**2017 NHIS Questionnaire - Sample Child**

**Child Identification**

Document Version Date: 04-Jun-18

<table>
<thead>
<tr>
<th>Question ID: CID.001_00.000</th>
<th>Instrument Variable Name: CURRES</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
</table>

**QuestionText:**

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

**UniverseText:**

Person number of the respondent for Sample Child

Sample child section not started or not completed

**SkipInstructions:**

if CSTAT ne empty and CSTAT ne '2' THEN
if ASTAT = empty or ASTAT = '2' THEN
goto adult.aid.SADULT
else
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:**

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.

01-25 Person # of person available to answer questions about Sample Child

96 No person available

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.CSRELTIV
endif

<96> store child.cid.CSPAVAIL in child.cid.CSRESP
    goto chk.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.
2017 NHIS Questionnaire - Sample Child
Child Identification
Document Version Date: 04-Jun-18

Question ID: CID.030_00.000  Instrument Variable Name: CSRELTV  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
09  Refused
99  Don't know

UniverseText: Someone identified as knowledgeable about child's health

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

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

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

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

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

1  Yes
2  No

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

SkipInstructions: <1> goto CSPVERF_A
<2> goto NEWSEX
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
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

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
Question ID: CID.046_01.000  Instrument Variable Name: NEWDOB_M  QuestionnaireFileName: Sample Child

QuestionText: 1 of 3

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

*Enter month of birth.

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

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

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

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

QuestionText: 2 of 3

* Enter day of birth.

01-31 Day of the month

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

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

If days not valid, goto ERR_NEWDOB_D

Hard Edit: ERR_NEWDOB_D

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

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

QuestionText: 3 of 3

* Enter year of birth.

1880-2020 Year of birth
**2017 NHIS Questionnaire - Sample Child**

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*Document Version Date: 04-Jun-18*

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

**SkipInstructions:**

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

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

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

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

Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.

if age from NEWDOB items is ne AGE and age from NEWDOB items is valid
reset CSPVERF_A or CSPVERF_D
```

goto ERR4_NEWDOB_Y
endif

---

**Hard Edit:**

```
ERR1_NEWDOB_Y

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

ERR2_NEWDOB_Y

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

ERR3_NEWDOB_Y

*DOB of [fill1: ALIAS of Sample Child] remains [fill3: <DOB_M> <DOB_D>, <DOB_Y>]*
goto CSPVERF_A

