

**2004 NHIS Questionnaire - Sample Child
Child Identification**

Document Version Date: 03-May-04

Question ID: CID.001_00.000 **Instrument Variable Name:** CURRE\$ **QuestionnaireFileName:** Sample Child

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

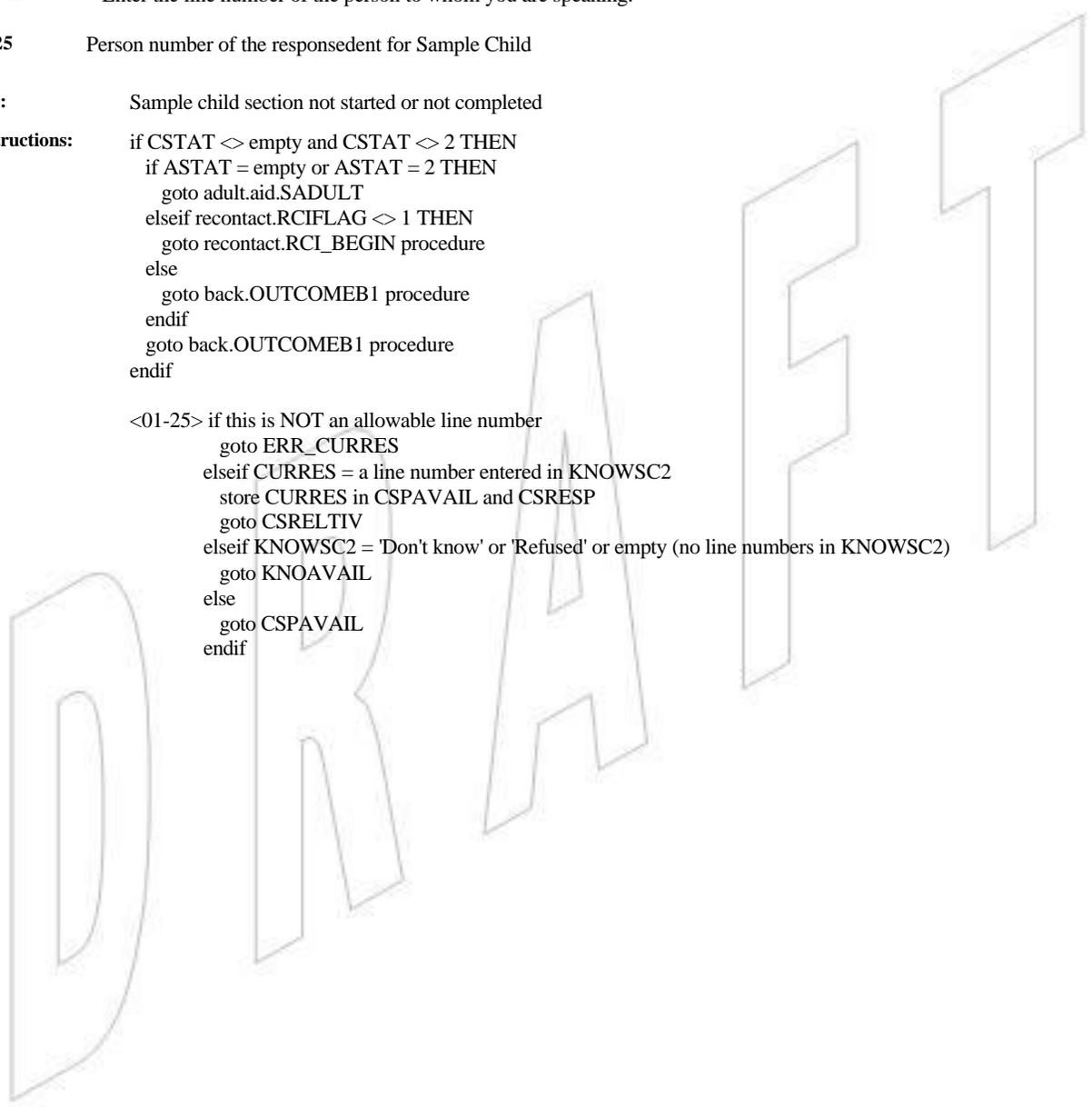
01-25 Person number of the respondedent for Sample Child

