestionnaireFileName: Sample Child

QuestionText: What is the MAIN cause of [fill: SC name]’s hearing loss?

01 Mother had infection while pregnant, e.g., cytomegalovirus (CMV), rubella
02 Genetic reason(s)
03 Born very early, preterm birth or low birth weight
04 Child had infectious disease after birth (measles, meningitis, mumps, etc.)
05 Ear infections (fluid in middle ear, otitis, glue ear, etc.)
06 Ear injury or head/neck trauma
07 Ear disease or surgery
08 Medications/drugs, such as gentamicin (aminoglycosides), cisplatin (cancer drugs), antibiotics, anti-inflammatory drugs, diuretics
09 Loud, brief noise from firecrackers, nearby fireworks, gunfire, blasts, or explosions
10 Sudden hearing loss, unexplained by loud, brief noise or other known causes
11 Long term noise exposure from machinery, aircraft, power tools, loud music, loud toys, appliances, personal stereos or MP3 players, hair dryers, etc.
12 Other
09 Refused
99 Don't know

UniverseText: Sample children <18 whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other

SkipInstructions: <1-12,R,D> [goto CHRPRBHP]

Question ID: CHS.253_00.030  Instrument Variable Name: CHRPRBHP  QuestionnaireFileName: Sample Child

QuestionText: When was the LAST time [fill: SC name] saw a doctor or other health care professional about any hearing or ear problems?

0 Never
1 In the past year
2 1 to 2 years ago
3 3 to 4 years ago
4 5 to 9 years ago
5 10 to 14 years ago
6 15 or more years ago
7 Refused
9 Don't know

UniverseText: Sample children <18

SkipInstructions: <0,4-6,R,D> [goto CHREHDI]  
<1-3> [goto CHRENT]
2014 NHIS Questionnaire - Sample Child
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Document Version Date: 28-May-15

Question ID: CHS.253_00.040  Instrument Variable Name: CHRENT  QuestionnaireFileName: Sample Child

QuestionText: IN THE PAST 5 YEARS, has [fill: SC name] seen or been referred by your doctor or other health care professional to a...

Hearing specialist, such as an Ear, Nose, and Throat (ENT) doctor, or to an audiologist?

*Read if necessary.

Include Otolaryngologist (OH-toh-LAYR-ehn-GAHL-oh-jist) or Otologist (OH-tol-o-jist).

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 who saw a doctor or other health care professional about hearing or ear problems 4 or less years ago

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

Question ID: CHS.253_00.050  Instrument Variable Name: CHREHDI  QuestionnaireFileName: Sample Child

QuestionText: Was [fill: SC name] checked with a screening test, for example, with an otoacoustic emissions test (OAE), or auditory brainstem response (ABR) test for hearing loss at birth?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHREIAGE]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.253_00.060</th>
<th>Instrument Variable Name:</th>
<th>CHREIAGE</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>At what age did [fill: SC name] FIRST have an earache or an ear infection?</td>
<td>00</td>
<td>Never</td>
<td>01</td>
<td>Less than 6 months old</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0-8,R,D&gt; [goto CHRTUBE]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.253_00.070</th>
<th>Instrument Variable Name:</th>
<th>CHRTUBE</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did [fill: SC name] EVER have a tube placed in one or both ears to drain fluid from the ear(s)?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto CHRTBAGE]; &lt;2,R,D&gt; if AGE LT 5 [goto CHRTEST]; else if AGE 5-17 [goto CHRTSCH]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
At what age did [fill: SC name] FIRST have an ear tube placed in one or both ears to drain fluid from the ear(s)?

01 Less than 6 months old
02 6 to 11 months of age
03 12 to 17 months of age
04 18 to 23 months of age
05 2 to 3 years of age
06 4 to 5 years of age
07 6 to 8 years of age
08 9 years or older
97 Refused
99 Don't know

Sample children <18 who have ever had tube placed in ear(s)

<1-8,R,D> if AGE LT 5 [goto CHRTEST];
else if AGE 5-17 [goto CHRTSCH]
Has [fill: SC name] had [his/her] hearing tested more than once at school?

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

Sample children 5+ who have had their hearing tested in school

When did [fill: SC name] have [his/her] most recent hearing test at school?

