CHILD CORE
Section I -- IDENTIFICATION AND VERIFICATION

Check item CHILD_BEGIN: If not a sample child or the sample child section (not including immunization section) of the family has been completed, goto CIDCCI2 (beginning of immunization section); otherwise, (including sample child call back and new sample child interview) if no person has "x" in KNOWSC (x=person who knows the child), goto KNOAVAIL (CID.015), otherwise goto CURRES (CID.001).

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

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

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

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

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

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

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

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

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

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

CID.020   Enter the person number of the respondent.

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

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

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

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

Check item CIDCCI1:   If CSRESPNO is the household respondent, goto beginning of CHS section, otherwise goto CSPVERF.

CID.040   **PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE CHILD BEFORE PROCEEDING:**

              (1) Yes   (2) No

>**CSPVERF1**<   Gender = {male/female} Is it correct?
>**CSPVERF2**<   Age = {3 digit format} Is it correct?
>**CSPVERF3**<   Birthday = {spoken word format} Is it correct?

Check item CIDCCI1A: If CSPVERF1 equals 2 then go to CID.042; If CSPVERF2 equals 2 then go to CID.044; If CSPVERF3 equals 2 then go to CID.046; If any changes in age or birthdate have been made in CID.040, goto CAGECHK; If age is 18+, goto CNO_MORE; else go to beginning of CHS section (conditions, limitation, health status).

CID.042   **FR: ASK IF APPROPRIATE; OTHERWISE, ENTER YOUR BEST GUESS OF THE PERSON'S SEX.**

              Is {sample child name} Male or Female?

>**NEWSEX**<   (1) Male   (2) Female

                                                (Go to Check item CIDCCI1A)

              [Update revised sex - NEWSEX in SEX]

CID.044   How old is {sample child name}?

>**NEWAGE**<   (00-96) 0-96 years old
              (97) Refused
              (99) Don't know

                                                (Go to Check item CIDCCI1A)

[Update revised age - NEWAGE in AGE]

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

>**NEWDOB_M<** MONTH:

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

>**NEWDOB_D<** DAY:

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

>**NEWDOB_Y<** YEAR:

(1900-2001) 1900-2001
(9997) Refused
(9999) DK

[Update Birthdates in DOB_M, DOB_D, and DOB_Y_P]

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

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

>**CNO_MORE<@** Enter (P) to proceed (goto end of sample child)

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

Section II - CONDITIONS, LIMITATION, HEALTH STATUS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

                                                          (Go to CHS.060)

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

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

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

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

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

                 FR: SHOW FLASHCARD C2.

>CONDL<   (00) None   (07) Diabetes
                 (01) Down's syndrome   (08) Arthritis
                 (02) Cerebral Palsy   (09) Congenital heart disease
                 (03) Muscular Dystrophy   (10) Other heart condition
                 (04) Cystic Fibrosis   (97) Refused
                 (05) Sickle cell anemia   (99) Don't know
                 (06) Autism

       [ ]   [ ]   [ ]   [ ]   [ ]
       [ ]   [ ]   [ ]   [ ]   [ ]

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

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

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

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

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

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

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

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

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

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

>CASHYR<   (1) Yes   (7) Refused (CHS.100.040)
                 (2) No (CHS.100.040)   (9) Don't know (CHS.100.040)

CHS.100   DURING THE PAST 12 MONTHS, did {S.C. name} have to visit an emergency room or urgent care center because of {his/her} asthma?

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

CHS.100.010   DURING THE PAST 12 MONTHS, has {S.C. name} stayed overnight in a hospital because of asthma?

>CASMHSP<   (1) Yes   (7) Refused (CHS.100.030)
                 (2) No (CHS.100.030)   (9) Don't know (CHS.100.030)

CHS.100.020   After (the last time) {S.C. name} left the hospital, did a health professional talk with you about long term management of {his/her}asthma?

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

CHS.100.030   DURING THE PAST 12 MONTHS that is since {12-month ref. date}, HOW MANY DAYS of {daycare or preschool /school / school or work} did {S.C. name} miss because of {his/her} asthma?

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

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

CHS.100.040   Has {S.C. name} EVER used PRESCRIPTION inhaler?

