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**2014 NHIS Questionnaire - Sample Child**

**Child Identification**

**Document Version Date: 28-May-15**

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**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
```

**Hard Edit:** ERR\_CURRES

\* You have selected a non-selectable person.

\* Please correct.

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**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: alias] USUALLY goes when [fill2: he/she] is sick or you need advice about [fill3: his/her] health?

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

**UniverseText:** Sample children <18

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

---

**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: alias] go to most often] - a clinic, doctor's office, emergency room, or some other place?

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

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

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

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**2014 NHIS Questionnaire - Sample Child****Child Access to Health Care & Utilization****Document Version Date: 28-May-15**

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

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

**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]

---

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

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office 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 [goto CNOUSLPL]; else if CUSUALPL=,R,D [goto CPRVTRYR]; else [goto CHCCHGYR]

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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

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

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

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

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

---

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

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

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

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

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

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.050\_00.010 **Instrument Variable Name:** CNOUSLPL **QuestionnaireFileName:** Sample Child

**QuestionText:** Why doesn't [fill: alias] have a usual source of medical care?

\*Enter all that apply, separate with commas.

- 01 Doesn't need a doctor/Haven't had any problems
- 02 Doesn't like/trust/believe in doctors
- 03 Doesn't know where to go
- 04 Previous doctor is not available/moved
- 05 Too expensive/no insurance/cost
- 06 Speak a different language
- 07 No care available/Care too far away, not convenient
- 08 Put it off/Didn't get around to it
- 09 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 who don't have a usual place of care

**SkipInstructions:** <1-9,R,D>[goto CPRVTRYR]

---

**Question ID:** CAU.052\_00.010 **Instrument Variable Name:** CPRVTRYR **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see [fill: alias]?

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

**UniverseText:** Sample children <18

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

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.053\_00.010 **Instrument Variable Name:** CPRVTRFD **QuestionnaireFileName:** Sample Child

**QuestionText:** Were you able to find a general doctor or provider who could see [fill: alias]?

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

**UniverseText:** Sample children <18 who had trouble finding a provider in the last year

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

---

**Question ID:** CAU.055\_00.010 **Instrument Variable Name:** CDRNANP **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept [fill: alias] as a new patient?

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

**UniverseText:** Sample children <18

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

---

**Question ID:** CAU.056\_00.010 **Instrument Variable Name:** CDRNAI **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept [fill: alias]'s health care coverage?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D>[goto CHCDLYR\_1]

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.080\_01.000 **Instrument Variable Name:** CHCDLYR1\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:**

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

You couldn't get through on the telephone.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_2]

---

**Question ID:** CAU.080\_02.000 **Instrument Variable Name:** CHCDLYR1\_2 **QuestionnaireFileName:** Sample Child

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

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_3]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.080\_03.000 **Instrument Variable Name:** CHCDLYR1\_3 **QuestionnaireFileName:** Sample Child

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

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_4]

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**Question ID:** CAU.080\_04.000 **Instrument Variable Name:** CHCDLYR1\_4 **QuestionnaireFileName:** Sample Child

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

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_5]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
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**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: alias] for any of the following reasons IN THE PAST 12 MONTHS...

You didn't have transportation.

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

**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: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Prescription medicines?

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

**UniverseText:** Sample children <2

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

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**2014 NHIS Questionnaire - Sample Child**
**Child Health Status & Limitations**
**Document Version Date: 28-May-15**


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**Question ID:** CHS.010\_01.000 **Instrument Variable Name:** BWGT\_LB **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

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, D, R> goto ERR2\_BWGT\_LB]

**Hard Edit:** ERR2\_BWGT\_LB

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

**Soft Edit:** ERR1\_BWGT\_LB

\* [fill: BWGT\_LB] is an unusually high number.  
 \* Please verify.

---

**Question ID:** CHS.010\_02.000 **Instrument Variable Name:** BWGT\_OZ **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter ounces.

**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, D, R> and BWGT\_OZ = <empty> go to CHGT\_FT]

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**2014 NHIS Questionnaire - Sample Child**
**Child Health Status & Limitations**
**Document Version Date: 28-May-15**


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**Question ID:** CHS.011\_00.000 **Instrument Variable Name:** BWGT\_GR **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter weight in grams.

<b>0500</b>	500 grams or less
<b>0501-6899</b>	501-6899 grams
<b>6900</b>	6900+ grams
<b>9997</b>	Refused
<b>9999</b>	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]

**Soft Edit:** ERR\_BWGT\_GR

\* [fill1: BWGT\_GR] is an unusually high number (equal to [fill2] pounds, [fill3] ounces).  
\* Please verify.

---

**Question ID:** CHS.020\_01.000 **Instrument Variable Name:** CHGT\_FT **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

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

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

\* Enter 'M' to record metric measurements.

<b>00-07</b>	0-7 feet
<b>97</b>	Refused
<b>99</b>	Don't know
<b>M</b>	Metric

**UniverseText:** Sample children 12+

**SkipInstructions:** <empty> [goto CHGT\_IN]  
<0-7> [goto CHGT\_IN]  
<R,D> [goto CWGT\_LB]  
<M> [goto CHGT\_M]  
[If NE <0-7, M, D, R> go to ERR\_CHGT\_FT]

**Hard Edit:** ERR\_CHGT\_FT

\* Only "0-7" or "M" or "Don't know/Refused" allowed in this field.  
\* Please correct.

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**2014 NHIS Questionnaire - Sample Child**
**Child Health Status & Limitations**
**Document Version Date: 28-May-15**


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**Question ID:** CHS.020\_02.000 **Instrument Variable Name:** CHGT\_IN **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter inches.

<b>00-36</b>	0-36 inches
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample children 12+ whose height in feet is 0-7 or is left empty.

**SkipInstructions:** <0-36,R,D> If (CHGT\_FT = '0', 'empty') and (CHGT\_IN = '0', 'empty')  
    goto ERR1\_CHGT\_IN  
    elseif CHGT\_FT = '1-7' and CHGT\_IN ge '12'  
    goto ERR2\_CHGT\_IN  
    elseif (SEX = '1' and  
        AGE = '12' and (CHTINCH lt '53' or CHTINCH gt '68')) or  
        AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '72')) or  
        AGE = '14' and (CHTINCH lt '58' or CHTINCH gt '73')) or  
        AGE = '15' and (CHTINCH lt '60' or CHTINCH gt '74')) or  
        AGE = '16' and (CHTINCH lt '61' or CHTINCH gt '74')) or  
        AGE = '17' and (CHTINCH lt '62' or CHTINCH gt '75')) or  
    (SEX = '2' and  
        AGE = '12' and (CHTINCH lt '54' or CHTINCH gt '68')) or  
        AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '69')) or  
        AGE = '14' and (CHTINCH lt '57' or CHTINCH gt '69')) or  
        AGE = '15' and (CHTINCH lt '57' or CHTINCH gt '69')) or  
        AGE = '16' and (CHTINCH lt '57' or CHTINCH gt '70')) or  
        AGE = '17' and (CHTINCH lt '57' or CHTINCH gt '69'))  
    goto ERR3\_CHGT\_IN  
    else  
    goto CWGT\_LB

**Hard Edit:** ERR1\_CHGT\_IN

\* Must enter an answer in at least the inches item.  
\* Please correct.

ERR2\_CHGT\_IN

\* Number of inches exceeds maximum allowed.  
\* Please correct.

**Soft Edit:** ERR3\_CHGT\_IN

\* Please verify that the height was entered correctly. Probe only if necessary.

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**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 28-May-15**

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**Question ID:** CHS.021\_01.000 **Instrument Variable Name:** CHGT\_M **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter height in metric.

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

**0-2** 0-2 meters

**7** Refused

**9** Don't know

**Blank** Blank

**UniverseText:** Sample children 12+ whose current height will be entered in metric.

**SkipInstructions:** <0-2,empty> [goto CHGT\_CM]  
<R,D> [goto CWGT\_LB]

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**2014 NHIS Questionnaire - Sample Child**
**Child Health Status & Limitations**
**Document Version Date: 28-May-15**


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**Question ID:** CHS.021\_02.000 **Instrument Variable Name:** CHGT\_CM **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter centimeters.

