2007 NHIS Questionnaire - Sample Child
Child Identification
Document Version Date: 28-May-08

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

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

01-25   Person number of the respondent for Sample Child

UniverseText: Sample child section not started or not completed

SkipInstructions:

```
if CSTAT ne empty and CSTAT ne '2' THEN
  if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
  elseif recontact.RCIFLAG ne '1' THEN
    goto recontact.RCI_BEGIN procedure
  else
    goto back.OUTCOMEB1 procedure
  endif
  goto back.OUTCOMEB1 procedure
endif

<01-25> if this is NOT an allowable line number
        goto ERR_CURRES
      elseif CURRES = a line number entered in KNOWSC2
        store CURRES in CSPAVAIL and CSRESP
        goto 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

QuestionText: 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

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

SkipInstructions:
```
<01-25> if line number not equal one of the line numbers in KNOWSC2
             goto child.cid.ERR_CSPAVAIL
          else
            store child.cid.CSPAVAIL in child.cid.CSRESP
            goto child.cid.CSRELTIV
          endif
<96>  store child.cid.CSPAVAIL in child.cid.CSRESP
         goto cbk.CCALLBK1
<R> store '4' in CSTAT(FAMINT)
       if ASTAT = empty or ASTAT = '2' THEN
         goto adult.aid.SADULT
       elseif recontact.RCIFLAG ne '1' THEN
         goto recontact.RCI_BEGIN procedure
       else
         goto back.OUTCOMEB1 procedure
       endif
```

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

QuestionText: (book) C1

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

01   Parent (Biological, adoptive, or step)
02   Grandparent
03   Aunt/Uncle

UniverseText: Someone identified as knowledgeable about child's health

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

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

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

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

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

1	Yes
2	No

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

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

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

QuestionText: * 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

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

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

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

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

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

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

1	Yes
2	No

UniverseText: Respondent verified child's sex

SkipInstructions: <1> goto CSPVERF_D
<2> goto NEWAGE

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

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

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

000-120   Age in years

UniverseText: Respondent said child's age is not correct

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

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

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

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

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

1   Yes
2   No

UniverseText: Respondent verified child's sex

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

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

QuestionText: 1 of 3

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

*Enter month of birth.

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

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

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

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

QuestionText: 2 of 3

* Enter day of birth.

01-31   Day of the month

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

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

If days not valid, goto ERR_NEWDOB_D

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

QuestionText: 3 of 3

* Enter year of birth.

1880-2020   Year of birth

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

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

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

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

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

Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.

if age from NEWDOB items is ne AGE and age from NEWDOB items is valid
  reset CSPVERF_A or CSPVERF_D
  goto ERR4_NEWDOB_Y
endif

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

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

* Enter 'M' to record metric measurements.

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

UniverseText: Sample children <18

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

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

QuestionText: * Enter ounces.

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

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

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

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

QuestionText: * Enter weight in grams.

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

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

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

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

QuestionText: 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
M	Metric

UniverseText: Sample children <18

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

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

QuestionText: * Enter inches.

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

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

SkipInstructions: <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

QuestionText: * Enter height in metric.

* If the child's height is given in centimeters, press 'ENTER' at meters and enter the measure in centimeters (241 centimeters maximum).

0-2	0-2 meters
7	Refused
9	Don't know
Blank	Blank

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

SkipInstructions: <0-2> [goto CHGT_CM]
<R,D> [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

QuestionText: * Enter centimenters.

000-241	0-241 centimeters
Blank	Blank

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

SkipInstructions: <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

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

* Enter 'M' to record metric measurements.

* Enter '500' if 500 pounds or more.

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

UniverseText: Sample children <18

SkipInstructions: <1-500,R,D> [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, R, D> goto ERR2_CWGT_KG]

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

QuestionText: * Enter weight in kilograms.