Universe: Sample child section not started or not completed

Skip Instructions:

```
if CSTAT <> empty and CSTAT < 2 THEN
  if ASTAT = empty or ASTAT = 2 THEN
    goto adult.aid.SADULT
  elseif recontact.RCIFLAG < 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 CURRE$ = a line number entered in KNOWSC2
  store CURRE$ in CSPAVAIL and CSRESP
  goto CSRELTIV
elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
  goto KNOAVAIL
else
  goto CSPAVAIL
endif
```



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Question ID: CID.010_00.000 **Instrument Variable Name:** CSPAVAIL **QuestionnaireFileName:** Sample Child

Question Text: 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

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

Skip Instructions: <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.CSRELATIV
 endif
 <96> store child.cid.CSPAVAIL in child.cid.CSRESP
 goto cbk.CCALLBK1
 <R> store <4> in CSTAT(FAMINT)
 if ASTAT = empty or ASTAT = 2 THEN
 goto adult.aid.SADULT
 elseif recontact.RCIFLAG <> 1 THEN
 goto recontact.RCI_BEGIN procedure
 else
 goto back.OUTCOMEB1 procedure
 endif

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

Question Text: * Ask if appropriate; otherwise, enter your best guess of the person's sex.

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

- 1 Male
- 2 Female

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

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

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

Question Text: * 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

Universe: Respondent verified child's sex

Skip Instructions: <1> goto CSPVERF_D
 <2> goto NEWAGE

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

Question Text: 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

Universe: Respondent said child's age is not correct

Skip Instructions: <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

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

Universe: Respondent verified child's sex**Skip Instructions:** <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**Question Text:** 1 of 3

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

*Enter month of birth.

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

Universe: Respondent said child's date of birth is not correct or child's age is not correct**Skip Instructions:** <01-12, Refused, Don't know> goto NEWDOB_D

Question ID: CID.046_02.000 **Instrument Variable Name:** NEWDOB_D **QuestionnaireFileName:** Sample Child**Question Text:** 2 of 3

* Enter day of birth.

- 01-31 Day of the month

Universe: Respondent said child's date of birth is not correct or child's age is not correct**Skip Instructions:** <01-31,Refused,Don't know> goto NEWDOB_YIf days not valid, goto ERR_NEWDOB_D

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Question ID: CID.048_00.000 **Instrument Variable Name:** CNO_MORE **QuestionnaireFileName:** Sample Child

Question Text: * [fill: ALIAS of Sample Child] is no longer the sample child for this family.

1 * You may need to ask additional questions before continuing with the rest of the interview.
Continue

Universe: Sample child whose age is now 18+

Skip Instructions: Do not allow "Don't Know" or "Refused" as an answer.
<1> store <0> in CSTAT
store <> in HHSTAT4
if there is a sample adult (HHSTAT4 = S) and (if ASTAT = empty or ASTAT = '2')
goto adult.aid.SADULT
elseif rec.RCIFLAG <> '1'
goto rec.RCI_BEGIN
else
goto bck.OUTCOME1
endif

Question ID: CID.050_00.000 **Instrument Variable Name:** CAGECHG **QuestionnaireFileName:** Sample Child

Question Text: * Because you changed the Sample child's age, you may need to ask additional questions before continuing with the rest of the interview.

1 Continue

Universe:

Skip Instructions:

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

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

* Enter 'M' to record metric measurements.

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

Universe: Sample children <18

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

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

Question Text: * Enter ounces.

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

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

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

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

Question Text: * Enter weight in grams.

0500-5485 500-5485 grams
9997 Refused
9999 Don't know

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

Skip Instructions: <500-5485> [goto CHGT_FT]
<5486-6900> [goto ERR_BWGT_GR]

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

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

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

* Enter 'M' to record metric measurements.