**000-241** 0-241 centimeters

**Blank** Blank

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

**SkipInstructions:** <0-241,R,D> If (CHGT\_M = '0', 'empty') and (CHGT\_CM = '0', 'empty')  
    goto ERR1\_CHGT\_CM  
    elseif (CHGT\_M eq '2' and CHGT\_CM gt '41') or (CHGT\_M eq '1' and CHGT\_CM gt '141')  
        goto ERR2\_CHGT\_CM  
    elseif (SEX = '1' and  
        AGE = '12' and (CHTCM lt '137' or CHTCM gt '174')) or  
        AGE = '13' and (CHTCM lt '140' or CHTCM gt '184')) or  
        AGE = '14' and (CHTCM lt '148' or CHTCM gt '186')) or  
        AGE = '15' and (CHTCM lt '152' or CHTCM gt '189')) or  
        AGE = '16' and (CHTCM lt '156' or CHTCM gt '189')) or  
        AGE = '17' and (CHTCM lt '157' or CHTCM gt '192')) or  
    (SEX = '2' and  
        AGE = '12' and (CHTCM lt '138' or CHTCM gt '173')) or  
        AGE = '13' and (CHTCM lt '141' or CHTCM gt '176')) or  
        AGE = '14' and (CHTCM lt '145' or CHTCM gt '176')) or  
        AGE = '15' and (CHTCM lt '145' or CHTCM gt '177')) or  
        AGE = '16' and (CHTCM lt '145' or CHTCM gt '177')) or  
        AGE = '17' and (CHTCM lt '145' or CHTCM gt '176'))  
    goto ERR3\_CHGT\_CM  
    else  
        goto CWGT\_LB

**Hard Edit:** ERR1\_CHGT\_CM

\* Must enter an answer at least in the centimeters item.  
\* Please correct.

ERR2\_CHGT\_CM

\* Total height exceeds maximum allowed.  
\* Please correct.

**Soft Edit:** ERR3\_CHGT\_CM

\* Please verify that the height was entered correctly. Probe only if necessary.

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## 2014 NHIS Questionnaire - Sample Child

### Child Health Status & Limitations

Document Version Date: 28-May-15

**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.

<b>001-500</b>	1-500 pounds
<b>997</b>	Refused
<b>999</b>	Don't know
<b>M</b>	Metric

**UniverseText:** Sample children 12+

**SkipInstructions:** <1-500> if CWGT\_LB lt '1' or CWGT\_LB gt '500'  
 goto ERR1\_CWGT\_LB  
 elseif (SEX = '1' and  
 AGE = '12' and (CWGT\_LB lt '62' or CWGT\_LB gt '209')) or  
 AGE = '13' and (CWGT\_LB lt '70' or CWGT\_LB gt '247')) or  
 AGE = '14' and (CWGT\_LB lt '83' or CWGT\_LB gt '266')) or  
 AGE = '15' and (CWGT\_LB lt '94' or CWGT\_LB gt '267')) or  
 AGE = '16' and (CWGT\_LB lt '98' or CWGT\_LB gt '306')) or  
 AGE = '17' and (CWGT\_LB lt '106' or CWGT\_LB gt '317')) or  
 (SEX = '2' and  
 AGE = '12' and (CWGT\_LB lt '62' or CWGT\_LB gt '212')) or  
 AGE = '13' and (CWGT\_LB lt '73' or CWGT\_LB gt '238')) or  
 AGE = '14' and (CWGT\_LB lt '84' or CWGT\_LB gt '252')) or  
 AGE = '15' and (CWGT\_LB lt '84' or CWGT\_LB gt '238')) or  
 AGE = '16' and (CWGT\_LB lt '87' or CWGT\_LB gt '257')) or  
 AGE = '17' and (CWGT\_LB lt '90' or CWGT\_LB gt '292'))  
 goto ERR2\_CWGT\_LB  
 elseif CHGT\_FLG = '1' and CWGT\_FLG = '1' and AGE ge '2'  
 goto ADD\_1  
 elseif CHGT\_FLG = '1' and CWGT\_FLG = '1' and AGE lt '2'  
 goto ADD1\_2  
 else  
 calculate the BMI (Body Mass Index) – See CBMI spec page  
 <R,D> if AGE ge '2'  
 goto ADD\_1  
 else  
 goto ADD1\_2  
 <M> goto CWGT\_KG

**Hard Edit:** ERR1\_CWGT\_LB

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

\* Please correct.

**Soft Edit:** ERR2\_CWGT\_LB

\* Please verify that the weight was entered correctly. Probe only if necessary.

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**2014 NHIS Questionnaire - Sample Child**
**Child Health Status & Limitations**
**Document Version Date: 28-May-15**


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**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 12+ whose weight will be entered in metric.

**SkipInstructions:**

```

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

```

**Hard Edit:** ERR1\_CWGT\_KG

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

**Soft Edit:** ERR2\_CWGT\_KG

\* Please verify that the weight was entered correctly. Probe only if necessary.

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**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 28-May-15**

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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...  
an intellectual disability, also known as mental retardation?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto ADD1\_3]

---

**Question ID:** CHS.031\_03.000 **Instrument Variable Name:** ADD1\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]  
\* Read if necessary.  
Has a doctor or health professional ever told you that [fill: S.C. name] had...  
Any other developmental delay?

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

**UniverseText:** Sample children <2

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

---

---

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**Question ID:** CHS.032\_01.000 **Instrument Variable Name:** ADD\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

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

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]

---

**Question ID:** CHS.032\_02.000 **Instrument Variable Name:** ADD\_2 **QuestionnaireFileName:** Sample Child

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

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

an intellectual disability, also known as mental retardation?

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

**UniverseText:** Sample children 2-17

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

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**Question ID:** CHS.032\_02.010 **Instrument Variable Name:** AUTISM **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

\* Read if necessary.

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

Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

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

**UniverseText:** Sample children 2-17

**SkipInstructions:** <1,2,R,D> [go to ADD\_3]

---

**Question ID:** CHS.032\_03.000 **Instrument Variable Name:** ADD\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

\* Read if necessary.

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

Any other developmental delay?

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

**UniverseText:** Sample children 2-17

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

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

**QuestionText:** (book) C2 ?[F1]

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

\*Read if necessary.

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

**UniverseText:** Sample children <18

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

---

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

**QuestionText:** (book) C2 ? [F1]

Which ones?

\* Enter all that apply, separate with commas.

**UniverseText:** Sample children <18 and CONDL=1

**SkipInstructions:** <1-9, R,D> [go to CPOX]

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

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

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

**UniverseText:** Sample children <18

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

---

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

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

- 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]

---

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

**QuestionText:** ? [F1]

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [go to CASSTILL]  
<2,R,D> if AGE LE 2 [go to CCONDT1\_1];  
else [go to CCONDT\_1]

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

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

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

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

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

---

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

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

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

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

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

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

---

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

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

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

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

**SkipInstructions:** <1,2,R,D> if AGE LE 2 [go to CCONDT1\_1];  
else [go to CCONDT\_1]

---

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**Question ID:** CHS.111\_01.000 **Instrument Variable Name:** CCONDT1\_1 **QuestionnaireFileName:** Sample Child

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

Hay fever?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_2]

---

**Question ID:** CHS.111\_02.000 **Instrument Variable Name:** CCONDT1\_2 **QuestionnaireFileName:** Sample Child

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

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

Any kind of respiratory allergy?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_3]

---

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**Question ID:** CHS.111\_03.000 **Instrument Variable Name:** CCONDT1\_3 **QuestionnaireFileName:** Sample Child

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

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

Any kind of food or digestive allergy?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_4]

---

**Question ID:** CHS.111\_04.000 **Instrument Variable Name:** CCONDT1\_4 **QuestionnaireFileName:** Sample Child

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

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

Eczema or any kind of skin allergy?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_5]

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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: SC name] had any of the following conditions...

Frequent or repeated diarrhea or colitis?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_6]

---

**Question ID:** CHS.111\_06.000 **Instrument Variable Name:** CCONDT1\_6 **QuestionnaireFileName:** Sample Child

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

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

Anemia?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_8]

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**Question ID:** CHS.111\_08.000 **Instrument Variable Name:** CCONDT1\_8 **QuestionnaireFileName:** Sample Child

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

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

Three or more ear infections?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_9]

---

**Question ID:** CHS.111\_09.000 **Instrument Variable Name:** CCONDT1\_9 **QuestionnaireFileName:** Sample Child

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

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

Seizures?