1. Less than 1 year ago
2. 1 to 2 years ago
3. 3 to 4 years ago
4. 5 to 9 years ago
5. 10 or more years ago
7. Refused
9. Don't know

Sample children 5+ who have had their hearing tested in school

<1-5,R,D> [goto CHRTEST]
**Question ID:** CHS.253_00.110  
**Instrument Variable Name:** CHRTEST  
**QuestionnaireFileName:** Sample Child

**QuestionText:**
A hearing test by a specialist is done in a sound-treated booth or room, or with headphones. Hearing specialists include audiologists, ear-nose-throat (ENT) doctors and trained health technicians or nurses (include hearing exams conducted in schools). When was the last time [fill: SC name] had [fill: his/her] hearing tested by a hearing specialist?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>In the past year</td>
</tr>
<tr>
<td>2</td>
<td>1 to 2 years ago</td>
</tr>
<tr>
<td>3</td>
<td>3 to 4 years ago</td>
</tr>
<tr>
<td>4</td>
<td>5 to 9 years ago</td>
</tr>
<tr>
<td>5</td>
<td>10 to 14 years ago</td>
</tr>
<tr>
<td>6</td>
<td>15 or more years ago</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18

**SkipInstructions:** <0-6,R,D> [goto CHRAIDNW]

---

**Question ID:** CHS.253_00.120  
**Instrument Variable Name:** CHRAIDNW  
**QuestionnaireFileName:** Sample Child

**QuestionText:**
A hearing aid is a small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help children and adults hear. Does [fill: SC name] NOW use a hearing aid(s)?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CHRAIDLG]  
<2,R,D> [goto CHRAIDEV]
**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date:** 28-May-15

---

**Question ID:** CHS.253_00.130  **Instrument Variable Name:** CHRAIDLG  **QuestionnaireFileName:** Sample Child

**QuestionText:** How long has [fill: SC name] used a hearing aid(s)?

- **01** Less than 6 weeks
- **02** 6 weeks to 11 months
- **03** 1 to 2 years
- **04** 3 to 4 years
- **05** 5 to 9 years
- **06** 10 to 14 years
- **07** 15 years or more
- **97** Refused
- **99** Don't know

**UniverseText:** Sample children <18 who now use a hearing aid

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

---

**Question ID:** CHS.253_00.140  **Instrument Variable Name:** CHRAIDYR  **QuestionnaireFileName:** Sample Child

**QuestionText:** Think about how much [fill: SC name] used [his/her] present hearing aid(s) over the past two weeks. On an average day, how many hours did [fill: he/she] use a hearing aid(s)?

- **0** None
- **1** Less than 1 hour a day
- **2** 1 to 3 hours a day
- **3** 4 to 7 hours a day
- **4** 8 or more hours per day
- **7** Refused
- **9** Don't know

**UniverseText:** Sample children <18 who now use a hearing aid

**SkipInstructions:** <0> [goto CHRAIDNT]

<i>1-4,R,D> if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE GE 6) [goto CHRFIRE];
else if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE LE 5) [goto CHRFRCRK];
else [goto CHRAUD]
2014 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

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**Question ID:** CHS.253_00.150  **Instrument Variable Name:** CHRAIDEV  **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] ever used a hearing aid(s) in the past?

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

**UniverseText:** Sample children <18 who do not now use a hearing aid or Ref/DK whether they now use a hearing aid

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

---

**Question ID:** CHS.253_00.160  **Instrument Variable Name:** CHRAIDRC  **QuestionnaireFileName:** Sample Child

**QuestionText:** Has a hearing specialist, your doctor, or other health care professional ever recommended a hearing aid(s) for [fill: SC name]?

