

**CHILD CORE**  
**Section I -- IDENTIFICATION AND VERIFICATION**

**Check item CHILD BEGIN:** If not a sample child or the sample child section (not including immunization section) of the family has been completed, goto CIDCCI2 (beginning of immunization section); otherwise, (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 CURRES (CID.001).

CID.001 ENTER THE NUMBER OF THE PERSON TO WHOM YOU ARE SPEAKING.

>CURRES< (01-30) 1-30 Person number

CID.005 The next questions are about {Sample Child name}. Are you able to answer questions about {his/her} health at this time?

>CSRESP< (1) Yes (CID.030) (7) Refused (Check item CSPEDIT)  
(2) No (Check item CSPEDIT) (9) Don't know (Check item CSPEDIT )

**Check item CSPEDIT:** Check those in the family with KNOWSC marked 'x'. If the person number equals CURRES, set counter X2=<0>; else if no one has KNOWSC marked 'x', set counter X equal to <4>; else set counter X2 equals the person with KNOWSC='x'. Goto CSPEDIT2.

**Check item CSPEDIT2:** If counter X equals <4>, set KNOAVAIL equal to <2> and goto CALLMORE (arrange callback). If counter X2 equals <0>, then go back to CSPEDIT for next KNOWSC. If these conditions are not satisfied, goto CSPAVAIL.

CID.010 Is {KNOWSC name} available to answer some questions about {sample child name}'s health?

>CSPAVAIL< (1) Available (CID.030) (7) Refused (Check item CSPEDIT)  
(2) Not available (Check item CSPEDIT) (9) Don't know (Check item CSPEDIT)

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

>KNOAVAIL< (1) Yes (CID.020)  
(2) No (CALLMORE)

CID.020 Enter the person number of the respondent.

>CSRESPNO< (01-30) 1-30 Person number

CID.030 **FR: SHOW FLASHCARD C1. ENTER ONLY 1.**

What is {CSRESPNO name}'s relationship to {sample child name}?

>CSRELTIV< (01) Parent (Biological, adoptive, or step) (06) Legal guardian  
(02) Grandparent (07) Foster parent  
(03) Aunt/Uncle (08) Other non-relative  
(04) Brother/Sister (09) Relative  
(05) Other relative (99) Don't know



**[Update revised age - NEWAGE in AGE]**

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

>NEWDOB\_M<MONTH:

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

>NEWDOB\_D< DAY:

(01-31) 1-31  
(97) Refused  
(99) Don't Know

>NEWDOB\_Y< YEAR:

(1900-2002) 1900-2002  
(9997) Refused  
(9999) DK

**[Update Birthdates in DOB\_M, DOB\_D, and DOB\_Y\_P]**

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

CID.047      **FR:      {SC name} IS NO LONGER THE SAMPLE CHILD FOR THIS FAMILY**

                 >CNO\_MORE<@ Enter (P) to proceed (goto end of sample child)

**(Go to next section--Conditions, Limitations, Health Status)**

**Section II - CONDITIONS, LIMITATION, HEALTH STATUS**

**Part A -- Conditions, Limitation of Activity & Health Status**

CHS.010 What was {S.C. name}'s birth weight?

**FR: ALLOW THE RESPONSES IN METRIC IF VOLUNTEERED.**

>BWGTLB< (01-15) 1-15 pounds  
(97) Refused  
(99) Don't know

>BWGTOZ< (00-15) 0-15 ounces  
(97) Refused  
(99) Don't know

>BWGTMGR< (0500) 500 grams or less (9997) Refused  
(0501-5484) 501-5484 grams (9999) DK  
(5485) 5485+ grams

CHS.020 How tall is {S.C. name} now?

