# 2009  NHIS Questionnaire -   Sample Child
## Child Identification

Document Version Date:    27-May-10

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

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

**01-25**        Person number of the respondent for Sample Child

**UniverseText:**         Sample child section not started or not completed

**SkipInstructions:**

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

<01-25> if this is NOT an allowable line number
        goto ERR_CURRES
      elseif CURRES = a line number entered in KNOWSC2
        store CURRES in CSPAVAIL and CSRESP
        goto CSRELTIV
      elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
        goto KNOAVAIL
      else
        goto CSPAVAIL
      endif
```

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

**QuestionText:**   The next questions are about [fill1: ALIAS of Sample Child].

Is [fill2:KNOWSC2 names] available to answer some questions about [fill3: HISHER] health?

* Enter line number of available respondent from list or enter '96' if no one is available.

* If refused enter CTRL_R.

**01-25**   Person # of person available to answer questions about Sample Child
**96**   No person available

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

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

---

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

**QuestionText:**   (book) C1

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

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

**UniverseText:**   Someone identified as knowledgeable about child's health

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

## 2009 NHIS Questionnaire - Sample Child
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| **Question ID:** | CID.040_00.000 | **Instrument Variable Name:** | CSPVERF_S | **QuestionnaireFileName:** | Sample Child |
|---|---|---|---|---|---|

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

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

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

   **1**      Yes
   **2**      No

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

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

---

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

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

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

   **1**      Male
   **2**      Female

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

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

---

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

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

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

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

   **1**      Yes
   **2**      No

**UniverseText:**        Respondent verified child's sex

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

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

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

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

**000-120**    Age in years

**UniverseText:** Respondent said child's age is not correct

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

---

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

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

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

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

**1**    Yes
**2**    No

**UniverseText:** Respondent verified child's sex

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

## 2009  NHIS Questionnaire -  Sample Child
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**Question ID:**  CID.046_01.000  **Instrument Variable Name:**  NEWDOB_M  **QuestionnaireFileName:**  Sample Child

**QuestionText:**  1 of 3

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

*Enter month of birth.

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

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

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

---

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

**QuestionText:**  2 of 3

* Enter day of birth.

01-31    Day of the month

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

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

If days not valid, goto ERR_NEWDOB_D

## 2009 NHIS Questionnaire - Sample Child
## Child Identification
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**Question ID:** CID.046_03.000 **Instrument Variable Name:** NEWDOB_Y **QuestionnaireFileName:** Sample Child

**QuestionText:** 3 of 3

* Enter year of birth.

**1880-2020** Year of birth

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

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

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

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

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

Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.

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

# 2009  NHIS Questionnaire -   Sample Child
## Child Health Status & Limitations
Document Version Date:    12-Apr-10

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

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

* Enter 'M' to record metric measurements.

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

**UniverseText:**   Sample children <18

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

---

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

**QuestionText:**   * Enter ounces.

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

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

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

---

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

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

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

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

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

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

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

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

* Enter 'M' to record metric measurements.

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

**UniverseText:** Sample children 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, R, D> go to ERR_CHGT_FT]

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

**QuestionText:** * Enter inches.

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

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

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

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

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

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

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

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

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

## 2009 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
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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> [goto CWGT_LB]
[if CHGT_M = <empty, 0> and CHGT_CM = <empty, 0> go to ERR1_CHGT_CM]
[if CHGT_M = 2 and CHGT_CM > 41 goto ERR2_CHGT_CM]
[if CHGT_M = 1 and CHGT_CM >141 goto ERR2_CHGT_CM]

---

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

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

* Enter 'M' to record metric measurements.

* Enter '500' if 500 pounds or more.

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

**UniverseText:**    Sample children 12+

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

---

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

**QuestionText:**    * Enter weight in kilograms.

**002-226**    2-226 kilograms

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

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

---

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

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

Mental Retardation?

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

**UniverseText:**   Sample children <2

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

---

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

**QuestionText:**   * Read if necessary.

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

Any other developmental delay?

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

**UniverseText:**   Sample children <2

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

---

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

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

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

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

