Child Identification

Document Version Date: 31-May-16

CID.001_00.000 Instrument Variable Name: **Question ID:** QuestionnaireFileName: **CURRES** Sample Child QuestionText: * Enter the line number of the person to whom you are speaking. 01-25 Person number of the respondent for Sample Child **UniverseText:** Sample child section not started or not completed **SkipInstructions:** if CSTAT ne empty and CSTAT ne '2' THEN if ASTAT = empty or ASTAT = '2' THEN goto adult.aid.SADULT elseif recontact.RCIFLAG ne '1' THEN goto recontact.RCI_BEGIN procedure else goto back.OUTCOMEB1 procedure endif goto back.OUTCOMEB1 procedure endif <01-25> if this is NOT an allowable line number goto ERR_CURRES elseif CURRES = a line number entered in KNOWSC2 store CURRES in CSPAVAIL and CSRESP goto CSRELTIV elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2) goto KNOAVAIL else goto CSPAVAIL endif

Hard Edit: ERR_CURRES

- * You have selected a non-selectable person.
- * Please correct.

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Question ID: CID.010 00.000 Instrument Variable Name: QuestionnaireFileName: **CSPAVAIL** Sample Child QuestionText: The next questions are about [fill1: ALIAS of Sample Child]. Is [fill2:KNOWSC2 names] available to answer some questions about [fill3: HISHER] health? * Enter line number of available respondent from list or enter '96' if no one is available. * If refused enter CTRL_R. 01-25 Person # of person available to answer questions about Sample Child 96 No person available **UniverseText:** Someone identified as knowledgeable about child's health and knowledgeable person(s) not entered in CURRES **SkipInstructions:** <01-25> if line number not equal one of the line numbers in KNOWSC2 goto child.cid.ERR_CSPAVAIL store child.cid.CSPAVAIL in child.cid.CSRESP goto child.cid.CSRELTIV endif <96> store child.cid.CSPAVAIL in child.cid.CSRESP goto cbk.CCALLBK1 <R> store '4' in CSTAT(FAMINT) if ASTAT = empty or ASTAT = '2' THENgoto adult.aid.SADULT elseif recontact.RCIFLAG ne '1' THEN goto recontact.RCI_BEGIN procedure else goto back.OUTCOMEB1 procedure endif

Hard Edit: ERR_CSPAVAIL

- * You have selected a non-selectable person.
- * Please correct.

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| Question ID: | CID.030_00.000 | Instrument Variable Name: | CSRELTIV | QuestionnaireFileName: | Sample Child | |
|--|--|---------------------------|-----------|------------------------|--------------|--|
| QuestionText: | (book) C1 | | | | | |
| | [fill1: The next questions are about [fill2: ALIAS of Sample Child].] What is your relationship to [fill2: ALIAS of Sample Child]? | | | | | |
| 01 | Parent (Biological, adoptive, or step) | | | | | |
| 02 | Grandparent | | | | | |
| 03 | Aunt/Uncle | | | | | |
| 04 | Brother/Sister | | | | | |
| 05 | Other relative | | | | | |
| 06 | Legal guardian | | | | | |
| 07 | Foster parent | | | | | |
| 08 | Other non-relative | | | | | |
| 97 | Refused | | | | | |
| 99 | Don't know | | | | | |
| UniverseText: Someone identified as knowledgeable about child's health | | | | | | |
| SkipInstructions: <1-8,R,D> If CSRESP = demographics.hhc.RELRESP_A goto child.chs.BWGT_LB elseif CSRESP = demographics.hhc.HHRESP goto child.chs.BWGT_LB else] goto CSPVERF_S endif] | | | | | | |
| Question ID: | CID.040_00.000 | Instrument Variable Name: | CSPVERF_S | QuestionnaireFileName: | Sample Child | |
| QuestionText: * Please verify the following information about the sample child before proceeding: | | | | | | |
| I have recorded [fill1: ALIAS of Sample Child]'s sex as [fill2: Sex of Sample Child]. Is this correct? | | | | | | |
| | * If respondent "refuses" or says "don't know", enter "1" for "yes". | | | | | |
| 1 | Yes | | | | | |
| 2 | No | | | | | |
| UniverseTex | UniverseText: Respondent is not the person entered in HHRESP or RELRESP_A. | | | | | |