**FR: ALLOW RESPONSES IN METRIC IF VOLUNTEERED.**

>CHGHTF< (00-07) 0-7 Feet  
(97) Refused  
(99) Don't know

>CHGHTI< (00-36) 0-36 Inches  
(97) Refused  
(99) Don't know

>CHEIGHTN< (12-95) 12-95 Meters  
(97) Refused  
(99) Don't know

>CHEIGHTC< (030-241) 30-241 Centimeters  
(997) Refused  
(999) Don't know

CHS.022 How much does {S.C. name} weigh now? (without shoes)

**FR: ALLOW RESPONSES IN METRIC IF VOLUNTEERED.**

>CWT\_LB< (001-500) 1-500 pounds  
(997) Refused  
(999) Don't know

>CWT\_KG< (0020) 2.0 kilograms or less  
(0021-2268) 2.1-226.8 kilograms  
(9997) Refused  
(9999) Don't know

**Check item CHSCCI1:** If age is greater than or equal to 2 go to CHS.032; If the age is less than or equal to 1 then go to CHS.031.

CHS.031 Has a doctor or health professional ever told you that {S.C. name} had:

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

(Go to CHS.060)

>AMR1< ...Mental Retardation?  
>AODD1< ...Any other developmental delay?

CHS.032 Has a doctor or health professional ever told you that {S.C. name} had:

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

>ADD2< ...Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)  
>AMR2< ...Mental Retardation?  
>AODD2< ...Any other developmental delay?

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

**FR: SHOW FLASHCARD C2.**

- >CONDL< (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

CHS.070 Has {S.C. name} EVER had chickenpox?

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

CHS.072 Has {S.C. name} had chickenpox DURING THE PAST 12 MONTHS?

- >CPOX12MO< (1) Yes (7) Refused  
(2) No (9) Don't know

CHS.080 Has a doctor or other health professional EVER told you that {S.C. name} had asthma?

- >CASHMEV< (1) Yes (7) Refused (Check item CHSCCI2)  
(2) No (Check item CHSCCI2) (9) Don't know (Check item CHSCCI2)

[ The following questions are about {S.C. name} 's asthma DURING THE PAST 12 MONTHS. ]

CHS.085 Does {S.C. name} still have asthma?

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

CHS.090 DURING THE PAST 12 MONTHS, has {S.C. name} had an episode of asthma or an asthma attack?

- >CASHYR< (1) Yes (7) Refused (CHSCCI2)  
(2) No (CHSCCI2) (9) Don't know (CHSCCI2)

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?

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

CHS.100.010 DURING THE PAST 12 MONTHS, that is since { 12-month ref. Date } HOW MANY DAYS of {daycare or preschool /school / school or work} did {S.C. name} miss {because of {his/her} asthma?

**FR: ENTER 995 IF CHILD WAS HOME SCHOOLED.  
ENTER 996 IF CHILD DID NOT GO TO {DAYCARE OR PRESCHOOL  
/SCHOOL /SCHOOL OR WORK} IN THE PAST 12 MONTHS.**

- >CWZMSWK< (000) None (997) Refused  
(001 – 365) 0-365 days (999) Don't know

CHS.100.020 Has {S.C. name} EVER taken the preventative 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.

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

CHS.100.030 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**

>CASWMP< (1) Yes (7) Refused  
(2) No (9) Don't know

CHS.100.040 Has a doctor or other health professional EVER advised you to change things in {S.C. name}'s home, school, or work to improve {his/her} asthma?

>CAPENVLN< (1) Yes (7) Refused  
(2) No (9) Don't know  
(3) Was told no changes needed

**Check item CHSCCI2:** If the age is greater than or equal to 3 then go to CHS.115; If the age is less than or equal to 2 then goto CHS.111.

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

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

>HAYF1< ... Hay fever?  
>RALLG1< ... Any kind of respiratory allergy?  
>DALLG1< ... Any kind of food or digestive allergy?  
>SALLG1< ... Eczema or any kind of skin allergy?  
>DIARH1< ... Frequent or repeated diarrhea or colitis?  
>ANEMIA1< ... Anemia?  
>EARINF1< ... Three or more ear infections?  
>SEIZE1< ... Seizures?

(Go to CHS.210)

CHS.115 DURING THE PAST 12 MONTHS, has {S.C. name} had any of the following conditions?