002-226	2-226 kilograms

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

SkipInstructions: <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

QuestionText: 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

UniverseText: Sample children <2

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

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

QuestionText: * Read if necessary.

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

Any other developmental delay?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <2

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

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

QuestionText: 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

UniverseText: Sample children 2-17

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

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

QuestionText: * Read if necessary.

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

Mental Retardation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 2-17

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

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

QuestionText: * Read if necessary.

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

Any other developmental delay?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 2-17

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

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

QuestionText: (book) C2

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

Which ones?

* Enter all that apply, separate with commas.

00	None
01	Down 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

UniverseText: Sample children <18

SkipInstructions: <0-10,R,D> [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

QuestionText: Has [fill: S.C. Name] EVER had chickenpox?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who have had chickenpox

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

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

QuestionText: Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [go to CASSTILL]
<2,R,D> [goto LUNGYR]

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

QuestionText: Does [fill: S.C. name] still have asthma?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: The following questions are about [fill: S.C. name]'s asthma DURING THE PAST 12 MONTHS.

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

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1> [go to CASMERYR]
<2,R,D> [goto LUNGYR]

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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Question ID: CHS.110_01.010   **Instrument Variable Name:**   LUNGYR   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Lung or breathing problems, other than asthma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

Question ID: CHS.110_02.020   **Instrument Variable Name:**   CANCERYR   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

Question ID: CHS.110_03.030   **Instrument Variable Name:**   NEUROYR   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Neurological problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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Question ID:	CHS.110_04.040	**Instrument Variable Name:**	URINYR	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Urinary problems, including urinary tract infection?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

Question ID:	CHS.110_05.050	**Instrument Variable Name:**	GUMYR	**QuestionnaireFileName:**	Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Gum disease?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

Question ID:	CHS.110_06.060	**Instrument Variable Name:**	FLUYR	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Influenza or pneumonia?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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Question ID: CHS.110_07.070   **Instrument Variable Name:**   SINUSYR   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Sinusitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

Question ID: CHS.110_08.080   **Instrument Variable Name:**   STREPYR   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Strep throat or tonsillitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [if AGE LE 2 go to CCONDT1_1; if AGE >2 go to CCONDT_1]

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

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

Hay fever?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Any kind of respiratory allergy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Anemia?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Three or more ear infections?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Seizures?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to ALOTHYR1]

Question ID:	CHS.112_01.010	**Instrument Variable Name:**	ALOTHYR1	**QuestionnaireFileName:**	Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to ABDOMYR1]

Question ID:	CHS.112_02.020	**Instrument Variable Name:**	ABDOMYR1	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Abdominal pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to BACKYR1]

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.112_03.030   **Instrument Variable Name:** BACKYR1   **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Back or neck pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to PNOTHYR1]

Question ID: CHS.112_04.040   **Instrument Variable Name:** PNOTHYR1   **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Other chronic pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to FATIGYR1]

Question ID: CHS.112_05.050   **Instrument Variable Name:** FATIGYR1   **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fatigue or lack of energy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to FEVRYR1]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
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Question ID:	CHS.112_06.060	**Instrument Variable Name:**	FEVRYR1	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fever?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to COLDYR1]

Question ID:	CHS.112_07.070	**Instrument Variable Name:**	COLDYR1	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Head or chest cold?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to THOTHYR1]

Question ID:	CHS.112_08.080	**Instrument Variable Name:**	THOTHYR1	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Sore throat other than strep or tonsillitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to ACIDYR1]

2007 NHIS Questionnaire -   Sample Child
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Question ID: CHS.112_09.090   **Instrument Variable Name:**   ACIDYR1   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with acid reflux or heartburn?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to NAUSYR1]

Question ID: CHS.112_10.100   **Instrument Variable Name:**   NAUSYR1   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Nausea and/or vomiting?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CONSPYR1]

Question ID: CHS.112_11.110   **Instrument Variable Name:**   CONSPYR1   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Recurring constipation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to OVRWTYR1]

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.112_12.120 **Instrument Variable Name:** OVRWTYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with being overweight?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to ACNEYR1]

Question ID: CHS.112_13.130 **Instrument Variable Name:** ACNEYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Severe acne?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to WARTSYR1]

Question ID: CHS.112_14.140 **Instrument Variable Name:** WARTSYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Warts?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to SKOTHYR1]

2007 NHIS Questionnaire - Sample Child
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Question ID:	CHS.112_15.150	**Instrument Variable Name:**	SKOTHYR1	**QuestionnaireFileName:**

Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Skin problems other than eczema, acne, or warts?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

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

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

Sample Child

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

Hay fever?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

Sample Child

QuestionText: * Read if necessary.