>**CWZPIN<**   (1) Yes   (7) Refused (CHS.100.080)
(2) No (CHS.100.080)   (9) Don't know (CHS.100.080)

CHS.100.050   Has a health professional shown {S.C. name} how to use {his/her} inhaler? (This includes showing parents for young children).

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

CHS.100.060   Now I'm going to ask you about two different kinds of ASTHMA medicine. One is for quick relief. The other does not give quick relief but protects your lungs AND PREVENTS SYMPTOMS OVER THE LONG TERM.

DURING THE PAST THREE MONTHS, has {S.C. name} used the kind of PRESCRIPTION inhaler THAT YOU BREATHE IN THROUGH YOUR MOUTH, that gives QUICK relief from asthma symptoms?

>**CASMPMED<**   (1) Yes   (7) Refused (CHS.100.080)
(2) No   (CHS.100.080)   (9) Don't know (CHS.100.080)

CHS.100.070   DURING THE PAST 3 MONTHS did {S.C. name} use more than three canisters of this type of inhaler?

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

CHS.100.080   Has {S.C. name} EVER taken the preventive kind of ASTHMA medicine used everyday to protect {his/her} lungs and keep {his/her} from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

>**CASMED<**   (1) Yes   (7) Refused (CHS.100.100)
(2) No (CHS.100.100)   (9) Don't know (CHS.100.100)

CHS.100.090   Is {S.C. name} now taking this medication (that protects {his/her} lungs) daily or almost daily?

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

CHS.100.100   An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given {S.C. name} as asthma management plan?

FR: READ IF NECESSARY: INCLUDE NURSES AND ASTHMA EDUCATORS.

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

CHS.100.110   Has {S.C. name} EVER taken a course or class on how to manage {his/her} asthma?

FR: INCLUDE ADULT(S) WHO TOOK A COURSE FOR THE CHILD'S ASTHMA.

>CASCLASS<   (1) Yes   (7) Refused
(2) No   (9) Don't know
(3) Adult took class for child's asthma

CHS.100.120   Has a doctor or other health professional EVER taught {S.C. name} or {his/her} parent or guardian.

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

>CASREC<   ...how to recognize early signs or symptoms of an asthma episode?
>CASRES<   ...how to respond to episodes of asthma?
>CASMON<   ...how to monitor peak flow for daily therapy?

CHS.100.130   Has a doctor or other health professional EVER advised you to change things in {S.C. name}'s home, school, or work to improve {his/her} asthma?

>CAPENVLN<   (1) Yes   (7) Refused (CHSCCI2)
(2) No (CHSCCI2)   (9) Don't know (CHSCCI2)
(3) Was told no changes needed (CHSCCI2)

CHS.100.140   How much of this advice did you follow? Would you say none, a little, some, most, or all?

>CAPENVDO<   (1) None   (5) All
(2) A little   (7) Refused
(3) Some   (9) Don't know
(4) Most

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

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

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

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

                                                                              (Go to CHS.210)

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

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

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

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

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

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

CHS.220   DURING THE PAST 12 MONTHS, that is, since {12-month ref. date}, about how many days did
                 {S.C. name} miss school because of illness or injury?

                 FR: ENTER 996 IF CHILD DID NOT GO TO SCHOOL IN THE PAST 12 MONTHS.

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

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

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

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

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

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

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

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

CHS.250   Which statement best describes {S.C. name}'s hearing without a hearing aid: Good, a little trouble, a lot of trouble, or deaf?

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

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

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

Even when wearing glasses or contact lenses?

>**CVISION<** (1) Yes   (7) Refused (CHS.300)
                    (2) No (CHS.300)   (9) Don't know (CHS.300)

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

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

CHS.290   Does {S.C. name} have any impairment or health problem that requires {him/her} to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

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

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

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

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

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

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

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

Check item CHSCCI4:   If age is less than or equal to 1 go to next section--Health Care Access and Utilization, CAU.020; If age is equal to 2 go to CHSCCI5; If age is greater than or equal to 3 go to CHS.312

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

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

Part B - Mental Health

Check item CHSCCI5:   If AGE = 4-17 go to next section – Health Care Access and Utilization, CAU.020;
                            If AGE = 2-3 & SEX is male, then goto CHS.321;
                            If AGE = 2-3 & SEX is female, then, goto CHS.361;

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

        FR: SHOW FLASHCARD C3

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

        HE:

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

                                                   (Go to CAU.020)

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

        FR: SHOW FLASHCARD C3

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

        SHE:

>CMHAGF12< ... has temper tantrums or a hot temper?
>CMHAGF13< ... has speech problems?
>CMHAGF14< ... has been nervous or high-strung?
>CMHAGF15< ... has been unhappy, sad, or depressed?

