
2014 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 28-May-15

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

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

01-25 Person number of the respondent for Sample Child

UniverseText: Sample child section not started or not completed

SkipInstructions:

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

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

Hard Edit: ERR_CURRES

* You have selected a non-selectable person.

* Please correct.

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: The next questions are about health care.

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

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

UniverseText: Sample children <18

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

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

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

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

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

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

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

Question ID: CAU.035_00.000 **Instrument Variable Name:** CHCPLROU **QuestionnaireFileName:** Sample Child**QuestionText:** Is that [fill1: CPLKIND/CAU.030] the same place [fill2: alias] USUALLY goes when [fill3: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

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

UniverseText: Sample children <18 with one or more usual places to go when sick or need health advice who reported that place as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place**SkipInstructions:** <1> [go to CHCCHGYR]
<2,R,D> [go to CHCPLKND]

Question ID: CAU.037_00.000 **Instrument Variable Name:** CHCPLKND **QuestionnaireFileName:** Sample Child**QuestionText:** What kind of place does [fill1: alias] USUALLY go to when [fill2: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

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

UniverseText: Sample children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.**SkipInstructions:** <0-6,R,D> if CUSUALPL=2 [goto CNOUSLPL]; else if CUSUALPL=,R,D [goto CPRVTRYR]; else [goto CHCCHGYR]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: alias] USUALLY goes for health care?

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

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

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

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

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

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

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

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

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]

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]

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

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]

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

Question ID: CAU.080_05.000 **Instrument Variable Name:** CHCDLYR1_5 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

You didn't have transportation.

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

UniverseText: Sample children <18

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

Question ID: CAU.130_00.000 **Instrument Variable Name:** CHCAFYR **QuestionnaireFileName:** Sample Child

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

Prescription medicines?

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

UniverseText: Sample children <2

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

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

Question ID: CHS.010_01.000 **Instrument Variable Name:** BWGT_LB **QuestionnaireFileName:** Sample Child

QuestionText: ?[F1]

What was [fill: S.C.name]'s birth weight?

* Enter 'M' to record metric measurements.

01-15 1-15 pounds
97 Refused
99 Don't know
M Metric

UniverseText: Sample children <18

SkipInstructions: <1-12> [goto BWGT_OZ]
<13-15> [goto ERR1_BWGT_LB]
<R,D> [goto CHGT_FT]
<M> [goto BWGT_GR]
[If NE <1-15, M, D, R> goto ERR2_BWGT_LB]

Hard Edit: ERR2_BWGT_LB

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

Soft Edit: ERR1_BWGT_LB

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

Question ID: CHS.010_02.000 **Instrument Variable Name:** BWGT_OZ **QuestionnaireFileName:** Sample Child

QuestionText: * Enter ounces.

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

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

SkipInstructions: <0-15,R,D> [goto CHGT_FT]
[if BWGT_LB = <0-15, D, R> and BWGT_OZ = <empty> go to CHGT_FT]

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

Question ID: CHS.011_00.000 **Instrument Variable Name:** BWGT_GR **QuestionnaireFileName:** Sample Child

QuestionText: * Enter weight in grams.

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

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

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

Soft Edit: ERR_BWGT_GR

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

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

QuestionText: ?[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.

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

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

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

Hard Edit: ERR1_CHGT_IN

* Must enter an answer in at least the inches item.
 * Please correct.

ERR2_CHGT_IN

* Number of inches exceeds maximum allowed.
 * Please correct.

Soft Edit: ERR3_CHGT_IN

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

2014 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: * Enter height in metric.

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

0-2 0-2 meters

7 Refused

9 Don't know

Blank Blank

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

SkipInstructions: <0-2,empty> [goto CHGT_CM]
<R,D> [goto CWGT_LB]

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

Document Version Date: 28-May-15

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

QuestionText: * Enter centimeters.

000-241 0-241 centimeters

Blank Blank

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

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

Hard Edit: ERR1_CHGT_CM

* Must enter an answer at least in the centimeters item.
 * Please correct.

ERR2_CHGT_CM

* Total height exceeds maximum allowed.
 * Please correct.

Soft Edit: ERR3_CHGT_CM

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

2014 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 28-May-15

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.

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

Document Version Date: 28-May-15

Question ID: CHS.023_00.000 **Instrument Variable Name:** CWGT_KG **QuestionnaireFileName:** Sample Child

QuestionText: * Enter weight in kilograms.