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

>HAYF2< ... Hay fever?  
>RALLG2< ... Any kind of respiratory allergy?  
>DALLG2< ... Any kind of food or digestive allergy?  
>SALLG2< ... Eczema or any kind of skin allergy?  
>DIARH2< ... Frequent or repeated diarrhea or colitis?  
>ANEMIA2< ... Anemia?  
>FHEAD< ... Frequent or severe headaches, including migraines?  
>EARINF2< ... Three or more ear infections?  
>SEIZE2< ... Seizures?  
>STUTTER< ... Stuttering or stammering?

CHS.210 Compared with 12 months ago, would you say {S.C. name}'s health is now better, worse, or about the same?

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

**Check item CHSCCI3:** If the age is greater than or equal to 5 go to CHS.220; If age is less than or equal to 4 go to CHS.230.

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.**

- >SCHDAYR1< (000) None (997) Refused  
(001-240) 1-240 Days (999) Don't know  
(996) Did not go to school

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

CHS.230 **FR: HAND CALENDER CARD**

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

- >CCOLD2W< (1) Yes (7) Refused  
(2) No (9) Don't know

CHS.240 Did {S.C. name} have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?

- >CINTIL2W< (1) Yes (7) Refused  
(2) No (9) Don't know

**[ These next questions are about {S.C. name}'s hearing and vision ]**

CHS.245.010 Has {S.C. name} ever worn a hearing aid?

- >CHAID< (1) Yes (7) Refused (CHS.250)  
(2) No (CHS.250) (9) Don't know (CHS.250)

CHS.245.020 DURING THE PAST 12 MONTHS, how often would you say {S.C. name} wore a hearing aid? Would you say always, most of the time, some of the time, or none of the time?

- >CHFREQ< (1) Always  
(2) Most of the time  
(3) Some of the time  
(4) None of the time  
(7) Refused  
(9) Don't know

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?

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

CHS.260 Does {S.C. name} have any trouble seeing?

**[If child's age is 2 or more add:]**

Even when wearing glasses or contact lenses?

- >**CVISION**< (1) Yes (7) Refused (CHSCCI4)  
(2) No (CHSCCI4) (9) Don't know (CHSCCI4)

CHS.270 Is {S.C. name} blind or unable to see at all?

- >**CBLIND**< (1) Yes (7) Refused  
(2) No (9) Don't know

Check item CHSCCI4: If age is less than or equal to 5 go to CHS.270.010; If age is greater than or equal to 6 go to CHSCCI5.

CHS.270.010 Has {S.C. name} EVER had {his/her} vision tested by a doctor or other health professional?

- >**CVISTST**< (1) Yes (7) Refused (CHSCCI5)  
(2) No (CHSCCI5) (9) Don't know (CHSCCI5)

CHS.270.020 When was {his/her} vision last tested?

- >**CVISLT**< (1) In the last 12 months (7) Refused  
(2) In the last 13-24 months (9) Don't know  
(3) Over 24 months

Check item CHSCCI5: If age is 6-17 and CHS.260=2,7,9 go to CHS.270.030; If age is 6-17 and CHS.270=2,7,9 go to CHS.270.030; else go to check item CHSCCI6.

CHS.270.030 Can {S.C. name} read the board from the back of the classroom?

**FR: READ IF NECESSARY:**

Even if wearing glasses or contact lenses?

- >**CVISRD**< (1) Yes  
(2) No  
(3) Child does not go to school/Home schooled  
(7) Refused  
(9) Don't know

Check item CHSCCI6: If age is 6-17 go to CHS.270.040; else go to CHS.290.

CHS.270.040 Does {S.C. name} participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, soccer and mowing the lawn.

- >**CVISACT**< (1) Yes (7) Refused (CHS.290)  
(2) No (CHS.290) (9) Don't know (CHS.290)

CHS.270.050 When doing these activities, on average, does {he/she} wear eye protection always, most of the time, some of the time, or none of the time?

- >**CVISPROT**< (1) Always  
(2) Most of the time  
(3) Some of the time  
(4) None of the time

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)?