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

**UniverseText:** Sample children LE 2

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

---

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**Question ID:** CHS.115\_01.000 **Instrument Variable Name:** CCONDT\_1 **QuestionnaireFileName:** Sample Child

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

Hay fever?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_2]

---

**Question ID:** CHS.115\_02.000 **Instrument Variable Name:** CCONDT\_2 **QuestionnaireFileName:** Sample Child

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

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

Any kind of respiratory allergy?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_3]

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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: SC name] had any of the following conditions...

Any kind of food or digestive allergy?

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

**UniverseText:** Sample children = 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: SC name] had any of the following conditions...

Eczema or any kind of skin allergy?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_5]

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**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: SC name] had any of the following conditions...

Frequent or repeated diarrhea or colitis?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_6]

---

**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: SC 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]

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**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: SC 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: SC name] had any of the following conditions...

Three or more ear infections?

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

**UniverseText:** Sample children = 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: SC name] had any of the following conditions...

Seizures?

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

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

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_10]

---

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

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

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

Stuttering or stammering?

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

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

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

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**Question ID:** CHS.210\_00.000 **Instrument Variable Name:** CHSTATYR **QuestionnaireFileName:** Sample Child**QuestionText:** Compared with 12 months ago, would you say [fill: SC name]'s health is now better, worse, or about the same?

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

**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 about how many days did [fill2: SC name] miss school because of illness or injury?

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

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

**UniverseText:** Sample children 5-17**SkipInstructions:** <0-99,996,R,D> [goto CCOLD2W]  
<100-240> [go to ERR1\_SCHDAYR]  
<241-995> [goto ERR2\_SCHDAYR]**Hard Edit:** ERR2\_SCHDAYR\* "241-995" days not allowed in this field.  
\* Please correct.**Soft Edit:** ERR1\_SCHDAYR

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

\* Please verify.

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

**QuestionText:** These next questions are about [fill: SC name]'s recent health DURING THE LAST 2 WEEKS.

Did [fill: SC name] have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

- 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: SC name] have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST 2 WEEKS?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHEARST2]

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**Question ID:** CHS.250\_00.010 **Instrument Variable Name:** CHEARST2 **QuestionnaireFileName:** Sample Child

**QuestionText:** These next questions are about [fill: SC name]'s hearing WITHOUT the use of hearing aids or other listening devices.

Which statement best describes [fill: SC name]'s hearing: Excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or is [fill: SC's name] deaf?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CHRWHISP]; <2-6,R,D> [go to CHRWORS]

---

**Question ID:** CHS.251\_00.010 **Instrument Variable Name:** CHRWORS **QuestionnaireFileName:** Sample Child

**QuestionText:** Without a hearing aid...

Is [fill: SC name]'s hearing WORSE in one ear than the other?

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

**UniverseText:** Sample children <18 who have other than excellent hearing

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

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**Question ID:** CHS.251\_00.020 **Instrument Variable Name:** CHRWORSE **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary:

Without a hearing aid...

Is [fill: SC name]'s hearing in [fill: his/her] WORSE ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or is [fill: he/she] deaf?

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

**UniverseText:** Sample children <18 who hear worse in one ear than the other

**SkipInstructions:** <1-6,R,D> [goto CHRWHISP]

---

**Question ID:** CHS.251\_00.030 **Instrument Variable Name:** CHRWHISP **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary:

Without a hearing aid...

Can [fill: SC name] usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person WHISPERS to [fill: him/her] from across a QUIET room?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> if CHEARST2=6 and CHRWORS=2,R,D [goto CHEARAG1]; else [goto CHRFBAM] <2,R,D> [goto CHRTALK]

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**Question ID:** CHS.251\_00.040 **Instrument Variable Name:** CHRTALK **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary:

Without a hearing aid...

Can [fill: SC name] usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person TALKS IN A NORMAL VOICE to [fill: him/her] from across a QUIET room?

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

**UniverseText:** Sample children <18 who cannot hear whispers across a quiet room or REF/DK that question**SkipInstructions:** <1> if CHEARST2=6 and CHRWORS=2,R,D [goto CHEARAG1]; else [goto CHRFBAM] <2,R,D> [goto CHRSHOUT]

---

**Question ID:** CHS.251\_00.050 **Instrument Variable Name:** CHRSHOUT **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary:

Without a hearing aid...

Can [fill: SC name] usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SHOUTS to [fill: him/her] from across a QUIET room?

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

**UniverseText:** Sample children <18 who cannot hear a normal voice across a quiet room or REF/DK that question**SkipInstructions:** <1> if CHEARST2=6 and CHRWORS=2,R,D [goto CHEARAG1]; else [goto CHRFBAM]<2,R,D> [goto CHRSPKAK]

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**Question ID:** CHS.251\_00.060 **Instrument Variable Name:** CHRSPKAK **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary:

Without a hearing aid...

Can [fill: SC name] usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SPEAKS LOUDLY into [fill: his/her] [fill1: ear/better ear]

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

**UniverseText:** Sample children <18 who cannot hear a shouting voice across a quiet room or REF/DK that question**SkipInstructions:** <1,2,R,D> [goto CHRCOCRC]

---

**Question ID:** CHS.251\_00.070 **Instrument Variable Name:** CHRCOCRC **QuestionnaireFileName:** Sample Child**QuestionText:** A cochlear (KOH-klee-uhr) implant is an electrical device that a surgeon puts in a person's ear(s) if they have severe hearing loss or are almost totally deaf. Has a doctor or other health care professional ever recommended a cochlear implant for [fill: SC name]?

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

**UniverseText:** Sample children <18 who cannot hear a shouting voice across a quiet room or REF/DK that question**SkipInstructions:** <1> [goto CHRCOICIM] <2,R,D> if CHEARST2=6 and CHRWORS=2,R,D [goto CHEARAG1]; else [goto CHRFBAM]

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**Question ID:** CHS.251\_00.080 **Instrument Variable Name:** CHRCOCIM **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] had cochlear implant surgery?

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

**UniverseText:** Sample children <18 who have had a cochlear implant recommended

**SkipInstructions:** <1,2,R,D> if CHEARST2=6 and CHRWORS=2,R,D [goto CHEARAG1]; else [goto CHRFBAM]

---

**Question ID:** CHS.252\_00.010 **Instrument Variable Name:** CHRFBAM **QuestionnaireFileName:** Sample Child

**QuestionText:** Has anyone, friends, relatives, teachers or others, ever told you that [fill: SC name] has a hearing problem?

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

**UniverseText:** Sample children <18 who are not deaf or who are deaf but hear worse in one ear

**SkipInstructions:** <1,2,R,D> If (AGE <3 and CHEARST2=1,2) or (CHEARST2=2 and CHRWORS=2,R,D) [goto CHRPRBHP];  
else [goto CHEARAG1];  
else if AGE 3-11 [goto CHRMIS];  
else [goto CHRUNDNS]

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**Question ID:** CHS.252\_00.020 **Instrument Variable Name:** CHRMIS **QuestionnaireFileName:** Sample Child

**QuestionText:** When you speak directly to [fill: SC name], how often does [fill: he/she] hear something different from what you said?

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children age 3-11 who are not deaf or who are deaf but hear worse in one ear

**SkipInstructions:** <1-5,R,D> [goto CHRUNDST]

---

**Question ID:** CHS.252\_00.030 **Instrument Variable Name:** CHRUNDST **QuestionnaireFileName:** Sample Child

**QuestionText:** How often does [fill: SC name] have difficulty understanding what people say to her/him?

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children age 3-11 who are not deaf or who are deaf but hear worse in one ear

**SkipInstructions:** <1-5,R,D> [goto CHRUNDNS]

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**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 28-May-15**

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**Question ID:** CHS.252\_00.040 **Instrument Variable Name:** CHRUNDNS **QuestionnaireFileName:** Sample Child

**QuestionText:** How often does [fill: SC name] have difficulty understanding a conversation if there is background NOISE, for example, when other people are talking, TV or radio is on, or children are playing close by?

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 3+ who are not deaf or who are deaf but hear worse in one ear

**SkipInstructions:** <1-5,R,D> if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D) [goto CHRPRBHP];  
else [goto CHEARAG1]

---

**Question ID:** CHS.253\_00.010 **Instrument Variable Name:** CHEARAG1 **QuestionnaireFileName:** Sample Child

**QuestionText:** How old was [fill: SC name] when [fill: he/she] began to have ANY [fill: hearing loss/hearing loss in either ear]?