00-07 0-7 feet
97 Refused
99 Don't know
Blank Blank
M Metric

Universe: Sample children <18

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

Question ID: CHS.020_02.000 **Instrument Variable Name:** CHGT_IN **QuestionnaireFileName:** Sample Child

Question Text: * Enter inches.

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

Universe: Sample children <18 whose height in feet is 0-7 or is left empty.

Skip Instructions: <0-36> [goto CWGT_LB]
 [If both CHGT_FT and CHGT_IN are either <empty> or <0>, display ERR1_CHGT_IN]
 [If CHGT_FT = <0-7> and CHGT_IN is GE <12> display ERR2_CHGT_IN]

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

Question Text: * 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

Universe: Sample children <18 whose current height will be entered in metric.

Skip Instructions: <0-2> [goto CHGT_CM]
 <D,R> [goto CWGT_LB]
 <empty> [go to CHGT_CM]

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

Question Text: * Enter centimeters.

000-241 0-241 centimeters
Blank Blank

Universe: Sample Children <18 whose weight will be entered in metric, and who entered "0-2" for height in meters or left it empty.

Skip Instructions: <0-241> [goto CWGT_LB]
 [if CHGT_M = <empty, 0> and CHGT_CM = <empty, 0> go to ERR1_CHGT_CM]
 [if CHGT_M = 2 and CHGT_CM > 41 goto ERR2_CHGT_CM]
 [if CHGT_M = 1 and CHGT_CM >141 goto ERR2_CHGT_CM]

Question ID: CHS.022_00.000 **Instrument Variable Name:** CWGT_LB **QuestionnaireFileName:** Sample Child

Question Text: 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

Universe: Sample children <18

Skip Instructions: <1-500, D, R> [if age ge <2> goto ADD_1, else, goto ADD1_2]
 <M> [goto CWGT_KG]
 [if = <501-999> goto ERR1_CWGT_LB]
 [if NE <1-999, M, D, R> goto ERR2_CWGT_KG]

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

Question Text: * Enter weight in kilograms.

002-226 2-226 kilograms

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

Skip Instructions: <2-226> [if AGE ge <2> goto ADD_1; else goto ADD1_2]
 [if CWGT_KG > 226 goto ERR_CWGT_KG]

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

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

Mental Retardation?

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

Universe: Sample children <2

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

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

Question Text: * 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

Universe: Sample children <2

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

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

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

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

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

Universe: Sample children 2-17

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

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

Question Text: * Read if necessary.

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

Mental Retardation?

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

Universe: Sample children 2-17

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

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

Question Text: * 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

Universe: Sample children 2-17

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

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

Question Text: (book) C2

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

Which ones?

* Enter all that apply, separate with commas.

- 00 None
- 01 Down's syndrome
- 02 Cerebral palsy
- 03 Muscular dystrophy
- 04 Cystic fibrosis
- 05 Sickle cell anemia
- 06 Autism
- 07 Diabetes
- 08 Arthritis
- 09 Congenital heart disease
- 10 Other heart condition
- 97 Refused
- 99 Don't know

Universe: Sample children <18

Skip Instructions: <0-10, D, R> [go to CPOX]
[If <0> and <1-10> go to ERR_CONDL]

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

Question Text: Has [fill: SC Name] EVER had chickenpox?

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

Universe: Sample children <18

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

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

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

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

Universe: Sample children <18 who have had chickenpox

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

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

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

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

Universe: Sample children <18

Skip Instructions: <1> [go to CASSTILL]
<2,D,R> [if AGE LE 2 go to CCONDT1; if AGE >2 go to CCONDT]

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

Question Text: Does [fill: SC name] still have asthma?