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

Any kind of respiratory allergy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Anemia?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Frequent or severe headaches, including migraines?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Three or more ear infections?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Seizures?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Stuttering or stammering?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to ALOTHYR2]

Question ID: CHS.120_01.010   **Instrument Variable Name:**   ALOTHYR2   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to HEADYR2]

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Question ID: CHS.120_02.020 **Instrument Variable Name:** HEADYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Recurring headache, other than migraine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17 who had frequent or severe headaches, including migraines

SkipInstructions: <1,2,R,D> [go to ABDOMYR2]

Question ID: CHS.120_03.030 **Instrument Variable Name:** ABDOMYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Abdominal pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to BACKYR2]

Question ID: CHS.120_04.040 **Instrument Variable Name:** BACKYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Back or neck pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to PNOTHYR2]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
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| **Question ID:** | CHS.120_05.050 | **Instrument Variable Name:** | PNOTHYR2 | **QuestionnaireFileName:** | Sample Child |

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Other chronic pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to FATIGYR2]

| **Question ID:** | CHS.120_06.060 | **Instrument Variable Name:** | FATIGYR2 | **QuestionnaireFileName:** | Sample Child |

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fatigue or lack of energy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to FEVRYR2]

| **Question ID:** | CHS.120_07.070 | **Instrument Variable Name:** | FEVRYR2 | **QuestionnaireFileName:** | Sample Child |

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fever?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to COLDYR2]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
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Question ID: CHS.120_08.080   **Instrument Variable Name:**   COLDYR2   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Head or chest cold?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to THOTHYR2]

Question ID: CHS.120_09.090   **Instrument Variable Name:**   THOTHYR2   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Sore throat other than strep or tonsillitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to ACIDYR2]

Question ID: CHS.120_10.100   **Instrument Variable Name:**   ACIDYR2   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with acid reflux or heartburn?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to NAUSYR2]

Child Health Status & Limitations

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
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Question ID:	CHS.120_11.110	**Instrument Variable Name:**	NAUSYR2	**QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Nausea and/or vomiting?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to CONSPYR2]

Question ID:	CHS.120_12.120	**Instrument Variable Name:**	CONSPYR2	**QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Recurring constipation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to INSOMYR2]

Question ID:	CHS.120_13.130	**Instrument Variable Name:**	INSOMYR2	**QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Insomnia or trouble sleeping?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to OVRWTYR2]

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.120_14.140   **Instrument Variable Name:**   OVRWTYR2   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with being overweight?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to ACNEYR2]

Question ID: CHS.120_15.150   **Instrument Variable Name:**   ACNEYR2   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Severe acne?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to WARTSYR2]

Question ID: CHS.120_16.160   **Instrument Variable Name:**   WARTSYR2   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Warts?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to SKOTHYR2]

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Question ID: CHS.120_17.170   **Instrument Variable Name:**   SKOTHYR2   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Skin problems other than eczema, acne, or warts?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

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

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

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

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

UniverseText: Sample children <18

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

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

QuestionText: DURING THE PAST 12 MONTHS, that is, since [fill1: 12-month ref. date], about how many days did [fill2: S.C. name] miss school because of illness or injury?

* Enter '996' if child did not go to school in the past 12 months.

