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

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

01-25  Person number of the respondent for Sample Child

UniverseText: Sample child section not started or not completed

SkipInstructions:

```plaintext
if CSTAT ne empty and CSTAT ne '2' THEN
    if ASTAT = empty or ASTAT = '2' THEN
        goto adult.aid.SADULT
    elseif recontact.RCIFLAG ne '1' THEN
        goto recontact.RCI_BEGIN procedure
    else
        goto back.OUTCOMEB1 procedure
    endif
    goto back.OUTCOMEB1 procedure
endif
<01-25> if this is NOT an allowable line number
    goto ERR_CURRES
elseif CURRES = a line number entered in KNOWSC2
    store CURRES in CSPAVAIL and CSRESP
    goto CSRELTV
elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
    goto KNOAVAIL
else
    goto CSPAVAIL
endif
```

Hard Edit:

```plaintext
ERR_CURRES

* You have selected a non-selectable person.

* Please correct.
```
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.

<table>
<thead>
<tr>
<th>01-25</th>
<th>Person # of person available to answer questions about Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td>No person available</td>
</tr>
</tbody>
</table>

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

<01-25> if line number not equal one of the line numbers in KNOWSC2
    goto child.cid.ERR_CSPAVAIL
else
    store child.cid.CSPAVAIL in child.cid.CSRESP
    goto child.cid.CSRELTV
endif

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

<R> store '4' in CSTAT(FAMINT)
    if ASTAT = empty or ASTAT = '2' THEN
        goto adult.aid.SADULT
    elseif recontact.RCIFLAG ne '1' THEN
        goto recontact.RCI_BEGIN procedure
    else
        goto back.OUTCOMEB1 procedure
    endif

ERR_CSPAVAIL

* You have selected a non-selectable person.

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

QuestionText: (book) C1

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

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

UniverseText: Someone identified as knowledgeable about child's health

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

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

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

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

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

1 Yes
2 No

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

SkipInstructions: <1> goto CSPVERF_A
<2> goto NEWSEX
2016 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 12-Jun-17

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

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

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

1 Male
2 Female

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

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

Hard Edit: ERR_NEWSEX

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

goto CSPVERF_S (as the default goto)

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

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

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

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

1 Yes
2 No

UniverseText: Respondent verified child's sex

SkipInstructions: <1> goto CSPVERF_D
<2> goto NEWAGE
2016 NHIS Questionnaire - Sample Child
Child Identification

Document Version Date: 12-Jun-17

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

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

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

000-120  Age in years

UniverseText: Respondent said child's age is not correct

SkipInstructions: <0-120, Refused, Don't know>
if NEWAGE = 'Refused' or NEWAGE = 'Don't know' or NEWAGE = AGE
reset CSPVERF_A
goto ERR_NEWAGE
else
store NEWAGE in AGE
goto NEWDOB_M

Hard Edit: ERR_NEWAGE

*Age of [fill1: ALIAS of Sample Child] remains [fill2: Age of Sample Child] years old.
goto CSPVERF_A (whether suppressed or not)

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

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

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

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

1  Yes
2  No

UniverseText: Respondent verified child's sex

SkipInstructions: <1> if AGE of Sample Child ge '18'
goto CNO_MORE
else
goto child.chs.BWGT_LB
endif
<2> goto NEWDOB_M
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

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

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

---

* Enter day of birth.

01-31 Day of the month

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

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

If days not valid, goto ERR_NEWDOB_D

ERR_NEWDOB_D

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

* Please correct.
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CID.046_03.000</th>
<th>Instrument Variable Name:</th>
<th>NEWDOB_Y</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>3 of 3</td>
<td>* Enter year of birth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1880-2020</td>
<td>Year of birth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UniverseText: Respondent said child's date of birth is not correct or child's age is not correct

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

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

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

(if NEWDOB_M = 'Ref' or 'DK') or (if NEWDOB_D = 'Ref' or 'DK') or (if NEWDOB_Y = 'Ref' or 'DK')
goto ERR3_NEWDOB_Y
else
  store NEWDOB_M in DOBM
  store NEWDOB_D in DOBD
  store NEWDOB_Y in DOBY
  if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty
goto CSPVERF_A
  elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty
goto CSPVERF_D
  endif
endif

Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.
if age from NEWDOB items is ne AGE and age from NEWDOB items is valid
  reset CSPVERF_A or CSPVERF_D
goto ERR4_NEWDOB_Y
endif

Hard Edit: ERR1_NEWDOB_Y

*Future date invalid: [fill2: <NEWDOB_M> <NEWDOB_D>, <NEWDOB_Y>]*
*Please correct.
goto NEWDOB_M (whether suppressed or not)

ERR2_NEWDOB_Y

*Not a valid day: [fill2: <NEWDOB_M> <NEWDOB_D>, <NEWDOB_Y>]*
*Please correct.
goto NEWDOB_M (whether suppressed or not)

ERR3_NEWDOB_Y

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

ERR4_NEWDOB_Y

*Data mismatched. Please fix Age or Birthday.
goto CSPVERF_A (whether suppressed or not)
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

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

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

* Enter ounces.

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

* Enter ounces.

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

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

* [fill: BWGT_LB] is an unusually high number.
* Please verify.
2016 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 12-Jun-17

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

QuestionText: * Enter weight in grams.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>050</td>
<td>500 grams or less</td>
</tr>
<tr>
<td>0501-6899</td>
<td>501-6899 grams</td>
</tr>
<tr>
<td>6900</td>
<td>6900+ grams</td>
</tr>
<tr>
<td>9997</td>
<td>Refused</td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

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

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

QuestionText: ?[F1]

How tall is [fill: S.C. name] now (without shoes)?

* If the child's height is given in inches, press 'ENTER' at feet and enter the measure in inches (36 inches maximum).
* Enter 'M' to record metric measurements.

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

UniverseText: Sample children 12+

SkipInstructions: <empty> [goto CHGT_IN]
<0-7> [goto CHGT_IN]
<R,D> [goto CWGT_LB]
<M> [goto CHGT_M]
[IF NE <0-7, M, D, R> go to ERR_CHGT_FT]

Hard Edit: ERR_CHGT_FT

* Only "0-7" or "M" or "Don't know/Refused" allowed in this field.
* Please correct.
**2016 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

Document Version Date: 12-Jun-17

---

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

<table>
<thead>
<tr>
<th>QuestionText:</th>
<th>000-241</th>
<th>0-241 centimeters</th>
<th>Blank</th>
<th>Blank</th>
</tr>
</thead>
</table>

**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.*
**2016 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date:** 12-Jun-17

---

**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.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-500</td>
<td>1-500 pounds</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
<tr>
<td>M</td>
<td>Metric</td>
</tr>
</tbody>
</table>

**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
eelse
calculate the BMI (Body Mass Index) – See CBMI spec page

<R,D> if AGE ge ‘2’

goto ADD_1
eelse
goto ADD1_2

<4> goto CWGT_KG

**Hard Edit:**

ERR1_CWGT_LB

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

**Soft Edit:**

ERR2_CWGT_LB

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

**QuestionText:**  
* Enter weight in kilograms.

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

**SkipInstructions:**

- `<2-226>` if CWGT_KG lt ‘2’ or CWGT_KG gt ‘226’
  
  goto ERR1_CWGT_KG

- elseif (SEX = ‘1’ and
            AGE = ‘12’ and (CWGT_KG = ‘28’ or CWGT_KG = ‘95’)) or
            AGE = ‘13’ and (CWGT_KG = ‘32’ or CWGT_KG = ‘112’)) or
            AGE = ‘14’ and (CWGT_KG = ‘38’ or CWGT_KG = ‘121’)) or
            AGE = ‘15’ and (CWGT_KG = ‘42’ or CWGT_KG = ‘121’)) or
            AGE = ‘16’ and (CWGT_KG = ‘44’ or CWGT_KG = ‘139’)) or
            AGE = ‘17’ and (CWGT_KG = ‘48’ or CWGT_KG = ‘144’)) or
            (SEX = ‘2’ and
            AGE = ‘12’ and (CWGT_KG = ‘28’ or CWGT_KG = ‘96’)) or
            AGE = ‘13’ and (CWGT_KG = ‘33’ or CWGT_KG = ‘108’)) or
            AGE = ‘14’ and (CWGT_KG = ‘38’ or CWGT_KG = ‘114’)) or
            AGE = ‘15’ and (CWGT_KG = ‘38’ or CWGT_KG = ‘108’)) or
            AGE = ‘16’ and (CWGT_KG = ‘39’ or CWGT_KG = ‘117’)) or
            AGE = ‘17’ and (CWGT_KG = ‘41’ or CWGT_KG = ‘133’))
  