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

**UniverseText:** Sample children <18 who do not now use a hearing aid or who have not used one in the past or who refused to answer whether they use or have used a hearing aid

**SkipInstructions:** <1> [goto CHRAIDNT]
<2,R,D> if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE GE 6) [goto CHRFIRE];
else if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE LE 5) [goto CHRFRCRK];
else [goto CHRAUD]
### Child Health Status & Limitations

**Document Version Date:** 28-May-15

---

**Question ID:** CHS.253_00.170  
**Instrument Variable Name:** CHRAIDLP  
**QuestionnaireFileName:** Sample Child

**QuestionText:** How long did [fill: SC name] use a hearing aid(s) in the past?

<table>
<thead>
<tr>
<th>Code</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Less than 6 weeks</td>
</tr>
<tr>
<td>02</td>
<td>6 weeks to 11 months</td>
</tr>
<tr>
<td>03</td>
<td>1 to 2 years</td>
</tr>
<tr>
<td>04</td>
<td>3 to 4 years</td>
</tr>
<tr>
<td>05</td>
<td>5 to 9 years</td>
</tr>
<tr>
<td>06</td>
<td>10 to 14 years</td>
</tr>
<tr>
<td>07</td>
<td>15 years or more</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18 who have used a hearing aid in the past, but not currently

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

---

**Question ID:** CHS.253_00.180  
**Instrument Variable Name:** CHRAIDOF  
**QuestionnaireFileName:** Sample Child

**QuestionText:** When [fill: SC name] used to wear a hearing aid, on an average day, how many hours did [he/she] use it?

<table>
<thead>
<tr>
<th>Code</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Less than 1 hour a day</td>
</tr>
<tr>
<td>2</td>
<td>1 to 3 hours a day</td>
</tr>
<tr>
<td>3</td>
<td>4 to 7 hours a day</td>
</tr>
<tr>
<td>4</td>
<td>8 or more hours per day</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18 who have used a hearing aid in the past, but not currently

**SkipInstructions:** <0-4,R,D> [goto CHRAIDNT]
Why did [fill: SC name] decide not to use a hearing aid(s)?
*Enter all that apply, separate with commas.

01 It didn't help
02 It made everything too loud
03 Didn't like the way it sounded (unwanted sounds such as whistling or other noises)
04 She/he didn’t like the way her/his voice sounded when wearing the hearing aid
05 It was uncomfortable
06 It had frequent breakdowns/Needed repairs
07 Didn't like the way it looked
08 It cost too much
09 She/he didn’t think she/he needed a hearing aid
10 It was misplaced or lost
11 Other reason
97 Refused
99 Don't know

Sample children <18 who said they currently use a hearing aid but have not used one in the past 2 weeks, or who have ever used a hearing aid, but not currently, or who have had a hearing aid recommended

Auditory training includes learning how to use visual cues to enhance your listening skills, placing yourself in the best listening situation in a room, or for example, if you use a hearing aid, learning how to use it in specific circumstances, such as on the telephone or in a noisy place. Did [fill: SC name] ever receive instruction or training to improve [his/her] ability to hear?

1 Yes
2 No
7 Refused
9 Don't know

Sample children <18 whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other
2014 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-15

Question ID: CHS.253_13.197  Instrument Variable Name: CHRALDS  QuestionnaireFileName: Sample Child

QuestionText: BECAUSE OF [fill: SC name]'s HEARING, has [he/she] EVER used assistive technology to communicate, such as FM systems, instant or text messages, classroom amplification systems, headsets, closed-caption television, amplified telephone, relay services, or live video streaming?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18 whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other

SkipInstructions: <1> [goto CHRALDTP]  
<2,R,D> if age 6-17 [goto CHRFIRE]; else [goto CHRFRCRK]

Question ID: CHS.253_13.220  Instrument Variable Name: CHRALDTP  QuestionnaireFileName: Sample Child

QuestionText: What assistive technology devices or types has [fill: SC name] EVER used?

*Enter all that apply, separate with commas.

01 FM system, pocket talker or other personal listening device
02 Instant or text messages
03 Classroom amplification systems
04 Amplified telephone
05 Amplified or vibrating alarm clock
06 Notification or signaling alarm system (light signaler for doorbell, etc.)
07 Headset with Television/Theater or closed-captioned TV
08 TTY (teletypewriter), TDD (telecommunications device for the deaf), or telephone relay service
09 Video relay service
10 Live video streaming (for example, video on computers or phones) using sign language or other means to communicate
11 Sign language interpreter
12 Other
97 Refused
99 Don't know

UniverseText: Sample children <18 who have ever used assistive listening devices

SkipInstructions: <1-12,R,D> if age 6-17 [goto CHRFIRE]; else [goto CHRFRCRK]
Question ID: CHS.254_00.010  Instrument Variable Name: CHRFIRE  QuestionnaireFileName: Sample Child

QuestionText: The next questions are about [fill: SC name]'s exposure to loud sounds or noises.