                                                   (Go to CAU.020)

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

Part A -- Access To Care

[The next questions are about Health Care.]

CAU.020   Is there a place that {S.C. name} USUALLY goes when {he/she} is sick or you need advice about {his/her} health?

>CUSUALPL< (1) Yes (CAU.030)   (7) Refused (CAU.037)
　　　　　　　(2) There is NO place (CAU.037)   (9) Don't know (CAU.037)
　　　　　　　(3) There is MORE THAN ONE place (CAU.030)

CAU.030   **[If CAU.020 equal to 1, then read:]**

　　　　　What kind of place is it – a clinic, doctor's office, emergency room, or some other place?

　　　　　[If CAU.020 equal 3, then read:]

　　　　　What kind of place does {S.C. name} go to most often ...
　　　　　... A clinic, doctor's office, emergency room, or some other place?

>CPLKIND<   (1) Clinic or health center (CAU.035)
　　　　　　　(2) Doctor's office or HMO (CAU.035)
　　　　　　　(3) Hospital emergency room (CAU.035)
　　　　　　　(4) Hospital outpatient department (CAU.035)
　　　　　　　(5) Some other place (CAU.035)
　　　　　　　(6) Doesn't go to one place most often (CAU.037)
　　　　　　　(7) Refused (CAU.037)
　　　　　　　(9) Don't know (CAU.037)

CAU.035   Is that {place selected in CAU.030} the same place {S.C. name} usually goes when {he/she} needs routine or preventive care, such as a physical examination or well baby/child check-up?

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

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

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

Check item CAUCCI1: If CAU.020 equals <2, 7, 9> go to CAU.080; Else go to CAU.040.

CAU.040   At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which {S.C. name} USUALLY goes for health care?

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

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

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

CAU.080   There are many reasons people delay getting medical care. Have you delayed getting care for {S.C.
               name} for any of the following reasons IN THE PAST 12 MONTHS?

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

>**CHCDLYR1**< ... You couldn't get through on the telephone.
>**CHCDLYR2**< ... You couldn't get an appointment for {S.C.name} soon enough.
>**CHCDLYR3**< ... Once you get there, {S.C.name} has to wait too long to see the doctor.
>**CHCDLYR4**< ... The (clinic/doctor's office) wasn't open when you could get there.
>**CHCDLYR5**< ... You didn't have transportation.

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

CAU.130   DURING THE PAST 12 MONTHS, was there any time when {S.C. name} NEEDED any of the
               following, but didn't get it because you couldn't afford it:

               ...Prescription medicines?

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

                                              (Go to CAUCCI2A)

CAU.135   DURING THE PAST 12 MONTHS, was there any time when {S.C. name} NEEDED any of the
               following, but didn't get it because you couldn't afford it:

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

>**CHCAFYR1**< ... Prescription medicines?
>**CHCAFYR2**< ... Mental health care or counseling?
>**CHCAFYR3**< ... Dental care (including check-ups)?
>**CHCAFYR4**< ... Eyeglasses?

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

Part B -- Dental Care

CAU.160   About how long has it been since {S.C. name} last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

FR: SHOW FLASHCARD C4

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

Check Item CAUCCI2B: If the age is greater than or equal to 2 go to CAU.175; Else go to CAU.170

Part C -- Health Care Provider Contacts

CAU.170   DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, has anyone in the family seen or talked to any of the following health care providers about {S.C. name}'s health?

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

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

                                                                  (Go to CAU.240)

CAU.175   DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, have you seen or talked to any of the following health care providers about {S.C. name}'s health?

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

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

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

CAU.230   DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about {S.C. name}'s health?

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

CAU.240   DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, have you seen or talked to the following about {S.C. name}'s health?

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

>**CHCSYR81<**   A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist or ophthalmologist)?
>**CHCSYR82<**   A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?

Check item CAUCCI2D: If CHCSYR82 equals 1 go to CAU.260; Else go to CAU.270.

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

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

CAU.265   Did you see or talk to this general doctor because of an emotional or behavioral problem that {S.C. name} may have?