ERR4_NEWDOB_Y

*Data mismatched. Please fix Age or Birthday.*
```
go to CSPVERF_A (whether suppressed or not)
### Question ID: CHS.010_01.000
#### Instrument Variable Name: BWGT_LB
#### QuestionnaireFileName: Sample Child

**QuestionText:**

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

* Enter 'M' to record metric measurements.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-15</td>
<td>1-15 pounds</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 <18

**SkipInstructions:**

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

**Hard Edit:**

ERR2_BWGT_LB

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

**Soft Edit:**

ERR1_BWGT_LB

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

---

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

**QuestionText:**

* Enter ounces.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-15</td>
<td>0-15 ounces</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>Blank</td>
<td>Blank</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<0-15,R,D> [goto CHGT_FT]
[if BWGT_LB = <0-15, D, R> and BWGT_OZ = <empty> go to CHGT_FT]
2017 NHIS Questionnaire - Sample Child
Child Health Status & Limitations

Document Version Date: 04-Jun-18

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>0500</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]

* 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.
**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
elsef (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

QuestionText: * Enter centimeters.

000-241 0-241 centimeters
Blank Blank

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

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

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

* Enter ‘M’ to record metric measurements.

* Enter ‘500’ if 500 pounds or more.

001-500 1-500 pounds
997 Refused
999 Don’t know
M Metric

Sample children 12+

<1-500> if CWGT_LB lt ‘1’ or CWGT_LB gt ‘500’
  goto ERR1_CWGT_LB
elseif (SEX = ‘1’ and
  AGE = ‘12’ and (CWGT_LB lt ‘62’ or CWGT_LB gt ‘209’)) or
  AGE = ‘13’ and (CWGT_LB lt ‘70’ or CWGT_LB gt ‘247’)) or
  AGE = ‘14’ and (CWGT_LB lt ‘83’ or CWGT_LB gt ‘266’)) or
  AGE = ‘15’ and (CWGT_LB lt ‘94’ or CWGT_LB gt ‘267’)) or
  AGE = ‘16’ and (CWGT_LB lt ‘98’ or CWGT_LB gt ‘306’)) or
  AGE = ‘17’ and (CWGT_LB lt ‘106’ or CWGT_LB gt ‘317’)) or
  (SEX = ‘2’ and
  AGE = ‘12’ and (CWGT_LB lt ‘62’ or CWGT_LB gt ‘212’)) or
  AGE = ‘13’ and (CWGT_LB lt ‘73’ or CWGT_LB gt ‘238’)) or
  AGE = ‘14’ and (CWGT_LB lt ‘84’ or CWGT_LB gt ‘252’)) or
  AGE = ‘15’ and (CWGT_LB lt ‘84’ or CWGT_LB gt ‘238’)) or
  AGE = ‘16’ and (CWGT_LB lt ‘87’ or CWGT_LB gt ‘257’)) or
  AGE = ‘17’ and (CWGT_LB lt ‘90’ or CWGT_LB gt ‘292’))
  goto ERR2_CWGT_LB
elseif CHGT_FLG = ‘1’ and CWGT_FLG = ‘1’ and AGE ge ‘2’
  goto ADD_1
elseif CHGT_FLG = ‘1’ and CWGT_FLG = ‘1’ and AGE lt ‘2’
  goto ADD1_2
else
calculate the BMI (Body Mass Index) – See CBMI spec page
  <R,D> if AGE ge ‘2’
  goto ADD_1
else
goto ADD1_2
<M> goto CWGT_KG

ERR1_CWGT_LB

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

ERR2_CWGT_LB

* Please verify that the weight was entered correctly. Probe only if necessary.
* Enter weight in kilograms.

2-226 kilograms

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

Skip Instructions:

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

ERR1_CWGT_KG

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

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]
### 2017 NHIS Questionnaire - Sample Child
**Child Health Status & Limitations**

**Document Version Date:** 04-Jun-18

<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>
<tbody>
<tr>
<td>CHS.031_04.010</td>
<td>ADD1_2N</td>
<td>Sample Child</td>
<td><img src="1" alt="IF" /> Does [fill: S.C. name] currently have an intellectual disability, also known as mental retardation?</td>
<td>Sample children &lt;2 who have been told by a doctor or other health professional that they have an intellectual disability, also known as mental retardation</td>
<td>&lt;1,2,R,D&gt; [goto CONDL]</td>
</tr>
<tr>
<td>CHS.031_05.010</td>
<td>ADD1_3N</td>
<td>Sample Child</td>
<td><img src="1" alt="IF" /> Does [fill: S.C. name] currently have any other developmental delay?</td>
<td>Sample children &lt;2 who have been told by a doctor or other health professional that they have any other developmental delay</td>
<td>&lt;1,2,R,D&gt; [goto CONDL]</td>
</tr>
</tbody>
</table>
Question ID: CHS.032_01.000  Instrument Variable Name: ADD_1  QuestionnaireFileName: Sample Child

QuestionText: [F1] Has a doctor or health professional ever told you that [fill: S.C. name] had...

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 2-17

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

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

QuestionText: * Read if necessary.

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

an intellectual disability, also known as mental retardation?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample children 2-17

SkipInstructions: <1,2,R,D> [go to AUTISM]
### Question ID: CHS.032_02.010
**Instrument Variable Name:** AUTISM  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

> ![Question Text](https://example.com/question_text.png)

* Read if necessary.

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

- Autism, Asperger’s disorder, pervasive developmental disorder, or autism spectrum disorder?
  
1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample children 2-17

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

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

**QuestionText:**

> ![Question Text](https://example.com/question_text.png)

* Read if necessary.

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

Any other developmental delay?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample children 2-17

**SkipInstructions:** <1,2,R,D> [go to CONDL]
### Question ID: CHS.032_04.010  
**Instrument Variable Name:** ADD_1N  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

> ![F1]

Does [S.C. name] currently have Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?

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

**UniverseText:**

Sample children 2-17 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)

**SkipInstructions:**

<1,2,R,D> if ADD_2=1 [go to ADD_2N]; else if AUTISM=1 [goto AUTISMN] else if ADD_3=1 [goto ADD_3N]; else [goto CONDL]

### Question ID: CHS.032_05.010  
**Instrument Variable Name:** ADD_2N  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

> ![F1]

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

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