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

Universe: Sample child <18 and doctor has informed that child had asthma

Skip Instructions: <1,2,D,R> [go to CASHYR]

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

Question Text: 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

Universe: Sample child <18 and doctor has informed that child had asthma

Skip Instructions: <1> [go to CASMERYR]
<2, D, R> [if AGE LE 2 go to CCONDT1; if AGE >2 go to CCONDT]

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

Question Text: 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

Universe: Sample child <18 who has had an episode of asthma or an asthma attack in the past 12 months

Skip Instructions: <1,2,D,R> [if AGE LE 2 go to CCONDT1; if AGE >2 go to CCONDT]

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Question ID: CHS.111_01.000 **Instrument Variable Name:** CCONDT1_1 **QuestionnaireFileName:** Sample Child

Question Text: 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

Universe: Sample children LE 2

Skip Instructions: <1,2,D,R> [go to CCONDT1_2]

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

Question Text: * 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

Universe: Sample children LE 2

Skip Instructions: <1,2,D,R> [go to CCONDT1_3]

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

Question Text: * 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

Universe: Sample children LE 2

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

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

Question Text: * 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

Universe: Sample children LE 2

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

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

Question Text: * 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

Universe: Sample children LE 2

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

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

Question Text: * 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

Universe: Sample children LE 2

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

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

Question Text: * 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

Universe: Sample children LE 2

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

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

Question Text: * 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

Universe: Sample children LE 2

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

Question ID: CHS.115_01.000 **Instrument Variable Name:** CCONDT_1 **QuestionnaireFileName:** Sample Child

Question Text: 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

Universe: Sample children = 3-17

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

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Question ID: CHS.115_02.000 **Instrument Variable Name:** CCONDT_2 **QuestionnaireFileName:** Sample Child

Question Text: * 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

Universe: Sample children = 3-17

Skip Instructions: <1,2,D,R> [go to CCONDT_3]

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

Question Text: * 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

Universe: Sample children = 3-17

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

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

Question Text: * 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

Universe: Sample children = 3-17

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

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Question ID: CHS.115_05.000 **Instrument Variable Name:** CCONDT_5 **QuestionnaireFileName:** Sample Child

Question Text: * 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

Universe: Sample children = 3-17

Skip Instructions: <1,2,D,R> [go to CCONDT_6]

Question ID: CHS.115_06.000 **Instrument Variable Name:** CCONDT_6 **QuestionnaireFileName:** Sample Child

Question Text: * 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

Universe: Sample children = 3-17

Skip Instructions: <1,2,D,R> [go to CCONDT_7]

Question ID: CHS.115_07.000 **Instrument Variable Name:** CCONDT_7 **QuestionnaireFileName:** Sample Child

Question Text: * Read if necessary.

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

Frequent or severe headaches, including migraines?

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

Universe: Sample children = 3-17

Skip Instructions: <1,2,D,R> [go to CCONDT_8]

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

Question Text: * 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

Universe: Sample children = 3-17

Skip Instructions: <1,2,D,R> [go to CCONDT_9]

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

Question Text: * 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

Universe: Sample children = 3-17

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

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

Question Text: * 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

Universe: Sample children = 3-17

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

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Question ID: CHS.210_00.000 **Instrument Variable Name:** CHSTATYR **QuestionnaireFileName:** Sample Child

Question Text: 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

Universe: Sample children <18

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

Question ID: CHS.220_00.000 **Instrument Variable Name:** SCHDAYR **QuestionnaireFileName:** Sample Child

Question Text: DURING THE PAST 12 MONTHS, that is, since [fill1: 12-month ref. date], 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

Universe: Sample children 5-17

Skip Instructions: <0-99,996,D,R> [goto CCOLD2W]
<100-240> [go to ERR1_SCHDAYR]
<241-995> [goto ERR2_SCHDAYR]

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

Question Text: * Hand calendar card.

These next questions are about [fill: SC name]'s recent health during the 2 weeks outlined on that calendar.

Did [fill: SC name] have a head cold or chest cold that started during those two weeks?

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

Universe: Sample children <18

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

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

Question Text: Did [fill: SC 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

Universe: Sample children <18

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

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

Question Text: Which statement best describes [fill: SC name]'s hearing without a hearing aid: Good, a little trouble, a lot of trouble, or deaf?