- 01 At birth
- 02 0 to 2 years of age
- 03 3 to 5 years of age
- 04 6 to 8 years of age
- 05 9 to 11 years of age
- 06 12 to 14 years of age
- 07 15 to 17 years of age
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other

**SkipInstructions:** <1-7,R,D> [goto CHRCAUS1]

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**2014 NHIS Questionnaire - Sample Child****Child Health Status & Limitations****Document Version Date: 28-May-15**

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**Question ID:** CHS.253\_00.020 **Instrument Variable Name:** CHRCAUS1 **QuestionnaireFileName:** Sample Child**QuestionText:** What is the MAIN cause of [fill: SC name]'s hearing loss?

- 01 Mother had infection while pregnant, e.g., cytomegalovirus (CMV), rubella
- 02 Genetic reason(s)
- 03 Born very early, preterm birth or low birth weight
- 04 Child had infectious disease after birth (measles, meningitis, mumps, etc.)
- 05 Ear infections (fluid in middle ear, otitis, glue ear, etc.)
- 06 Ear injury or head/neck trauma
- 07 Ear disease or surgery
- 08 Medications/drugs, such as gentamicin (aminoglycosides), cisplatin (cancer drugs), antibiotics, anti-inflammatory drugs, diuretics
- 09 Loud, brief noise from firecrackers, nearby fireworks, gunfire, blasts, or explosions
- 10 Sudden hearing loss, unexplained by loud, brief noise or other known causes
- 11 Long term noise exposure from machinery, aircraft, power tools, loud music, loud toys, appliances, personal stereos or MP3 players, hair dryers, etc.
- 12 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other**SkipInstructions:** <1-12,R,D> [goto CHRPRBHP]

---

**Question ID:** CHS.253\_00.030 **Instrument Variable Name:** CHRPRBHP **QuestionnaireFileName:** Sample Child**QuestionText:** When was the LAST time [fill: SC name] saw a doctor or other health care professional about any hearing or ear problems?

- 0 Never
- 1 In the past year
- 2 1 to 2 years ago
- 3 3 to 4 years ago
- 4 5 to 9 years ago
- 5 10 to 14 years ago
- 6 15 or more years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18**SkipInstructions:** <0,4-6,R,D> [goto CHREHDI]  
<1-3> [goto CHRENT]

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**Question ID:** CHS.253\_00.040 **Instrument Variable Name:** CHRENT **QuestionnaireFileName:** Sample Child

**QuestionText:** IN THE PAST 5 YEARS, has [fill: SC name] seen or been referred by your doctor or other health care professional to a...  
Hearing specialist, such as an Ear, Nose, and Throat (ENT) doctor, or to an audiologist?

\*Read if necessary.

Include Otolaryngologist (OH-toh-LAYR-ehn-GAHL-oh-jist) or Otologist (OH-tol-o-jist).

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

**UniverseText:** Sample children <18 who saw a doctor or other health care professional about hearing or ear problems 4 or less years ago

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

---

**Question ID:** CHS.253\_00.050 **Instrument Variable Name:** CHREHDI **QuestionnaireFileName:** Sample Child

**QuestionText:** Was [fill: SC name] checked with a screening test, for example, with an otoacoustic emissions test (OAE), or auditory brainstem response (ABR) test for hearing loss at birth?

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

**UniverseText:** Sample children <18

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

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**Question ID:** CHS.253\_00.060 **Instrument Variable Name:** CHREIAGE **QuestionnaireFileName:** Sample Child

**QuestionText:** At what age did [fill: SC name] FIRST have an earache or an ear infection?

- 00 Never
- 01 Less than 6 months old
- 02 6 to 11 months of age
- 03 12 to 17 months of age
- 04 18 to 23 months of age
- 05 2 to 3 years of age
- 06 4 to 5 years of age
- 07 6 to 8 years of age
- 08 9 years or older
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18

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

---

**Question ID:** CHS.253\_00.070 **Instrument Variable Name:** CHRTUBE **QuestionnaireFileName:** Sample Child

**QuestionText:** Did [fill: SC name] EVER have a tube placed in one or both ears to drain fluid from the ear(s)?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CHRTBAGE];  
<2,R,D> if AGE LT 5 [goto CHRTEST];  
else if AGE 5-17 [goto CHRTSCH]

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**Question ID:** CHS.253\_00.080 **Instrument Variable Name:** CHRTBAGE **QuestionnaireFileName:** Sample Child

**QuestionText:** At what age did [fill: SC name] FIRST have an ear tube placed in one or both ears to drain fluid from the ear(s)?

- 01 Less than 6 months old
- 02 6 to 11 months of age
- 03 12 to 17 months of age
- 04 18 to 23 months of age
- 05 2 to 3 years of age
- 06 4 to 5 years of age
- 07 6 to 8 years of age
- 08 9 years or older
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 who have ever had tube placed in ear(s)

**SkipInstructions:** <1-8,R,D> if AGE LT 5 [goto CHRTEST];  
else if AGE 5-17 [goto CHRTSCH]

---

**Question ID:** CHS.253\_00.090 **Instrument Variable Name:** CHRTSCH **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] EVER had a hearing test at school?

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

**UniverseText:** Sample children 5+

**SkipInstructions:** <1> [goto CHRTSCHM]  
<2,3,R,D> [goto CHRTEST]

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**2014 NHIS Questionnaire - Sample Child**

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**Question ID:** CHS.253\_00.100 **Instrument Variable Name:** CHRTSCHM **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] had [his/her] hearing tested more than once at school?

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

**UniverseText:** Sample children 5+ who have had their hearing tested in school

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

---

**Question ID:** CHS.253\_00.105 **Instrument Variable Name:** CHRTSCHR **QuestionnaireFileName:** Sample Child

**QuestionText:** When did [fill: SC name] have [his/her] most recent hearing test at school?

- 1 Less than 1 year ago
- 2 1 to 2 years ago
- 3 3 to 4 years ago
- 4 5 to 9 years ago
- 5 10 or more years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 5+ who have had their hearing tested in school

**SkipInstructions:** <1-5,R,D> [goto CHRTEST]

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**2014 NHIS Questionnaire - Sample Child****Child Health Status & Limitations**Document Version Date: 28-May-15

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**Question ID:** CHS.253\_00.110 **Instrument Variable Name:** CHRTEST **QuestionnaireFileName:** Sample Child

**QuestionText:** A hearing test by a specialist is done in a sound-treated booth or room, or with headphones. Hearing specialists include audiologists, ear-nose-throat (ENT) doctors and trained health technicians or nurses (include hearing exams conducted in schools). When was the last time [fill: SC name] had [fill: his/her] hearing tested by a hearing specialist?

- 0 Never
- 1 In the past year
- 2 1 to 2 years ago
- 3 3 to 4 years ago
- 4 5 to 9 years ago
- 5 10 to 14 years ago
- 6 15 or more years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <0-6,R,D> [goto CHRAIDNW]

---

**Question ID:** CHS.253\_00.120 **Instrument Variable Name:** CHRAIDNW **QuestionnaireFileName:** Sample Child

**QuestionText:** A hearing aid is a small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help children and adults hear. Does [fill: SC name] NOW use a hearing aid(s)?

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

**UniverseText:** Sample children <18

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

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**2014 NHIS Questionnaire - Sample Child****Child Health Status & Limitations**Document Version Date: 28-May-15

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**Question ID:** CHS.253\_00.130 **Instrument Variable Name:** CHRAIDLG **QuestionnaireFileName:** Sample Child

**QuestionText:** How long has [fill: SC name] used a hearing aid(s)?

- 01 Less than 6 weeks
- 02 6 weeks to 11 months
- 03 1 to 2 years
- 04 3 to 4 years
- 05 5 to 9 years
- 06 10 to 14 years
- 07 15 years or more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 who now use a hearing aid

**SkipInstructions:** <1,7,R,D> [goto CHRAIDYR]

---

**Question ID:** CHS.253\_00.140 **Instrument Variable Name:** CHRAIDYR **QuestionnaireFileName:** Sample Child

**QuestionText:** Think about how much [fill: SC name] used [his/her] present hearing aid(s) over the past two weeks. On an average day, how many hours did [fill: he/she] use a hearing aid(s)?

- 0 None
- 1 Less than 1 hour a day
- 2 1 to 3 hours a day
- 3 4 to 7 hours a day
- 4 8 or more hours per day
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18 who now use a hearing aid

**SkipInstructions:** <0> [goto CHRAIDNT]  
<1-4,R,D> if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE GE 6) [goto CHRFIRE];  
else if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE LE 5) [goto CHRFRCK];  
else [goto CHRAUD]

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**Question ID:** CHS.253\_00.150 **Instrument Variable Name:** CHRAIDEV **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] ever used a hearing aid(s) in the past?