**UniverseText:**

Sample children 2-17 who have ever been told by a doctor or other health professional that they had an intellectual disability, aka mental retardation

**SkipInstructions:**

<1,2,R,D> if AUTISM=1 [goto AUTISMN] else if ADD_3=1 [goto ADD_3N]; else [goto CONDL]
<table>
<thead>
<tr>
<th>Question ID: CHS.032_06.010</th>
<th>Instrument Variable Name: AUTISMN</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><img src="image" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does [fill: S.C. name] currently have Autism, Asperger’s disorder, pervasive developmental disorder, or autism spectrum disorder?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<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 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</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; if ADD_3=1 [goto ADD_3N]; else [goto CONDL]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.032_07.010</th>
<th>Instrument Variable Name: ADD_3N</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><img src="image" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does [fill: S.C. name] currently have any other developmental delay?</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 2-17 who have ever been told by a doctor or other health professional that they had any other developmental delay</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [go to CONDL]</td>
<td></td>
</tr>
</tbody>
</table>
Question ID: CHS.060_00.000  Instrument Variable Name: CONDL  QuestionnaireFileName: Sample Child

QuestionText: (book) C2  ?[F1]

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

*Read if necessary.

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

UniverseText: Sample children <18

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

---

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

QuestionText: (book) C2  ?[F1]

Which ones?

* Enter all that apply, separate with commas.

UniverseText: Sample children <18 and CONDL=1

SkipInstructions: <1-9, R,D> [go to CPOX]
### Question ID: CHS.070_00.000
**Instrument Variable Name:** CPOX  
**QuestionnaireFileName:** Sample Child

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<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> [go to CPOX12MO]  
<2, D, R> [go to CASHMEV]

---

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

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

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

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

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

---

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

**QuestionText:** ? [F1]  
Has a doctor or other health professional EVER told you that [fill: SC name] had asthma?

<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> [go to CASSTILL]  
<2,R,D> if AGE LE 2 [go to CCONDT1_1]; else [go to CCONDT_1]
### Child Health Status & Limitations

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

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

1. Yes
2. No
7. Refused
9. Don’t know

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

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

---

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

**QuestionText:** The following questions are about [fill: SC name]’s asthma DURING THE PAST 12 MONTHS.

DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?

1. Yes
2. No
7. Refused
9. Don’t know

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

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

---

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

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill1: SC name] have to visit an emergency room or urgent care center because of [fill2: his/her] asthma?

1. Yes
2. No
7. Refused
9. Don’t know

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

**SkipInstructions:** <1,2,R,D> if AGE LE 2 [go to CCONDT1_1]; else [go to CCONDT_1]
**Question ID:** CHS.111_01.000  **Instrument Variable Name:** CCONDT1_1  **QuestionnaireFileName:** Sample Child

**QuestionText:**

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

Hay fever?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1_2]

---

**Question ID:** CHS.111_02.000  **Instrument Variable Name:** CCONDT1_2  **QuestionnaireFileName:** Sample Child

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

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

Any kind of respiratory allergy?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1_3]
Question ID: CHS.111_03.000  Instrument Variable Name: CCONDT1_3  QuestionnaireFileName: Sample Child

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_5]
Question ID: CHS.111_05.000  Instrument Variable Name: CCONDT1_5  QuestionnaireFileName: Sample Child

**QuestionText:**  
* Read if necessary.  

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

Frequent or repeated diarrhea or colitis?

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

**UniverseText:** Sample children LE 2  

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

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

**QuestionText:**  
* Read if necessary.  

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

Anemia?

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

**UniverseText:** Sample children LE 2  

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

Sample children = 3-17

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

Sample children = 3-17
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.115_05.000</th>
<th>Instrument Variable Name:</th>
<th>CCONDТ_5</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary.</td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td>Frequent or repeated diarrhea or colitis?</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</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 CCONDТ_6]</td>
<td></td>
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</table>

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<tr>
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<th>CHS.115_06.000</th>
<th>Instrument Variable Name:</th>
<th>CCONDТ_6</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary.</td>
<td>DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions...</td>
<td>Anemia?</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</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 CCONDТ_7]</td>
<td></td>
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</tr>
</tbody>
</table>
### Question ID: CHS.115_07.000  Instrument Variable Name: CCONDT_7  QuestionnaireFileName: Sample Child

**QuestionText:**

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