002-226 2-226 kilograms

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

SkipInstructions: <2-226> if CWGT_KG lt '2' or CWGT_KG gt '226'
 goto ERR1_CWGT_KG
 elseif (SEX = '1' and
 AGE = '12' and (CWGT_KG = '28' or CWGT_KG = '95')) or
 AGE = '13' and (CWGT_KG = '32' or CWGT_KG = '112')) or
 AGE = '14' and (CWGT_KG = '38' or CWGT_KG = '121')) or
 AGE = '15' and (CWGT_KG = '42' or CWGT_KG = '121')) or
 AGE = '16' and (CWGT_KG = '44' or CWGT_KG = '139')) or
 AGE = '17' and (CWGT_KG = '48' or CWGT_KG = '144')) or
 (SEX = '2' and
 AGE = '12' and (CWGT_KG = '28' or CWGT_KG = '96')) or
 AGE = '13' and (CWGT_KG = '33' or CWGT_KG = '108')) or
 AGE = '14' and (CWGT_KG = '38' or CWGT_KG = '114')) or
 AGE = '15' and (CWGT_KG = '38' or CWGT_KG = '108')) or
 AGE = '16' and (CWGT_KG = '39' or CWGT_KG = '117')) or
 AGE = '17' and (CWGT_KG = '41' or CWGT_KG = '133'))
 goto ERR2_CWGT_KG
 elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE ge '2'
 goto ADD_1
 elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE lt '2'
 goto ADD1_2
 else
 calculate the BMI (Body Mass Index) – 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.

2014 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 28-May-15

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

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

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

UniverseText: Sample children <2

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

Question ID: CHS.031_03.000 **Instrument Variable Name:** ADD1_3 **QuestionnaireFileName:** Sample Child

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

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

UniverseText: Sample children <2

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

2014 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: ?[F1]

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

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

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

UniverseText: Sample children 2-17

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

Question ID: CHS.032_02.000 **Instrument Variable Name:** ADD_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

an intellectual disability, also known as mental retardation?

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

UniverseText: Sample children 2-17

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

2014 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 28-May-15

Question ID: CHS.032_02.010 **Instrument Variable Name:** AUTISM **QuestionnaireFileName:** Sample Child

QuestionText: ?[F1]

* Read if necessary.

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

Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

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

UniverseText: Sample children 2-17

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

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

QuestionText: ?[F1]

* Read if necessary.

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

Any other developmental delay?

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

UniverseText: Sample children 2-17

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

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

QuestionText: (book) C2 ?[F1]

Looking at this list, has a doctor or health professional ever told you that [fill: SC name] had any of these conditions?

*Read if necessary.

Down syndrome
Cerebral palsy
Muscular dystrophy
Cystic fibrosis
Sickle cell anemia
Diabetes
Arthritis
Congenital heart disease
Other heart condition

UniverseText: Sample children <18

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

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

QuestionText: (book) C2 ? [F1]

Which ones?

* Enter all that apply, separate with commas.

UniverseText: Sample children <18 and CONDL=1

SkipInstructions: <1-9, R,D> [go to CPOX]

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

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

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

UniverseText: Sample children <18

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

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

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

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

UniverseText: Sample children <18 who have had chickenpox

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

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

QuestionText: ? [F1]

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

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

UniverseText: Sample children <18

SkipInstructions: <1> [go to CASSTILL]
<2,R,D> if AGE LE 2 [go to CCONDT1_1];
else [go to CCONDT_1]

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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]

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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]

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Question ID: CHS.111_03.000 **Instrument Variable Name:** CCONDT1_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_4]

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

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

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

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_6]

Question ID: CHS.111_06.000 **Instrument Variable Name:** CCONDT1_6 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Anemia?

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

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Three or more ear infections?

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_9]

Question ID: CHS.111_09.000 **Instrument Variable Name:** CCONDT1_9 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Seizures?

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

UniverseText: Sample children LE 2

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

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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]

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Question ID: CHS.115_03.000 **Instrument Variable Name:** CCONDT_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_4]

Question ID: CHS.115_04.000 **Instrument Variable Name:** CCONDT_4 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_5]

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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]

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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]

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Question ID: CHS.115_09.000 **Instrument Variable Name:** CCONDT_9 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Seizures?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_10]

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

QuestionText: * Read if necessary.

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

Stuttering or stammering?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: These next questions are about [fill: SC name]'s recent health DURING THE LAST 2 WEEKS.