- 1 Good
- 2 A little trouble
- 3 A lot of trouble
- 4 Deaf
- 7 Refused
- 9 Don't know

Universe: Sample children <18

Skip Instructions: <1-4,D,R> [go to CVISION]

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

Question Text: 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

Universe: Sample children <18

Skip Instructions: <1> [goto CBLIND]
<2,D,R> [go to IHSPEQ]

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

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

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

Universe: Sample children <18 having trouble seeing

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

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

Question Text: Does [fill1: SC name] have any impairment or health problem that requires [fill2: him/her] to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

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

Universe: Sample children <18

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

Question ID: CHS.300_00.000 **Instrument Variable Name:** IHMOB **QuestionnaireFileName:** Sample Child

Question Text: Does [fill1: SC name] have an impairment or health problem that limits [fill2: his/her] ability to (crawl), walk, run, or play?

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

Universe: Sample children <18

Skip Instructions: <1> [goto IHMOBYR]
<2,D,R> [goto PROBRX]

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

Question Text: 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

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

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

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

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

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

Universe: Sample children <18

Skip Instructions: <1,2,D,R> [if AGE LE <1> go to CUSUALPL;
if AGE GE <3> go to LEARNL;
if AGE = <2> and SEX = <1> go to CMHAGM11;
if AGE = <2> and SEX = <2> go to CMHAGF11]

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

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

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

Universe: Sample children 3-17

Skip Instructions: <1,2,D,R> [if AGE > 3 go to CUSUALPL;
if AGE = 3 and SEX = 1 go to CMHAGM11;
if AGE = 3 and SEX = 2 go to CMHAGF11]

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

Question Text: (book) C3

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 Dont know

Universe: Male sample children 2-3

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

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

Question Text: (book) C3

* 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

Universe: Male sample children 2-3

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

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Question ID: CHS.321_03.000 **Instrument Variable Name:** CMHAGM11_3 **QuestionnaireFileName:** Sample Child

Question Text: (book) C3

* 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

Universe: Male sample children 2-3

Skip Instructions: <0-2,D,R> [go to CMHAGM11_4]

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

Question Text: (book) C3

* Read if necessary.

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

HE:

Has been unhappy, sad, or depressed?

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

Universe: Male sample children 2-3

Skip Instructions: <0-2,D,R> [go to CUSUALPL]

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

Question Text: (book) C3

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

Universe: Female sample children 2-3

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

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

Question Text: book) C3

* 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

Universe: Female sample children 2-3

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

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

Question Text: book) C3

* 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

Universe: Female sample children 2-3

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

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

Question Text: book) C3

* 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

Universe: Female sample children 2-3

Skip Instructions: <0-2,D,R> [go to CUSUALPL]

**2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization**

Document Version Date: 03-May-04

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

Universe: Sample Children <18**Skip Instructions:** <1,3> [go to CPLKIND]
<2,D,R> [go to CHCPLKND]

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

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

Universe: Sample children <18 with one or more usual places to go when sick or need health advice**Skip Instructions:** <1-5> [go to CHCPLROU]
<6,D,R> [go to CHCPLKND]

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

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

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

**2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization**

Document Version Date: 03-May-04

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

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office of 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

Universe: Sample Children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.**Skip Instructions:** <0-6,D,R> [if CUSUALPL=2,D,R goto CHCDLYR_1; else goto CHCCHGYR]

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

Universe: 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]**Skip Instructions:** <1> [go to CHCCHGHI]
<2,D,R> to CHCDLYR1_1

Question ID: CAU.050_00.000 **Instrument Variable Name:** CHCCHGHI **QuestionnaireFileName:** Sample Child**Question Text:** Was this change for a reason related to health insurance?

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

Universe: All sample children <18 that have changed their usual place of health care in the past 12 months**Skip Instructions:** <1,2,D,R> [goto CHCDLYR1_1]

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

Question Text:

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

Universe: All sample children <18

Skip Instructions: <1,2,D,R> [goto CHCDLYR1_2]

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

Question Text: * Read lead-in 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

Universe: All sample children <18

Skip Instructions: <1,2,D,R> [goto CHCDLYR1_3]

Question ID: CAU.080_03.000 **Instrument Variable Name:** CHCDLYR1_3 **QuestionnaireFileName:** Sample Child

Question Text: * Read lead-in if necessary.