Frequent or severe headaches, including migraines?*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</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> [go to CCONDT_8]

---

### Question ID: CHS.115_08.000  Instrument Variable Name: CCONDT_8  QuestionnaireFileName: Sample Child

**QuestionText:**

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

Three or more ear infections?*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
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</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> [go to CCONDT_9]
**Question ID:** CHS.115_09.000  
**Instrument Variable Name:** CCONDT_9  
**QuestionnaireFileName:** Sample Child

**QuestionText:** * Read if necessary.

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

Seizures?

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

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

**QuestionText:** * Read if necessary.

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

Stuttering or stammering?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Sample children < 18

**Question Text:**

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

Sample children 5-17

**Question Text:**

[fill4: SCHDAYR] is an unusually large number. Did [fill2: SC name] miss [fill: SCHDAYR] days of school because of illness or injury?

* Please verify.
<table>
<thead>
<tr>
<th>Question ID: CHS.230_00.000</th>
<th>Instrument Variable Name: CCOLD2W</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: These next questions are about [fill: SC name]'s recent health DURING THE LAST 2 WEEKS. Did [fill: SC name] have a head cold or chest cold that started DURING THE LAST 2 WEEKS?</td>
<td></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>UniverseText: Sample children &lt;18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto CINTIL2W]</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID: CHS.240_00.000</th>
<th>Instrument Variable Name: CINTIL2W</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did [fill: SC name] have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST 2 WEEKS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
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<td>7</td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample children &lt;18</td>
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</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto CHEARST1]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Question ID: CHS.250_00.000

**Instrument Variable Name:** CHEARST1  
**QuestionnaireFileName:** Sample Child

**QuestionText:** Which statement best describes [fill: S.C. name]'s hearing without a hearing aid: Excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or is [fill: SC's name] deaf?

1. Excellent  
2. Good  
3. A little trouble hearing  
4. Moderate trouble  
5. A lot of trouble  
6. Deaf  
7. Refused  
9. Don't know

**UniverseText:** Sample children <18

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

---

### Question ID: CHS.260_00.000

**Instrument Variable Name:** CVISION  
**QuestionnaireFileName:** Sample Child

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CBLIND]  
<2,R,D> [if AGE <6 goto CVISTST;  
if AGE =6-17 goto CVISGLAS]
### Question 270_00.000

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

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

1. Yes
2. No
7. Refused
9. Don’t know

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

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

---

### Question 270_00.010

**QuestionID:** 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?

1. Yes
2. No
7. Refused
9. Don’t know

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

**SkipInstructions:**  
<1> [goto CVISLT]  
<2,R,D> [go to IHSPEQ]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.270_00.020</th>
<th>Instrument Variable Name:</th>
<th>CVISLT</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>When was [fill: his/her] vision last tested?</td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>In the last 12 months</td>
<td></td>
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<tr>
<td>2</td>
<td>In the last 13-24 months</td>
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<tr>
<td>3</td>
<td>Over 24 months</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 &lt;6 ever had vision tested</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-3,R,D&gt; [go to IHSPEQ]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.270_00.025</th>
<th>Instrument Variable Name:</th>
<th>CVISGLAS</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Does [fill: SC name] wear eyeglasses or contact lenses?</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>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18 who is not blind</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto CVISDIST] &lt;2,R,D&gt; [go to CVISACT]</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.270_00.030</th>
<th>Instrument Variable Name:</th>
<th>CVISDIST</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>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?</td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18 wear glasses or contact lenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to CVISREAD]</td>
<td></td>
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</tr>
</tbody>
</table>
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]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.290_00.000</th>
<th>Instrument Variable Name:</th>
<th>IHSPEQ</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>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)?</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Yes</td>
<td></td>
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<tr>
<td></td>
<td>2</td>
<td>No</td>
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<tr>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto IHMOB]</td>
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</table>

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<thead>
<tr>
<th>Question ID:</th>
<th>CHS.300_00.000</th>
<th>Instrument Variable Name:</th>
<th>IHMOB</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Does [fill1: SC name] have an impairment or health problem that limits [fill2: his/her] ability to (crawl), walk, run, or play</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Yes</td>
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<tr>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto IHMOBYR] &lt;2,R,D&gt; [goto PROBRX]</td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>CHS.310_00.000</th>
