

CHILD CORE
Section I -- IDENTIFICATION AND VERIFICATION

>CHILD_BEGIN<

If not a sample child or the sample child section (not include immunization section) of the family has been completed, goto CIDCCI2 (beginning of immunization section); else (including sample child call back and new sample child interview) if no person has 'x' in KNOWSC (x = person who knows the child), goto KNOAVAIL (CID.015), otherwise, goto CURRE (CID.001).

>CURRE<
CID.001

FR: ENTER THE NUMBER OF THE PERSON TO WHOM YOU ARE SPEAKING.

{error message}

_____ (1-30) Person number

>CSRESP<
CID.005

The next questions are about {SC name}. Are you able to answer questions about {his/her} health at this time?

- (1) Yes (CID.030)
- (2) No (CSPEDIT)
- (7) Refused (CSPEDIT)
- (9) Don't Know (CSPEDIT)

>CSPEDIT<

**CAPI: Check those in the family with KNOWSC marked 'x',
If the person number eq CURRE, set counter X2 =<0>;
Else if no one has KNOWSC marked 'x', set counter X eq <4>;
Else, set counter X2 eq the person with KNOWSC='x'.
Go to CSPEDIT2.**

>CSPEDIT2<

**CAPI: If counter X eq <4>: Set KNOAVAIL eq <2>,
goto CALLMORE. If counter X2 eq <0>, go back to CSPEDIT for next
KNOWSC; Else goto CSPAVAIL.**

>CSPEDIT3<

YOU HAVE SKIPPED TO THE END OF THE CHILD SECTION

@ ENTER (P) TO PROCEED

>CSPAVAIL<
CID.010

Is {KNOWSC name} available to answer some questions about {sample child name}'s health?

- (1) Available (CID.030)
- (2) Not available (CSPEDIT)
- (7) Refused (CSPEDIT)
- (9) Don't Know (CSPEDIT)

>KNOAVAIL<

CID.015 Is there any family member available who can answer questions about {sample child name}'s health?

- (1) Yes (CID.020)
- (2) No (CSTAT)

>CSRESPNO<

CID.020 Enter the person number of the respondent.

_____ (1-30) Person number

>CSRELATIV<

CID.030 **FR: SHOW FLASHCARD C1. ENTER ONLY 1.**
What is {CSRESPNO name}'s relationship to {sample child name}?

- (1) Parent (Biological, adoptive, or step)
- (2) Grandparent
- (3) Aunt/Uncle
- (4) Brother/Sister
- (5) Other relative
- (6) Legal guardian
- (7) Foster parent
- (8) Other non-relative
- (97) Refused
- (99) Don't Know

Check Item CIDCC11: If CSRESPNO is the household respondent, goto beginning of CHS section; Else goto CSPVERF

>CSPVERF<

CID.040 **FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE CHILD BEFORE PROCEEDING:** (1) Yes (2) No

{sample child name}

>CSPVERF1 < Gender = {male/female} Is it correct?

>CSPVERF2< Age = {3 digit format} Is it correct?

>CSPVERF3 < Birthday = {spoken word format} Is it correct?

Check item: If CSPVER1=2, then goto CID.042; If CSPVER2=2, then goto CID.044; If CSPVER3=2, then goto CID.046.

>NEWSEX<

FR: ASK IF APPROPRIATE; OTHERWISE, ENTER YOUR BEST GUEST OF THE PERSON'S SEX

CID.042 Is {sample child name} Male or Female?

- (1) Male
- (2) Female

>NEWAGE<

CID.044 How old is {sample child name}?

- (0-96) 0-96 years old
- (97) Refused
- (99) Don't know

>NEWDOB<

CID.046 What is {sample child name} birthday?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

MONTH: ____ DAY: ____ YEAR: ____

Check item CAGECHK: Verify that the age and birthdate are consistent. If not, go to CID.040, re-enter age or birthdate. If there is no change of age or birthday in CID.040, and the age calculated from CID.046 agrees with CID.040, then go to CHS.010. If either age or birthday has been changed in CID.040 and the age calculated in CID.046, display <Please confirm data again> and go to CID.040 (gender). If ages do not agree, display <Data Inconsistency> and go to CID.040 (age). If there is no change of age or birthday in CID.040, and the age calculated from CID.046 disagrees with CID.040 (age) then display <Data mismatched, please fix age or birthday> and go to CID.040 (age).

CID.048

>CNO_MORE<

FR: {SC name} IS NO LONGER THE SAMPLE CHILD FOR THIS FAMILY

@Enter (P) to proceed (go to end of sample child)

SECTION II - CONDITIONS, LIMITATION, HEALTH STATUS
Part A -- Conditions, Limitation of Activity & Health Status

>BWGT<
CHS.010

What was {S.C.name}'s birth weight?

____(1-15) 1-15 pounds ____ (0-15) 0-15 ounces
(97) Refused (97) Refused
(99) Don't know (99) Don't know

FR: ENTER "M" TO RECORD METRIC MEASUREMENTS

Check item:

If weight in lbs. is gt <12> display:
{wt. in lbs.} is an unusually large number. Please verify.
(1) Correct, proceed to next question
(2) Incorrect, change answer

>BWGTM<
CHS.011

What was {S.C.name}'s birth weight?

FR: ENTER WEIGHT IN GRAMS
GRAMS ____ (500-5484) (7) Refused (9) Don't know

>CHGHT<
CHS.020

How tall is {S.C.name} now?

FR: IF THE CHILD'S HEIGHT IS GIVEN IN INCHES, PRESS "ENTER"
AT Feet AND ENTER THE MEASURE IN Inches (36 INCHES MAXIMUM).

____ (0-7) Feet ____ (0-36) Inches
(97) Refused (97) Refused
(99) Don't know (99) Don't know

FR: ENTER "M" TO RECORD METRIC MEASUREMENTS.

>CHGHTM<
CHS.021

How tall is {S.C.name} now?

FR: 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.)

>CWGHTP<
CHS.022

How much does {S.C.name} weigh now? (without shoes)

- _____ (1-500) pounds
- (997) Refused
- (998) Don't know

FR: Enter "M" to record metric measurements.

FR: Enter Weight in Kilograms

How much does {S.C.name} weigh now? (without shoes)

- _____ (2-226) kilograms
- (997) Refused
- (998) Don't know

>ADD1<
CHS.031

Has a doctor or health professional ever told you that {S.C.name} had...

>ADD1_1<...Mental Retardation?

>ADD1_2<...Any other developmental delay?

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

>ADD<
CHS.032

Has a doctor or health professional ever told you that {S.C.name} had...

>ADD_1<...Attention Deficit Hyperactivity Disorder?

>ADD_2<...Mental Retardation?

>ADD_3<...Any other developmental delay?

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

>CONDL<

FR: SHOW FLASHCARD C2:

CHS.060 Looking at this list, has a doctor or health professional ever told you that {S.C.name} had any of these conditions?

- | | |
|------------------------|------------------------------|
| (0) None | (6) Autism |
| (1) Down's syndrome | (7) Diabetes |
| (2) Cerebral Palsy | (8) Arthritis |
| (3) Muscular Dystrophy | (9) Congenital heart disease |
| (4) Cystic Fibrosis | (10) Other heart condition |
| (5) Sickle cell anemia | (97) Refused |
| | (99) Don't know |

Which ones?

[]>CONDL_1 []>CONDL_2 []>CONDL_3 []>CONDL_4 []>CONDL_5
[]>CONDL_6 []>CONDL_7 []>CONDL_8 []>CONDL_9 []>CONDL_10

>CPOX<

CHS.070

Has {S.C.name} **EVER** had chickenpox?

- (1) Yes (CHS.072)
- (2) No (CHS.080)
- (7) Refused (CHS.080)
- (9) Don't know (CHS.080)

>CPOX12MO<

CHS.072

Has {S.C. name} had chickenpox DURING THE PAST 12 MONTHS?