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

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

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

Universe: All sample children <18

Skip Instructions: <1,2,D,R> [goto CHCDLYR1_4]

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

Question Text: * Read lead-in if necessary.

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

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

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

Universe: All sample children <18

Skip Instructions: <1,2,D,R> [goto CHCDLYR1_5]

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

Question Text: * Read lead-in 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

Universe: All sample children <18

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

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

Question Text: 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

Universe: Sample children <2

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

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

Question Text:

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

Universe: Sample children GE 2

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

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

Question Text: * Read lead-in 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

Universe: Sample children GE 2

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

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

Question Text: * Read lead-in 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

Universe: Sample children GE 2

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

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Question ID: CAU.135_04.000 **Instrument Variable Name:** CHCAFYR1_4 **QuestionnaireFileName:** Sample Child**Question Text:** * Read lead-in 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

Universe: Sample children GE 2**Skip Instructions:** <1, 2, D, R> [goto CDENLONG]

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

Universe: Sample children GE 1**Skip Instructions:** <0-5, D, R> [if AGE GE <2> goto CHCSYR_1; else goto CHCSYR1_2]

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

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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

Universe: Sample children <2**Skip Instructions:** <1, 2, D, R> [goto CHCSYR1_3]

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Question ID: CAU.170_02.000 **Instrument Variable Name:** CHCSYR1_3 **QuestionnaireFileName:** Sample Child**Question Text:** * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?

A foot doctor?

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

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

Question ID: CAU.170_03.000 **Instrument Variable Name:** CHCSYR1_5 **QuestionnaireFileName:** Sample Child**Question Text:** * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?

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

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

Universe: Sample children <2**Skip Instructions:** <1,2, D, R> [goto CHCSYR1_6]

Question ID: CAU.170_04.000 **Instrument Variable Name:** CHCSYR1_6 **QuestionnaireFileName:** Sample Child**Question Text:** * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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

Universe: Sample children <2**Skip Instructions:** <1, 2, D, R> [goto CHCSYR8]

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

Question Text:

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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

Universe: Sample children GE 2

Skip Instructions: <1, 2, D, R> [goto CHCSYR_2]

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

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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: Sample children GE 2

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

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

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: alias]'s health?

A foot doctor?

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

Universe: Sample children GE 2

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

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

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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

Universe: Sample children GE 2

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

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

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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

Universe: Sample children GE 2

Skip Instructions: <1, 2, D, R> [goto CHCSYR_6]

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

Question Text: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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

Universe: Sample children GE 2

Skip Instructions: <1, 2, D, R> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8]

**2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization**

Document Version Date: 03-May-04

Question ID: CAU.230_00.000 **Instrument Variable Name:** CHCSYR7 **QuestionnaireFileName:** Sample Child**Question Text:** DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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

Universe: Sample children GE 15 who are female**Skip Instructions:** <1, 2, R, D> [goto CHCSYR8_1]

Question ID: CAU.240_01.000 **Instrument Variable Name:** CHCSYR8_1 **QuestionnaireFileName:** Sample Child**Question Text:** DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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

Universe: All sample children <18**Skip Instructions:** <1, 2, D, R> [goto CHCSYR8_2]

Question ID: CAU.240_02.000 **Instrument Variable Name:** CHCSYR8_2 **QuestionnaireFileName:** Sample Child**Question Text:** * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], 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

Universe: All sample children <18**Skip Instructions:** <1> [goto CHCSYR10]
<2, D, R> [goto CHPEXYR]

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 03-May-04

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

Skip Instructions: <1, 2, D, R> [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: Sample children <18 who have seen a general doctor in the past 12 months

Skip Instructions: <1, 2, D, R> [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: Sample children <18

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

**2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization**

Document Version Date: 03-May-04

Question ID: CAU.280_00.000 **Instrument Variable Name:** CHERNOYR **QuestionnaireFileName:** Sample Child