Did [fill: SC name] have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

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

UniverseText: Sample children <18

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

Question ID: CHS.240_00.000 **Instrument Variable Name:** CINTIL2W **QuestionnaireFileName:** Sample Child

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

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHEARST2]

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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> [goto CHRWHISP]

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Question ID: CHS.251_00.020 **Instrument Variable Name:** CHRWORSE **QuestionnaireFileName:** Sample Child

QuestionText: *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]

Question ID: CHS.251_00.030 **Instrument Variable Name:** CHRWHISP **QuestionnaireFileName:** Sample Child

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 WHISPERS to [fill: him/her] from across a QUIET room?

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

UniverseText: Sample children <18

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

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Question ID: CHS.251_00.040 **Instrument Variable Name:** CHRTALK **QuestionnaireFileName:** Sample Child**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]

Question ID: CHS.251_00.050 **Instrument Variable Name:** CHRSHOUT **QuestionnaireFileName:** Sample Child**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 CHRSPEAK]

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Question ID: CHS.251_00.060 **Instrument Variable Name:** CHRSPKAK **QuestionnaireFileName:** Sample Child

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 SPEAKS LOUDLY into [fill: his/her] [fill1: ear/better ear]

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

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

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

Question ID: CHS.251_00.070 **Instrument Variable Name:** CHRCOCRC **QuestionnaireFileName:** Sample Child

QuestionText: 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

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

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

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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 CHR FAM]

Question ID: CHS.252_00.010 **Instrument Variable Name:** CHR FAM **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 CHR PRBHP];
else [goto CHEARAG1];
else if AGE 3-11 [goto CHR MIS];
else [goto CHR UNDNS]

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Question ID: CHS.252_00.020 **Instrument Variable Name:** CHRMIS **QuestionnaireFileName:** Sample Child

QuestionText: 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
- 7 Refused
- 9 Don't know

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

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

Question ID: CHS.252_00.030 **Instrument Variable Name:** CHRUNDST **QuestionnaireFileName:** Sample Child

QuestionText: 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
- 7 Refused
- 9 Don't know

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

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

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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
- 7 Refused
- 9 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]?

- 01 At birth
- 02 0 to 2 years of age
- 03 3 to 5 years of age
- 04 6 to 8 years of age
- 05 9 to 11 years of age
- 06 12 to 14 years of age
- 07 15 to 17 years of age
- 97 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: <1-7,R,D> [goto CHRCAUS1]

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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
- 97 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]

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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]

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

Question ID: CHS.253_00.060 **Instrument Variable Name:** CHREIAGE **QuestionnaireFileName:** Sample Child

QuestionText: At what age did [fill: SC name] FIRST have an earache or an ear infection?

- 00 Never
- 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

UniverseText: Sample children <18

SkipInstructions: <0-8,R,D> [goto CHRTUBE]

Question ID: CHS.253_00.070 **Instrument Variable Name:** CHRTUBE **QuestionnaireFileName:** Sample Child

QuestionText: Did [fill: SC name] EVER have a tube placed in one or both ears to drain fluid from the ear(s)?

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

UniverseText: Sample children <18

SkipInstructions: <1> [goto CHRTBAGE];
<2,R,D> if AGE LT 5 [goto CHRTEST];
else if AGE 5-17 [goto CHRTSCH]

2014 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

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Question ID: CHS.253_00.080 **Instrument Variable Name:** CHRTBAGE **QuestionnaireFileName:** Sample Child

QuestionText: 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

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

SkipInstructions: <1-8,R,D> if AGE LT 5 [goto CHRTEST];
else if AGE 5-17 [goto CHRTSCH]

Question ID: CHS.253_00.090 **Instrument Variable Name:** CHRTSCH **QuestionnaireFileName:** Sample Child

QuestionText: Has [fill: SC name] EVER had a hearing test at school?

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

UniverseText: Sample children 5+

SkipInstructions: <1> [goto CHRTSCHM]
<2,3,R,D> [goto CHRTEST]

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Child Health Status & Limitations

Document Version Date: 28-May-15

Question ID: CHS.253_00.100 **Instrument Variable Name:** CHRTSCHM **QuestionnaireFileName:** Sample Child

QuestionText: Has [fill: SC name] had [his/her] hearing tested more than once at school?

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

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

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

Question ID: CHS.253_00.105 **Instrument Variable Name:** CHRTSCHR **QuestionnaireFileName:** Sample Child

QuestionText: 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

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

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

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Document Version Date: 28-May-15

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?

- 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: <0-6,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)?