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

>CASHMEV<

CHS.080

Has a doctor or other health professional **EVER** told you that {S.C.name} had asthma?

- (1) Yes (CHS.085)
- (2) No (CHECK ITEM CHSCCI3)
- (7) Refused (CHECK ITEM CHSCCI3)
- (9) Don't know (CHECK ITEM CHSCCI3)

>CASSTILL<

CHS.085

Does {Sample Child} still have asthma?

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

>CASHYR<

CHS.090

The following questions are about {S.C.name} asthma DURING THE PAST 12 MONTHS. DURING THE PAST 12 MONTHS, has {S.C.name} had an episode of asthma or an asthma attack?

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

Check Item CHSCCI1: If CASSTILL =2,D,R AND CASHYR=2,D,R skip to check item CHSCCI3; Else, goto Check Item CHSCCI2.

Check Item CHSCCI2: If CASHYR=2,D,R, skip to CWZPIN; Else goto CASMERYR

>CASMERYR<

CHS.100

DURING THE PAST 12 MONTHS, did {S.C.name} have to visit an emergency room or urgent care center because of {his/her} asthma?

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

>CASMHSP<

CHS.100.010

DURING THE PAST 12 MONTHS, has {S.C. name} stayed overnight in a hospital because of asthma?

FR: IF IN HOSPITAL FOR ASTHMA AND OTHER REASONS, ENTER "1".

- (1) Yes (CHS.100.020)
- (2) No (CHS.100.030)
- (7) Refused (CHS.100.030)
- (9) Don't know (CHS.100.030)

>CASMMC<
CHS.100.020

After (the last time) {S.C. name} left the hospital, did a health professional talk with you about long term management of {his/her} asthma?

- (1) Yes
- (2) No
- (3) Still in hospital
- (7) Refused
- (9) Don't know

>CWZMSWK<
CHS.100.030

DURING THE PAST 12 MONTHS, that is since {12 month reference date} HOW MANY DAYS of [see CAPI Note] did {S.C. name} miss because of {his/her} asthma?

_____Days (995) Home school (996) Child did not go to school in past 12 months

CAPI note:

Children ages 0-4 fill "daycare or preschool"

Children ages 5-13 fill "school"

Children ages 14-17 fill "school or work"

>CWZPIN<
CHS.100.040

Has {S.C. name} EVER used a PRESCRIPTION inhaler? (H)

- (1) Yes (CHS.100.050)
- (2) No (CHS.100.080)
- (7) Refused (CHS.100.080)
- (9) Don't know (CHS.100.080)

>CASMINST<
CHS.100.050

Has a health professional shown {S.C. name} how to use {his/her} inhaler? (This includes showing parents for young children).

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

>CASMPMED<
CHS.100.060

Now I'm going to ask you about two different kinds of ASTHMA medicine. One is for quick relief. The other does not give quick relief but protects your lungs AND PREVENTS SYMPTOMS OVER THE LONG TERM.

DURING THE PAST 3 MONTHS, has {S.C. name} used the kind of PRESCRIPTION inhaler THAT YOU BREATHE IN THROUGH YOUR MOUTH, that gives QUICK relief from asthma symptoms?(H)

- (1) Yes (CHS.100.070)
- (2) No (CHS.100.080)
- (7) Refused (CHS.100.080)
- (9) Don't know (CHS.100.080)

>CASMCAN<

CHS.100.070

DURING THE PAST 3 MONTHS did {S.C. name} use more than three canisters of this type of inhaler?

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

>CASMED<

CHS.100.080

Has {S.C.name} EVER taken the preventive kind of ASTHMA medicine used everyday to protect {his/her} lungs and keep {him/her} from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

- (1) Yes (CHS.100.090)
- (2) No (CHS.100.100)
- (7) Refused (CHS.100.100)
- (9) Don't know (CHS.100.100)

CHS.100.090

>CASMDTP<

Is {S.C. name} NOW taking this medication (that protects your lungs) daily or almost daily?

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

>CASWMP<

CHS.100.100

An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given {S.C.name} an asthma management plan?

FR: READ IF NECESSARY: INCLUDE NURSES AND ASTHMA EDUCATORS

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

>CASCLASS <

CHS.100.110

Has {S.C. name} ever taken a course or class on how to manage {his/her} asthma ?

(H)

FR: INCLUDE ADULT(S) WHO TOOK A COURSE FOR THE CHILD'S ASTHMA

- (1) Yes
- (2) No
- (3) Adult took course for child's asthma
- (7) Refused
- (9) Don't know

>CAS<

CHS.100.120 Has a doctor or other health professional EVER taught {S.C. name} or {his/her name} parent or guardian...

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

...how to recognize early signs or symptoms of an asthma episode? @REC

...how to respond to episodes of asthma? @RES

...how to monitor peak flow for daily therapy? @MON

>CAPENVLN<

CHS.100.130 Has a doctor or other health professional EVER advised you to change things in {S.C. name} home, school, or work to improve {his/her} asthma?

- (1) Yes (CHS.100.140)
(2) No (CHSCCI3)
(3) Was told no changes needed (CHSCCI3)
(7) Refused (CHSCCI3)
(9) Don't know (CHSCCI3)

>CAPENVDO<

CHS.100.140 How much of this advice did you follow? Would you say none, a little, some, most, or all?

- (0) None
(1) A little
(2) Some
(3) Most
(4) All
(7) Refused
(9) Don't know

Check Item CHSCCI3: If AGE gt <2> goto CHS.115; else goto CHS.111

>CCOND1<

CHS.111 DURING THE PAST 12 MONTHS, has {S.C.name} had any of the following conditions?

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

>CCOND111 Hay fever?

>CCOND112<Any kind of respiratory allergy?

>CCOND113<Any kind of food or digestive allergy?

>CCOND114<Eczema or any kind of skin allergy?

>CCOND115<Frequent or repeated diarrhea or colitis?

>CCOND116<Anemia?

>CCOND117<Three or more ear infections?

>CCOND118<Seizures?

>CCONDT<
CHS.115

DURING THE PAST 12 MONTHS, has {S.C.name} had any of the following conditions?

(1) Yes (2) No (7) Refused (9) Don't Know

- >CCONDT01< Hay fever?
- >CCONDT02< Any kind of respiratory allergy?
- >CCONDT03< Any kind of food or digestive allergy?
- >CCONDT04< Eczema or any kind of skin allergy?
- >CCONDT05< Frequent or repeated diarrhea or colitis?
- >CCONDT06< Anemia?
- >CCONDT07< Frequent or severe headaches, including
migraines?
- >CCONDT08 Three or more ear infections?
- >CCONDT09 Seizures?
- >CCONDT10< Stuttering or stammering?

>CHSTATYR<
CHS.210

Compared with 12 months ago, would you say {S.C.name} health is now **better, worse, or about the same?**

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

Check item: If age is gt <4> goto CHS.220; else go to CHS.230

>SCHDAYR<
CHS.220

DURING THE PAST 12 MONTHS, that is, since {12-month ref. date}, about how many days did {S.C.name} miss school because of illness or injury?

FR: ENTER 996 IF CHILD DID NOT GO TO SCHOOL IN THE PAST 12 MONTHS.

- (000) none
- (001-240) Days
- (996) Did not go to school
- (997) Refused
- (999) Don't know

>CCOLD2W<
CHS.230

These next questions are about {S.C.name} recent health during the 2 weeks outlined on that calendar.

Did {S.C.name} have a head cold or chest cold that started during those two weeks?

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

>CINTIL2W<

CHS.240

Did {S.C.name} have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?

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

These next questions are about {SC's name} hearing and vision.

>CHEARST<

CHS.250

Which statement best describes {S.C.name}'s hearing without a hearing aid: Good, a little trouble, a lot of trouble, or deaf?