000	None
001-240	1-240 days
996	Did not go to school
997	Refused
999	Don't know

UniverseText: Sample children 5-17

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

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

QuestionText: * Hand calendar card.

These next questions are about [fill: S.C 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

UniverseText: Sample children <18

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

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

QuestionText: Did [fill: S.C. name] have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: Which statement best describes [fill: S.C. 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

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.260_00.000 **Instrument Variable Name:** CVISION **QuestionnaireFileName:** Sample Child

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: Is [fill: S.C. name] blind or unable to see at all?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 having trouble seeing

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.310_00.000   **Instrument Variable Name:**   IHMOBYR   **QuestionnaireFileName:**   Sample Child

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: Does [fill1: S.C. 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

UniverseText: Sample children <18

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [if AGE > 3 go to DEPRSYR;
if AGE = 3 and SEX = 1 go to CMHAGM11_1;
if AGE = 3 and SEX = 2 go to CMHAGF11_1]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

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

QuestionText: (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.

HE:

Has been uncooperative?

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

UniverseText: Male sample children 2-3

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

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

QuestionText: (book) C3

* 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.

HE:

Has trouble getting to sleep?

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

UniverseText: Male sample children 2-3

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

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

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

QuestionText: (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.

HE:

Has speech problems?

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

UniverseText: Male sample children 2-3

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

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

QuestionText: (book) C3

* 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.

HE:

Has been unhappy, sad, or depressed?

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

UniverseText: Male sample children 2-3

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

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

QuestionText: (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

UniverseText: Female sample children 2-3

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

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

QuestionText: (book) C3

* Read if necessary.

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

SHE:

Has speech problems?

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

UniverseText: Female sample children 2-3

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

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

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

QuestionText: (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

UniverseText: Female sample children 2-3

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

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

QuestionText: (book) C3

* Read if necessary.

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

SHE:

Has been unhappy, sad, or depressed?

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

UniverseText: Female sample children 2-3

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

Question ID:	CHS.370_01.010	**Instrument Variable Name:**	DEPRSYR	**QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Depression?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 4

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

Question ID:	CHS.370_02.020	**Instrument Variable Name:**	PHOBYR	**QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Phobia or fears?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 4

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

Question ID:	CHS.375_01.010	**Instrument Variable Name:**	C_ANXYR	**QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Anxiety or stress?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 4

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

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID:	CHS.375_02.020	**Instrument Variable Name:**	INCONTYR	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Incontinence, including bed wetting?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1,2,R,D> if age GE 10 and SEX=2 [goto MENSTYR]; else [goto CUSUALPL]

Question ID:	CHS.380_00.010	**Instrument Variable Name:**	MENSTYR	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Menstrual problems such as heavy bleeding, bothersome cramping, or premenstrual syndrome (also called PMS)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample children GE 10

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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

QuestionText: The next questions are about health care.

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

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

UniverseText: Sample children <18

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

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

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

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

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

SkipInstructions: <1-5> [go to CHCPLROU]
<6,R,D> [go to CHCPLKND]

Question ID:	CAU.035_00.000	**Instrument Variable Name:**	CHCPLROU	**QuestionnaireFileName:**	Sample Child

QuestionText: Is that [fill1: CPLKIND/CAU.030] the same place [fill2: S.C. name] USUALLY goes when [fill3: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 with one or more usual places to go when sick or need health advice who reported that place as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.037_00.000 **Instrument Variable Name:** CHCPLKND **QuestionnaireFileName:** Sample Child

QuestionText: What kind of place does [fill1: S.C. name] USUALLY go to when [fill2: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

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

UniverseText: Sample children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.