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

UniverseText: Sample children <18

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

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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]
<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 CHRFRCK];
else [goto CHRAUD]

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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 CHRAIDLDP]
<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 CHRFRCK];
else [goto CHRAUD]

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

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

- 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 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?

- 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 have used a hearing aid in the past, but not currently

SkipInstructions: <0-4,R,D> [goto CHRAIDNT]

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Question ID: CHS.253_01.190 **Instrument Variable Name:** CHRAIDNT **QuestionnaireFileName:** Sample Child

QuestionText: 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

UniverseText: 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

SkipInstructions: <1-11,R,D> if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE GE 6) [goto CHR FIRE];
 else if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE LE 5) [goto CHRFRCK];
 else [goto CHRAUD]

Question ID: CHS.253_13.195 **Instrument Variable Name:** CHRAUD **QuestionnaireFileName:** Sample Child

QuestionText: 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

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

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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 CHRFRCK]

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 CHRFRCK]

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Question ID: CHS.254_00.010 **Instrument Variable Name:** CHRFBRE **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 CHRFBRCRK]

Question ID: CHS.254_00.020 **Instrument Variable Name:** CHRFBRCRK **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 CHRFBRE=1 or CHRFBRCRK=1 [goto CHRFBTOTR];
else if age 6-17 [goto CHRFBWKVLN];
else [goto CHRFBLESNS]

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Child Health Status & Limitations

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Question ID: CHS.254_00.030 **Instrument Variable Name:** CHRTOTR **QuestionnaireFileName:** Sample Child

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 CHRFRPRT]

Question ID: CHS.254_00.040 **Instrument Variable Name:** CHRFRPRT **QuestionnaireFileName:** Sample Child

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]

2014 NHIS Questionnaire - Sample Child

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Question ID: CHS.254_00.050 **Instrument Variable Name:** CHRWKVLN **QuestionnaireFileName:** Sample Child

QuestionText: 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

UniverseText: Sample children 6-17

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

Question ID: CHS.254_00.060 **Instrument Variable Name:** CHRWKVLT **QuestionnaireFileName:** Sample Child

QuestionText: 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

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: <1-7,R,D> [goto CHRWKPRT]

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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]

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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 CHRLESTP]

Question ID: CHS.255_00.005 **Instrument Variable Name:** CHRLESTP **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 CHRINT]

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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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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]

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Question ID: CHS.255_00.050 **Instrument Variable Name:** CHRINHPR **QuestionnaireFileName:** Sample Child

QuestionText: 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

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

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

Question ID: CHS.260_00.000 **Instrument Variable Name:** CVISION **QuestionnaireFileName:** Sample Child

QuestionText: Does [fill1: SC name] have any trouble seeing [fill2: , even when wearing glasses or contact lenses]?

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

UniverseText: Sample children <18

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

Question ID: CHS.270_00.000 **Instrument Variable Name:** CBLIND **QuestionnaireFileName:** Sample Child

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

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

UniverseText: Sample children <18 having trouble seeing

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

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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]

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Question ID: CHS.311_00.000 **Instrument Variable Name:** PROBRX **QuestionnaireFileName:** Sample Child**QuestionText:** ?[F1]

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

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

UniverseText: Sample children <18**SkipInstructions:** <1,2,R,D> [if AGE LE <1> go to CAU.CUSUALPL;
else if AGE GE 3 go to LEARNND;
else if AGE = 2 and SEX = 1 go to CMHAGM11_1;
if AGE = 2 and SEX = 2 go to CMHAGF11_1]

Question ID: CHS.312_00.000 **Instrument Variable Name:** LEARNND **QuestionnaireFileName:** Sample Child**QuestionText:** ?[F1]

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

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

UniverseText: Sample children 3-17**SkipInstructions:** <1,2,R,D> [if AGE > 3 go to CUSUALPL;
if AGE = 3 and SEX = 1 go to CMHAGM11_1;
if AGE = 3 and SEX = 2 go to CMHAGF11_1]

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

QuestionText: (book) C3 ?[F1]

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

He:

Has been uncooperative?

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

UniverseText: Male sample children 2-3

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

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

QuestionText: (book) C3 ?[F1]

* Read if necessary.

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

He:

Has trouble getting to sleep?

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

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_3]

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]

2014 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 28-May-15

Question ID: CHS.361_01.000 **Instrument Variable Name:** CMHAGF11_1 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3 ?[F1]

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

She:

Has temper tantrums or a hot temper?

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

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGF11_2]

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

QuestionText: (book) C3 ?[F1]

* Read if necessary.