Has [fill: SC name] ever shot a gun or been close to others who were using firearms for any reason? Close means standing next to or nearby to others who were using firearms.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 6-17

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

Question ID: CHS.254_00.020  Instrument Variable Name: CHRFRCRK  QuestionnaireFileName: Sample Child

QuestionText: Has [fill: SC name] ever lit firecrackers, been nearby to others lighting firecrackers, or close to explosive sounds such as fireworks displays or other explosive noises?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> if CHRFIRE=1 or CHRFRCRK=1 [goto CHRTOTR]; else if age 6-17 [goto CHRWKVLN]; else [goto CHRLESNS]
<table>
<thead>
<tr>
<th>Question ID: CHS.254_00.030</th>
<th>Instrument Variable Name: CHRTOTR</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>
| **QuestionText:** About how many TOTAL explosive events has [fill: SC name] experienced, including gun shots, firecrackers going off, nearby fireworks explosions, and any other explosive noises? *Read categories if necessary.*  
*Include target shooting, hunting, lighting firecrackers, other explosive noises.*  
*One “event” equals one shot, one firecracker, one fireworks explosion, etc.* |
| 1 | 1 to less than 100 events |
| 2 | 100 to less than 1000 events |
| 3 | 1000 to less than 10,000 events |
| 4 | 10,000 to less than 50,000 events |
| 5 | 50,000 events or more |
| 7 | Refused |
| 9 | Don't know |
| **UniverseText:** Sample children <18 who have ever used/been close to explosives |
| **SkipInstructions:** <1-5,R,D> [goto CHFRPRT] |

<table>
<thead>
<tr>
<th>Question ID: CHS.254_00.040</th>
<th>Instrument Variable Name: CHFRPRT</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>
| **QuestionText:** When [fill1: shooting guns,] lighting firecrackers or being close to others who were [fill: shooting guns,] lighting firecrackers, or when explosive sounds occurred, how often did [fill: SC name] wear hearing protection, such as earplugs or ear muffs? Would you say…  
*Read categories below.* |
| 1 | Always |
| 2 | Usually |
| 3 | About half the time |
| 4 | Seldom |
| 5 | Never |
| 7 | Refused |
| 9 | Don't know |
| **UniverseText:** Sample children <18 who have ever used/been close to explosives |
| **SkipInstructions:** <1-5,R,D> if age 6-17 [goto CHRWKVLN]; else [goto CHRLESNS] |
Has [fill: SC name] ever had a job, or combination of jobs or chores, where she/he was exposed to VERY LOUD sounds or noise for 4 or more hours a day, several days a week?

VERY LOUD means so loud that one must shout in order to be understood by a person standing 3 feet (arm’s length) away.

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

In working on a job or doing chores, how many months or years has [fill: SC name] been exposed to VERY LOUD sounds or noise for 4 or more hours a day, several days a week?

VERY LOUD means so loud that one must shout in order to be understood by a person standing 3 feet (arm’s length) away.

01. Less than 3 months
02. 3 to 11 months
03. 1 to 2 years
04. 3 to 4 years
05. 5 to 9 years
06. 10 to 14 years
07. 15 years or more
97. Refused
99. Don't know

Sample children 6-17 who have had job/chores that exposed them to very loud noise 4 or more hours a day, several days a week.
Question ID: CHS.254_00.070  Instrument Variable Name: CHRWKPRT  QuestionnaireFileName: Sample Child

QuestionText: About how often did [fill: SC name] wear hearing protection, such as ear plugs or ear muffs when exposed to VERY LOUD sounds or noise at work or while doing chores? Would you say…

*Read categories below.