SkipInstructions:

<1> goto CSPVERF_A <2> goto NEWSEX

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

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

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

Male
 Female

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

SkipInstructions: <1,2> store NEWSEX in SEX

goto ERR_NEWSEX reset CSPVERF_S goto CSPVERF_S

Hard Edit: ERR_NEWSEX

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

goto CSPVERF_S (as the default goto)

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

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

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

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

Yes
 No

UniverseText: Respondent verified child's sex

 $\textbf{SkipInstructions:} \qquad <1> \ \text{goto} \ CSPVERF_D$

<2> goto NEWAGE

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Question ID: CID.043_00.000 Instrument Variable Name: NEWAGE QuestionnaireFileName: Sample Child

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

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

000-120 Age in years

UniverseText: Respondent said child's age is not correct

SkipInstructions: <0-120, Refused, Don't know>

if NEWAGE = 'Refused' or NEWAGE = 'Don't know' or NEWAGE = AGE

reset CSPVERF_A goto ERR_NEWAGE

else

store NEWAGE in AGE goto NEWDOB_M

Hard Edit: ERR_NEWAGE

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

goto CSPVERF_A (whether suppressed or not)

Question ID: CID.044_00.000 Instrument Variable Name: CSPVERF_D QuestionnaireFileName: Sample Child

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

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

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

Yes No

UniverseText: Respondent verified child's sex

SkipInstructions: <1> if AGE of Sample Child ge '18'

goto CNO_MORE

else

goto child.chs.BWGT_LB

endif

<2> goto NEWDOB_M

Child Identification

Document Version Date: 31-May-16

Question ID: CID.046_01.000 Instrument Variable Name: QuestionnaireFileName: NEWDOB_M Sample Child QuestionText: 1 of 3 What is [fill: ALIAS of Sample Child]'s birthday? *Enter month of birth. 01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October 11 November 12 December

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

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

Question ID: CID.046_02.000 Instrument Variable Name: NEWDOB_D QuestionnaireFileName: Sample Child

QuestionText: 2 of 3

* Enter day of birth.

01-31 Day of the month

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

SkipInstructions: <01-31,Refused,Don't know> goto NEWDOB_Y

If days not valid, goto ERR_NEWDOB_D

Hard Edit: ERR_NEWDOB_D

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

* Please correct.

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Question ID: CID.046_03.000 Instrument Variable Name: NEWDOB_Y QuestionnaireFileName: Sample Child

QuestionText: 3 of 3

* Enter year of birth.