- (1) Good
- (2) Little trouble
- (3) Lot of trouble
- (4) Deaf
- (7) Refused
- (9) Don't know

>CVISION<

CHS.260

Does {S.C.name} have any trouble seeing?
[if AGE ge <2>, add] Even when wearing glasses or contact lenses?

- (1) Yes (CHS.270)
- (2) No (CHS.290)
- (7) Refused (CHS.290)
- (9) Don't know (CHS.290)

>CBLIND<

CHS.270

Is {S.C. name} blind or unable to see at all?

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

>IHSPEQ<

CHS.290

Does {S.C.name} have any impairment or health problem that requires {him/her} to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

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

>IHMOB<

CHS.300

Does {S.C.name} have an impairment or health problem that limits {his/her} ability to (crawl), walk, run, or play?

- (1) Yes (CHS.310)
- (2) No (CHS.311)
- (7) Refused (CHS.311)
- (9) Don't know (CHS.311)

>IHMOBYR<

CHS.310

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

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

Check item:

If age is lt or eq <1> goto CHSCCI7

>PROBRX<

CHS.311

Does {S.C.name} **now** have a problem for which {he/she} has regularly taken prescription medication for at least three months?

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

>LEARND<

CHS.312

Has a representative from a school or a health professional ever told you that {S.C.name} had a learning disability?

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

Part B - Mental Health

Check item CHSCCI7:

**If AGE=2-3 & SEX is male, then goto CHS.321;
If AGE=2-3 & SEX is female, then goto CHS.361
Else goto next section**

>CMHAGM11<

FR: SHOW FLASHCARD C3.

CHS.321

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 {S.C.name} DURING THE PAST TWO MONTHS.

(0) Not True (1) Sometimes True (2) Often True
(7) Refused (9) Don't Know

HE:

>CMHAGM12<Has been uncooperative?

>CMHAGM13<Has trouble getting to sleep?

>CMHAGM14<Has speech problems?

>CMHAGM15<Has been unhappy, sad or depressed?

>CMHAGF11<

FR: SHOW FLASHCARD C3.

CHS.361

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 {S.C. name} DURING THE PAST TWO MONTHS.

(0) Not True (1) Sometimes True (2) Often True
(7) Refused (9) Don't Know

SHE:

>CMHAGF12<Has temper tantrums or a hot temper?

>CMHAGF13<Has speech problems?

>CMHAGF14<Has been nervous or high-strung?

>CMHAGF15<has been unhappy, sad or depressed?

Section III -- HEALTH CARE ACCESS AND UTILIZATION
Part A -- ACCESS TO CARE

The next questions are about health care

>CUSUALPL<

CAU.020 Is there a place that {S.C.name} USUALLY goes when {he/she} is sick or you need advice about {his/her} health?

- | | |
|--|--------------------------|
| (1) Yes (CAU.030) | (7) Refused (CAU.037) |
| (2) There is NO place (CAU.037) | (9) Don't know (CAU.037) |
| (3) There is MORE THAN ONE place (CAU.030) | |

CAU.030 **[If CAU.020 equal 1, then read:]**

>CPLKIND<

What kind of place is it ...

[If CAU.020 equal 3, then read:]

What kind of place does {S.C.name} go to most often ...
... A clinic, doctor's office, emergency room, or some other place?

- (1) Clinic or health center (CAU.035)
- (2) Doctor's office or HMO (CAU.035)
- (3) Hospital emergency room (CAU.035)
- (4) Hospital outpatient department (CAU.035)
- (5) Some other place (CAU.035)
- (6) Doesn't go to one place most often (CAU.037)
- (7) Refused (CAU.037)
- (9) Don't know (CAU.037)

>CHCPLROU<

CAU.035 Is that {place selected in CAU.030} the same place {S.C.name} USUALLY goes when {he/she} needs routine or preventive care, such as a physical examination or well baby/child check-up?

- | | |
|-------------------|--------------------------|
| (1) Yes (CAU.040) | (7) Refused (CAU.037) |
| (2) No (CAU.037) | (9) Don't Know (CAU.037) |

>CHCPLKND<

CAU.037 What kind of place does {S.C.name} USUALLY go to when {he/she} needs routine or preventive care, such as a physical examination or well baby/child check-up?

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

Check Item CAUCC11: If CAU.020=2,R,D go to CAU.080; else go to CAU.040

>CHCCHGYR<

CAU.040

At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which {S.C.name} USUALLY goes for health care?

- (1) Yes (CAU.050)
- (2) No (CAU.080)
- (7) Refused (CAU.080)
- (9) Don't Know (CAU.080)

>CHCCHGHI<

CAU.050

Was this change for a reason related to health insurance?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't Know

>CHCDLYR1<

CAU.080

There are many reasons people delay getting medical care. Have you delayed getting care for {S.C.name} for any of the following reasons in the past 12 months?

- (1) Yes (2) No (7) Refused (9) Don't Know

>CHCDLYR11< You couldn't get through on the telephone.

>CHCDLYR12< You couldn't get an appointment for {S.C.name} soon enough.

>CHCDLYR13< Once you get there, {S.C.name} has to wait too long to see the doctor.

>CHCDLYR14< The (clinic/doctor's office) wasn't open when you could get there.

>CHCDLYR15< You didn't have transportation:

Check item CAUCCI2: If AGE ge <2> go to CAU.135; else go to CAU.130.

>CHCAFYR<

CAU.130

DURING THE PAST 12 MONTHS, was there any time when {S.C.name} 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

>CHCAFYR1<
CAU.135

DURING THE PAST 12 MONTHS, was there any time when {S.C.name} needed any of the following, but didn't get it because you couldn't afford it:

(1) Yes (2) No (7) Refused (9) Don't Know

>CHCAFYR11< Prescription medicines?
>CHCAFYR12< Mental health care or counseling?
>CHCAFYR13< Dental care (including check-ups)?
>CHCAFYR14< Eyeglasses

Part B -- DENTAL CARE

Check item CCAUCCI3(>CDEN_EDIT<): If AGE lt <1> goto CAU.170; else goto CAU.160.

>CDENLONG<

FR: SHOW FLASHCARD C4

CAU.160

About how long has it been since {S.C.name} 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 year, but not more than
5 years ago
(5) More than 5 years ago
(7) Refused (Check Item 4)
(9) Don't Know (Check Item 4)

Check item CAUCC14: If AGE ge <2>, go to CAU.175; else go to CAU.170

Part C -- HEALTH CARE PROVIDER CONTACTS

>CHCSYR1<
CAU.170

DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, has anyone in the family seen or talked to any of the following health care providers about {S.C.name}'s health?

(1) Yes (2) No (7) Refused (9) Don't Know

>CHCSYR12< An optometrist, ophthalmologist, or eye doctor
(someone who prescribes eyeglasses)?

>CHCSYR13< A foot doctor?

>CHCSYR15< A physical therapist, speech therapist, respiratory
therapist, audiologist, or occupational therapist?

>CHCSYR16< A nurse practitioner, physician assistant or midwife?

>CHCSYR<
CAU.175

DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, have you seen or talked to any of the following health care providers about {S.C.name}'s health?

(1) Yes (2) No (7) Refused (9) Don't Know

>CHCSYR_1< A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>CHCSYR_2< An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

>CHCSYR_3< A foot doctor?

>CHCSYR_4< A chiropractor?

>CHCSYR_5< A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

>CHCSYR_6< A nurse practitioner, physician assistant or midwife?

Check item CAUCCI5: If female and age gt <14> go to CAU.230; Else go to CAU.240.

>CHCSYR7<
CAU.230

DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about {S.C.name}'s health?

(1) Yes
(2) No
(7) Refused
(9) Don't Know

>CHCSYR8<
CAU.240

DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, have you seen or talked to the following about {S.C.name}'s health?