<th>Instrument Variable Name:</th>
<th>IHMOBYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Is this an impairment or health problem that has lasted, or is expected to last, 12 months or longer?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Refused</td>
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<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children &lt;18 that have limited ability to crawl, walk, run, or play</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto PROBRX]</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Question ID: CHS.311_00.000  Instrument Variable Name: PROBRX  QuestionnaireFileName: Sample Child

**Question Text:**

> ![F1]

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>
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</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 <18

**Skip Instructions:**

<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

**Question Text:**

> ![F1]

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>
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</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 3-17

**Skip Instructions:**

<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]
Child Health Status & Limitations

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

QuestionText:  
(book) C3  ?[F1]  
I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: SC name] DURING THE PAST TWO MONTHS.

He:

Has been uncooperative?

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

UniverseText: Male sample children 2-3

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

---

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

QuestionText:  
(book) C3  ?[F1]  
* Read if necessary.

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

He:

Has trouble getting to sleep?

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

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_3]
(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]
2017 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 04-Jun-18

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

QuestionText: (book) C3 ?[F1]

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

She:

Has temper tantrums or a hot temper?

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

UniverseText: Female sample children 2-3

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

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

QuestionText: (book) C3 ?[F1]

* Read if necessary.

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

She:

Has speech problems?

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

UniverseText: Female sample children 2-3

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

UniverseText: Sample children <18

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

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

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

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

SkipInstructions: <1-5> [go to CHCPLROU]
<6,R,D> [go to CHCPLKND]
<table>
<thead>
<tr>
<th>Question ID: CAU.035_00.000</th>
<th>Instrument Variable Name: CHCPLROU</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question Text:</strong> 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?</td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<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>Universe Text:</strong> Sample children &lt;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</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skip Instructions:</strong> &lt;1&gt; [go to CHCCHGYR]; &lt;2,R,D&gt; [go to CHCPLKND]</td>
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<tr>
<th>Question ID: CAU.037_00.000</th>
<th>Instrument Variable Name: CHCPLKND</th>
<th>QuestionnaireFileName: Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question Text:</strong> 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Doesn't get preventive care anywhere</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Clinic or health center</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Doctor's office or HMO</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Hospital emergency room</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hospital outpatient department</td>
<td></td>
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<tr>
<td>5</td>
<td>Some other place</td>
<td></td>
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<tr>
<td>6</td>
<td>Doesn't go to one place most often</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
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</tr>
<tr>
<td><strong>Universe Text:</strong> Sample children &lt;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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skip Instructions:</strong> &lt;0-6,R,D&gt; if CUSUALPL=2,R,D [goto CPRVTRYR]; ELSE [goto CHCCHGYR]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2017 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 04-Jun-18

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]
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]
**2017 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date:** 04-Jun-18

---

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

**QuestionText:**

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

You couldn't get through on the telephone.

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

**UniverseText:** Sample children <18

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

---

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

**QuestionText:**

* Read if necessary.

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

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

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

**UniverseText:** Sample children <18

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

**QuestionText:**

*Read if necessary.*

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

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

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

**UniverseText:** Sample children <18

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

---

### Question ID: CAU.080_04.000  Instrument Variable Name: CHCDLYR1_4  QuestionnaireFileName: Sample Child

**QuestionText:**

*Read if necessary.*

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1_5]
* 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

Sample children <18

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

Sample children <2

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

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

- Prescription medicines?