1880-2020 Year of birth

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```
UniverseText:
                     Respondent said child's date of birth is not correct or child's age is not correct
                     <1880-2020, Refused, Don't know> if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty
SkipInstructions:
                                                     goto CSPVERF_A
                                                   elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty
                                                     goto CSPVERF_D
                                                   endif
                     (if year GT current year) or (if year = current year and month GT current month) or (if year = current year and
                     month = current month and day GT current day)
                      goto ERR1_NEWDOB_Y
                     endif
                     (if birth month = '02' and birth day = '29' and this is not a leap year)
                      goto ERR2_NEWDOB_Y
                     endif
                     (if NEWDOB_M = 'Ref' or 'DK') or (if NEWDOB_D = 'Ref' or 'DK') or (if NEWDOB_Y = 'Ref' or 'DK')
                      goto ERR3_NEWDOB_Y
                     else
                       store NEWDOB_M in DOBM
                       store NEWDOB D in DOBD
                       store NEWDOB_Y in DOBY
                       if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty
                        goto CSPVERF_A
                       elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty
                        goto CSPVERF_D
                       endif
                     endif
                     Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.
                     if age from NEWDOB items is ne AGE and age from NEWDOB items is valid
                      reset CSPVERF_A or CSPVERF_D
                      goto ERR4_NEWDOB_Y
                     endif
                     ERR1_NEWDOB_Y
Hard Edit:
                     *Future date invalid: [fill2: <NEWDOB_M> <NEWDOB_D>, <NEWDOB_Y>]
                     *Please correct.
                     goto NEWDOB_M (whether suppressed or not)
                     ERR2_NEWDOB_Y
                     *Not a valid day: [fill2: <NEWDOB_M> <NEWDOB_D>, <NEWDOB_Y>]
                     *Please correct.
                     goto NEWDOB_M (whether suppressed or not)
                     ERR3_NEWDOB_Y
                     *DOB of [fill1: ALIAS of Sample Child] remains [fill3: <DOBM> <DOBD>, <DOBY>]
                     goto CSPVERF_A
                     ERR4_NEWDOB_Y
                     *Data mismatched. Please fix Age or Birthday.
```

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goto CSPVERF_A (whether suppressed or not)

Child Health Status & Limitations

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

QuestionText: ?[F1]

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

* Enter 'M' to record metric measurements.

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

UniverseText: Sample children <18

SkipInstructions: <1-12> [goto BWGT_OZ]

<13-15> [goto ERR1_BWGT_LB]

<R,D> [goto CHGT_FT] <M> [goto BWGT_GR]

[If NE <1-15, M, D, R> goto ERR2_BWGT_LB]

Hard Edit: ERR2_BWGT_LB

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

* Please correct.

Soft Edit: ERR1_BWGT_LB

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

* Please verify.

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

QuestionText: * Enter ounces.

 00-15
 0-15 ounces

 97
 Refused

 99
 Don't know

 Blank
 Blank

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

SkipInstructions: <0-15,R,D> [goto CHGT_FT]

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

Child Health Status & Limitations

Document Version Date: 27-May-16

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.

Child Health Status & Limitations

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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 It '58' or CHTINCH gt '72')) or

AGE = '15' and (CHTINCH lt '60' or CHTINCH gt '74')) or AGE = '16' and (CHTINCH lt '61' or CHTINCH gt '74')) or

AGE = '16' and (CHTINCH It '61' or CHTINCH gt '/4')) 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 = '15' and (CHTINCH It '57' or CHTINCH gt '69')) or AGE = '16' and (CHTINCH It '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.

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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.

Child Health Status & Limitations

Sample Child

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```
Question ID:
              CHS.022 00.000 Instrument Variable Name:
                                                           CWGT LB
                                                                                 QuestionnaireFileName:
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
                       ERR1_CWGT_LB
 Hard Edit:
                       * Weight is out of range (1-500).
                       * Please correct.
                       ERR2_CWGT_LB
  Soft Edit:
                       * Please verify that the weight was entered correctly. Probe only if necessary.
```

Child Health Status & Limitations

Document Version Date: 27-May-16

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. <2-226> if CWGT_KG lt '2' or CWGT_KG gt '226' **SkipInstructions:** 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' andAGE = '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

ERR1_CWGT_KG **Hard Edit:**

* Weight is out of range (2-226).

* Please correct.

ERR2_CWGT_KG **Soft Edit:**

^{*} Please verify that the weight was entered correctly. Probe only if necessary.

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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

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

Yes
 No
 Refused
 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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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

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

Yes
 No
 Refused
 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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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?

Yes
 No
 Refused
 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?

Yes
 No
 Refused
 Don't know

UniverseText: Sample children LE 2

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

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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?

Yes
 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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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 None001-240 1-240 days

996 Did not go to school

997 Refused999 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.

Child Health Status & Limitations

Document Version Date: 27-May-16

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?

Yes
 No
 Refused
 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 CHEARST1]

Child Health Status & Limitations

Document Version Date: 27-May-16

Question ID: CHS.250_00.000 Instrument Variable Name: CHEARST1 QuestionnaireFileName: Sample Child

QuestionText: Which statement best describes [fill: S.C. name]'s hearing without a hearing aid: Excellent, good, a little trouble hearing,

moderate trouble, a lot of trouble, or is [fill: SC's name] deaf?

1 Excellent

2 Good

3 A little trouble hearing

4 Moderate trouble

5 A lot of trouble

6 Deaf

7 Refused

9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1-6,R,D> [go to CVISION]

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

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

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [goto CBLIND]

<2,R,D> [goto IHSPEQ]

Child Health Status & Limitations

Document Version Date: 27-May-16

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?