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

**UniverseText:** Sample children <18 who do not now use a hearing aid or Ref/DK whether they now use a hearing aid

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

---

**Question ID:** CHS.253\_00.160 **Instrument Variable Name:** CHRAIDRC **QuestionnaireFileName:** Sample Child

**QuestionText:** Has a hearing specialist, your doctor, or other health care professional ever recommended a hearing aid(s) for [fill: SC name]?

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

**UniverseText:** Sample children <18 who do not now use a hearing aid or who have not used one in the past or who refused to answer whether they use or have used a hearing aid

**SkipInstructions:** <1> [goto CHRAIDNT]  
<2,R,D> if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE GE 6) [goto CHRFIRE];  
else if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE LE 5) [goto CHRFRCK];  
else [goto CHRAUD]

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**Question ID:** CHS.253\_00.170 **Instrument Variable Name:** CHRAIDL P **QuestionnaireFileName:** Sample Child

**QuestionText:** How long did [fill: SC name] use a hearing aid(s) in the past?

- 01 Less than 6 weeks
- 02 6 weeks to 11 months
- 03 1 to 2 years
- 04 3 to 4 years
- 05 5 to 9 years
- 06 10 to 14 years
- 07 15 years or more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 who have used a hearing aid in the past, but not currently

**SkipInstructions:** <1-7,R,D> [goto CHRAIDOF]

---

**Question ID:** CHS.253\_00.180 **Instrument Variable Name:** CHRAIDOF **QuestionnaireFileName:** Sample Child

**QuestionText:** When [fill: SC name] used to wear a hearing aid, on an average day, how many hours did [he/she] use it?

- 0 None
- 1 Less than 1 hour a day
- 2 1 to 3 hours a day
- 3 4 to 7 hours a day
- 4 8 or more hours per day
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18 who have used a hearing aid in the past, but not currently

**SkipInstructions:** <0-4,R,D> [goto CHRAIDNT]

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**2014 NHIS Questionnaire - Sample Child****Child Health Status & Limitations****Document Version Date: 28-May-15**

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**Question ID:** CHS.253\_01.190 **Instrument Variable Name:** CHRAIDNT **QuestionnaireFileName:** Sample Child**QuestionText:** Why did [fill: SC name] decide not to use a hearing aid(s)?

\*Enter all that apply, separate with commas.

- 01 It didn't help
- 02 It made everything too loud
- 03 Didn't like the way it sounded (unwanted sounds such as whistling or other noises)
- 04 She/he didn't like the way her/his voice sounded when wearing the hearing aid
- 05 It was uncomfortable
- 06 It had frequent breakdowns/Needed repairs
- 07 Didn't like the way it looked
- 08 It cost too much
- 09 She/he didn't think she/he needed a hearing aid
- 10 It was misplaced or lost
- 11 Other reason
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 who said they currently use a hearing aid but have not used one in the past 2 weeks, or who have ever used a hearing aid, but not currently, or who have had a hearing aid recommended**SkipInstructions:** <1-11,R,D> if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE GE 6) [goto CHR FIRE];  
else if CHEARST2=1 or (CHEARST2=2 and CHRWORS=2,R,D and AGE LE 5) [goto CHRFR CRK];  
else [goto CHRAUD]

---

**Question ID:** CHS.253\_13.195 **Instrument Variable Name:** CHRAUD **QuestionnaireFileName:** Sample Child**QuestionText:** Auditory training includes learning how to use visual cues to enhance your listening skills, placing yourself in the best listening situation in a room, or for example, if you use a hearing aid, learning how to use it in specific circumstances, such as on the telephone or in a noisy place. Did [fill: SC name] ever receive instruction or training to improve [his/her] ability to hear?

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

**UniverseText:** Sample children <18 whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other**SkipInstructions:** <1,2,R,D> [goto CHRALDS]

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**2014 NHIS Questionnaire - Sample Child****Child Health Status & Limitations****Document Version Date: 28-May-15**

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**Question ID:** CHS.253\_13.197 **Instrument Variable Name:** CHRALDS **QuestionnaireFileName:** Sample Child**QuestionText:** BECAUSE OF [fill: SC name]'s HEARING, has [he/she] EVER used assistive technology to communicate, such as FM systems, instant or text messages, classroom amplification systems, headsets, closed-caption television, amplified telephone, relay services, or live video streaming?

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

**UniverseText:** Sample children <18 whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other**SkipInstructions:** <1> [goto CHRALDTP]  
<2,R,D> if age 6-17 [goto CHRFIRE];  
else [goto CHRFRCK]

---

**Question ID:** CHS.253\_13.220 **Instrument Variable Name:** CHRALDTP **QuestionnaireFileName:** Sample Child**QuestionText:** What assistive technology devices or types has [fill: SC name] EVER used?

\*Enter all that apply, separate with commas.

- 01 FM system, pocket talker or other personal listening device
- 02 Instant or text messages
- 03 Classroom amplification systems
- 04 Amplified telephone
- 05 Amplified or vibrating alarm clock
- 06 Notification or signaling alarm system (light signaler for doorbell, etc.)
- 07 Headset with Television/Theater or closed-captioned TV
- 08 TTY (teletypewriter), TDD (telecommunications device for the deaf), or telephone relay service
- 09 Video relay service
- 10 Live video streaming (for example, video on computers or phones) using sign language or other means to communicate
- 11 Sign language interpreter
- 12 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 who have ever used assistive listening devices**SkipInstructions:** <1-12,R,D> if age 6-17 [goto CHRFIRE];  
else [goto CHRFRCK]

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**Question ID:** CHS.254\_00.010 **Instrument Variable Name:** CHRFBRE **QuestionnaireFileName:** Sample Child

**QuestionText:** The next questions are about [fill: SC name]'s exposure to loud sounds or noises.

Has [fill: SC name] ever shot a gun or been close to others who were using firearms for any reason? Close means standing next to or nearby to others who were using firearms.

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

**UniverseText:** Sample children 6-17

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

---

**Question ID:** CHS.254\_00.020 **Instrument Variable Name:** CHRFBRCRK **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] ever lit firecrackers, been nearby to others lighting firecrackers, or close to explosive sounds such as fireworks displays or other explosive noises?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> if CHRFBRE=1 or CHRFBRCRK=1 [goto CHRFBTOTR];  
else if age 6-17 [goto CHRFBWKVLN];  
else [goto CHRFBLESNS]

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**Question ID:** CHS.254\_00.030 **Instrument Variable Name:** CHRTOTR **QuestionnaireFileName:** Sample Child

**QuestionText:** About how many TOTAL explosive events has [fill: SC name] experienced, including gun shots, firecrackers going off, nearby fireworks explosions, and any other explosive noises?

\*Read categories if necessary.

\*Include target shooting, hunting, lighting firecrackers, other explosive noises.

\*One "event" equals one shot, one firecracker, one fireworks explosion, etc.

- 1 1 to less than 100 events
- 2 100 to less than 1000 events
- 3 1000 to less than 10,000 events
- 4 10,000 to less than 50,000 events
- 5 50,000 events or more
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18 who have ever used/been close to explosives

**SkipInstructions:** <1-5,R,D> [goto CHRFRPRT]

---

**Question ID:** CHS.254\_00.040 **Instrument Variable Name:** CHRFRPRT **QuestionnaireFileName:** Sample Child

**QuestionText:** When [fill1: shooting guns,] lighting firecrackers or being close to others who were [fill: shooting guns,] lighting firecrackers, or when explosive sounds occurred, how often did [fill: SC name] wear hearing protection, such as earplugs or ear muffs? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18 who have ever used/been close to explosives

**SkipInstructions:** <1-5,R,D> if age 6-17 [goto CHRWKVLN];  
else [goto CHRLESNS]

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**Question ID:** CHS.254\_00.050 **Instrument Variable Name:** CHRWKVLN **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] ever had a job, or combination of jobs or chores, where she/he was exposed to VERY LOUD sounds or noise for 4 or more hours a day, several days a week?

VERY LOUD means so loud that one must shout in order to be understood by a person standing 3 feet (arm's length) away.

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

**UniverseText:** Sample children 6-17

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

---

**Question ID:** CHS.254\_00.060 **Instrument Variable Name:** CHRWKVLT **QuestionnaireFileName:** Sample Child

**QuestionText:** In working on a job or doing chores, how many months or years has [fill: SC name] been exposed to VERY LOUD sounds or noise for 4 or more hours a day, several days a week?