- >**IHSPEQ**< (1) Yes (7) Refused  
(2) No (9) Don't know

CHS.300 Does {S.C. name} have an impairment or health problem that limits {his/her} ability to (crawl), walk, run, or play?

- >**IHMOB**< (1) Yes (7) Refused (CHS.311)  
(2) No (CHS.311) (9) Don't know (CHS.311)

CHS.310 Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer?

- >**IHMOBYR**< (1) Yes (7) Refused  
(2) No (9) Don't know

CHS.311 Does {S.C. name} NOW have a problem for which {he/she} has regularly taken prescription medication for at least three months?

- >**PROBRX**< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item CHSCCI7:** If age is less than or equal to 1 go to next section--Health Care Access and Utilization, CAU.020; If age is equal to 2 go to CHSCCI3; If age is greater than or equal to 3 go to CHS.312

CHS.312 Has a representative from a school or a health professional EVER told you that {S.C. name} had a learning disability?

- >**LEARND**< (1) Yes (7) Refused  
(2) No (9) Don't know

**Part B - Mental Health**

**Check item CHSCCI3:** If AGE = 4-17 go to CMHMF11;  
If AGE = 2-3 & SEX is male, then goto CHS.321;  
If AGE = 2-3 & SEX is female, then, goto CHS.361;

CHS.321 I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C. name} DURING THE PAST TWO MONTHS.

**FR: SHOW FLASHCARD C3**

- |                    |                |
|--------------------|----------------|
| (0) Not True       | (7) Refused    |
| (1) Sometimes True | (9) Don't know |
| (2) Often True     |                |

HE:

- >CMHAGM12< ... has been uncooperative?
- >CMHAGM13< ... has trouble getting to sleep?
- >CMHAGM14<... has speech problems?
- >CMHAGM15<... has been unhappy, sad, or depressed?

(Go to CAU.020)

CHS.361 I am going to read a list of items that describe children. For each item, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C. name} DURING THE TWO PAST MONTHS.

**FR: SHOW FLASHCARD C3**

- |                    |                |
|--------------------|----------------|
| (0) Not True       | (7) Refused    |
| (1) Sometimes True | (9) Don't know |
| (2) Often True     |                |

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?

(Go to CAU.020)

CHS.400 **FR: THE FOLLOWING STATEMENTS ARE NOT TO BE READ TO THE RESPONDENT. THEY ARE DISPLAYED AND INCLUDED HERE FOR LEGAL REASONS.**

THE NEXT 6 ITEMS CONTAINED IN CMHMF11 THROUGH CMHDIFF ARE INCLUDED IN THIS SURVEY WITH PERMISSION AS INDICATED:

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CHS.401 **FR: SHOW FLASHCARD C4.**

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

- (1) Not True
- (2) Somewhat True
- (3) Certainly True

HE/SHE:

- >CMHMF12< ...is generally well behaved, usually does what adults request
- >CMHMF13< ...has many worries, or often seems worried
- >CMHMF14< ...is often unhappy, depressed or tearful
- >CMHMF15< ...gets along better with adults than with other {(if age is 4-11) children / youth}
- >CMHMF16< ...has good attention span, sees chores or homework through to the end

CHS.410 **FR: SHOW FLASHCARD C5**

Overall, do you think that {S.C. name} has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- >CMHDIFF< (1) No
- (2) Yes, minor difficulties
- (3) Yes, definite difficulties
- (4) Yes, severe difficulties

**(Go to next section – Health Care Access and Utilization)**

### Section III -- HEALTH CARE ACCESS AND UTILIZATION

#### Part A -- Access To Care

[ The next questions are about Health Care. ]

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?

>CUSUALPL< (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 to 1, then read:]

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?

>CPLKIND< (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)

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?

>HCPLROU< (1) Yes (CAU.040) (7) Refused (CAU.037)  
(2) No (CAU.037) (9) Don't know (CAU.037)

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

>HCPLKND< (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 CAUCCII :** If CAU.020 equals <2, 7, 9> go to CAU.080; Else go to CAU.040.

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?