(1) Yes (2) No (7) Refused (9) Don't Know

>CHCSYR81< A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist or ophthalmologist)?

>CHCSYR82< A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?

Check item CAUCCI16: If <CHCSYR82> eq <1> goto CAU.260; Else goto CAU.270

>CHCSYR10<
CAU.260

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

>CHCSYREM<

CAU.265 Did you see or talk to this general doctor because of an emotional or behavioral problem that (Sample Child) may have?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't Know

>CHPEXYR<

CAU.270 DURING THE PAST 12 MONTHS, did {S.C.name} receive a well-child checkup - that is a general checkup when {he/she} was not sick or injured?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't Know

>CHERNOYR<

FR: SHOW FLASHCARD C5.

CAU.280 DURING THE PAST 12 MONTHS, **how many times** has {S.C.name} gone to a **hospital emergency room** about {his/her} health? (This includes emergency room visits that resulted in a hospital admission.)

- (0) None
- (1) 1
- (2) 2-3
- (3) 4-5
- (4) 6-7
- (5) 8-9
- (6) 10-12
- (7) 13-15
- (8) 16 or more
- (97) Refused
- (99) Don't know

>CHCHYR<

CAU.290 DURING THE PAST 12 MONTHS, did {S.C.name} receive care **at home** from a nurse or other health care professional?

- (1) Yes (CAU.300)
- (2) No (CAU.320)
- (7) Refused (CAU.320)
- (9) Don't Know (CAU.320)

>CHCHMOYR<

CAU.300 DURING THE PAST 12 MONTHS, how many months did {S.C.name} receive care at home from a health care professional?

- (01-12) 01-12 months
- (97) Refused
- (99) Don't Know

>CHCHNOYR<

FR: SHOW FLASHCARD C6

CAU.310 What was the total number of home visits received for {S.C.name} during that/those months?

- | | |
|---------|-----------------|
| (1) 1 | (6) 10-12 |
| (2) 2-3 | (7) 13-15 |
| (3) 4-5 | (8) 16 or more |
| (4) 6-7 | (97) Refused |
| (5) 8-9 | (99) Don't know |

>CHCNOYR<

FR: SHOW FLASHCARD C5.

CAU.320 DURING THE PAST 12 MONTHS, **how many times** has {S.C.name} seen a doctor or other health care professional about {his/her} health at **a doctor's office, a clinic, or some other place?** DO NOT INCLUDE TIMES {S.C.name} WAS HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, OR TELEPHONE CALLS.
(H)

- | | |
|----------|-----------------|
| (0) None | (6) 10-12 |
| (1) 1 | (7) 13-15 |
| (2) 2-3 | (8) 16 or more |
| (3) 4-5 | (97) Refused |
| (4) 6-7 | (99) Don't know |
| (5) 8-9 | |

>CSRGYR<

CAU.330 DURING THE PAST 12 MONTHS has {S.C.name} had **surgery** or other surgical procedures either as an inpatient or outpatient?

FR: (READ IF NECESSARY) THIS INCLUDES BOTH MAJOR SURGERY AND MINOR PROCEDURES SUCH AS SETTING BONES OR REMOVING GROWTHS.

- (1) Yes (CAU.340)
- (2) No (CAUCCI6)
- (7) Refused (CAUCCI6)
- (9) Don't Know (CAUCCI6)

>CSRGNOYR<

CAU.340 Including any times you may have already told me about, **how many different times** has {S.C. name} had surgery done as an outpatient DURING THE PAST 12 MONTHS?

FR: ENTER 95 FOR 95 OR MORE TIMES.

_____Times

Check item CAUCCI6: If sample child had a doctor visit in the last 2 weeks as indicated in the family core, that is: If FHCDV2W eq <1> and sample child's person number is in PHCDV2W, then store <1> in CMDLONG and CSTAT, goto CAUCCI7; Else goto CAU.345

>CMDLONG<

FR: SHOW FLASHCARD C4.

CAU.345 About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about {S.C.name}'s health? Include doctors seen while {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

Check item CAUCCI7: Children 4-17 goto CSCLCOPY; else goto next section

>CSCLCOPY<

CAU.345.005 The next 25 items contained in CSCL1 through CSCL5 are included in this survey with permission as indicated:

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>CSCL1<

CAU.345.010

FR: SHOW FLASHCARD C7

I am going to read a list of items that describe children. For each item, please tell me if it has been **NOT TRUE, SOMEWHAT TRUE, CERTAINLY TRUE** for {S.C.name} DURING THE PAST 6 MONTHS:

- (1) Not True
- (2) Somewhat True
- (3) Certainly True
- (7) Refused
- (9) Don't Know

{HE/SHE...}

...is considerate of other people's feelings @S1

...is restless, overactive, cannot stay still for long @H1

...often COMPLAINS of headaches, stomach-aches or sickness @E1

...shares readily with other {children (treat, toys, pencils)/youths (CD's, games, food)}@S2

CAP I NOTE: Fill "children" if age 4-11; fill "youth" and if age 12-17.

...often loses temper @C1

>CSCL2<
CAU.345.020

FR: SHOW FLASHCARD C7.

I am going to read a list of items that describe children. For each item, please tell me if it has been **NOT TRUE, SOMEWHAT TRUE, CERTAINLY TRUE** for {S.C.name} DURING THE PAST 6 MONTHS:

- (1) Not True
- (2) Somewhat True
- (3) Certainly True
- (7) Refused
- (9) Don't Know

{HE/SHE...}

...is rather solitary, prefers to play alone(for ages 4-11)/@P1 would rather be alone than with other teenagers (for ages 12-17) @P1

...is generally well-behaved, usually does what adults request @C2

...has many worries or often seems worried @E2

...is helpful if someone is hurt, upset or feeling ill @S2

...is constantly fidgeting or squirming @H2

>CSCL3<
CAU.345.030

FR: SHOW FLASHCARD C7.

I am going to read a list of items that describe children. For each item, please tell me if it has been **NOT TRUE, SOMEWHAT TRUE, CERTAINLY TRUE** for {S.C.name} DURING THE PAST 6 MONTHS:

- (1) Not True
- (2) Somewhat True
- (3) Certainly True
- (7) Refused
- (9) Don't Know

{HE/SHE...}

...has at least one good friend @P3

...often fights with other {children/youth} or bullies them @C3

CAPI NOTE: Fill "children" if age 4-11; Fill "youth" if age 12-17

...is often unhappy, depressed or tearful @E3

...is generally liked by other {children/youth} @P3

CAPI NOTE: Fill "children" if age 4-11; fill "youth" if age 12-17 @S3

...is easily distracted, concentration wanders @H3

>CSCL4<
CAU.345.040

FR: SHOW FLASHCARD C7.

I am going to read a list of items that describe children. For each item, please tell me if it has been **NOT TRUE, SOMEWHAT TRUE, CERTAINLY TRUE** for {S.C.name} DURING THE PAST 6 MONTHS:

- (1) Not True
- (2) Somewhat True
- (3) Certainly True
- (7) Refused
- (9) Don't Know

{He/She...}

...is nervous or clingy in new situations (age 4-11)/is nervous in new situations, easily loses confidence (age 12-17) @S4

...is kind to younger children @C4

...often lies OR cheats @P4

...is picked on or bullied by other {children/youth} @P4

CAPI NOTE: Fill "children" if age 4-11; fill youth if age 12-17.

...often offers to help others (Parents, teachers, other children) @S4

>CSCL5<
CAU.345.050

FR: SHOW FLASHCARD C7

I am going to read a list of items that describe children. For each item, please tell me if it has been **NOT TRUE, SOMEWHAT TRUE, CERTAINLY TRUE** for {S.C.name} during the past 6 months:

- (1) Not True
- (2) Somewhat True
- (3) Certainly True
- (7) Refused
- (9) Don't Know

{HE/SHE...}

...Thinks things out before acting @H5

...Steals from home, school or elsewhere @C5

...Gets along better with adults than with other children/youths @P5

CAPI NOTE: Fill "children" if age 4-11; Fill "youth" if age 12-17.