Question Text: (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

Universe: Sample children <18

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

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

Question Text: 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

Universe: Sample children <18

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

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

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

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

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

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

2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 03-May-04

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

Question Text: (book) C6

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

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

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

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

Question Text: (book) C5

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

Universe: Sample children <18

Skip Instructions: <1-8, D, R> [goto CSRGYR]

**2004 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization**

Document Version Date: 03-May-04

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

Question Text: 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

Universe: Sample children <18

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

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

Question Text: 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

Universe: All sample children <18 that have undergone surgery during the past 12 months

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

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

Question Text: (book) C4

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

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

Universe: Sample children <18

Skip Instructions: <0-5, D, R> [if AGE le <3> store <1> in CSTAT, goto I_CAGEM; else goto CSCLCOPY]

PENDING

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.010_01.000 **Instrument Variable Name:** CSCL1_S1 **QuestionnaireFileName:** Sample Child

Question Text: (book) C7

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

[fill2: He/She...]

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

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL1_H1]

Question ID: CMH.010_02.000 **Instrument Variable Name:** CSCL1_H1 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

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

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL1_E1]

**2004 NHIS Questionnaire - Sample Child
Child Mental Health**

Document Version Date: 03-May-04

Question ID: CMH.010_03.000 **Instrument Variable Name:** CSCL1_E1 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

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

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL1_S2]

Question ID: CMH.010_04.000 **Instrument Variable Name:** CSCL1_S2 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...shares readily with other [fill 3: children; for example, toys, treats, pencils/youth; for example, CDs, games, food].

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL1_C1]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.010_05.000 **Instrument Variable Name:** CSCL1_C1 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...often loses temper.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL2_P1]

Question ID: CMH.020_01.000 **Instrument Variable Name:** CSCL2_P1 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...[fill3: is rather solitary, prefers to play alone/would rather be alone than with other teenagers].

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL2_C2]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.020_02.000 **Instrument Variable Name:** CSCL2_C2 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

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

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL2_E2]

Question ID: CMH.020_03.000 **Instrument Variable Name:** CSCL2_E2 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

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

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL2_S3]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.020_04.000 **Instrument Variable Name:** CSCL2_S3 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

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

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL2_H2]

Question ID: CMH.020_05.000 **Instrument Variable Name:** CSCL2_H2 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is constantly fidgeting or squirming.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL3_P2]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.030_01.000 **Instrument Variable Name:** CSCL3_P2 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...has at least one good friend.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL3_C3]

Question ID: CMH.030_02.000 **Instrument Variable Name:** CSCL3_C3 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...often fights with other [fill3: children/youth] or bullies them.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL3_E3]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.030_03.000 **Instrument Variable Name:** CSCL3_E3 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

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

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL3_P3]

Question ID: CMH.030_04.000 **Instrument Variable Name:** CSCL3_P3 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is generally liked by other [fill3: children/youth].

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL3_H3]

**2004 NHIS Questionnaire - Sample Child
Child Mental Health**

Document Version Date: 03-May-04

Question ID: CMH.030_05.000 **Instrument Variable Name:** CSCL3_H3 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is easily distracted, concentration wanders.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL4_E4]

Question ID: CMH.040_01.000 **Instrument Variable Name:** CSCL4_E4 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...[fill3: is nervous or clingy in new situations/is nervous in new situations, easily loses confidence].

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL4_S4]

**2004 NHIS Questionnaire - Sample Child
Child Mental Health**

Document Version Date: 03-May-04

Question ID: CMH.040_02.000 **Instrument Variable Name:** CSCL4_S4 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is kind to younger children.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL4_C4]

Question ID: CMH.040_03.000 **Instrument Variable Name:** CSCL4_C4 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...often lies OR cheats.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL4_P4]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.040_04.000 **Instrument Variable Name:** CSCL4_P4 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is picked on or bullied by other [fill3: children/youth].

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL4_S5]

Question ID: CMH.040_05.000 **Instrument Variable Name:** CSCL4_S5 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...often offers to help others (parents, teachers, other children).