>HCCHGYR< (1) Yes (CAU.050) (7) Refused (CAU.080)  
(2) No (CAU.080) (9) Don't know (CAU.080)

CAU.050 Was this change for a reason related to health insurance?

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

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 (7) Refused  
(2) No (9) Don't know

>CHCDLYR1< ... You couldn't get through on the telephone.

>CHCDLYR2< ... You couldn't get an appointment for {S.C.name} soon enough.

>CHCDLYR3< ... Once you get there, {S.C.name} has to wait too long to see the doctor.

>CHCDLYR4< ... The (clinic/doctor's office) wasn't open when you could get there.

>CHCDLYR5< ... You didn't have transportation.

**Check item CAUCCI2:** If the age is greater than or equal to 2 go to CAU.135; Else go to CAU.130.

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?

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

**(Go to CAUCCI2A)**

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 (7) Refused  
(2) No (9) Don't know

>CHCAFYR1< ... Prescription medicines?

>CHCAFYR2< ... Mental health care or counseling?

>CHCAFYR3< ... Dental care (including check-ups)?

>CHCAFYR4< ... Eyeglasses?

**Check item CAUCCI2A:** If age is less than 1 go to CAU.170; Else go to CAU.160.

**Part B -- Dental Care**

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.

**FR: SHOW FLASHCARD C6**

- >CDNLONGR< (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 CAUCCI2B:** If the age is greater than or equal to 2 go to CAU.175; Else go to CAU.170

### Part C -- Health Care Provider Contacts

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 (7) Refused  
(2) No (9) Don't know

- >CHCSYR11< An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?  
>CHCSYR12< A foot doctor?  
>CHCSYR13< A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?  
>CHCSYR14< A nurse practitioner, physician assistant or midwife?

(Go to CAU.240)

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 (7) Refused  
(2) No (9) Don't know

- >CHCSYR1< ... A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?  
>CHCSYR2< ... An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?  
>CHCSYR3< ... A foot doctor?  
>CHCSYR4< ... A chiropractor?  
>CHCSYR5< ... A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?  
>CHCSYR6< ... A nurse practitioner, physician assistant or midwife?

**Check item CAUCCI2C:** If female and age is greater 14 then go to CAU.230; Else go to CAU.240.

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?

- >CHCSYR7< (1) Yes (7) Refused  
(2) No (9) Don't know

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 (7) Refused  
(2) No (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 CAUCCI2D:** If CHCSYR82 equals 1 go to CAU.260; Else go to CAU.270.

CAU.260 Does that doctor treat children and adults (a doctor in general practice or family medicine)?

>CHCSYR10< (1) Yes (7) Refused  
(2) No (9) Don't know

CAU.260.010 Did you see or talk to this general doctor because of an emotional or behavioral problem that {S.C. name} may have?

>CHCSYREM< (1) Yes (7) Refused  
(2) No (9) Don't know

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?

>CHPEXYR\_C<(1) Yes (7) Refused  
(2) No (9) Don't know

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.)

**FR: SHOW FLASHCARD C7**

>CHERNOY2< (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

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

>CHCHYR< (1) Yes (CAU.300) (7) Refused (CAU.320)  
(2) No (CAU.320) (9) Don't know (CAU.320)

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

>CHCHMOYR< (1-12) 1-12 months  
(97) Refused  
(99) Don't know

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

**FR: SHOW FLASHCARD C8**

>CHCHNOY2< (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

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, TELEPHONE CALLS, OR DENTAL VISITS.

**FR: SHOW FLASHCARD C7**

- >CHCNOYR2< (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

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.**

- >CSRGYR< (1) Yes (CAU.340) (7) Refused (Check item CAUCCI3)  
(2) No (Check item CAUCCI3) (9) Don't know (Check item CAUCCI3)

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?

- >CSRGNOYR< (0) None (97) Refused  
(1-94) 1-94 times (99) Don't know  
(95) 95+ times

**Check item CAUCCI3:** If sample child had a doctor visit in the last 2 weeks as indicated in the family core, that is: If FAU.180 equals <1> and sample child's person number is in FAU.190, then CAU.345 equals <1> and goto next section; Else goto CAU.345.