...has many fears, is easily scared @E5

...has good attention span, sees chores or homework through to the end @H5

>CSCL6<
CAU.345.060

FR: SHOW FLASHCARD C8

Overall, do you think that {sample child} 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

Check item CAUCCI9: If answered Yes <2-4> to any go to next question. If no go to next section.

>CSCL7<
CAU.345.070

How long have these difficulties been present?

- (1) Less than a month (goto CIDCCI2)
- (2) 1 -5 months
- (3) 6 - 12 months
- (4) Over 12 months
- (7) Refused (goto CIDCCI2)
- (9) Don't Know (goto CIDCCI2)

>CSCL8<
CAU.345.080

FR: Show Flashcard C9

Do the difficulties upset or distress your child?

- (1) Not at all
- (2) A little
- (3) A medium amount
- (4) A great deal
- (7) Refused
- (9) Don't Know

>CSCL9<
CAU.345.090

FR: Show Flashcard C9

Do the difficulties interfere with your child's everyday life in the following areas? Answer all categories:

- (1) Not at all
- (2) A little
- (3) A medium amount
- (4) A great deal
- (7) Refused
- (9) Don't Know

>CSCL9_HL< Home Life

>CSCL9_FR< Friendships

>CSCL9_CL< Classroom learning

>CSCL9_LA< Leisure activities

>CSCL10<
CAU.345.100

FR:Show Flashcard C9

Do the difficulties put a burden on you or the family as a whole?

- (1)Not at all
- (2)A little
- (3)A medium amount
- (4)A great deal
- (7)Refused
- (9)Don't Know



SECTION IV --IMMUNIZATION

CHECK ITEM CIMCCI1: Ask all immunization questions (CIM.010 - PERMNT) and ICSTAT for the sample child.

>SHOTRC<

CIM.010 These questions are about immunizations that {SC's name} may have received. It would be helpful if we could refer to {his/her} shot record.

Are shot records available for {SC's name}?

- (1) Yes (CIMCCI2)
- (2) No (CIM.020)
- (7) Refused (CIM.020)
- (9) Don't Know (CIM.020)

>SHOTFT<

CIM.020 We will need the shot record to complete this section of the interview. If I call you within the next few days, would you be able to have {SC's name}'s shot record available?

- (1) Yes (Check item ICSTAT)
- (2) No (CIM.290)
- (7) Refused (CIM.290)
- (9) Don't Know (CIM.290)

Check item CIMCCI2: If AGE ge <7> goto CIM.060; else goto CIM.030

>DTP<

CIM.030

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child's name} has received a DTP, DTaP, DT shot (Sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one shot)?

- (00) None (CIM.040)
- (01-08) 01-08 shots (CIM.035)
- (97) Refused (CIM.040)
- (99) Don't Know (CIM.040)

>DTPDT<
CIM.035

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date

>DTPDT_M1< _____ (Month)
>DTPDT_D1< _____ (Day)
>DTPDT_Y1< _____ (Year)

Second shot date

>DTPDT_M2< _____ (Month)
>DTPDT_D2< _____ (Day)
>DTPDT_Y2< _____ (Year)

Third shot date

>DTPDT_M3< _____ (Month)
>DTPDT_D3< _____ (Day)
>DTPDT_Y3< _____ (Year)

Fourth shot date

>DTPDT_M4< _____ (Month)
>DTPDT_D4< _____ (Day)
>DTPDT_Y4< _____ (Year)

Fifth shot date

>DTPDT_M5< _____ (Month)
>DTPDT_D5< _____ (Day)
>DTPDT_Y5< _____ (Year)

Sixth shot date

>DTPDT_M6< _____ (Month)
>DTPDT_D6< _____ (Day)
>DTPDT_Y6< _____ (Year)

Seventh shot date

>DTPDT_M7< _____ (Month)
>DTPDT_D7< _____ (Day)
>DTPDT_Y7< _____ (Year)

Eighth shot date

>DTPDT_M8< _____ (Month)
>DTPDT_D8< _____ (Day)
>DTPDT_Y8< _____ (Year)

>POLIO<
CIM.040

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child's name} has received a polio vaccine by mouth (pink drops) or a Polio shot?

- (00) None (CIM.050)
- (01-08) 01-08 shots or doses (CIM.045)
- (97) Refused (CIM.050)
- (99) Don't Know (CIM.050)

>POLDT<
CIM.045

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot or dose date

>POLDT_M1< _____ (Month)
>POLDT_D1< _____ (Day)
>POLDT_Y1< _____ (Year)

Second shot or dose date

>POLDT_M2< _____ (Month)
>POLDT_D2< _____ (Day)
>POLDT_Y2< _____ (Year)

Third shot or dose date

>POLDT_M3< _____ (Month)
>POLDT_D3< _____ (Day)
>POLDT_Y3< _____ (Year)

Fourth shot or dose date

>POLDT_M4< _____ (Month)
>POLDT_D4< _____ (Day)
>POLDT_Y4< _____ (Year)

Fifth shot or dose date

>POLDT_M5< _____ (Month)
>POLDT_D5< _____ (Day)
>POLDT_Y5< _____ (Year)

Sixth shot or dose date

>POLDT_M6< _____ (Month)
>POLDT_D6< _____ (Day)
>POLDT_Y6< _____ (Year)

Seventh shot or dose date

>POLDT_M7< _____ (Month)
>POLDT_D7< _____ (Day)
>POLDT_Y7< _____ (Year)

Eighth shot or dose date

>POLDT_M8< _____ (Month)
>POLDT_D8< _____ (Day)
>POLDT_Y8< _____ (Year)

>HIB<
CIM.050

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child's name} has received a HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H.Flu vaccine)

- (00) None (CIM.060)
- (01-08) 01-08 shots (CIM.055)
- (97) Refused (CIM.060)
- (99) Don't Know (CIM.060)

>HIBDT<
CIM.055

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date

>HIBDT_M1< _____ (Month)
>HIBDT_D1< _____ (Day)
>HIBDT_Y1< _____ (Year)

Second shot date

>HIBDT_M2< _____ (Month)
>HIBDT_D2< _____ (Day)
>HIBDT_Y2< _____ (Year)

Third shot date

>HIBDT_M< _____ (Month)
>HIBDT_D3< _____ (Day)
>HIBDT_Y3< _____ (Year)

Fourth shot date

>HIBDT_M4< _____ (Month)
>HIBDT_D4< _____ (Day)
>HIBDT_Y4< _____ (Year)

Fifth shot date

>HIBDT_M5< _____ (Month)
>HIBDT_D5< _____ (Day)
>HIBDT_Y5< _____ (Year)

Sixth shot date

>HIBDT_M6< _____ (Month)
>HIBDT_D6< _____ (Day)
>HIBDT_Y6< _____ (Year)

Seventh shot date

>HIBDT_M7< _____ (Month)
>HIBDT_D7< _____ (Day)
>HIBDT_Y7< _____ (Year)

Eighth shot date

>HIBDT_M8< _____ (Month)
>HIBDT_D8< _____ (Day)
>HIBDT_Y8< _____ (Year)

>MMR<
CIM.060

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child's name} has received a measles or MMR (Measles-Mumps-Rubella) shot?