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

She:

Has speech problems?

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

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGF11_3]

2014 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 28-May-15

Question ID: CHS.361_03.000 **Instrument Variable Name:** CMHAGF11_3 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3 ?[F1]

* Read if necessary.

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

She:

Has been nervous or high-strung?

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

UniverseText: Female sample children 2-3

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

Question ID: CHS.361_04.000 **Instrument Variable Name:** CMHAGF11_4 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3 ?[F1]

* Read if necessary.

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

She:

Has been unhappy, sad, or depressed?

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

UniverseText: Female sample children 2-3

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

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: The next questions are about health care.

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

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

UniverseText: Sample children <18

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

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

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

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

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

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

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

Question ID: CAU.035_00.000 **Instrument Variable Name:** CHCPLROU **QuestionnaireFileName:** Sample Child**QuestionText:** Is that [fill1: CPLKIND/CAU.030] the same place [fill2: alias] USUALLY goes when [fill3: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

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

UniverseText: Sample children <18 with one or more usual places to go when sick or need health advice who reported that place as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place**SkipInstructions:** <1> [go to CHCCHGYR]
<2,R,D> [go to CHCPLKND]

Question ID: CAU.037_00.000 **Instrument Variable Name:** CHCPLKND **QuestionnaireFileName:** Sample Child**QuestionText:** What kind of place does [fill1: alias] USUALLY go to when [fill2: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

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

UniverseText: Sample children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.**SkipInstructions:** <0-6,R,D> if CUSUALPL=2 [goto CNOUSLPL]; else if CUSUALPL=,R,D [goto CPRVTRYR]; else [goto CHCCHGYR]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: alias] USUALLY goes for health care?

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

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

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

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

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

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

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

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

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]

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]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

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

Question ID: CAU.080_05.000 **Instrument Variable Name:** CHCDLYR1_5 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

You didn't have transportation.

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

UniverseText: Sample children <18

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

Question ID: CAU.130_00.000 **Instrument Variable Name:** CHCAFYR **QuestionnaireFileName:** Sample Child

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

Prescription medicines?

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

UniverseText: Sample children <2

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

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

Question ID: CAU.133_00.010 **Instrument Variable Name:** CHCAFYRN **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

To see a specialist?

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

UniverseText: Sample children <2

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

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

QuestionText: * Read if necessary.

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

Follow-up care?

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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [if AGE <1 goto CHCSYR1_2; else goto CDENLONG]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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

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

Prescription medicines?

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

UniverseText: Sample children GE 2

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

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

QuestionText: * Read if necessary.

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

Mental health care or counseling?

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

UniverseText: Sample children GE 2

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

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

Question ID: CAU.135_03.000 **Instrument Variable Name:** CHCAFYR1_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Dental care (including check-ups)?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_4]

Question ID: CAU.135_04.000 **Instrument Variable Name:** CHCAFYR1_4 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Eyeglasses?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_5]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: * Read if necessary.

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

To see a specialist?

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

UniverseText: Sample children GE 2

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

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

QuestionText: * Read if necessary.

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

Follow-up care?

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

UniverseText: Sample children GE 2

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

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: (book) C4

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

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

UniverseText: Sample children GE 1

SkipInstructions: <0-5,R,D> [if AGE GE <2> goto CHCSYR_1; else go to CHCSYR1_2]

Question ID: CAU.170_01.000 **Instrument Variable Name:** CHCSYR1_2 **QuestionnaireFileName:** Sample Child

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

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

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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_3]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

Question ID: CAU.170_02.000 **Instrument Variable Name:** CHCSYR1_3 **QuestionnaireFileName:** Sample Child

QuestionText: ?[F1]

* Read if necessary.

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

A foot doctor?

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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_5]

Question ID: CAU.170_03.000 **Instrument Variable Name:** CHCSYR1_5 **QuestionnaireFileName:** Sample Child

QuestionText: ?[F1]

* Read if necessary.

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

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

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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_6]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

Question ID: CAU.175_02.000 **Instrument Variable Name:** CHCSYR_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

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

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

UniverseText: Sample children GE 2

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

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

QuestionText: ?[F1]

* Read if necessary.

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

A foot doctor?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_4]

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]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: ?[F1]

* Read if necessary.

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

A nurse practitioner, physician assistant or midwife?

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

UniverseText: Sample children GE 2

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

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

QuestionText: ?[F1]

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

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

UniverseText: Sample children GE 15 who are female

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

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? /fill4: other than psychiatrist or ophthalmologist)?