1 Always
2 Usually
3 About half the time
4 Seldom
5 Never
7 Refused
9 Don't know

UniverseText: Sample children 6-17 who have had job/chores that exposed them to very loud noise 4 or more hours a day, several days a week

SkipInstructions: <1-5,R,D> [goto CHRLESNS]

Question ID: CHS.254_00.080  Instrument Variable Name: CHRLESNS  QuestionnaireFileName: Sample Child

QuestionText: [fill: Outside of working on a job or doing chores, has/Has] [fill: SC name] ever been exposed to VERY LOUD sounds or noise 10 or more times a year? This includes noise from extremely loud toys, gunfire, fireworks, power tools or machinery, very loud music, sporting events, recreational vehicles, racing or speedways, some household appliances, or other things?]

*Read if necessary.

VERY LOUD means so loud that one must shout in order to be understood by a person standing 3 feet (arm’s length) away.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [goto CHRLESTP]
<2,R,D> [goto CHRINT]
### Question ID: CHS.254_00.090  
### Instrument Variable Name: CHRLESTP  
### QuestionnaireFileName: Sample Child

**QuestionText:** What types of VERY LOUD activities has [fill: SC name] ever been exposed to 10 or more times a year?

*Enter all that apply, separate with commas.

| 01 | Motorcycles/auto racing/snowmobile/motor boat/recreational vehicles |
| 02 | Operating farm machinery |
| 03 | Woodworking, other workshop power tools |
| 04 | Lawn mower, electric trimmer, leaf/snow blower, chain saw |
| 05 | Guns, firearms |
| 06 | Firecrackers or fireworks |
| 07 | Very loud household appliances (vacuum cleaners, hair dryers, etc.) |
| 08 | CD Player/MP3 Player/iPod, etc. |
| 09 | Playing a musical instrument |
| 10 | Extremely loud toys |
| 11 | Other music-related activities: Rock concerts, stereos, disco/clubs or bars |
| 12 | Other activities (such as computer/video games, home theater, loud sporting events) |
| 97 | Refused |
| 99 | Don't know |

**UniverseText:** Sample children <18 who have been exposed to very loud leisure time sounds/noise 10 or more times a year

**SkipInstructions:** <1-12,R,D> [goto CHRLSPRT]

---

### Question ID: CHS.255_00.005  
### Instrument Variable Name: CHRLSPRT  
### QuestionnaireFileName: Sample Child

**QuestionText:** When [fill: SC name] was exposed to VERY LOUD noise or music from activities outside of work, about how often did [he/she] wear hearing protection, such as ear plugs or ear muffs? Would you say…

*Read categories below.

| 1 | Always |
| 2 | Usually |
| 3 | About half the time |
| 4 | Seldom |
| 5 | Never |
| 7 | Refused |
| 9 | Don't know |

**UniverseText:** Sample children <18 who have been exposed to very loud leisure time sounds/noise 10 or more times a year

**SkipInstructions:** <1-5,R,D> [goto CHRLINT]
Question ID: CHS.255_00.010  Instrument Variable Name: CHRINT  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did anyone get information from the internet about [fill: SC name]’s health, medical treatments, or rehabilitation services?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

---

Question ID: CHS.255_00.020  Instrument Variable Name: CHRINTHL  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did anyone get information from the internet on…

Hearing loss for [fill: SC name]

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 whose parent/respondent used the internet in the past year to get information about health, medical treatment, or rehabilitation services

SkipInstructions: <1,2,R,D> [goto CHRINTHA]
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Child Health Status & Limitations
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Question ID: CHS.255_00.030  Instrument Variable Name: CHRINTHA  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary:

DURING THE PAST 12 MONTHS, did anyone get information from the internet on…

Hearing aids, including cochlear implants or other devices or assistive technology for [fill: SC name]

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 whose parent/respondent used the internet in the past year to get information about health, medical treatment, or rehabilitation services

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

---

Question ID: CHS.255_00.040  Instrument Variable Name: CHRINTHP  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary:

DURING THE PAST 12 MONTHS, did anyone get information from the internet on…

Hearing protection such as ear plugs or earmuffs for [fill: SC name]

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 whose parent/respondent used the internet in the past year to get information about health, medical treatment, or rehabilitation services

SkipInstructions: <1,2,R,D> if CHRINTHL=1 or CHRINTHA=1 or CHRINTHP=1 [goto CHRINHPR]; else [goto next CVISION]
Was any of this information written by a doctor, other health professionals, medical associations, or other health-related organizations?