VERY LOUD means so loud that one must shout in order to be understood by a person standing 3 feet (arm's length) away.

- 01 Less than 3 months
- 02 3 to 11 months
- 03 1 to 2 years
- 04 3 to 4 years
- 05 5 to 9 years
- 06 10 to 14 years
- 07 15 years or more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children 6-17 who have had job/chores that exposed them to very loud noise 4 or more hours a day, several days a week

**SkipInstructions:** <1-7,R,D> [goto CHRWKPRT]

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**Question ID:** CHS.254\_00.070 **Instrument Variable Name:** CHRWKPRT **QuestionnaireFileName:** Sample Child

**QuestionText:** About how often did [fill: SC name] wear hearing protection, such as ear plugs or ear muffs when exposed to VERY LOUD sounds or noise at work or while doing chores? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 6-17 who have had job/chores that exposed them to very loud noise 4 or more hours a day, several days a week

**SkipInstructions:** <1-5,R,D> [goto CHRLESNS]

---

**Question ID:** CHS.254\_00.080 **Instrument Variable Name:** CHRLESNS **QuestionnaireFileName:** Sample Child

**QuestionText:** [fill: Outside of working on a job or doing chores, has/Has] [fill: SC name] ever been exposed to VERY LOUD sounds or noise 10 or more times a year? This includes noise from extremely loud toys, gunfire, fireworks, power tools or machinery, very loud music, sporting events, recreational vehicles, racing or speedways, some household appliances, or other things?]

\*Read if necessary.

VERY LOUD means so loud that one must shout in order to be understood by a person standing 3 feet (arm's length) away.

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

**UniverseText:** Sample children <18

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

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**Question ID:** CHS.254\_00.090 **Instrument Variable Name:** CHRLESTP **QuestionnaireFileName:** Sample Child

**QuestionText:** What types of VERY LOUD activities has [fill: SC name] ever been exposed to 10 or more times a year?

\*Enter all that apply, separate with commas.

- 01 Motorcycles/auto racing/snowmobile/motor boat/recreational vehicles
- 02 Operating farm machinery
- 03 Woodworking, other workshop power tools
- 04 Lawn mower, electric trimmer, leaf/snow blower, chain saw
- 05 Guns, firearms
- 06 Firecrackers or fireworks
- 07 Very loud household appliances (vacuum cleaners, hair dryers, etc.)
- 08 CD Player/MP3 Player/iPod, etc.
- 09 Playing a musical instrument
- 10 Extremely loud toys
- 11 Other music-related activities: Rock concerts, stereos, disco/clubs or bars
- 12 Other activities (such as computer/video games, home theater, loud sporting events)
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 who have been exposed to very loud leisure time sounds/noise 10 or more times a year

**SkipInstructions:** <1-12,R,D> [goto CHRSPRT]

---

**Question ID:** CHS.255\_00.005 **Instrument Variable Name:** CHRSPRT **QuestionnaireFileName:** Sample Child

**QuestionText:** When [fill: SC name] was exposed to VERY LOUD noise or music from activities outside of work, about how often did [he/she] wear hearing protection, such as ear plugs or ear muffs? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18 who have been exposed to very loud leisure time sounds/noise 10 or more times a year

**SkipInstructions:** <1-5,R,D> [goto CHRINT]

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**Question ID:** CHS.255\_00.010 **Instrument Variable Name:** CHRINT **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, did anyone get information from the internet about [fill: SC name]'s health, medical treatments, or rehabilitation services?

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

**UniverseText:** Sample children <18

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

---

**Question ID:** CHS.255\_00.020 **Instrument Variable Name:** CHRINTHL **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, did anyone get information from the internet on...

Hearing loss for [fill: SC name]

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

**UniverseText:** Sample children <18 whose parent/respondent used the internet in the past year to get information about health, medical treatment, or rehabilitation services

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

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**Question ID:** CHS.255\_00.030 **Instrument Variable Name:** CHRINTHA **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary:

DURING THE PAST 12 MONTHS, did anyone get information from the internet on...

Hearing aids, including cochlear implants or other devices or assistive technology for [fill: SC name]

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

**UniverseText:** Sample children <18 whose parent/respondent used the internet in the past year to get information about health, medical treatment, or rehabilitation services

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

---

**Question ID:** CHS.255\_00.040 **Instrument Variable Name:** CHRINTHP **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary:

DURING THE PAST 12 MONTHS, did anyone get information from the internet on...

Hearing protection such as ear plugs or earmuffs for [fill: SC name]

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

**UniverseText:** Sample children <18 whose parent/respondent used the internet in the past year to get information about health, medical treatment, or rehabilitation services

**SkipInstructions:** <1,2,R,D> if CHRINTHL=1 or CHRINTHA=1 or CHRINTHP=1 [goto CHRINHPR];  
else [goto next CVISION]

---

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**2014 NHIS Questionnaire - Sample Child****Child Health Status & Limitations****Document Version Date: 28-May-15**

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**Question ID:** CHS.255\_00.050 **Instrument Variable Name:** CHRINHPR **QuestionnaireFileName:** Sample Child**QuestionText:** Was any of this information written by a doctor, other health professionals, medical associations, or other health-related organizations?

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

**UniverseText:** Sample children <18 whose parent/respondent used the internet in the past year to get information about hearing loss, hearing aids, or hearing protection**SkipInstructions:** <1,2,R,D> [goto CVISION]

---

**Question ID:** CHS.260\_00.000 **Instrument Variable Name:** CVISION **QuestionnaireFileName:** Sample Child**QuestionText:** Does [fill1: SC name] have any trouble seeing [fill2: , even when wearing glasses or contact lenses]?

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

**UniverseText:** Sample children <18**SkipInstructions:** <1> [goto CBLIND]  
<2,R,D> [goto IHSPEQ]

---

**Question ID:** CHS.270\_00.000 **Instrument Variable Name:** CBLIND **QuestionnaireFileName:** Sample Child**QuestionText:** Is [fill: SC name] blind or unable to see at all?

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

**UniverseText:** Sample children <18 having trouble seeing**SkipInstructions:** <1,2,R,D> [goto IHSPEQ]

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**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 28-May-15**

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

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

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

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

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

**UniverseText:** Sample children <18

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

---

**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]

---

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**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 28-May-15**

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

**QuestionText:** ?[F1]

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [if AGE LE <1> go to CAU.CUSUALPL;  
else if AGE GE 3 go to LEARNND;  
else if AGE = 2 and SEX = 1 go to CMHAGM11\_1;  
if AGE = 2 and SEX = 2 go to CMHAGF11\_1]

---

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

**QuestionText:** ?[F1]

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

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

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [if AGE > 3 go to CUSUALPL;  
if AGE = 3 and SEX = 1 go to CMHAGM11\_1;  
if AGE = 3 and SEX = 2 go to CMHAGF11\_1]

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**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 28-May-15**

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**Question ID:** CHS.321\_01.000 **Instrument Variable Name:** CMHAGM11\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[F1]

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

He:

Has been uncooperative?

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

**UniverseText:** Male sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11\_2]

---

**Question ID:** CHS.321\_02.000 **Instrument Variable Name:** CMHAGM11\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[F1]

\* Read if necessary.

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

He:

Has trouble getting to sleep?

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

**UniverseText:** Male sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11\_3]

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**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 28-May-15**

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**Question ID:** CHS.321\_03.000 **Instrument Variable Name:** CMHAGM11\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[F1]

\* Read if necessary.

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

He:

Has speech problems?

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

**UniverseText:** Male sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11\_4]

---

**Question ID:** CHS.321\_04.000 **Instrument Variable Name:** CMHAGM11\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[F1]

\* Read if necessary.

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

He:

Has been unhappy, sad, or depressed?

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

**UniverseText:** Male sample children 2-3

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

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**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 28-May-15**

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**Question ID:** CHS.361\_01.000 **Instrument Variable Name:** CMHAGF11\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[F1]

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

She:

Has temper tantrums or a hot temper?

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

**UniverseText:** Female sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11\_2]

---

**Question ID:** CHS.361\_02.000 **Instrument Variable Name:** CMHAGF11\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[F1]

\* Read if necessary.

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

She:

Has speech problems?

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

**UniverseText:** Female sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11\_3]

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**2014 NHIS Questionnaire - Sample Child**

**Child Health Status & Limitations**

**Document Version Date: 28-May-15**

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**Question ID:** CHS.361\_03.000 **Instrument Variable Name:** CMHAGF11\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[F1]

\* Read if necessary.