**UniverseText:**   Sample children 2-17

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

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

**QuestionText:**   * Read if necessary.

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

Mental Retardation?

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

**UniverseText:**   Sample children 2-17

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

---

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

**QuestionText:**   * Read if necessary.

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

Any other developmental delay?

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

**UniverseText:**   Sample children 2-17

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

## 2009  NHIS Questionnaire -   Sample Child
## Child Health Status & Limitations
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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
Autism
Diabetes
Arthritis
Congenital heart disease
Other heart condition

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

**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.

| | |
|---|---|
| 01 | Down syndrome |
| 02 | Cerebral palsy |
| 03 | Muscular dystrophy |
| 04 | Cystic fibrosis |
| 05 | Sickle cell anemia |
| 06 | Autism |
| 07 | Diabetes |
| 08 | Arthritis |
| 09 | Congenital heart disease |
| 10 | Other heart condition |

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

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

**2009 NHIS Questionnaire - Sample Child**
**Child Health Status & Limitations**
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**Question ID:** CHS.070_00.000 **Instrument Variable Name:** CPOX **QuestionnaireFileName:** Sample Child

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

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

**UniverseText:** Sample children <18

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

---

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

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

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

**UniverseText:** Sample children <18 who have had chickenpox

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

---

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

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

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

**UniverseText:** Sample children <18

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

---

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

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

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

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

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

---

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

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

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

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

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

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

---

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

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

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

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

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

---

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

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

Hay fever?

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

**UniverseText:** Sample children LE 2

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

# 2009  NHIS Questionnaire -  Sample Child
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**Question ID:**   CHS.111_02.000   **Instrument Variable Name:**   CCONDT1_2   **QuestionnaireFileName:**   Sample Child

**QuestionText:**   * Read if necessary.

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

Any kind of respiratory allergy?

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

**UniverseText:**        Sample children LE 2

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

---

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

**QuestionText:**   * Read if necessary.

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

Any kind of food or digestive allergy?

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

**UniverseText:**        Sample children LE 2

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

---

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

**QuestionText:**   * Read if necessary.

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

Eczema or any kind of skin allergy?

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

**UniverseText:**        Sample children LE 2

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

**2009  NHIS Questionnaire -   Sample Child**
**Child Health Status & Limitations**
Document Version Date:    12-Apr-10

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

**QuestionText:**    * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

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

**UniverseText:**        Sample children LE 2

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

---

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

**QuestionText:**    * Read if necessary.

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

Anemia?

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

**UniverseText:**        Sample children LE 2

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

---

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

**QuestionText:**    * Read if necessary.

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

Three or more ear infections?

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

**UniverseText:**        Sample children LE 2

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

## 2009  NHIS Questionnaire -  Sample Child
## Child Health Status & Limitations
#### Document Version Date:    12-Apr-10

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

**QuestionText:**  * Read if necessary.

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

Seizures?

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

**UniverseText:**  Sample children LE 2

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

---

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

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

Hay fever?

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

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

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

---

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

**QuestionText:**  * Read if necessary.

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

Any kind of respiratory allergy?

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

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

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

## 2009  NHIS Questionnaire -  Sample Child
## Child Health Status & Limitations
Document Version Date:    12-Apr-10

---

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

**QuestionText:**  * Read if necessary.

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

Any kind of food or digestive allergy?

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

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

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

---

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

**QuestionText:**  * Read if necessary.

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

Eczema or any kind of skin allergy?

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

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

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

---

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

**QuestionText:**  * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

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

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

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

## 2009  NHIS Questionnaire -   Sample Child
## Child Health Status & Limitations
Document Version Date:    12-Apr-10

---

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

**QuestionText:**    * Read if necessary.

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

Anemia?

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

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

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

---

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

**QuestionText:**    * Read if necessary.

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

Frequent or severe headaches, including migraines?