1  Yes
2  No
7  Refused
9  Don't know

Sample children <18 whose parent/respondent used the internet in the past year to get information about hearing loss, hearing aids, or hearing protection

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

Sample children <18

Is [fill: SC name] blind or unable to see at all?

1  Yes
2  No
7  Refused
9  Don't know

Sample children <18 having trouble seeing
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]

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]
2014 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: ??[F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18

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

---

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

QuestionText: ??[F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 3-17

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

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
2014 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-15

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]
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]
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<thead>
<tr>
<th>Question ID:</th>
<th>CHS.361_03.000</th>
<th>Instrument Variable Name:</th>
<th>CMHAGF11_3</th>
<th>QuestionnaireFileName:</th>
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<tr>
<td>QuestionText:</td>
<td>(book) C3  ?[F1]</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>* Read if necessary.</td>
<td></td>
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<tr>
<td></td>
<td>I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.</td>
<td></td>
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</tr>
<tr>
<td>She:</td>
<td>Has been nervous or high-strung?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Not true</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td>Sometimes true</td>
<td></td>
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<tr>
<td>2</td>
<td>Often true</td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Female sample children 2-3</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0-2,R,D&gt; [go to CMHAGF11_4]</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) C3  ?[F1]</td>
<td></td>
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<td></td>
<td>* Read if necessary.</td>
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<td></td>
<td>I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.</td>
<td></td>
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<td>She:</td>
<td>Has been unhappy, sad, or depressed?</td>
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<td>0</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Female sample children 2-3</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0-2,R,D&gt; [go to CAU.CUSUALPL]</td>
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</tbody>
</table>
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

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

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

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

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

[1-5] [go to CHCPLROU]
[6,R,D] [go to CHCPLKND]
**Question ID:** CAU.035_00.000  **Instrument Variable Name:** CHCPLROU  **QuestionnaireFileName:** Sample Child

**QuestionText:** Is that [fill1: CPLKIND/CAU.030] the same place [fill2: alias] USUALLY goes when [fill3: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

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

**UniverseText:** Sample children <18 with one or more usual places to go when sick or need health advice who reported that place as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place

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

---

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

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

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

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

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

care?

1    Yes
2    No
7    Refused
9    Don't know

Sample children <18 with one or more place to go when sick/need advice [or who reported same place as usual

source of routine/preventive care]

Was this change for a reason related to health insurance?

1    Yes
2    No
7    Refused
9    Don't know

Sample children <18 that have changed their usual place of health care in the past 12 months
2014 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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]
2014 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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]
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]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
</table>
| CAU.080_03.000 | CHCDLYR1_3 | Sample Child | * 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. |
| CAU.080_04.000 | CHCDLYR1_4 | Sample Child | * 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. |

UniverseText: Sample children <18
SkipInstructions: <1,2,R,D> [goto CHCDLYR1_4]

UniverseText: Sample children <18
SkipInstructions: <1,2,R,D> [goto CHCDLYR1_5]
There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

You didn’t have transportation.

1 Yes
2 No
7 Refused
9 Don't know

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
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

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
**Question Text:**

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 Text:**

* Read if necessary.

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

**Mental health care or counseling?**

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1_3]
DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn’t get it because you couldn’t afford it...

Dental care (including check-ups)?

1  Yes
2  No
7  Refused
9  Don’t know

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

Eyeglasses?

1  Yes
2  No
7  Refused
9  Don’t know
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

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
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]
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

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

Sample children <2
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]
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

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

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]’s health?
2014 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization

Document Version Date: 28-May-15

**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]
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

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

<1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8_1]
**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

Document Version Date: 28-May-15

---

**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)?

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 CHP EXYR]
**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]
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]
**Question ID:** CAU.282_00.010  **Instrument Variable Name:** CERHOS  **QuestionnaireFileName:** Sample Child

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

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

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

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

---

**Question ID:** CAU.283_00.010  **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

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

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

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

---

**Question ID:** CAU.283_00.020  **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

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

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

**SkipInstructions:** <1,2,R,D> [goto CERREAS3]
*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]

*Read if necessary.