SkipInstructions: <0-6,R,D> [if CUSUALPL=2,R,D goto CHCDLYR_1; else goto CHCCHGYR]

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 with one or more place to go when sick/need advice [or who reported same place as usual source of routine/preventive care]

SkipInstructions: <1> [go to CHCCHGHI]
<2,R,D> [goto to CHCDLYR1_1]

Question ID: CAU.050_00.000 **Instrument Variable Name:** CHCCHGHI **QuestionnaireFileName:** Sample Child

QuestionText: Was this change for a reason related to health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 that have changed their usual place of health care in the past 12 months

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_1]

2007 NHIS Questionnaire -   Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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

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

You couldn't get through on the telephone.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: * Read if necessary.

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

You couldn't get an appointment for [fill: S.C. name] soon enough.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: * Read if necessary.

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: * Read if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] 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

UniverseText: Sample children <18

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

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

QuestionText: * Read if necessary.

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

You didn't have transportation.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

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

Prescription medicines?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <2

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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

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

... Prescription medicines?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: * Read if necessary.

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

Mental health care or counseling?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: * Read if necessary.

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

Dental care (including check-ups)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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

QuestionText: * Read if necessary.

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

Eyeglasses?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: (book) C4

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

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

UniverseText: Sample children GE 1

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

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

QuestionText: DURING THE PAST 12 MONTHS, 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?

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_3]

Question ID:	CAU.170_02.000	**Instrument Variable Name:**	CHCSYR1_3	**QuestionnaireFileName:**	Sample Child

QuestionText: * Read 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: S.C. name]'s health?

A foot doctor?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <2

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

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

QuestionText: * Read 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: S.C. name]'s health?

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_6]

Question ID:	CAU.170_04.000	**Instrument Variable Name:**	CHCSYR1_6	**QuestionnaireFileName:**	Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, 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: S.C. name]'s health?

A nurse practitioner, physician assistant or midwife?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR8]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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

QuestionText: 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: S.C. name]'s health?

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: * Read 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: S.C. name]'s health?

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: * Read 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: S.C. name]'s health?

A foot doctor?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

2007 NHIS Questionnaire - Sample Child
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Question ID: CAU.175_04.000   **Instrument Variable Name:**   CHCSYR_4   **QuestionnaireFileName:**   Sample Child

QuestionText: * Read 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: S.C. name]'s health?

A chiropractor?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: * Read 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: S.C. name]'s health?

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

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

QuestionText: * Read 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: S.C. name]'s health?

A nurse practitioner, physician assistant or midwife?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.230_00.000   **Instrument Variable Name:**   CHCSYR7   **QuestionnaireFileName:**   Sample Child

QuestionText: 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: S.C. name]'s health?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 15 who are female

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

Question ID: CAU.240_01.000   **Instrument Variable Name:**   CHCSYR8_1   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: S.C. name]'s health?
A medical doctor who specializes in a particular medical disease or problem (fill3:other than obstetrician/ gynecologist, psychiatrist or ophthalmologist? /fill4: other than psychiatrist or ophthalmologist)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: S.C. name]'s health?

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [goto CHCSYR10]
<2,R,D> [goto CHPEXYR]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.260_00.000 **Instrument Variable Name:**   CHCSYR10   **QuestionnaireFileName:**   Sample Child

QuestionText: 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

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

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

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

QuestionText: Did you see or talk to this general doctor because of an emotional or behavioral problem that [fill1: S.C. name] may have?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] 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

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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

QuestionText: (book) C5

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

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

UniverseText: Sample children <18

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] receive care AT HOME from a nurse or other health care professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: DURING THE PAST 12 MONTHS, how many months did [fill: S.C. name] receive care AT HOME from a health care professional?

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

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

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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

QuestionText: (book) C6

What was the total number of home visits received for [fill1: S.C. name] 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

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

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

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

QuestionText: (book) C5

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] 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: S.C. name] 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

UniverseText: Sample children <18

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

2007 NHIS Questionnaire -   Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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

QuestionText: DURING THE PAST 12 MONTHS has [fill1: S.C. name] had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary.