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL5_H4]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.050_01.000 **Instrument Variable Name:** CSCL5_H4 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...thinks things out before acting.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL5_C5]

Question ID: CMH.050_02.000 **Instrument Variable Name:** CSCL5_C5 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...steals from home, school or elsewhere.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL5_P5]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.050_03.000 **Instrument Variable Name:** CSCL5_P5 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

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

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL5_E5]

Question ID: CMH.050_04.000 **Instrument Variable Name:** CSCL5_E5 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...has many fears, is easily scared.

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL5_H5]

**2004 NHIS Questionnaire - Sample Child
Child Mental Health**

Document Version Date: 03-May-04

Question ID: CMH.050_05.000 **Instrument Variable Name:** CSCL5_H5 **QuestionnaireFileName:** Sample Child

Question Text: (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: alias] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

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

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

Universe: Sample children GE 4

Skip Instructions: <1-3,D,R> [goto CSCL6]

Question ID: CMH.060_00.000 **Instrument Variable Name:** CSCL6 **QuestionnaireFileName:** Sample Child

Question Text: (book) C8

Overall, do you think that [fill1: alias] 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

Universe: Sample children GE 4

Skip Instructions: <2-4> [goto CSCL8]
<1, D, R> [store 1 in CSTAT; goto next section]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.070_00.000 **Instrument Variable Name:** CSCL7 **QuestionnaireFileName:** Sample Child

Question Text:

- How long have these difficulties been present?
- 1 Less than a month
 - 2 1-5 months
 - 3 6-12 months
 - 4 Over 12 months
 - 7 Refused
 - 8 Not Ascertained
 - 9 Don't know

Universe: Sample children GE 4 who have difficulties with emotions, concentration, behavior, or getting along.

Skip Instructions: <2-4> [goto CSCL8]
<1, D, R> [store 1 in CSTAT; goto next section]

Question ID: CMH.080_00.000 **Instrument Variable Name:** CSCL8 **QuestionnaireFileName:** Sample Child

Question Text: (book) 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

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more.

Skip Instructions: <1-4, D, R> [goto CSCL9_HL]

Question ID: CMH.090_01.000 **Instrument Variable Name:** CSCL9_HL **QuestionnaireFileName:** Sample Child

Question Text: (book) C9

- Do the difficulties interfere with your child's everyday life in the following areas...
- ...Home life?
- 1 Not at all
 - 2 A little
 - 3 A medium amount
 - 4 A great deal
 - 7 Refused
 - 9 Don't know

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more.

Skip Instructions: <1-4, D, R> [goto CSCL9_FR]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.090_02.000 **Instrument Variable Name:** CSCL9_FR **QuestionnaireFileName:** Sample Child

Question Text: (book) C9

* Read if necessary.

Do the difficulties interfere with your child's everyday life in the following areas...

...Friendships?

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

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more.

Skip Instructions: <1-4, D, R> [goto CSCL9_CL]

Question ID: CMH.090_03.000 **Instrument Variable Name:** CSCL9_CL **QuestionnaireFileName:** Sample Child

Question Text: (book) C9

* Read if necessary.

Do the difficulties interfere with your child's everyday life in the following areas...

...Classroom learning?

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

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more.

Skip Instructions: <1-4, D, R> [goto CSCL9_LA]

2004 NHIS Questionnaire - Sample Child
Child Mental Health

Document Version Date: 03-May-04

Question ID: CMH.090_04.000 **Instrument Variable Name:** CSCL9_LA **QuestionnaireFileName:** Sample Child

Question Text: (book) C9

* Read if necessary.

Do the difficulties interfere with your child's everyday life in the following areas...

...Leisure activities?

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

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more.

Skip Instructions: <1-4, D, R> [goto CSCL10]

Question ID: CMH.100_00.000 **Instrument Variable Name:** CSCL10 **QuestionnaireFileName:** Sample Child

Question Text: (book) 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

Universe: Sample children GE 4 who have had difficulties in emotions, concentration, behavior, or getting along one month or more.

Skip Instructions: <1-4, D, R> [store <1> in CSTAT][goto next section]