  goto ERR2_CWGT_KG
goto ADD_1

- elseif CHGT_FLG = ‘1’ and CWGT_FLG = ‘1’ and AGE ge ‘2’
  
  goto ADD_1
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.
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]
Does [fill: S.C. name] currently have an intellectual disability, also known as mental retardation?

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

Sample children <2 who have been told by a doctor or other health professional that they have an intellectual disability, also known as mental retardation

Sample children <2 who have been told by a doctor or other health professional that they have any other developmental delay

<1,2,R,D> if ADD1_3=1 [goto ADD1_3N]; else [goto CONDL]
Has a doctor or health professional ever told you that [fill: S.C. name] had...

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

1  Yes
2  No
7  Refused
9  Don't know

Sample children 2-17

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

Sample children 2-17
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

Any other developmental delay?

1 Yes
2 No
7 Refused
9 Don’t know
Does [S.C. name] currently have Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?

1  Yes
2  No
7  Refused
9  Don’t know

Sample children 2-17 who have ever been told by a doctor or other health professional that they had Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)

Does [fill: S.C. name] currently have an Intellectual disability, also known as mental retardation?

1  Yes
2  No
7  Refused
9  Don’t know

Sample children 2-17 who have ever been told by a doctor or other health professional that they had an intellectual disability, aka mental retardation
Question ID: CHS.032_06.010  Instrument Variable Name: AUTISMN  QuestionnaireFileName: Sample Child

QuestionText: 

?[F1]

Does [fill: S.C. name] currently have 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 who have ever been told by a doctor or other health professional that they had Autism, Asperger's Disorder, pervasive developmental disorder, or autism spectrum disorder

SkipInstructions: <1,2,R,D> if ADD_3=1 [goto ADD_3N]; else [goto CONDL]

---

Question ID: CHS.032_07.010  Instrument Variable Name: ADD_3N  QuestionnaireFileName: Sample Child

QuestionText: 

?[F1]

Does [fill: S.C. name] currently have any other developmental delay?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 2-17 who have ever been told by a doctor or other health professional that they had any other developmental delay

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

**QuestionText:**

Which ones?

* Enter all that apply, separate with commas.

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

**SkipInstructions:** <1-9, R,D> [go to CPOX]
### 2016 NHIS Questionnaire - Sample Child

**Child Health Status & Limitations**

**Document Version Date:** 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.070_00.000</td>
<td>CPOX</td>
<td>Sample Child</td>
</tr>
</tbody>
</table>

**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]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.072_00.000</td>
<td>CPOX12MO</td>
<td>Sample Child</td>
</tr>
</tbody>
</table>

**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]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS.080_00.000</td>
<td>CASHMEV</td>
<td>Sample Child</td>
</tr>
</tbody>
</table>

**QuestionText:**

? [F1]

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

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

**UniverseText:** Sample children <18

**SkipInstructions:**

<1> [go to CASSTILL]
<2,R,D> if AGE LE 2 [go to CCONDT1_1]; else [go to CCONDT_1]
### Question ID: CHS.085_00.000
**Instrument Variable Name:** CASSTILL  
**QuestionnaireFileName:** Sample Child

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

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

**UniverseText:** Sample children <18 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?

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

**UniverseText:** Sample children <18 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?

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

**UniverseText:** Sample children <18 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]
**2016 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

Document Version Date: 12-Jun-17

---

**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]
<table>
<thead>
<tr>
<th>Question ID: CHS.111_03.000</th>
<th>Instrument Variable Name: CCOND1_3</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any kind of food or digestive allergy?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children LE 2</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [go to CCOND1_4]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.111_04.000</th>
<th>Instrument Variable Name: CCOND1_4</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eczema or any kind of skin allergy?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children LE 2</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [go to CCOND1_5]</td>
<td></td>
</tr>
</tbody>
</table>
Question ID: CHS.111_05.000  Instrument Variable Name: CCOND1T_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 CCOND1T_6]