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don’t know

**UniverseText:** Sample children GE 2

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

---

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

**QuestionText:** * Read if necessary.

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

- Mental health care or counseling?
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don’t know

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1_3]
**Question ID:** CAU.135_03.000  **Instrument Variable Name:** CHCAFYR1_3  **QuestionnaireFileName:** Sample Child

**QuestionText:**

* Read if necessary.

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

Dental care (including check-ups)?

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

**UniverseText:** Sample children GE 2

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

---

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

**QuestionText:**

* Read if necessary.

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

Eyeglasses?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1_5]
### Question ID: CAU.135_05.010  Instrument Variable Name: CHCAFYR1_5  QuestionnaireFileName: Sample Child

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 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?</td>
<td>Sample children GE 2</td>
<td>&lt;1,2,R,D&gt; [goto CHCAFYR1_6]</td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 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?</td>
<td>Sample children GE 2</td>
<td>&lt;1,2,R,D&gt; [goto CDENLONG]</td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: CAU.160_00.000  Instrument Variable Name: CDENLONG  QuestionnaireFileName: Sample Child

QuestionText: (book) C4

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

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

UniverseText: Sample children GE 1

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

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_3]
### Question ID: CAU.170_02.000  Instrument Variable Name: CHCSYR1_3  QuestionnaireFileName: Sample Child

**QuestionText:**

> ![F1]  
> * Read if necessary.  

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

- A foot doctor?
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don’t know

**UniverseText:** Sample children <2

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

---

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

**QuestionText:**

> ![F1]  
> * Read if necessary.  

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

- A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don’t know

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1_6]
**Question ID:** CAU.170_04.000  **Instrument Variable Name:** CHCSYR1_6  **QuestionnaireFileName:** Sample Child

**QuestionText:**

* Read if necessary.

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

A nurse practitioner, physician assistant or midwife?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample children <2

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

---

**Question ID:** CAU.175_01.000  **Instrument Variable Name:** CHCSYR_1  **QuestionnaireFileName:** Sample Child

**QuestionText:**

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

A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR_2]
* 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

Universe Text: Sample children GE 2

Skip Instructions: <1,2,R,D> [goto CHCSYR_3]
**Question ID:** CAU.175_04.000  
**Instrument Variable Name:** CHCSYR_4  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

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

A 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:**

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]
? [F1]

* Read if necessary.

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

A nurse practitioner, physician assistant or midwife?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 2

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

? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample children GE 15 who are female

SkipInstructions: <1,2,R,D> [goto CHCSYR8_1]
Question ID: CAU.240_01.000  Instrument Variable Name: CHCSYR8_1  QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]’s health? A medical doctor who specializes in a particular medical disease or problem (fill3: other than obstetrician/gynecologist, psychiatrist or ophthalmologist?  /fill4: other than psychiatrist or ophthalmologist)?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample children <18

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

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

QuestionText: * Read if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample children <18

SkipInstructions: <1> [goto CHCSYR10]
<2,R,D> [goto CHIPEXYR]
**Question ID:** CAU.260_00.000  **Instrument Variable Name:** CHCSYR10  **QuestionnaireFileName:** Sample Child

**Question Text:** 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

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

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

---

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

**Question Text:** 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

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

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

---

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

**Question Text:** 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

**Universe Text:** Sample children <18

**Skip Instructions:** <1,2,R,D> [goto CHERNOYR]
Question ID: CAU.280_00.000  Instrument Variable Name: CHERNOYR  QuestionnaireFileName: Sample Child

QuestionText: (book) C5

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

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

UniverseText: Sample children <18

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

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

QuestionText: Thinking about [fill: S.C. name]'s most recent emergency room visit, did [fill: he/she] go to the emergency room either at night or on the weekend?

1 Yes
2 No
7 Refused
9 Don’t know

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

SkipInstructions: <1,2,R,D> [go to CERHOS]
Question ID: CAU.282_00.010  Instrument Variable Name: CERHOS  QuestionnaireFileName: Sample Child

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

1 Yes
2 No
7 Refused
9 Don’t know

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

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

---

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

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