Yes
 No
 Refused
 Don't know

UniverseText: Sample children <18 having trouble seeing

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

Question ID: CHS.290_00.000 Instrument Variable Name: IHSPEQ QuestionnaireFileName: Sample Child

QuestionText: Does [fill1: SC name] have any impairment or health problem that requires [fill2: him/her] to use special equipment, such

as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample children <18

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

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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

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

1 Yes

2 No

7 Refused

9 Don't know

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

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

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

QuestionText: ?[F1]

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

least three months?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [if AGE LE <1> go to CAU.CUSUALPL;

else if AGE GE 3 go to LEARND;

else if AGE = 2 and SEX = 1 go to CMHAGM11_1; if AGE = 2 and SEX = 2 go to CMHAGF11_1]

Child Health Status & Limitations

Document Version Date: 27-May-16

Question ID: CHS.312 00.000 Instrument Variable Name: QuestionnaireFileName: LEARND 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

Sample children 3-17 UniverseText:

<1,2,R,D> [if AGE > 3 go to CUSUALPL; **SkipInstructions:**

if AGE = 3 and SEX = 1 go to CMHAGM11_1; if AGE = 3 and SEX = 2 go to CMHAGF11_1]

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

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

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]

Child Health Status & Limitations

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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 Refused9 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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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?

O 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,R,D [goto CPRVTRYR]; ELSE [goto CHCCHGYR]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: CAU.080 03.000 Instrument Variable Name: QuestionnaireFileName: CHCDLYR1_3 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

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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

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

QuestionText:

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: CAU.175 06.000 Instrument Variable Name: QuestionnaireFileName: CHCSYR_6 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: QuestionnaireFileName: CHCSYR7 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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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)?

medicine)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [goto CHCSYR10]

<2,R,D> [goto CHPEXYR]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

| 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?

Yes
 No
 Refused
 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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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?

 \ldots 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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: CAU.310 00.000 Instrument Variable Name: QuestionnaireFileName: **CHCHNOYR** 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]

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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

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

QuestionText:

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.

Child Access to Health Care & Utilization

Document Version Date: 27-May-16

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]

Child Mental Health Brief Questionnaire

Document Version Date: 27-May-16

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]

Child Mental Health Brief Questionnaire

Document Version Date: 27-May-16

Question ID: CMB.020_02.000 Instrument Variable Name: CMHMF_2 QuestionnaireFileName: Sample Child

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She]

...has many worries, or often seems worried.

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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_3]

Question ID: CMB.020_03.000 Instrument Variable Name: CMHMF_3 QuestionnaireFileName: Sample Child

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She]

...is often unhappy, depressed or tearful.

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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_4]

Child Mental Health Brief Questionnaire

Document Version Date: 27-May-16

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]

Child Mental Health Brief Questionnaire

Document Version Date: 27-May-16

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

Sample children GE 4 **UniverseText:**

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

Child Influenza Immunization

Document Version Date: 27-May-16

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]

Child Influenza Immunization

Document Version Date: 27-May-16

| 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 | | | | | | |
| | | | | | | | |
| Question ID: | CFI.005_00.040 | Instrument Variable Name: | CH1N1_4Y | QuestionnaireFileName: | Sample Child | | |
| QuestionText: | 2 of 2 | | | | | | |
| | *Enter year o | f most recent flu vaccine. | | | | | |
| Year | Year | | | | | | |
| 9997 | Refused | | | | | | |
| 9999 | Don't know | | | | | | |
| UniverseTex | st: Sample dose | Sample Child LE 17 years who have had one or more vaccine doses and gave month/don't know month of vaccine dose | | | | | |
| SkipInstruc | [If CH [If CH | <pre><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]</valid></pre> | | | | | |
| Hard Edit: | | _ CH1N1_4Y re date invalid. | | | | | |
| | | _ CH1N1_4Y before birth. | | | | | |

ERR3_ CH1N1_4Y *Date before 12 months ago.

Child Influenza Immunization

Document Version Date: 27-May-16

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

DecemberRefused

99 Don't know

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

 $\textbf{SkipInstructions:} \qquad <1\text{-}12\text{,}D>[\ goto\ CH1N1_7Y] < R>[\ goto\ CH1N1_8]$

Child Influenza Immunization

Document Version Date: 27-May-16

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 Refused9 Don't know

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

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