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

UniverseText: Sample children <18

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

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

QuestionText: * Read if necessary.

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

A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?

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

UniverseText: Sample children <18

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

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Child

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Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
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Question ID: CAU.282_00.010 **Instrument Variable Name:** CERHOS **QuestionnaireFileName:** Sample Child

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

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

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

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

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

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

... [fill: He/She] didn't have another place to go

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

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

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

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

QuestionText: *Read if necessary.

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

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

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

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

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

2014 NHIS Questionnaire - Sample Child
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Question ID: CAU.283_03.030 **Instrument Variable Name:** CERREAS3 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

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

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

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

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

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

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

QuestionText: *Read if necessary.

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

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

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

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

SkipInstructions: <1,2,R,D> [goto CERREAS5]

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

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

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

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

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

UniverseText: Sample children <18

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

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

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

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

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

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

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

Question ID: CAU.310_00.000 **Instrument Variable Name:** CHCHNOYR **QuestionnaireFileName:** Sample Child

QuestionText: (book) C6 ?[F1]

What was the total number of home visits received for [fill1: alias] during [fill2: that month/those months]?

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

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

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

Question ID: CAU.320_00.000 **Instrument Variable Name:** CHCNOYR **QuestionnaireFileName:** Sample Child

QuestionText: (book) C5 ?[F1]

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

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

UniverseText: Sample children <18

SkipInstructions: <0-8,R,D> [goto CSRGYR]

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

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

* Read if necessary.

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

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

UniverseText: Sample children <18

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

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

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

* Enter '95' for 95 or more times.

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

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

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

Soft Edit: ERR_CMDLONG

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

*Please verify.

2014 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: (book) C4

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

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

UniverseText: Sample children <18

SkipInstructions: <0-5, D, R> [if AGE=4-17 goto CMHCOPY; else goto CH1N1_1]

2014 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Child

Child Mental Health Brief Questionnaire

Document Version Date: 28-May-15

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

QuestionText: (book) C8

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

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

UniverseText: Sample children GE 4

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

2014 NHIS Questionnaire - Sample Child

Child Influenza Immunization

Document Version Date: 28-May-15

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

QuestionText: ?[F1]

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

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

UniverseText: Sample Child LE 17 years

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

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

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

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

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

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

2014 NHIS Questionnaire - Sample Child**Child Influenza Immunization**

Document Version Date: 28-May-15

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

QuestionText: 1 of 2

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

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

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

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

Question ID: CFI.005_00.040 **Instrument Variable Name:** CH1N1_4Y **QuestionnaireFileName:** Sample Child

QuestionText: 2 of 2

*Enter year of most recent flu vaccine.

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

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

SkipInstructions: <valid year,R,D> [goto CH1N1_5]
 [If CH1N1_3M and CH1N1_4Y = a future date] goto ERR1_ CH1N1_4Y]
 [If CH1N1_3M and CH1N1_4Y = a date prior to birth] goto ERR2_ CH1N1_4Y]
 [If CH1N1_3M and CH1N1_4Y = a date prior to 12 months ago] goto ERR3_ CH1N1_4Y]

Hard Edit: ERR1_ CH1N1_4Y
 *Future date invalid.

ERR2_ CH1N1_4Y
 *Date before birth.

ERR3_ CH1N1_4Y
 *Date before 12 months ago.

2014 NHIS Questionnaire - Sample Child

Child Influenza Immunization

Document Version Date: 28-May-15

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

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

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

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

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

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

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

QuestionText: 1 of 2

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

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

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

SkipInstructions: <1-12,D> [goto CH1N1_7Y] <R> [goto CH1N1_8]

2014 NHIS Questionnaire - Sample Child**Child Influenza Immunization****Document Version Date: 28-May-15**

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.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose**SkipInstructions:** <valid year,R,D> [goto CH1N1_8]
[If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_ CH1N1_7Y]
[If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_ CH1N1_7Y]
[If CH1N1_6M and CH1N1_7Y = a date prior to 12 months ago] goto ERR3_ CH1N1_7Y]**Hard Edit:** ERR1_ CH1N1_7Y
*Future date invalid.ERR2_ CH1N1_7Y
*Date before birth.ERR3_ CH1N1_7Y
*Date before 12 months ago.

Question ID: CFI.005_00.080 **Instrument Variable Name:** CH1N1_8 **QuestionnaireFileName:** Sample Child**QuestionText:** Was this a shot, or was it a vaccine sprayed in the nose?

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

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

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