… [fill: He/She] didn’t have another place to go

1 Yes
2 No
7 Refused
9 Don’t know

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

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

---

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

QuestionText: *Read if necessary.

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

… [fill: alias]’s doctor’s office or clinic was not open

1 Yes
2 No
7 Refused
9 Don’t know

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

SkipInstructions: <1,2,R,D> [goto CERREAS3]
*Read if necessary.

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,R,D> [goto CERREAS4]
Question ID: CAU.283_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]  
<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?

1-12 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]
* The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.

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

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

* Enter 1 to Continue.

1
Enter 1 to continue

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto CMHMF_1]

---

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

[fill2: He/She]

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

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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_2]
### Question ID: CMB.020.02.000  Instrument Variable Name: CMHMF_2  QuestionnaireFileName: Sample Child

#### QuestionText:

**(book) C7**

* Read if necessary.

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

[fill2: He/She]

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

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

**UniverseText:** Sample children GE 4

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

---

### Question ID: CMB.020.03.000  Instrument Variable Name: CMHMF_3  QuestionnaireFileName: Sample Child

#### QuestionText:

**(book) C7**

* Read if necessary.

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

[fill2: He/She]

...is often unhappy, depressed or tearful.

<p>| | | | | |</p>
<table>
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<tbody>
<tr>
<td>0</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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</table>

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,D,R> [goto CMHMF_4]
2017 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 05-Jun-18

Question ID: CMB.020_04.000  Instrument Variable Name: CMHMF_4  QuestionnaireFileName: Sample Child

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She]

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

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

UniverseText: Sample children GE 4

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

---

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

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She]

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

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

UniverseText: Sample children GE 4

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

Sample Child LE 17 years

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

Sample Child LE 17 years who have had a vaccine dose
Question ID: CFI.005_00.030  Instrument Variable Name: CH1N1_3M  QuestionnaireFileName: Sample Child

QuestionText: 1 of 2

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

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

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

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

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

QuestionText: 2 of 2

*Enter year of most recent flu vaccine.

Year Year
9997 Refused
9999 Don't know

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

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

ERR1_ CH1N1_4Y
*Future date invalid.

ERR2_ CH1N1_4Y
*Date before birth.

ERR3_ CH1N1_4Y
*Date before 12 months ago.
2017 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 05-Jun-18

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

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

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

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

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

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

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

QuestionText: 1 of 2

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

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

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

SkipInstructions: <1-12,D> [ goto CH1N1_7Y] <R> [goto CH1N1_8]
### Question ID: CFI.005_00.070  
**Instrument Variable Name:** CH1N1_7Y  
**QuestionnaireFileName:** Sample Child

**QuestionText:**

*Enter year of next most recent flu vaccine.*

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

**UniverseText:**

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

**SkipInstructions:**

<valid year,R,D> [goto CH1N1_8]  
[If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_ CH1N1_7Y]  
[If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_ CH1N1_7Y]  
[If CH1N1_6M and CH1N1_7Y = a date prior to 12 months ago] goto ERR3_ CH1N1_7Y]

**Hard Edit:**

ERR1_ CH1N1_7Y  
*Future date invalid.*

ERR2_ CH1N1_7Y  
*Date before birth.*

ERR3_ CH1N1_7Y  
*Date before 12 months ago.*

---

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

**QuestionText:**

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

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

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

**UniverseText:**

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

**SkipInstructions:**

<1-2,R,D> [goto next section]
2017 NHIS Questionnaire - Sample Child
Child Complementary Health

**Question ID:** CCH.010_00.000  **Instrument Variable Name:** CNAT_USM  **QuestionnaireFileName:** Sample Child

**QuestionText:** ? [F1]

Now I am going to ask you about some health services {fill1: S.C. name} may have used.

DURING THE PAST 12 MONTHS, did {fill1: S.C. name} see a practitioner for naturopathy (nay-chur-AH-puh-thee)?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+

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

---

**Question ID:** CCH.020_00.000  **Instrument Variable Name:** CCHE_USM  **QuestionnaireFileName:** Sample Child

**QuestionText:** ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS

... did {fill1: S.C. name} see a practitioner for chelation (key-LAY-shun) therapy?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample children 4+