- (0) None (CIM.070)
- (1-4) 01-04 shots (CIM.065)
- (7) Refused (CIM.070)
- (9) Don't Know (CIM.070)

>MMRDT<
CIM.065

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

Was the First shot:

>MMRDT_T1< (1) Measles ONLY or
(2) MMR
(7) Refused
(9) Don't know
First shot date

>MMRDT_M1< _____ (Month)

>MMRDT_D1< _____ (Day)

>MMRDT_Y1< _____ (Year)

Was the Second shot:

>MMRDT_T2< (1) Measles ONLY or
(2) MMR
(7) Refused
(9) Don't know
Second shot date

>MMRDT_M2< _____ (Month)

>MMRDT_D2< _____ (Day)

>MMRDT_Y2< _____ (Year)

Was the Third shot:

>MMRDT_T3< (1) Measles ONLY or
(2) MMR
(7) Refused
(9) Don't know
Third shot date

>MMRDT_M3< _____ (Month)

>MMRDT_D3< _____ (Day)

>MMRDT_Y3< _____ (Year)

Was the Fourth shot:

>MMRDT_T4< (1) Measles ONLY or
(2) MMR
(7) Refused
(9) Don't know
Fourth shot date

>MMRDT_M4< _____ (Month)

>MMRDT_D4< _____ (Day)

>MMRDT_Y4< _____ (Year)

>HEP<
CIM.070

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child's name} has received a Hepatitis B shot?

- (00) None (CIM.080)
- (01-08) 01-08 shots (CIM.075)
- (97) Refused (CIM.080)
- (99) Don't Know (CIM.080)

>HEPDT<
CIM.075

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date

>HEPDT_M1< _____ (Month)
>HEPDT_D1< _____ (Day)
>HEPDT_Y1< _____ (Year)

Second shot date

>HEPDT_M2< _____ (Month)
>HEPDT_D2< _____ (Day)
>HEPDT_Y2< _____ (Year)

Third shot date

>HEPDT_M3< _____ (Month)
>HEPDT_D3< _____ (Day)
>HEPDT_Y3< _____ (Year)

Fourth shot date

>HEPDT_M4< _____ (Month)
>HEPDT_D4< _____ (Day)
>HEPDT_Y4< _____ (Year)

Fifth shot date

>HEPDT_M5< _____ (Month)
>HEPDT_D5< _____ (Day)
>HEPDT_Y5< _____ (Year)

Sixth shot date

>HEPDT_M6< _____ (Month)
>HEPDT_D6< _____ (Day)
>HEPDT_Y6< _____ (Year)

Seventh shot date

>HEPDT_M7< _____ (Month)
>HEPDT_D7< _____ (Day)
>HEPDT_Y7< _____ (Year)

Eighth shot date

>HEPDT_M8< _____ (Month)
>HEPDT_D8< _____ (Day)
>HEPDT_Y8< _____ (Year)

>VAR<
CIM.080

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times
{Child's name} has received a chickenpox (or Varicella) shot? (H)

- (0) None (CIM.090)
- (1-4) 01-04 shots (CIM.085)
- (7) Refused (CIM.090)
- (9) Don't Know (CIM.090)

>VARDT<
CIM.085

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date

>VARDT_M1< _____ (Month)
>VARDT_D1< _____ (Day)
>VARDT_Y1< _____ (Year)

Second shot date

>VARDT_M2< _____ (Month)
>VARDT_D2< _____ (Day)
>VARDT_Y2< _____ (Year)

Third shot date

>VARDT_M3< _____ (Month)
>VARDT_D3< _____ (Day)
>VARDT_Y3< _____ (Year)

Fourth shot date

>VARDT_M4< _____ (Month)
>VARDT_D4< _____ (Day)
>VARDT_Y4< _____ (Year)

>PNEU<
CIM.086

FR: Transcribe from shot record or ask

Looking at the shot record, please tell me how many times {Child's name} has received a pneumococcal vaccine? (This is for some types of meningitis, pneumonia and ear infections and called NU-MO-COC-AL vaccine, NU-MO-COC-AL conjugate vaccine, NU-MO-COC-AL polysaccharide vaccine, PCV, PCV7, PNUcn-CRM7, Pevnar[®], PPV, Pnuimune[®], or Pneumovax[®]).

- (0) None (CIM.90/CIM.100)
- (1-4) 01-04 shots (CIM.087)
- (7) Refused (CIM.90/CIM.100)
- (9) Don't Know (CIM.90/CIM.100)

>PNEDT<
CIM.087

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date

>PNEDT_M1< _____ (Month)
>PNEDT_D1< _____ (Day)
>PNEDT_Y1< _____ (Year)

Second shot date

>PNEDT_M2< _____ (Month)
>PNEDT_D2< _____ (Day)
>PNEDT_Y2< _____ (Year)

Third shot date

>PNEDT_M3< _____ (Month)
>PNEDT_D3< _____ (Day)
>PNEDT_Y3< _____ (Year)

Fourth shot date

>PNEDT_M4< _____ (Month)
>PNEDT_D4< _____ (Day)
>PNEDT_Y4< _____ (Year)

>TDB<
CIM.090

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

Looking at the shot record, please tell me how many times {Child's name} has received a tetanus-diphtheria booster (Td) shot?

- (0) None (CIM.100)
- (1-4) 01-04 shots (CIM.095)
- (7) Refused (CIM.100)
- (9) Don't Know (CIM.100)

>TDBDT<
CIM.095

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date

>TDBDT_M1< _____ (Month)

>TDBDT_D1< _____ (Day)

>TDBDT_Y1< _____ (Year)

Second shot date

>TDBDT_M2< _____ (Month)

>TDBDT_D2< _____ (Day)

>TDBDT_Y2< _____ (Year)

Third shot date

>TDBDT_M3< _____ (Month)

>TDBDT_D3< _____ (Day)

>TDBDT_Y3< _____ (Year)

Fourth shot date

>TDBDT_M4< _____ (Month)

>TDBDT_D4< _____ (Day)

>TDBDT_Y4< _____ (Year)

>OTHRNT<
CIM.100

[if AGE le <6>]

Are there any OTHER immunizations listed on the shot record that I have NOT asked you about?

[else]

Are there any OTHER immunizations listed on the shot record that I have NOT asked you about? I am only interested in shots given after {Child's name}'s 6th birthday.

[endif]

- (1) Yes (CIM.110)
- (2) No (CIM.140)
- (7) Refused (CIM.140)
- (9) Don't know (CIM.140)

>OTHEV<
CIM.110

[if AGE le <6>]

What are the names of OTHER immunizations listed on the shot record that I have NOT asked you about?

- (1) Influenza vaccine
- (2) Hepatitis A vaccine
- (3) Tetramune
- (4) ACTHib
- (5) Other
- (7) Refused
- (9) Don't know

[else]

What are the names of OTHER immunizations listed on the shot record AND given after {Child's name}'s 6th birthday that I have NOT asked you about?

- (1) Influenza vaccine
- (2) Hepatitis A vaccine
- (5) Other
- (7) Refused
- (9) Don't know

FR: ENTER "N" FOR NO MORE.

Check item OTHREDIT: If CIM.110 eq <1> go to CIM.121; else if CIM.110 eq <2> go to CIM.123; else if CIM.110 eq <3> go to CIM.125; else if CIM.110 eq <4> go to CIM.127; else if CIM.110 eq <5> go to CIM.129

>OTH1<

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.121 Looking at the shot record, please tell me how many times {Child's name} has received an Influenza vaccine shot?

- (1-6) 1-6 times
- (7) Refused
- (9) Don't know

>OTH1DT<

CIM.122

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date

>OTH1DT01< _____ (Month)
>OTH1DT02< _____ (Day)
>OTH1DT03< _____ (Year)

Second shot date

>OTH1DT04< _____ (Month)
>OTH1DT05< _____ (Day)
>OTH1DT06< _____ (Year)

Third shot date

>OTH1DT07< _____ (Month)
>OTH1DT08< _____ (Day)
>OTH1DT09< _____ (Year)

Fourth shot date

>OTH1DT10< _____ (Month)
>OTH1DT11< _____ (Day)
>OTH1DT12< _____ (Year)

Fifth shot date

>OTH1DT13< _____ (Month)
>OTH1DT14< _____ (Day)
>OTH1DT15< _____ (Year)

Sixth shot date

>OTH1DT16< _____ (Month)
>OTH1DT17< _____ (Day)
>OTH1DT18< _____ (Year)

>OTH2<

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.123 Looking at the shot record, please tell me how many times {Child's name} has received a Hepatitis A vaccine shot?