Question ID: CHS.111_06.000  Instrument Variable Name: CCOND1T_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 CCOND1T_8]
Question ID: CHS.111_08.000  Instrument Variable Name: CCONDT1_8  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

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

Three or more ear infections?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Seizures?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CHSTATYR]
Question ID: CHS.115_01_000  Instrument Variable Name: CCONDT_1  QuestionnaireFileName: Sample Child

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

Hay fever?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_2]

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]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.115_03.000</th>
<th>Instrument Variable Name:</th>
<th>CCONDT_3</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>
| 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] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.115_04.000</th>
<th>Instrument Variable Name:</th>
<th>CCONDT_4</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
</table>
| 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 |
<p>| UniverseText: | Sample children = 3-17 |
| SkipInstructions: | &lt;1,2,R,D&gt; [go to CCONDT_5] |</p>
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.115_05.000</th>
<th>Instrument Variable Name:</th>
<th>CCOND_T_5</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequent or repeated diarrhea or colitis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children = 3-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CCOND_T_6]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.115_06.000</th>
<th>Instrument Variable Name:</th>
<th>CCOND_T_6</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anemia?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children = 3-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CCOND_T_7]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question ID: CHS.115_07.000</td>
<td>Instrument Variable Name: CCONDT_7</td>
<td>QuestionnaireFileName: Sample Child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequent or severe headaches, including migraines?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children = 3-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [go to CCONDT_8]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.115_08.000</th>
<th>Instrument Variable Name: CCONDT_8</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Three or more ear infections?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample children = 3-17</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [go to CCONDT_9]</td>
<td></td>
</tr>
</tbody>
</table>
**Question ID:** CHS.115_09.000  **Instrument Variable Name:** CCOND'T_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 CCOND'T_10]

---

**Question ID:** CHS.115_10.000  **Instrument Variable Name:** CCOND'T_10  **QuestionnaireFileName:** Sample Child

**QuestionText:**

* Read if necessary.

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

Stuttering or stammering?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** <1,2,R,D> [goto CHSTATYR]
Question ID: CHS.210_00.000  Instrument Variable Name: CHSTATYR  QuestionnaireFileName: Sample Child

QuestionText: Compared with 12 months ago, would you say [fill: SC name]'s health is now better, worse, or about the same?

1  Better
2  Worse
3  About the same
7  Refused
9  Don't know

UniverseText: Sample children < 18

SkipInstructions: <1-3,R,D> [if AGE le <4> goto CCOLD2W; else goto SCHDAYR]

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.
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

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

Sample children <18
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

Sample children <18

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

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

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

Sample children <18

<1> [goto CBLIND]
<2,R,D> [if AGE <6 goto CVISTST;
if AGE =6-17 goto CVISGLAS]
### 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?

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

**UniverseText:** Sample children <18 having trouble seeing

**SkipInstructions:**<br>&lt;1&gt; [if AGE &lt;6 go to IHSPEQ; else if AGE = 6-17 go to CVISACT]<br>&lt;2,R,D&gt; [if AGE &lt;6 goto CVISTST; else if AGE = 6-17 goto CVISGLAS]

### Question ID: CHS.270_00.010  
**Instrument Variable Name:** CVISTST  
**QuestionnaireFileName:** Sample Child

#### QuestionText:
? [F1] Has [fill: SC name] EVER had [fill: his/her] vision tested by a doctor or other health professional?

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

**UniverseText:** Sample children <6 who is not blind

**SkipInstructions:**<br>&lt;1&gt; [goto CVISLT]<br>&lt;2,R,D&gt; [go to IHSPEQ]
Question ID: CHS.270_00.020  Instrument Variable Name: CVISLT  QuestionnaireFileName: Sample Child

QuestionText: When was [fill: his/her] vision last tested?