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

She:

Has been nervous or high-strung?

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

**UniverseText:** Female sample children 2-3

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11\_4]

---

**Question ID:** CHS.361\_04.000 **Instrument Variable Name:** CMHAGF11\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3 ?[F1]

\* Read if necessary.

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

She:

Has been unhappy, sad, or depressed?

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

**UniverseText:** Female sample children 2-3

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

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**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: alias] USUALLY goes when [fill2: he/she] is sick or you need advice about [fill3: his/her] health?

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

**UniverseText:** Sample children <18

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

---

**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: alias] go to most often] - a clinic, doctor's office, emergency room, or some other place?

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

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

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

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**2014 NHIS Questionnaire - Sample Child****Child Access to Health Care & Utilization****Document Version Date: 28-May-15**

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

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

**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]

---

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

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office 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 [goto CNOUSLPL]; else if CUSUALPL=,R,D [goto CPRVTRYR]; else [goto CHCCHGYR]

**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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

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

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

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

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

---

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

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

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

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

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

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.050\_00.010 **Instrument Variable Name:** CNOUSLPL **QuestionnaireFileName:** Sample Child

**QuestionText:** Why doesn't [fill: alias] have a usual source of medical care?

\*Enter all that apply, separate with commas.

- 01 Doesn't need a doctor/Haven't had any problems
- 02 Doesn't like/trust/believe in doctors
- 03 Doesn't know where to go
- 04 Previous doctor is not available/moved
- 05 Too expensive/no insurance/cost
- 06 Speak a different language
- 07 No care available/Care too far away, not convenient
- 08 Put it off/Didn't get around to it
- 09 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 who don't have a usual place of care

**SkipInstructions:** <1-9,R,D>[goto CPRVTRYR]

---

**Question ID:** CAU.052\_00.010 **Instrument Variable Name:** CPRVTRYR **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see [fill: alias]?

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

**UniverseText:** Sample children <18

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

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.053\_00.010 **Instrument Variable Name:** CPRVTRFD **QuestionnaireFileName:** Sample Child

**QuestionText:** Were you able to find a general doctor or provider who could see [fill: alias]?

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

**UniverseText:** Sample children <18 who had trouble finding a provider in the last year

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

---

**Question ID:** CAU.055\_00.010 **Instrument Variable Name:** CDRNANP **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept [fill: alias] as a new patient?

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

**UniverseText:** Sample children <18

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

---

**Question ID:** CAU.056\_00.010 **Instrument Variable Name:** CDRNAI **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept [fill: alias]'s health care coverage?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D>[goto CHCDLYR\_1]

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.080\_01.000 **Instrument Variable Name:** CHCDLYR1\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:**

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

You couldn't get through on the telephone.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_2]

---

**Question ID:** CAU.080\_02.000 **Instrument Variable Name:** CHCDLYR1\_2 **QuestionnaireFileName:** Sample Child

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

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

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_3]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.080\_03.000 **Instrument Variable Name:** CHCDLYR1\_3 **QuestionnaireFileName:** Sample Child

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

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

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

- 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: alias] for any of the following reasons IN THE PAST 12 MONTHS...

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_5]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**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: alias] for any of the following reasons IN THE PAST 12 MONTHS...

You didn't have transportation.

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

**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: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Prescription medicines?

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

**UniverseText:** Sample children <2

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

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.133\_00.010 **Instrument Variable Name:** CHCAFYRN **QuestionnaireFileName:** Sample Child

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

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

To see a specialist?

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

**UniverseText:** Sample children <2

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

---

**Question ID:** CAU.133\_00.020 **Instrument Variable Name:** CHCAFYRF **QuestionnaireFileName:** Sample Child

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

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

Follow-up care?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [if AGE <1 goto CHCSYR1\_2; else goto CDENLONG]

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.135\_01.000 **Instrument Variable Name:** CHCAFYR1\_1 **QuestionnaireFileName:** Sample Child

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

Prescription medicines?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_2]

---

**Question ID:** CAU.135\_02.000 **Instrument Variable Name:** CHCAFYR1\_2 **QuestionnaireFileName:** Sample Child

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

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

Mental health care or counseling?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_3]

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.135\_03.000 **Instrument Variable Name:** CHCAFYR1\_3 **QuestionnaireFileName:** Sample Child

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

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

Dental care (including check-ups)?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_4]

---

**Question ID:** CAU.135\_04.000 **Instrument Variable Name:** CHCAFYR1\_4 **QuestionnaireFileName:** Sample Child

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

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

Eyeglasses?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_5]

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---

**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.135\_05.010 **Instrument Variable Name:** CHCAFYR1\_5 **QuestionnaireFileName:** Sample Child

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

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

To see a specialist?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_6]

---

**Question ID:** CAU.135\_06.010 **Instrument Variable Name:** CHCAFYR1\_6 **QuestionnaireFileName:** Sample Child

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

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

Follow-up care?

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

**UniverseText:** Sample children GE 2

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

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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

**QuestionText:** (book) C4

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

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

**UniverseText:** Sample children GE 1

**SkipInstructions:** <0-5,R,D> [if AGE GE <2> goto CHCSYR\_1; else go to CHCSYR1\_2]

---

**Question ID:** CAU.170\_01.000 **Instrument Variable Name:** CHCSYR1\_2 **QuestionnaireFileName:** Sample Child

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

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

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1\_3]

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.170\_02.000 **Instrument Variable Name:** CHCSYR1\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

\* Read if necessary.

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

A foot doctor?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1\_5]

---

**Question ID:** CAU.170\_03.000 **Instrument Variable Name:** CHCSYR1\_5 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

\* Read if necessary.

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

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

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1\_6]

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.170\_04.000 **Instrument Variable Name:** CHCSYR1\_6 **QuestionnaireFileName:** Sample Child

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

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

A nurse practitioner, physician assistant or midwife?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR8\_1]

---

**Question ID:** CAU.175\_01.000 **Instrument Variable Name:** CHCSYR\_1 **QuestionnaireFileName:** Sample Child

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

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

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR\_2]

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.175\_02.000 **Instrument Variable Name:** CHCSYR\_2 **QuestionnaireFileName:** Sample Child

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

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

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

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

**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:** ?[F1]

\* Read if necessary.

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

A 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]

---

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.175\_04.000 **Instrument Variable Name:** CHCSYR\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

Read if necessary.

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

A 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:** ?[F1]

\* Read if necessary.

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

A 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]

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.175\_06.000 **Instrument Variable Name:** CHCSYR\_6 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

\* Read if necessary.

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

A nurse practitioner, physician assistant or midwife?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8\_1]

---

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

**QuestionText:** ?[F1]

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

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

**UniverseText:** Sample children GE 15 who are female

**SkipInstructions:** <1,2,R,D> [goto CHCSYR8\_1]

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---

**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**Question ID:** CAU.240\_01.000 **Instrument Variable Name:** CHCSYR8\_1 **QuestionnaireFileName:** Sample Child

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCSYR8\_2]

---

**Question ID:** CAU.240\_02.000 **Instrument Variable Name:** CHCSYR8\_2 **QuestionnaireFileName:** Sample Child

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

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

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

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

**UniverseText:** Sample children <18

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

---

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**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: alias] 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: alias] receive a well-child check-up, that is a general check-up, when [fill2: he/she] was not sick or injured?