This includes both major surgery and minor procedures such as setting bones or removing growths.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has [fill1: S.C. name] had surgery DURING THE PAST 12 MONTHS?

* Enter '95' for 95 or more times.

01-94	1-94 times
95	95+ times
97	Refused
99	Don't know

UniverseText: Sample children <18 that have undergone surgery during the past 12 months

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

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

QuestionText: (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: S.C. name]'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

UniverseText: Sample children <18

SkipInstructions: <0-5,R,D> [if AGE 4-17 goto CMHCOPY; else goto CSHFLUYR]

2007 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 28-May-08

Question ID: CFI.010_00.000 **Instrument Variable Name:** CSHFLUYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

Question ID: CFI.015_01.000 **Instrument Variable Name:** CSHFLU_M **QuestionnaireFileName:** Sample Child

QuestionText: 1 of 2

During what month and year did {fill1: S.C. name} receive {fill2: his/her} most recent flu shot?

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

UniverseText: Sample children <18 who have had a flu shot

SkipInstructions: <1-12,D> [goto CSHFLU_Y] <R> [goto CSPFLUYR]

Question ID: CFI.015_02.000 **Instrument Variable Name:** CSHFLU_Y **QuestionnaireFileName:** Sample Child

QuestionText: 2 of 2

*Enter year of most recent flu shot.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample children <18 who gave a month for their last flu shot or who didn't know the month

SkipInstructions: <valid year,R,D> [goto CSPFLUYR]
[If CSHFLU_M and CSHFLU_Y = a future date] goto ERR1_CSHFLU_Y]
[If CSHFLU_M and CSHFLU_Y = a date prior to birth] goto ERR2_CSHFLU_Y]
[If CSHFLU_M and CSHFLU_Y = a date prior to 12 months ago] goto ERR3_CSHFLU_Y]

2007 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 28-May-08

Question ID:	CFI.020_00.000	**Instrument Variable Name:**	CSPFLUYR	**QuestionnaireFileName:**	Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had a flu vaccine sprayed in {fill2: his/her} nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [goto CSPFLU_M] <2,R,D> [goto next section]
[if CSHFLUYR =1 and CSPFLUYR=1] goto ERR_CSPFLUYR

Question ID:	CFI.025_01.000	**Instrument Variable Name:**	CSPFLU_M	**QuestionnaireFileName:**	Sample Child

QuestionText: 1 of 2

During what month and year did {fill1: S.C. name} receive {his/her} most recent flu nasal spray?

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

UniverseText: Sample children <18 who have had a flu nasal vaccine

SkipInstructions: <1-12,D> [goto CSPFLU_Y] <R> [goto next section]

2007 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 28-May-08

Question ID:	CFI.025_02.000	**Instrument Variable Name:**	CSPFLU_Y	**QuestionnaireFileName:**	Sample Child

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample children 18+ who gave a month for their flu nasal vaccine or who didn't know the month

SkipInstructions: <valid year,R,D> [goto next section]
[If CSPFLU_M and CSPFLU_Y = a future date] goto ERR1_CSPFLU_Y]
[If CSPFLU_M and CSPFLU_Y = a date prior to birth] goto ERR2_CSPFLU_Y]
[If CSPFLU_M and CSPFLU_Y = a date prior to 12 months ago] goto ERR3_CSPFLU_Y]

2007 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 28-May-08

Question ID:	CMB.010_00.000	**Instrument Variable Name:**	CMHCOPY	**QuestionnaireFileName:**	Sample Child

QuestionText: * The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.

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

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* Enter 1 to Continue.

1   Enter 1 to continue

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto CMHMF_1]

Question ID:	CMB.020_01.000	**Instrument Variable Name:**	CMHMF_1	**QuestionnaireFileName:**	Sample Child

QuestionText: (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: SC name] 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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [goto CMHMF_2]

2007 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 28-May-08

| **Question ID:** | CMB.020_02.000 | **Instrument Variable Name:** | CMHMF_2 | **QuestionnaireFileName:** | Sample Child |

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She...]