- (1-6) 1-6 times
- (7) Refused
- (9) Don't know

>OTH2DT<
CIM.124

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date
>OTH2DT01< _____ (Month)
>OTH2DT02< _____ (Day)
>OTH2DT03< _____ (Year)
Second shot date
>OTH2DT04< _____ (Month)
>OTH2DT05< _____ (Day)
>OTH2DT06< _____ (Year)
Third shot date
>OTH2DT07< _____ (Month)
>OTH2DT08< _____ (Day)
>OTH2DT09< _____ (Year)

Fourth shot date
>OTH2DT10< _____ (Month)
>OTH2DT11< _____ (Day)
>OTH2DT12< _____ (Year)
Fifth shot date
>OTH2DT13< _____ (Month)
>OTH2DT14< _____ (Day)
>OTH2DT15< _____ (Year)
Sixth shot date
>OTH2DT16< _____ (Month)
>OTH2DT17< _____ (Day)
>OTH2DT18< _____ (Year)

>OTH3<

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.125

Looking at the shot record, please tell me how many times {Child's name} has received a Tetramune shot?

- (1-6) 1-6 times
- (7) Refused
- (9) Don't know

>OTH3DT<
CIM.126

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date
>OTH3DT01< _____ (Month)
>OTH3DT02< _____ (Day)
>OTH3DT03< _____ (Year)
Second shot date
>OTH3DT04< _____ (Month)
>OTH3DT05< _____ (Day)
>OTH3DT06< _____ (Year)
Third shot date
>OTH3DT07< _____ (Month)
>OTH3DT08< _____ (Day)
>OTH3DT09< _____ (Year)

Fourth shot date
>OTH3DT10< _____ (Month)
>OTH3DT11< _____ (Day)
>OTH3DT12< _____ (Year)
Fifth shot date
>OTH3DT13< _____ (Month)
>OTH3DT14< _____ (Day)
>OTH3DT15< _____ (Year)
Sixth shot date
>OTH3DT16< _____ (Month)
>OTH3DT17< _____ (Day)
>OTH3DT18< _____ (Year)

>OTH4<

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.127 Looking at the shot record, please tell me how many times {Child's name} has received an ACTHib shot?

- (1-6) 1-6 times
- (7) Refused
- (9) Don't know

>OTH4DT<
CIM.128

**FR: ENTER THE DATE FOR EACH SHOT
PRESS 'N' FOR NO MORE:**

First shot date

>OTH4DT01< _____ (Month)
 >OTH4DT02< _____ (Day)
 >OTH4DT03< _____ (Year)

Second shot date

>OTH4DT04< _____ (Month)
 >OTH4DT05< _____ (Day)
 >OTH4DT06< _____ (Year)

Third shot date

>OTH4DT07< _____ (Month)
 >OTH4DT08< _____ (Day)
 >OTH4DT09< _____ (Year)

Fourth shot date

>OTH4DT10< _____ (Month)
 >OTH4DT11< _____ (Day)
 >OTH4DT12< _____ (Year)

Fifth shot date

>OTH4DT13< _____ (Month)
 >OTH4DT14< _____ (Day)
 >OTH4DT15< _____ (Year)

Sixth shot date

>OTH4DT16< _____ (Month)
 >OTH4DT17< _____ (Day)
 >OTH4DT18< _____ (Year)

>OTHEVO<
CIM.129

What is the name of the OTHER vaccine listed on the shot record that I have NOT asked you about?

Name _____

>OTH5<

FR: TRANSCRIBE FROM SHOT RECORD OR ASK:

CIM.130 Looking at the shot record, please tell me how many times {Child's name} has received a [Fill OTHEVO] shot?

- (1-6) 1-6 times
- (7) Refused
- (9) Don't know

>OTH5DT<
CIM.131

**FR: ENTER THE DATE FOR EACH SHOT
PRESS N FOR NO MORE:**

First shot date

>OTH5DT01< _____ (Month)
>OTH5DT02< _____ (Day)
>OTH5DT03< _____ (Year)

Second shot date

>OTH5DT04< _____ (Month)
>OTH5DT05< _____ (Day)
>OTH5DT06< _____ (Year)

Third shot date

>OTH5DT07< _____ (Month)
>OTH5DT08< _____ (Day)
>OTH5DT09< _____ (Year)

Fourth shot date

>OTH5DT10< _____ (Month)
>OTH5DT11< _____ (Day)
>OTH5DT12< _____ (Year)

Fifth shot date

>OTH5DT13< _____ (Month)
>OTH5DT14< _____ (Day)
>OTH5DT15< _____ (Year)

Sixth shot date

>OTH5DT16< _____ (Month)
>OTH5DT17< _____ (Day)
>OTH5DT18< _____ (Year)

>OTH5_END< goto SHOTA1

>SHOTA1<
CIM.140

Are all the immunizations that {Child's name} ever received included in this shot record?

- (1) Yes (CIM.440)
- (2) No (CIM.150/CIM.210)
- (8) Refused (CIM.150/CIM.210)
- (9) Don't Know (CIM.150/CIM.210)

CHECK ITEM: If AGE GE <7> go to CIM.210; else go to CIM.150

>DTPMOR<
CIM.150

Has {Child's name} ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?

- (1) Yes (CIM.160)
- (2) No (CIM.170)
- (8) Refused (CIM.170)
- (9) Don't Know (CIM.170)

>DTPMNO<
CIM.160

How many additional DTP shots has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-08) 01-08 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>POLMOR<

CIM.170

Has {Child's name} ever received additional polio vaccine by mouth (pink drops) or a polio shot?

- (1) Yes (CIM.180)
- (2) No (CIM.190)
- (7) Refused (CIM.190)
- (9) Don't Know (CIM.190)

>POLMNO<

CIM.180

How many additional polio vaccines has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-08) 01-08 Shots or doses
- (96) All
- (97) Refused
- (99) Don't Know

>HIBMOR<

CIM.190

Has {Child's name} ever received an additional Hib shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H. flu vaccine.

- (1) Yes (CIM.200)
- (2) No (CIM.210)
- (7) Refused (CIM.210)
- (9) Don't Know (CIM.210)

>HIBMNO<

CIM.200

How many additional Hib shots has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-08) 01-08 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>MMRMOR<

CIM.210

Has {Child's name} ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?

- (1) Yes (CIM.220)
- (2) No (CIM.230)
- (7) Refused (CIM.230)
- (9) Don't Know (CIM.230)

>MMRMNO<
CIM.220

How many additional measles or MMR shots has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-04) 01-04 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>HEPMOR<
CIM.230

Has {Child's name} ever received an additional Hepatitis B shot?

- (1) Yes (CIM.240)
- (2) No (CIM.250)
- (7) Refused (CIM.250)
- (9) Don't Know (CIM.250)

>HEPMNO<
CIM.240

How many additional Hepatitis B shots has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-08) 01-08 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>VARMOR<
CIM.250

Has {Child's name} ever received an additional shot for chickenpox?

- (1) Yes (CIM.260)
- (2) No (CIM.262)
- (7) Refused (CIM.262)
- (9) Don't Know (CIM.262)

>VARMNO<
CIM.260

How many additional chickenpox shots has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-04) 01-04 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>PNEMOR<
CIM.262

Has {Child's name} ever received an additional pneumococcal vaccine?