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

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

1 Yes
2 No
7 Refused
9 Don’t know

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

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

QuestionText: *Read if necessary.

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

… Only a hospital could help [fill: alias]

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

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

QuestionText: *Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don’t know

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

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

QuestionText: *Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don’t know

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

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

---

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

QuestionText: *Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don’t know

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

SkipInstructions: <1,2,R,D> [goto CHCHYR]
## 2014 NHIS Questionnaire - Sample Child

### Child Access to Health Care & Utilization

**Document Version Date:** 28-May-15

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAU.290_00.000</th>
<th>Instrument Variable Name:</th>
<th>CHCHYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, did [fill1: alias] receive care AT HOME from a nurse or other health care professional?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children <18

**SkipInstructions:**

- `<1>` [goto CHCHMOYR]
- `<2,R,D>` [goto CHCNOYR]

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CAU.300_00.000</th>
<th>Instrument Variable Name:</th>
<th>CHCHMOYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, how many months did [fill: alias] receive care AT HOME from a health care professional?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-12</td>
<td>1-12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

- `<01-12,R,D>` [goto CHCHNOYR]
What was the total number of home visits received for [fill1: alias] during [fill2: that month/those months]?

01  1
02  2-3
03  4-5
04  6-7
05  8-9
06  10-12
07  13-15
08  16 or more
97  Refused
99  Don't know

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

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: alias] seen a doctor or other health care professional about [fill2: his/her] health at A DOCTOR’S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times [fill1: alias] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits or telephone calls.

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

Sample children <18
2014 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-15

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

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

* Read if necessary.

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

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample children <18

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

---

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

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

* Enter '95' for 95 or more times.

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

Universe Text: Sample children <18 that have undergone surgery during the past 12 months

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

Soft Edit: ERR_CMDLONG

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

*Please verify.
About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about [fill1: alias]'s health? Include doctors seen while [fill2: he/she] was a patient in a hospital.

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

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

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

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

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

* Enter 1 to Continue.

1  Enter 1 to continue

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto CMHMF_1]

Question ID: CMB.020_01.000  Instrument Variable Name: 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]
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]
Child Mental Health Brief Questionnaire

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]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CMB.030_00.000</th>
<th>Instrument Variable Name:</th>
<th>CMHDIFF</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) C8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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]
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]

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]
### 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?

<table>
<thead>
<tr>
<th>Month</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>01</td>
</tr>
<tr>
<td>February</td>
<td>02</td>
</tr>
<tr>
<td>March</td>
<td>03</td>
</tr>
<tr>
<td>April</td>
<td>04</td>
</tr>
<tr>
<td>May</td>
<td>05</td>
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<td>June</td>
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<td>November</td>
<td>11</td>
</tr>
<tr>
<td>December</td>
<td>12</td>
</tr>
<tr>
<td>Refused</td>
<td>97</td>
</tr>
<tr>
<td>Don't know</td>
<td>99</td>
</tr>
</tbody>
</table>

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

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

### 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.

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

**UniverseText:** Sample Child LE 17 years who have had 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

**HardEdit:**  
ERR1_CH1N1_4Y  
*Future date invalid.  

ERR2_CH1N1_4Y  
*Date before birth.  

ERR3_CH1N1_4Y  
*Date before 12 months ago.
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

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

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

Sample Child LE 17 years who have had more than one vaccine doses
### Question 1

**Question ID:** CFI.005_00.070  
**Instrument Variable Name:** CH1N1_7Y  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

2 of 2

*Enter year of next most recent flu vaccine.

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

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

**SkipInstructions:**

<valid year,R,D> [goto CH1N1_8]

[If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y

[If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_CH1N1_7Y

[If CH1N1_6M and CH1N1_7Y = a date prior to 12 months ago] goto ERR3_CH1N1_7Y

**Hard Edit:**

ERR1_CH1N1_7Y

*Future date invalid.

ERR2_CH1N1_7Y

*Date before birth.

ERR3_CH1N1_7Y

*Date before 12 months ago.

---

### Question 2

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

**QuestionText:**

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

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

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

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

**SkipInstructions:**

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