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.

**FR: SHOW FLASHCARD C6**

- >CMDLONG< (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

**FR: The next questions are about any kind of health problems, concerns, or conditions that may affect {S.C. name}'s behavior, learning, growth, or physical development. Some of these health problems may affect {S.C. name}'s abilities and activities at school or at play. Some of these problems may affect the kind or amount of services needed or used.**

**These questions are for research purposes and may be similar to questions you have previously heard.**

**>SC\_INTRO< ENTER (P) TO PROCEED**

CAU.450.010 Does {S.C.name} currently need or use MEDICINE PRESCRIBED BY A DOCTOR (other than vitamins)?

**>FACCT1<** (1) Yes (CAU.450.020) (7) Refused (CAU.450.040)  
(2) No (CAU.450.040) (9) Don't know (CAU.450.040)

CAU.450.020 Is this because of ANY medical, behavioral or other health condition?

**>FACCT1\_A<** (1) Yes (CAU.450.030) (7) Refused (CAU.450.040)  
(2) No (CAU.450.040) (9) Don't know (CAU.450.040)

CAU.450.030 Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

**>FACCT1\_B<** (1) Yes (7) Refused  
(2) No (9) Don't know

**(Goto CAU.450.040)**

CAU.450.040 Does {S.C.name} need or use more MEDICAL CARE, MENTAL HEALTH, OR EDUCATIONAL SERVICES than is usual for most children of the same age?

**>FACCT2<** (1) Yes (CAU.450.050) (7) Refused (CAU.450.070)  
(2) No (CAU.450.070) (9) Don't know (CAU.450.070)

CAU.450.050 Is this because of ANY medical, behavioral or other health condition?

**>FACCT2\_A<** (1) Yes (CAU.450.060) (7) Refused (CAU.450.070)  
(2) No (CAU.450.070) (9) Don't know (CAU.450.070)

CAU.450.060 Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

**>FACCT2\_B<** (1) Yes (7) Refused  
(2) No (9) Don't know

**(Goto CAU.450.070)**

CAU.450.070 Is {S.C.name} LIMITED OR PREVENTED in any way in {his/her} ability to do the things most children of the same age can do?

**>FACCT3<** (1) Yes (CAU.450.080) (7) Refused (CAU.450.100)  
(2) No (CAU.450.100) (9) Don't know (CAU.450.100)

CAU.450.080 Is this because of ANY medical, behavioral or other health condition?

>FACCT3\_A< (1) Yes (CAU.450.090) (7) Refused (CAU.450.100)  
(2) No (CAU.450.100) (9) Don't know (CAU.450.100)

CAU.450.090 Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

>FACCT3\_B< (1) Yes (7) Refused  
(2) No (9) Don't know

**(Goto CAU.450.100)**

CAU.450.100 Does {S.C.name} need or get SPECIAL THERAPY, such as physical, occupational or speech therapy?

>FACCT4< (1) Yes (CAU.450.110) (7) Refused (CAU.450.130)  
(2) No (CAU.450.130) (9) Don't know (CAU.450.130)

CAU.450.110 Is this because of ANY medical, behavioral or other health condition?

>FACCT4\_A< (1) Yes (CAU.450.120) (7) Refused (CAU.450.130)  
(2) No (CAU.450.130) (9) Don't know (CAU.450.130)

CAU.450.120 Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

>FACCT4\_B< (1) Yes (7) Refused  
(2) No (9) Don't know

**(Goto CAU.450.130)**

CAU.450.130 Does {S.C.name} have any kind of emotional, developmental or behavioral problem for which {he/she} needs or gets TREATMENT OR COUNSELING?

>FACCT5< (1) Yes (CAU.450.140) (7) Refused (goto ICAGEM)  
(2) No (goto ICAGEM) (9) Don't know (goto ICAGEM)

CAU.450.140 Has this problem lasted or is expected to last for AT LEAST 12 months?

>FACCT5\_A< (1) Yes (7) Refused  
(2) No (9) Don't know

**(Goto ICAGEM)**