1  In the last 12 months
2  In the last 13-24 months
3  Over 24 months
7  Refused
9  Don't know

UniverseText: Sample children <6 ever had vision tested

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

Question ID: CHS.270_00.025  Instrument Variable Name: CVISGLAS  QuestionnaireFileName: Sample Child

QuestionText: Does [fill: SC name] wear eyeglasses or contact lenses?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 who is not blind

SkipInstructions: <1> [goto CVISDIST]
<2,R,D> [go to CVISACT]

Question ID: CHS.270_00.030  Instrument Variable Name: CVISDIST  QuestionnaireFileName: Sample Child

QuestionText: Does [fill: SC name] wear eyeglasses or contact lenses to read road and street signs, see the blackboard, play sports, watch TV, or see things in the distance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <18 wear glasses or contact lenses

SkipInstructions: <1,2,R,D> [go to CVISREAD]
**Question ID:** CHS.270_00.035  **Instrument Variable Name:** CVISREAD  **QuestionnaireFileName:** Sample Child

**QuestionText:** Does [fill: SC name] wear eyeglasses or contact lenses to read books, write, play hand-held games, or do other things that require [fill: him/her] to see well up close?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children <18 wear glasses or contact lenses

**SkipInstructions:** <1,2,R,D> [AGE GE 6 go to CVISACT; else go to IHSPEQ]

---

**Question ID:** CHS.270_00.040  **Instrument Variable Name:** CVISACT  **QuestionnaireFileName:** Sample Child

**QuestionText:** Does [fill: SC name] participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, soccer and mowing the lawn.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 6-17

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

---

**Question ID:** CHS.270_00.050  **Instrument Variable Name:** CVISPROT  **QuestionnaireFileName:** Sample Child

**QuestionText:** When doing these activities, on average, does [fill: he/she] wear eye protection always, most of the time, some of the time, or none of the time?

1  Always
2  Most of the time
3  Some of the time
4  None of the time
7  Refused
9  Don't know

**UniverseText:** Sample children 6-17 participate in sports that cause eye injuries

**SkipInstructions:** <1-4,R,D> [go to 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]

### 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:**
?

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

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

**UniverseText:** Sample children <18

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

---

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

**QuestionText:**
?

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

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

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [if AGE > 3 go to CUSUALPL; if AGE = 3 and SEX = 1 go to CMHAGM11_1; if AGE = 3 and SEX = 2 go to CMHAGF11_1]
I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: SC name] DURING THE PAST TWO MONTHS.

He:

Has been uncooperative?

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

UniverseText:  Male sample children 2-3

SkipInstructions:  <0-2,R,D> [go to CMHAGM11_2]
Question ID: CHS.321_03.000  
Instrument Variable Name: CMHAGM11_3  
QuestionnaireFileName: Sample Child

**QuestionText:**

(book) C3 ?[F1]

* Read if necessary.

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

He:

Has speech problems?

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

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

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

---

Question ID: CHS.321_04.000  
Instrument Variable Name: CMHAGM11_4  
QuestionnaireFileName: Sample Child

**QuestionText:**

(book) C3 ?[F1]

* Read if necessary.

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

He:

Has been unhappy, sad, or depressed?

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

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

**SkipInstructions:** <0-2,R,D> [go to CAU.CUSUALPL]
I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

She:

Has temper tantrums or a hot temper?

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

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
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]
The next questions are about health care.

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

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

Sample children <18

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

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

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

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

<1-5> [go to CHCPLROU]
<6,R,D> [go to CHCPLKND]
2016 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Jun-17

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,R,D [goto CPRVTRYR]; ELSE [goto CHCCHGYR]
### 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]
2016 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Jun-17

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

QuestionText: Were you able to find a general doctor or provider who could see [fill: alias]?

1 Yes
2 No
7 Refused
9 Don’t know

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

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

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

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

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample children <18

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

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

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

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D>[goto CHCDLYR_1]
There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

You couldn't get through on the telephone.

1  Yes
2  No
7  Refused
9  Don't know

Sample children <18

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

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

1  Yes
2  No
7  Refused
9  Don't know

Sample children <18
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]
**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]
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]

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

Mental health care or counseling?

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

UniverseText: Sample children GE 2

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

Dental care (including check-ups)?

1  Yes
2  No
7  Refused
9  Don't know

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

Eyeglasses?