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

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

UniverseText: Sample children GE 4

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

| **Question ID:** | CMB.020_03.000 | **Instrument Variable Name:** | CMHMF_3 | **QuestionnaireFileName:** | Sample Child |

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She...]

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

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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [goto CMHMF_4]

2007 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 28-May-08

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

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She...]

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

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

UniverseText: Sample children GE 4

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

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

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She...]

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

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

UniverseText: Sample children GE 4

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

2007 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 28-May-08

Question ID: CMB.030_00.000   **Instrument Variable Name:**   CMHDIFF   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C8

Overall, do you think that [fill1: SC name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

1	No
2	Yes, minor difficulties
3	Yes, definite difficulties
4	Yes, severe difficulties
7	Refused
9	Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-4,R,D> [goto SEEDIFF]

2007 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 28-May-08

Question ID: CMS.010_00.000   **Instrument Variable Name:**   SEEDIFF   **QuestionnaireFileName:**   Sample Child

QuestionText: Did you ever see or talk to any health care provider or school staff/personnel about difficulties [fill1: SC name] has with emotions, concentration, behavior or being able to get along with others?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 4

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

Question ID: CMS.020_00.000   **Instrument Variable Name:**   MRVSEE   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C9

When was the MOST RECENT conversation or visit?

1	In the past 6 months
2	7 to 12 months ago
3	More than 12 months ago
7	Refused
9	Don't know

UniverseText: Sample children GE 4 who have seen or talked to health care provider/school/staff/personnel about child's difficulties

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

Question ID: CMS.030_00.000   **Instrument Variable Name:**   MEDDIFF   **QuestionnaireFileName:**   Sample Child

QuestionText: Was [fill1: SC name] ever prescribed medication for difficulties with [fill2: his/her] emotions, concentration, behavior or being able to get along with others?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 4

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

2007 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 28-May-08

Question ID: CMS.040_00.000 **Instrument Variable Name:** MRVMED **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

When was the MOST RECENT medication prescribed for these difficulties?

1	In the past 6 months
2	7 to 12 months ago
3	More than 12 months ago
7	Refused
9	Don't know

UniverseText: Sample children GE 4 who have had medication prescribed for difficulties with emotion, concentration, behavior, or getting along with others

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

Question ID: CMS.050_00.000 **Instrument Variable Name:** MEDWHY **QuestionnaireFileName:** Sample Child

QuestionText: Was this medication prescribed for difficulties with concentration, hyperactivity, or impulsivity?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 4 who have had medication prescribed for difficulties with emotion, concentration, behavior, or getting along with others

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

Question ID: CMS.060_00.000 **Instrument Variable Name:** TRETDIFF **QuestionnaireFileName:** Sample Child

QuestionText: Has [Fill1: SC name] EVER received ANY treatment or help, [Fill2: other than medication,] for difficulties with emotions, concentration, behavior or being able to get along with others?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 4

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

2007 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 28-May-08

Question ID: CMS.070_00.000 **Instrument Variable Name:**   MRVTRET   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C9

When was the MOST RECENT help or treatment received?

1	In the past 6 months
2	7 to 12 months ago
3	More than 12 months ago
7	Refused
9	Don't know

UniverseText: Sample children GE 4 who have received treatment or help for difficulties with emotions, concentration, behavior, or getting along with others

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

Question ID: CMS.080_00.000 **Instrument Variable Name:**   TRETWHER   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C10

Was any of this treatment or help received from any of the following?

*Enter all that apply, separate with commas.

1	A pediatric or general medical care practice
2	A mental health private practice
3	A mental health clinic or center
4	The child's school
5	Other
7	Refused
9	Don't know

UniverseText: Sample children GE 4 who have received treatment or help for difficulties with emotions, concentration, behavior, or getting along with others

SkipInstructions: <1-5,R,D> [goto next section]