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

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

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

---

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

**QuestionText:**    * Read if necessary.

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

Three or more ear infections?

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

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

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

**2009  NHIS Questionnaire -  Sample Child**
**Child Health Status & Limitations**
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---

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

**QuestionText:** * Read if necessary.

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

Seizures?

1 Yes
2 No
7 Refused
9 Don't know

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

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

---

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

**QuestionText:** * Read if necessary.

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

Stuttering or stammering?

1 Yes
2 No
7 Refused
9 Don't know

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

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

---

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

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

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

**UniverseText:** Sample children < 18

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

---

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

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

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

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

**UniverseText:**        Sample children 5-17

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

---

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

**QuestionText:**   * Hand calendar card.

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

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

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

**UniverseText:**        Sample children <18

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

---

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

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

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

**UniverseText:**        Sample children <18

**SkipInstructions:**        <1,2,R,D> [goto CHEARST1]

## 2009  NHIS Questionnaire -  Sample Child
## Child Health Status & Limitations
### Document Version Date:   12-Apr-10

---

**Question ID:**  CHS.250_00.000  **Instrument Variable Name:**  CHEARST1  **QuestionnaireFileName:**  Sample Child

**QuestionText:**  Which statement best describes [fill: SC name]'s hearing without a hearing aid: 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:**  <1-6,R,D> [go to CVISION]

---

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

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

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

**UniverseText:**  Sample children <18

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

---

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

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

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

**UniverseText:**  Sample children <18 having trouble seeing

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

**2009  NHIS Questionnaire -   Sample Child**
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| | | | | | |
|---|---|---|---|---|---|
| **Question ID:** | CHS.290_00.000 | **Instrument Variable Name:** | IHSPEQ | **QuestionnaireFileName:** | Sample Child |

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

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

**UniverseText:**       Sample children <18

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

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

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

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

**UniverseText:**       Sample children <18

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

| | | | | | |
|---|---|---|---|---|---|
| **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]

**2009  NHIS Questionnaire -   Sample Child**
**Child Health Status & Limitations**
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---

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

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

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

**UniverseText:**  Sample children <18

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

---

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

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

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

**UniverseText:**  Sample children 3-17

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

---

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

**QuestionText:**  (book) C3

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

HE:

Has been uncooperative?

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

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

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

# 2009  NHIS Questionnaire -  Sample Child
## Child Health Status & Limitations
Document Version Date:    12-Apr-10

---

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

**QuestionText:**    (book) C3

* Read if necessary.

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

HE:

Has trouble getting to sleep?

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

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

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

---

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

**QuestionText:**    (book) C3

* Read if necessary.

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

HE:

Has speech problems?

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

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

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

**2009  NHIS Questionnaire -  Sample Child**
**Child Health Status & Limitations**
Document Version Date:    12-Apr-10

---

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

**QuestionText:**      (book) C3

* Read if necessary.

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

HE:

Has been unhappy, sad, or depressed?

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

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

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

---

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

**QuestionText:**      (book) C3

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

SHE:

Has temper tantrums or a hot temper?

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

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

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

## 2009  NHIS Questionnaire -   Sample Child
## Child Health Status & Limitations
Document Version Date:    12-Apr-10

---

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

**QuestionText:**   (book) C3

\* Read if necessary.

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

SHE:

Has speech problems?

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

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

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

---

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

**QuestionText:**   (book) C3

\* Read if necessary.

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

SHE:

Has been nervous or high-strung?

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

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

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

# 2009  NHIS Questionnaire -  Sample Child
## Child Health Status & Limitations
Document Version Date:    12-Apr-10

---

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

**QuestionText:**      (book) C3

* Read if necessary.

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

SHE:

Has been unhappy, sad, or depressed?

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

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

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

## 2009 NHIS Questionnaire - Sample Child
## Child Access to Health Care & Utilization
Document Version Date: 12-Apr-10

---

| 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]

---

| 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]

## 2009 NHIS Questionnaire - Sample Child
## Child Access to Health Care & Utilization
Document Version Date: 12-Apr-10

---

| 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,R,D goto CHCDLYR_1; else goto CHCCHGYR]