1  Yes
2  No
7  Refused
9  Don't know
**2016 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

*Document Version Date: 12-Jun-17*

---

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

**QuestionText:**

(books) 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]
### Question 170_02_000

**Question Text:**

> *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

**Universe Text:** Sample children <2

**Skip Instructions:** <1,2,R,D> [goto CHCSYR1_5]

### Question 170_03_000

**Question Text:**

> *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

**Universe Text:** Sample children <2

**Skip Instructions:** <1,2,R,D> [goto CHCSYR1_6]
### 2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

**Document Version Date:** 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
</table>
| CAU.170_04.000       | CHCSYR1_6                 | Sample Child          | * 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 | Sample children <2 | <1,2,R,D> [goto CHCSYR8_1] |
| CAU.175_01.000       | CHCSYR_1                  | Sample Child          | 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 | Sample children GE 2  | <1,2,R,D> [goto CHCSYR_2] |
Question ID: CAU.175_02.000  Instrument Variable Name: CHCSYR_2  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: *[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]
Question ID: CAU.175_04.000  Instrument Variable Name: CHCSYR_4  QuestionnaireFileName: Sample Child

QuestionText: ?[F1]

Read if necessary.

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

A chiropractor?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_5]

Question ID: CAU.175_05.000  Instrument Variable Name: CHCSYR_5  QuestionnaireFileName: Sample Child

QuestionText: ?[F1]

* Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_6]
DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]’s health?

A nurse practitioner, physician assistant or midwife?

1. Yes
2. No
7. Refused
9. Don’t know

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

1. Yes
2. No
7. Refused
9. Don’t know

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

1 Yes
2 No
7 Refused
9 Don't know

Sample children <18
**Question Text:**

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

**Universe Text:** Sample children <18

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

---

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

**Question Text:**

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

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

**Skip Instructions:** <1,2,R,D> [go to CERHOS]
Did this emergency room visit result in a hospital admission?

1. Yes
2. No
7. Refused
9. Don’t know

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

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

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

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

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

*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

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

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> [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

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> [goto CERREAS5]
Question ID: CAU.283_05.050  
Instrument Variable Name: CERREAS5  
QuestionnaireFileName: Sample Child

**QuestionText:**

*Read if necessary.*

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

… Only a hospital could help [fill: alias]

1 Yes
2 No
7 Refused
9 Don’t know

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

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

---

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

**QuestionText:**

*Read if necessary.*

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

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

1 Yes
2 No
7 Refused
9 Don’t know

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

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

QuestionText: *Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don’t know

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

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

---

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

QuestionText: *Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don’t know

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

SkipInstructions: <1,2,R,D> [goto CHCHYR]
**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]<br/> <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]
What was the total number of home visits received for [fill1: alias] during [fill2: that month/those months]?

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

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

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

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

Sample children <18
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.
About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about [fill1: alias]'s health? Include doctors seen while [fill2: he/she] was a patient in a hospital.

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

Sample children <18

<0-5, D, R> [if AGE=4-17 goto CMHCOPY; else goto CH1N1_1]
Question ID: CBL.010_00.000  Instrument Variable Name: CBALWLK  QuestionnaireFileName: Sample Child

QuestionText: At what age did {fill1: S.C. name} take {fill2: his/her} first steps without support?

01  24 months (2 years) or later
02  Cannot walk
03  18 to 23 months
04  15 to 17 months
05  12 to 14 months
06  9 to 11 months
07  6 to 8 months
97  Refused
99  Don't know

UniverseText: Sample children 3+

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

Question ID: CBL.020_00.000  Instrument Variable Name: CBALVRTG  QuestionnaireFileName: Sample Child

QuestionText: These next questions are about balance problems or disorders that children may experience such as feeling unsteady, dizzy, light headed, or woozy or having body or motor coordination problems.

   DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

                  a spinning or vertigo feeling with a sense of movement, such as rocking of oneself or as if riding a Merry-Go-Round?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 3+

SkipInstructions: <1,2,R,D> [goto CBALSTED]
2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 12-Jun-17

Question ID: CBL.025_00.000  Instrument Variable Name: CBALSTED  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

poor balance, an unsteady or woozy feeling that makes it difficult to stand up or walk?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 3+

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

---

Question ID: CBL.027_00.000  Instrument Variable Name: CBALMOTR  QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

problems with body or motor coordination or clumsiness?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 3+