**SkipInstructions:** <1,2,R,D> [goto CTRD_USM]
Question ID: CCH.030_00.000  Instrument Variable Name: CTRD_USM  QuestionnaireFileName: Sample Child

QuestionText:  

? [F1]  

* Read if necessary: DURING THE PAST 12 MONTHS  

… did {fill1: S.C. name} see a practitioner for traditional medicine such as a Shaman (SHAH-man), curandero (coo-rahn-DEHR-oh), Yerbero (yehr-BEH-oh), sobador (so-bah-DOHR), or Native American Healer?  

1  Yes  
2  No  
7  Refused  
9  Don't know  

UniverseText:  Sample children 4+  

SkipInstructions:  <1> [goto CTRD_US1]  
<2,R,D> [goto CHOM_USM]  

---

Question ID: CCH.040_00.000  Instrument Variable Name: CTRD_US1  QuestionnaireFileName: Sample Child

QuestionText:  Which practitioners for traditional medicine did {fill1: S.C. name} see in the past 12 months?  

* Enter all that apply, separate with commas.  

1  Shaman (SHAH-man)  
2  Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee), or Parchero (pahr-CHEH-roh)  
3  Yerbero (yehr-BEH-roh) or Hierbista (yehr-BEE-stah)  
4  Sobador (so-bah-DOHR)  
5  Native American Healer or Medicine Man  
6  Other  
7  Refused  
9  Don't know  

UniverseText:  Sample children 4+ who have seen a traditional healer in the past 12 months  

SkipInstructions:  <1-6,R,D> [goto CHOM_USM]
Practitioners of homeopathy (ho-mee-AH-puh-thee) recommend small pills or drops that are often placed under the tongue to treat health problems.

DURING THE PAST 12 MONTHS, did {fill1: S.C. name} see a practitioner for homeopathic treatment?

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: Sample children 4+

Question ID: CCH.050_00.000  Instrument Variable Name: CHOM_USM  QuestionnaireFileName: Sample Child

Question ID: CCH.060_00.000  Instrument Variable Name: CMBOU_MN  QuestionnaireFileName: Sample Child

DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use

… Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: Sample children 4+

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

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use

...Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample children 4+

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

---

Question ID: CCH.080_00.000  Instrument Variable Name: CMBOU_SP  QuestionnaireFileName: Sample Child

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use

...Spiritual meditation including Centering Prayer and Contemplative Meditation?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CMBOU_IM]
2017 NHIS Questionnaire - Sample Child
Child Complementary Health
Document Version Date: 05-Jun-18

Question ID: CCH.090_00.000  Instrument Variable Name: CMBOU_IM  QuestionnaireFileName: Sample Child

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use

… Guided imagery

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample children 4+

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

---

Question ID: CCH.100_00.000  Instrument Variable Name: CMBOU_PR  QuestionnaireFileName: Sample Child

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use

… Progressive relaxation?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CYTQU_YG]
2017 NHIS Questionnaire - Sample Child
Child Complementary Health
Document Version Date: 05-Jun-18

Question ID: CCH.110_00.000  Instrument Variable Name: CYTQU_YG  QuestionnaireFileName: Sample Child

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, did {fill1: S.C. name} practice Yoga for {fill2: himself/herself}?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample children 4+

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

Question ID: CCH.120_00.000  Instrument Variable Name: CYTQ_BTY  QuestionnaireFileName: Sample Child

QuestionText: Did {fill1: S.C. name} do breathing exercises as part of Yoga? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample children 4+ who have practiced Yoga in the past 12 months

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

Question ID: CCH.130_00.000  Instrument Variable Name: CYTQ_MDY  QuestionnaireFileName: Sample Child

QuestionText: Did {fill1: S.C. name} do meditation as part of Yoga?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample children 4+ who have practiced Yoga in the past 12 months

SkipInstructions: <1,2,R,D> [goto CYTQU_TA]
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<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, did {fill1: S.C. name} practice Tai Chi (tie-CHEE) for {fill2: himself/herself}?</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don’t know</td>
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<td>Sample children 4+</td>
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<td>Did {fill1: S.C. name} do breathing exercises as part of Tai-Chi? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
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<td>Refused</td>
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<td>9</td>
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<th>Instrument Variable Name:</th>
<th>CYTQ_MDT</th>
<th>QuestionnaireFileNotFoundException:</th>
<th>Sample Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td></td>
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<tr>
<td></td>
<td>Did {fill1: S.C. name} do meditation as part of Tai-Chi?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Sample children 4+ who have practiced Tai-Chi in the past 12 months</td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto CYTQU_QG]</td>
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</tbody>
</table>
**Question ID:**  CCH.170_00.000  
**Instrument Variable Name:**  CYTQU_QG  
**QuestionnaireFileName:**  Sample Child

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

**UniverseText:** Sample children 4+

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

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**Question ID:**  CCH.180_00.000  
**Instrument Variable Name:**  CYTQ_BTQ  
**QuestionnaireFileName:**  Sample Child

| QuestionText |  
| --- | --- |
|  | Did [fill1: S.C. name] do breathing exercises as part of Qi Gong? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.  
1 Yes  
2 No  
7 Refused  
9 Don't know |

**UniverseText:** Sample children 4+ who have practiced Qi Gong in the past 12 months

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

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**Question ID:**  CCH.190_00.000  
**Instrument Variable Name:**  CYTQ_MDQ  
**QuestionnaireFileName:**  Sample Child

| QuestionText |  
| --- | --- |
|  | Did [fill1: S.C. name] do meditation as part of Qi Gong?  
1 Yes  
2 No  
7 Refused  
9 Don't know |

**UniverseText:** Sample children 4+ who have practiced Qi Gong in the past 12 months

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