---

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

**QuestionText:** At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: 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 CHCDLYR1_1]

---

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

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

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

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

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

## 2009  NHIS Questionnaire -   Sample Child
## Child Access to Health Care & Utilization
Document Version Date:    12-Apr-10

---

**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]

---

**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]

**2009  NHIS Questionnaire -   Sample Child**
**Child Access to Health Care & Utilization**
Document Version Date:   12-Apr-10

---

| | | | | | | |
|---|---|---|---|---|---|---|
| **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]

---

| | | | | | | |
|---|---|---|---|---|---|---|
| **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> [if AGE <1 goto CHCSYR1_2;  else goto CDENLONG]

## 2009 NHIS Questionnaire - Sample Child
## Child Access to Health Care & Utilization
Document Version Date:   12-Apr-10

---

**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]

---

**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]

**2009 NHIS Questionnaire - Sample Child**
**Child Access to Health Care & Utilization**
Document Version Date: 12-Apr-10

---

**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 CDENLONG]

---

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

**QuestionText:** (book) C4

About how long has it been since [fill: 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, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?

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

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

**UniverseText:** Sample children <2

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

## 2009  NHIS Questionnaire -  Sample Child
## Child Access to Health Care & Utilization
Document Version Date:    12-Apr-10

---

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

**QuestionText:**   * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: 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:**   * Read if necessary.

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

---

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

**QuestionText:**   * Read if necessary.

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

## 2009  NHIS Questionnaire -   Sample Child
## Child Access to Health Care & Utilization
**Document Version Date:    12-Apr-10**

---

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

**QuestionText:**

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

---

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

**QuestionText:**    * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1:  12 month reference date], have you seen or talked to any of the following health care providers about [fill2: 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:**    * Read if necessary.

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

## 2009 NHIS Questionnaire - Sample Child
## Child Access to Health Care & Utilization
Document Version Date: 12-Apr-10

---

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

**QuestionText:**   * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: 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:**   * Read if necessary.

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

---

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

**QuestionText:**   * Read if necessary.

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

## 2009  NHIS Questionnaire -   Sample Child
## Child Access to Health Care & Utilization
Document Version Date:    12-Apr-10

---

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

**QuestionText:**    DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about [fill2: 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]

---

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

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

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

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

**UniverseText:**        Sample children <18

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

## 2009 NHIS Questionnaire - Sample Child
## Child Access to Health Care & Utilization
Document Version Date: 12-Apr-10

---

**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]

**2009  NHIS Questionnaire -  Sample Child**
**Child Access to Health Care & Utilization**
Document Version Date:    12-Apr-10

---

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

---

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

**QuestionText:**   DURING THE PAST 12 MONTHS, did [fill1: 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]

**2009 NHIS Questionnaire - Sample Child**
**Child Access to Health Care & Utilization**
Document Version Date:   12-Apr-10

---

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

**QuestionText:**   (book) C6

What was the total number of home visits received for [fill1: 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

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

**2009  NHIS Questionnaire -   Sample Child**
**Child Access to Health Care & Utilization**
Document Version Date:    12-Apr-10

---

**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]

---

**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 CSHFLUYR]

# 2009  NHIS Questionnaire -  Sample Child
## Child Mental Health Brief Questionnaire
**Document Version Date:    12-Apr-10**

---

**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.

* The SDQ questions are copyrighted by Robert Goodman, Ph.D., FRCPSYCH, MRCP.  State and local agencies may use these questions without charge and without seeking separate permission provided the wording is not modified, all the questions are retained, and Dr. Goodman's copyright is acknowledged.

* Enter 1 to Continue.

   **1**          Enter 1 to continue

**UniverseText:**          Sample children GE 4

**SkipInstructions:**          <1> [goto CMHMF_1]

---

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

**QuestionText:**     (book) C7

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]

# 2009  NHIS Questionnaire -   Sample Child
## Child Influenza Immunization
### Document Version Date:    27-May-10

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

**QuestionText:**   The next questions are about seasonal or regular flu vaccination. Please do not include H1N1 or swine flu vaccination.

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

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

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

**UniverseText:**   Sample children <18

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

---

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

**QuestionText:**   1 of 2

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

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

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

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

# 2009  NHIS Questionnaire -  Sample Child
## Child Influenza Immunization

**Document Version Date:   27-May-10**

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

**QuestionText:**   2 of 2

*Enter year of most recent flu shot.

| | |
|---|---|
| **Year** | Year |
| **9997** | Refused |
| **9999** | Don't know |

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

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

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

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

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

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

**UniverseText:**   Sample children <18

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

# 2009  NHIS Questionnaire -   Sample Child
## Child Influenza Immunization
**Document Version Date:    27-May-10**

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

**QuestionText:**    1 of 2

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

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

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

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

---

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

**QuestionText:**    2 of 2

*Enter year of most recent flu nasal spray.

| | |
|---|---|
| Year | Year |
| 9997 | Refused |
| 9999 | Don't know |

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

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