SkipInstructions: <1,2,R,D> [goto CBALFALL]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBL.030_00.000</td>
<td>CBALFALL</td>
<td>Sample Child</td>
<td>*Read if necessary. DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems... frequent, unexpected falls? *If asked, specify: if falls EVER happened more often than once a week. 1 Yes 2 No 7 Refused 9 Don't know</td>
</tr>
<tr>
<td>CBL.035_00.000</td>
<td>CBALPASS</td>
<td>Sample Child</td>
<td>*Read if necessary. DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems... feeling light-headed, fainting, or feeling {fill: he/she} is about to pass out? *If child does faint or pass out, enter ‘1’ for yes. 1 Yes 2 No 7 Refused 9 Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample children 3+
SkipInstructions: <1,2,R,D> [goto CBALPASS]
DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

blurred vision when head is moving, or rapid eye movements known as “bouncing” eyes causing disorientation?

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

any other type of balance or dizziness problems?

1 Yes
2 No
7 Refused
9 Don't know

<1,2,R,D> if CBALVRTG=1 or CBALSTED=1 or CBALMOTR=1 or CBALFALL=1 or CBALPASS=1 or CBALBLR=1 or CBALOTH=1 [goto CBALBHD]; else [goto CBALHDI]
**Question ID:** CBL.040_00.000  **Instrument Variable Name:** CBALBHD  **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by headaches or migraines around the same time as {fill: his/her} dizziness or balance problem(s)?

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

**UniverseText:** Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

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

---

**Question ID:** CBL.041_00.000  **Instrument Variable Name:** CBALBHR  **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had hearing changes or problems such as blocked ears or ringing in the ears around the same time as {fill: his/her} dizziness or balance problem(s)?

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

**UniverseText:** Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

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

---

**Question ID:** CBL.042_00.000  **Instrument Variable Name:** CBALAGE  **QuestionnaireFileName:** Sample Child

**QuestionText:** How old was {fill: S.C. name} when the FIRST episode, bout or “attack” of dizziness or balance problem occurred?

*Read if necessary: : If uncertain of exact age, estimate to the best of your recollection.

<table>
<thead>
<tr>
<th>Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00-17</td>
<td>0-17</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

**SkipInstructions:** <0-17,R,D> [goto CBALOFTN]
Question ID: CBL.043_01.000  Instrument Variable Name: CBALOFTN  QuestionnaireFileName: Sample Child

QuestionText: 1 of 2

DURING THE PAST 12 MONTHS, how often did {fill: S.C. name}’s episodes, bouts or “attacks” of dizziness or balance problems occur?

*Enter ‘96’ for ‘Constantly’.

*Do not include the time to get over feelings of nausea or vomiting that may accompany the episode, bout, or attack of dizziness or balance problem.

00-95
96  Constantly
97  Refused
99  Don’t know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

SkipInstructions: <1-95> [goto CBALOFTT] <96,R,D> [goto CBALDUR]

Question ID: CBL.043_02.000  Instrument Variable Name: CBALOFTT  QuestionnaireFileName: Sample Child

QuestionText: 2 of 2

*Enter time period.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year
6  Constantly
7  Refused
9  Don’t know

UniverseText: Sample children 3+ who gave a number for how often balance problems occurred in the past 12 months

SkipInstructions: <1-4,R,D> [goto CBALDUR]
Question Text: How long does (or did) a typical episode, bout or “attack” of dizziness or balance problem last?

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Momentary, or less than 2 minutes</td>
</tr>
<tr>
<td>02</td>
<td>Two minutes to less than 20 minutes</td>
</tr>
<tr>
<td>03</td>
<td>20 minutes to less than 8 hours</td>
</tr>
<tr>
<td>04</td>
<td>8 hours to less than 24 hours</td>
</tr>
<tr>
<td>05</td>
<td>1 day to less than 14 days</td>
</tr>
<tr>
<td>06</td>
<td>2 weeks to less than 3 months</td>
</tr>
<tr>
<td>07</td>
<td>3 months or longer</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Universe Text: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

Skip Instructions: <1-7,R,D> [goto CBALDGHP]

---

Question Text: Did a doctor or other health professional EVER tell you a diagnosis or reason for [fill1: S.C. name]’s dizziness or balance problems?

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

Universe Text: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

Skip Instructions: <1> [goto CBALDG2] <2,R,D> [goto CBALPART]
What diagnoses or reasons were you told caused {fill1: S.C. name’s} balance or dizziness problems?