- (1) Yes (CIM.263)
- (2) No (CIM.270/CIM.283)
- (7) Refused (CIM.270/CIM.283)
- (9) Don't Know (CIM.270/CIM.283)

Check item: If age is gt or eq <7> goto CIM.270; Else goto CIM.283

>PNEMNO<
CIM.263

How many additional pneumonia vaccines has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-04) 01-04 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>TDBMOR<
CIM.270

Has {Child's name} ever received an additional tetanus-diphtheria booster shot?

- (1) Yes (CIM.280)
- (2) No (CIM.283)
- (7) Refused (CIM.283)
- (9) Don't Know (CIM.283)

>TDBMNO<
CIM.280

How many additional tetanus-diphtheria booster shots has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-04) 01-04 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>INFMOR<
CIM.283

Has {Child's name} ever received an additional influenza shot NOT included on the shot record?

- (1) Yes (CIM.284)
- (2) No (CIM.285)
- (7) Refused (CIM.285)
- (9) Don't Know (CIM.285)

>INFMNO<
CIM.284

Did {Child's name} receive an influenza shot in the PAST 12 MONTHS?

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

>HEPAMOR<

CIM.285

Has {Child's name} ever received an additional Hepatitis A shot NOT included on the shot record?

- (1) Yes (CIM.286)
- (2) No (CIM.440)
- (7) Refused (CIM.440)
- (9) Don't Know (CIM.440)

>HEPAMNO<

CIM.286

How many additional Hepatitis A shots has {Child's name} received?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-04) 01-04 Shots
- (96) All
- (97) Refused
- (99) Don't Know
- (goto CIM.440)

>SHOTAY<

CIM.290

Has {Child's name} ever received an immunization (that is a shot or drops)?

- (1) Yes (CIM.300/CIM.360)
- (2) No (ICSTAT)
- (7) Refused (ICSTAT)
- (9) Don't Know (ICSTAT)

Check item:

If CIM.290 eq <1> and age is gt or eq <7> goto CIM.360; Else goto CIM.300.

>DTPEV<

CIM.300

Has {Child's name} ever received a DTP/DTaP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?

- (1) Yes (CIM.310)
- (2) No (CIM.320)
- (7) Refused (CIM.320)
- (9) Don't Know (CIM.320)

>DTPENO<

CIM.310

How many DTP shots did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-08) 01-08 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>POLEV<
CIM.320

Has {Child's name} ever received a polio vaccine by mouth (pink drops) or a polio shot?

- (1) Yes (CIM.330)
- (2) No (CIM.340)
- (7) Refused (CIM.340)
- (9) Don't Know (CIM.340)

>POLENO<
CIM.330

How many polio vaccines did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-08) 01-08 Shots or Doses
- (96) All
- (97) Refused
- (99) Don't Know

>HIBEV<
CIM.340

Has {Child's name} ever received a Hib shot? (This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) type B, Hib vaccine or H. flu vaccine)

- (1) Yes (CIM.350)
- (2) No (CIM.360)
- (7) Refused (CIM.360)
- (9) Don't Know (CIM.360)

>HIBENO<
CIM.350

How many Hib shots did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

- _____ (01-08) 01-08 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>MMREV<
CIM.360

Has {Child's name} ever received a measles or MMR (Measles-Mumps-Rubella) shot?

- (1) Yes (CIM.370)
- (2) No (CIM.380)
- (7) Refused (CIM.380)
- (9) Don't Know (CIM.380)

>MMRENO<
CIM.370

How many measles or MMR shots did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

- _____ (01-04) 01-04 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>HEPEV<
CIM.380

Has {Child's name} ever received a Hepatitis B shot?

- (1) Yes (CIM.390)
- (2) No (CIM.400)
- (7) Refused (CIM.400)
- (9) Don't Know (CIM.400)

>HEPENO<
CIM.390

How many Hepatitis B shots did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-08) 01-08 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>VAREV<
CIM.400

Has {Child's name} ever received a shot for chickenpox?

- (1) Yes (CIM.410)
- (2) No (CIM.412)
- (7) Refused (CIM.412)
- (9) Don't Know (CIM.412)

>VARENO<
CIM.410

How many shots for chickenpox did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-04) 01-04 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>PNEEV<
CIM.412

Has {Child's name} ever received a pneumococcal vaccine? (This is for some types of meningitis, pneumonia and ear infections and called NU-MO-COC-AL vaccine, NU-MO-COC-AL conjugate vaccine, NU-MO-COC-AL polysaccharide vaccine, PCV, PCV7, PNUcn-CRM7, Prevnar[®], PPV, Pnuimune[®], or Pneumovax[®]).

- (1) Yes (CIM.413)
- (2) No (CIM.431/CIM.420)
- (7) Refused (CIM.431/CIM.420)
- (9) Don't Know (CIM.431/CIM.420)

Check Item: If AGE LT <7> go to CIM.431; else go to CIM.420

>PNEENO<
CIM.413

How many pneumococcal vaccines did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-04) shots
- (96) All
- (97) Refused
- (99) Don't Know

>TDBEV<
CIM.420

Has {Child's name} ever received a tetanus-diphtheria (Td) or tetanus booster shot?

- (1) Yes (CIM.430)
- (2) No (CIM.431)
- (7) Refused (CIM.431)
- (9) Don't Know (CIM.431)

>TDBENO<
CIM.430

How many tetanus-diphtheria booster shots did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

- _____ (01-04) 01-04 Shots
- (96) All
- (97) Refused
- (99) Don't Know

>OTHRAY<

CIM.431

[if AGE le <6>]

Has {Child's name} received any OTHER immunizations that I have NOT asked you about?

[else]

Has {Child's name} received any OTHER immunizations that I have NOT asked you about?

I am only interested in shots given after {his/her} 6th birthday.

[endif]

- (1) Yes (CIM.432)
- (2) No (CIM.440)
- (7) Refused (CIM.440)
- (9) Don't know (CIM.440)

>OTHREV<

CIM.432

[if AGE le <6>]

What are the names of OTHER immunizations that I have NOT asked you about?

[else]

What are the names of OTHER immunizations that I have NOT asked you about AND given after {Child's name}'s 6th birthday?

[endif]

- (1) Influenza vaccine
- (2) Hepatitis A vaccine
- (3) Other
- (7) Refused
- (9) Don't know

FR: ENTER "N" FOR NO MORE.

>OTHEDIT< If OTHREV@1 eq <1> or OTHREV@2 eq <1> or OTHREV@3 eq <1> goto INFENO; else goto INFENO_END.

>INFENO<

CIM.434

Has {Child's name} received an influenza shot in the PAST 12 MONTHS?

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

>INFENO_END<

If OTHREV@1 eq <2> or OTHREV@2 eq <2> or OTHREV@3 eq <2> goto HEPAENO; else goto HEPAENO_END.

>HEPAENO<

CIM.436

How many Hepatitis A vaccines did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

- (01-04) shots
- (96) All
- (97) Refused
- (99) Don't Know

>HEPAENO_END<

CAPI: If OTHREV@1 eq <3> or OTHREV@2 eq <3> or OTHREV@3 eq <3> goto OTHREVO; else goto OTHIENO_END.

>OTHREVO<

CIM.438

What is the name of the OTHER immunization that I have NOT asked you about?

Name _____

>OTHIENO<

CIM.439

How many [fill OTHREVO] shots did {Child's name} ever receive?

FR: ENTER 96 IF "ALL" IS REPORTED.

_____ (01-04) shots
(96) All
(97) Refused
(99) Don't Know

>OTHIENO_END< [goto SHOTPR]

>SHOTPR<

CIM.440

Are you the person who took {Child's name} for most of {his/her} shots? (Most means at least half of the shots).

(1) Yes
(2) No
(7) Refused
(9) Don't Know

>SHOTA2<

CIM.450

In your opinion, has {Child's name} received all of the recommended shots for {his/her} age?

(1) Yes
(2) No
(7) Refused
(9) Don't Know

>ICSTAT<

If completed immunization section, set ICSTAT=1;