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

**UniverseText:** Sample children <18

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

---

---

**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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

**QuestionText:** (book) C5

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

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

**UniverseText:** Sample children <18

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

---

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

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

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

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

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

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.282\_00.010 **Instrument Variable Name:** CERHOS **QuestionnaireFileName:** Sample Child

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

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

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

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

---

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

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

... [fill: He/She] didn't have another place to go

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

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

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

---

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

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

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

... [fill: alias]'s doctor's office or clinic was not open

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

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

**SkipInstructions:** <1,2,R,D> [goto CERREAS3]

---

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.283\_03.030 **Instrument Variable Name:** CERREAS3 **QuestionnaireFileName:** Sample Child

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

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

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

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

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

**SkipInstructions:** <1,2,R,D> [goto CERREAS4]

---

**Question ID:** CAU.283\_04.040 **Instrument Variable Name:** CERREAS4 **QuestionnaireFileName:** Sample Child

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

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

... The problem was too serious for the doctor's office or clinic

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

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

**SkipInstructions:** <1,2,R,D> [goto CERREAS5]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

---

**Question ID:** CAU.283\_05.050 **Instrument Variable Name:** CERREAS5 **QuestionnaireFileName:** Sample Child

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

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

... Only a hospital could help [fill: alias]

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

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

**SkipInstructions:** <1,2,R,D> [goto CERREAS6]

---

**Question ID:** CAU.283\_06.060 **Instrument Variable Name:** CERREAS6 **QuestionnaireFileName:** Sample Child

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

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

... The emergency room is [fill: alias]'s closest provider

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

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

**SkipInstructions:** <1,2,R,D> [goto CERREAS7]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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**Question ID:** CAU.283\_07.070 **Instrument Variable Name:** CERREAS7 **QuestionnaireFileName:** Sample Child

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

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

...[fill: alias] gets most of [fill: his/her] care at the emergency room

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

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

**SkipInstructions:** <1,2,R,D> [goto CERREAS8]

---

**Question ID:** CAU.283\_08.080 **Instrument Variable Name:** CERREAS8 **QuestionnaireFileName:** Sample Child

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

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

...[fill: alias] arrived by ambulance or other emergency vehicle

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

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

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

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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

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

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

**UniverseText:** Sample children <18

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

---

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

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

- 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]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
**Document Version Date: 28-May-15**

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

**QuestionText:** (book) C6 ?[F1]

What was the total number of home visits received for [fill1: alias] during [fill2: that month/those months]?

01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

**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 ?[F1]

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: alias] seen a doctor or other health care professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times [fill1: alias] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits or telephone calls.

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

**UniverseText:** Sample children <18

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

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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

**QuestionText:** DURING THE PAST 12 MONTHS has [fill1: alias] had SURGERY or other surgical procedures either as an inpatient or outpatient?

\* Read if necessary.

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

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

**UniverseText:** Sample children <18

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

---

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

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

\* Enter '95' for 95 or more times.

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

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

**SkipInstructions:** <1-10,R,D> [goto CMDLONG]  
<11-95> [goto ERR\_CMDLONG]

**Soft Edit:** ERR\_CMDLONG

[fill2: CSRGNOYR] is an unusually large number. Did [fill1: alias] have [fill2: CSRGNOYR] surgical procedures?

\*Please verify.

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**2014 NHIS Questionnaire - Sample Child**

**Child Access to Health Care & Utilization**

**Document Version Date: 28-May-15**

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**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: alias]'s health? Include doctors seen while [fill2: he/she] was a patient in a hospital.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <0-5, D, R> [if AGE=4-17 goto CMHCOPY; else goto CH1N1\_1]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**

**Document Version Date: 28-May-15**

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**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.

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

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,D,R> [goto CMHMF\_2]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**

Document Version Date: 28-May-15

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**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.

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

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,D,R> [goto CMHMF\_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.

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

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,D,R> [goto CMHMF\_4]

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**2014 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**

**Document Version Date: 28-May-15**

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**Question ID:** CMB.020\_04.000 **Instrument Variable Name:** CMHMF\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C7

\* Read if necessary.

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

[fill2: He/She]

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

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

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1-3,D,R> [goto CMHMF\_5]

---

**Question ID:** CMB.020\_05.000 **Instrument Variable Name:** CMHMF\_5 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C7

\* Read if necessary.

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

[fill2: He/She]

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

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

**UniverseText:** Sample children GE 4

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

---

**2014 NHIS Questionnaire - Sample Child**

**Child Mental Health Brief Questionnaire**

**Document Version Date: 28-May-15**

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**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 next section]

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**2014 NHIS Questionnaire - Sample Child**

**Child Influenza Immunization**

**Document Version Date: 28-May-15**

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**Question ID:** CFI.005\_00.010 **Instrument Variable Name:** CH1N1\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, has {SC name} had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.

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

**UniverseText:** Sample Child LE 17 years

**SkipInstructions:** <1> [goto CH1N1\_2]  
<2,R,D> [goto next section]

---

**Question ID:** CFI.005\_00.020 **Instrument Variable Name:** CH1N1\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** How many vaccinations has {S.C. name} received?

- 1 1 vaccination or dose
- 2 2 or more vaccination doses
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Child LE 17 years who have had an vaccine dose

**SkipInstructions:** <1,2> [goto CH1N1\_3M]  
<R,D> [goto next section]

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**2014 NHIS Questionnaire - Sample Child****Child Influenza Immunization**

Document Version Date: 28-May-15

**Question ID:** CFI.005\_00.030 **Instrument Variable Name:** CH1N1\_3M **QuestionnaireFileName:** Sample Child

**QuestionText:** 1 of 2

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

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

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

**SkipInstructions:** <1-12,D> [ goto CH1N1\_4Y] <R> [goto CH1N1\_5]

**Question ID:** CFI.005\_00.040 **Instrument Variable Name:** CH1N1\_4Y **QuestionnaireFileName:** Sample Child

**QuestionText:** 2 of 2

\*Enter year of most recent flu vaccine.

- Year Year
- 9997 Refused
- 9999 Don't know

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

**SkipInstructions:** <valid year,R,D> [goto CH1N1\_5]  
 [If CH1N1\_3M and CH1N1\_4Y = a future date] goto ERR1\_ CH1N1\_4Y  
 [If CH1N1\_3M and CH1N1\_4Y = a date prior to birth] goto ERR2\_ CH1N1\_4Y  
 [If CH1N1\_3M and CH1N1\_4Y = a date prior to 12 months ago] goto ERR3\_ CH1N1\_4Y]

**Hard Edit:** ERR1\_ CH1N1\_4Y  
 \*Future date invalid.

ERR2\_ CH1N1\_4Y  
 \*Date before birth.

ERR3\_ CH1N1\_4Y  
 \*Date before 12 months ago.

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**2014 NHIS Questionnaire - Sample Child**

**Child Influenza Immunization**

**Document Version Date: 28-May-15**

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**Question ID:** CFI.005\_00.050 **Instrument Variable Name:** CH1N1\_5 **QuestionnaireFileName:** Sample Child

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

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

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

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

**SkipInstructions:** <1-2,R,D> IF CH1N1\_2=1 [goto next section]; else if CH1N1\_2=2 [goto CH1N1\_6M]

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**Question ID:** CFI.005\_00.060 **Instrument Variable Name:** CH1N1\_6M **QuestionnaireFileName:** Sample Child

**QuestionText:** 1 of 2

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

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

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

**SkipInstructions:** <1-12,D> [ goto CH1N1\_7Y] <R> [goto CH1N1\_8]

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**2014 NHIS Questionnaire - Sample Child****Child Influenza Immunization****Document Version Date: 28-May-15**

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**Question ID:** CFI.005\_00.070 **Instrument Variable Name:** CH1N1\_7Y **QuestionnaireFileName:** Sample Child**QuestionText:** 2 of 2

\*Enter year of next most recent flu vaccine.

<b>Year</b>	Year
<b>9997</b>	Refused
<b>9999</b>	Don't know

**UniverseText:** Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose**SkipInstructions:** <valid year,R,D> [goto CH1N1\_8]  
[If CH1N1\_6M and CH1N1\_7Y = a future date] goto ERR1\_ CH1N1\_7Y]  
[If CH1N1\_6M and CH1N1\_7Y = a date prior to birth] goto ERR2\_ CH1N1\_7Y]  
[If CH1N1\_6M and CH1N1\_7Y = a date prior to 12 months ago] goto ERR3\_ CH1N1\_7Y]**Hard Edit:** ERR1\_ CH1N1\_7Y  
\*Future date invalid.ERR2\_ CH1N1\_7Y  
\*Date before birth.ERR3\_ CH1N1\_7Y  
\*Date before 12 months ago.

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**Question ID:** CFI.005\_00.080 **Instrument Variable Name:** CH1N1\_8 **QuestionnaireFileName:** Sample Child**QuestionText:** Was this a shot, or was it a vaccine sprayed in the nose?

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

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

**UniverseText:** Sample Child LE 17 years who have more than one vaccine dose**SkipInstructions:** <1-2,R,D> [goto next section]