*Enter all that apply, separate with commas.

01 Developmental motor coordination disorder ("clumsy" child)
02 Diabetes ("juvenile diabetes")
03 Ear infection(s) – otitis media, fluid, viral labyrinthitis
04 Headache, including migraine
05 Crystals – loose or dislodged in the ear
06 Blurred vision with head motion, “bouncing” or rapid eye movements
07 Benign positional or paroxysmal vertigo (BPV)
08 Anxiety, including panic syndrome
09 Genetic syndrome, such as Usher’s or Waardenburg Syndrome
10 Depression or child psychiatric disorder
11 Head/neck injury or concussion
12 Low blood pressure (hypotension)
13 Malformation of the ear
14 Meniere’s disease
15 Neurological, such as cerebral palsy, seizure(s), etc.
16 Nutritional, such as low blood sugar (metabolic problem)
17 Side effects from medications (antibiotics, etc.)
18 Other health condition or cause
97 Refused
99 Don’t know

Sample children 3+ who have ever been told a diagnosis for their balance or dizziness problems

Did any of these episodes of dizziness or balance problems keep {fill1: S.C. name} from participating in home, school, {fill2: work,} or recreational activities?

1 Yes
2 No
7 Refused
9 Don’t know

Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
### Question ID: CBL.060_00.000  Instrument Variable Name: CBALPROB  QuestionnaireFileName: Sample Child

**QuestionText:**

DURING THE PAST 12 MONTHS, how much of a problem were these episodes of dizziness or imbalance for {fill1: S.C. name}? Would you say it was...

*Read categories below.*

1. No problem
2. A small problem
3. A moderate problem
4. A big problem
5. A very big problem
6. Refused
7. Don't know

**UniverseText:** Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

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

---

### Question ID: CBL.065_00.000  Instrument Variable Name: CBALHPYR  QuestionnaireFileName: Sample Child

**QuestionText:**

DURING THE PAST 12 MONTHS, has {fill1: S.C name} seen a doctor, physical or occupational therapist, or other health care professional about these episodes of dizziness or balance problems? Include visits to the Emergency Room, hospital, or health clinics.

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

**UniverseText:** Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto CBALTRET]
Question ID: CBL.070_00.000  Instrument Variable Name: CBALTRET  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} tried methods recommended by a doctor, physical or occupational therapist, or other health care professional for treating {fill2: his/her} episodes of dizziness or balance problems?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 3+ who have had episodes of balance the past 12 months

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

Question ID: CBL.075_00.000  Instrument Variable Name: CBALHDIJ  QuestionnaireFileName: Sample Child

QuestionText: IN {fill: his/her} LIFETIME, has {fill1: S.C. name} EVER had a significant head injury or concussion?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children 3+

SkipInstructions: <1> [goto CBALHDNO] <2,R,D> if AGE=4-17 goto CMHCOPY; else goto CH1N1_1

Question ID: CBL.080_00.000  Instrument Variable Name: CBALHDNO  QuestionnaireFileName: Sample Child

QuestionText: IN {fill: his/her} LIFETIME, how many significant head injuries or concussions has {fill1: S.C. name} had?

01-95  1-95
1-4   1-4
5    5-6
7    Refused
9    Don't know
97   Refused
99   Don't know

UniverseText: Sample children 3+ who have ever had a significant head injury or concussion

SkipInstructions: <1-95,R,D> if AGE=4-17 goto CMHCOPY; else goto CH1N1_1
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

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

Sample children GE 4

<1-3,D,R> [goto CMHMF_2]
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_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].

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

**UniverseText:** Sample children GE 4

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

---

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

**QuestionText:**

(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.

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

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,D,R> [goto CMHDIFF]
### 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]
2016 NHIS Questionnaire - Sample Child
Child Influenza Immunization

Document Version Date: 12-Jun-17

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

QuestionText: ?[F1]

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

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample Child LE 17 years

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

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

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

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

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

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

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

*Enter year of most recent flu vaccine.

9997 Refused
9999 Don't know

*Future date invalid.

*Date before birth.

*Date before 12 months ago.
Was this a shot, or was it a vaccine sprayed in the nose?

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

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

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

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

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

Sample Child LE 17 years who have had more than one vaccine doses
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
- 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]