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

CAU.270   DURING THE PAST 12 MONTHS did {S.C. name} receive a well-child checkup-that is a general checkup when {he/she} was not sick or injured?

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

CAU.280   DURING THE PAST 12 MONTHS, HOW MANY TIMES has {S.C. name} gone to a HOSPITAL EMERGENCY ROOM about {his/her} health? (This includes emergency room visits that resulted in a hospital admission.)

           FR: SHOW FLASHCARD C5

>CHERNOY2< (0) None   (6) 10-12
            (1) 1   (7) 13-15
            (2) 2-3   (8) 16 or more
            (3) 4-5   (97) Refused
            (4) 6-7   (99) Don't know
            (5) 8-9

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

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

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

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

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

           FR: SHOW FLASHCARD C6

>CHCHNOY2< (1) 1   (6) 10-12
            (2) 2-3   (7) 13-15
            (3) 4-5   (8) 16 or more
            (4) 6-7   (97) Refused
            (5) 8-9   (99) Don't know

CAU.320 DURING THE PAST 12 MONTHS, HOW MANY TIMES has {S.C. name} seen a doctor or other health care professional about {his/her} health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE?
DO NOT INCLUDE TIMES {S.C. name} WAS HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, TELEPHONE CALLS OR DENTAL VISITS.

FR: SHOW FLASHCARD C5

>**CHCNOYR2**< (0) None   (6) 10-12
              (1) 1   (7) 13-15
              (2) 2-3   (8) 16 or more
              (3) 4-5   (97) Refused
              (4) 6-7   (99) Don't know
              (5) 8-9

CAU.330 During the past 12 months has {S.C.name} had SURGERY or other surgical procedures either as an inpatient or outpatient?

FR: (READ IF NECESSARY) THIS INCLUDES BOTH MAJOR SURGERY AND MINOR PROCEDURES SUCH AS SETTING BONES OR REMOVING GROWTHS.

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

CAU.340 Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has {S.C.name} had surgery done as an outpatient DURING THE PAST 12 MONTHS?

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

Check item CAUCCI3: If age of sample child is less than or equal to 3 and if sample child had a doctor visit in the last 2 weeks as indicated in the family core, that is: If FAU.180 equals <1> and sample child's person number is in FAU.190, then CAU.345 equals <1> and go to next section, CIM, Child Immunization.
If age of sample child is greater than or equal to 4 and if sample child had a doctor visit in the last 2 weeks as indicated in the family core, that is: If FAU.180 equals <1> and sample child's person number is in FAU.190, then CAU.345 equals <1> and go to CAU.345.010; Else, go to CAU.345.

CAU.345   About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about {S.C.name}'s health? Include doctors seen while {he/she} was a patient in a hospital.

        FR: SHOW FLASHCARD C4

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

Check item CAUCCI4: If age is less than or equal to 3 go to next section, CIM, Child Immunization.

CAU.345.005 **FR:** **THE FOLLOWING STATEMENTS ARE NOT TO BE READ TO THE RESPONDENT. THEY ARE DISPLAYED AND INCLUDED HERE FOR LEGAL REASONS.**

THE NEXT 25 ITEMS CONTAINED IN CSCL1 THROUGH CSCL5 ARE INCLUDED IN THIS SURVEY WITH PERMISSION AS INDICATED.

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>CSCLCOPY< **ENTER (P) TO PROCEED**

CAU.345.010 I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for {S.C.name} DURING THE PAST SIX MONTHS:

FR: **SHOW FLASHCARD C7**

(1) Not True
(2) Somewhat True
(3) Certainly True
(7) Refused {blind}
(9) Don't Know {blind}

{HE/SHE...}

>CSCL1_S1< ... is considerate of other people's feelings
>CSCL1_H1< ... is restless, overactive, cannot stay still for long
>CSCL1_E1< ... often COMPLAINS of headaches, stomach-aches or sickness
>CSCL1_S2< ... shares readily with other {children (if AGE less than 11) (treats, toys, pencils)/youths (CD's, games, food)}
>CSCL1_C1< ... often loses temper.

CAU.345.020 I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for {S.C.name} DURING THE PAST SIX MONTHS.

FR: **SHOW FLASHCARD C7**.

(1) Not True
(2) Somewhat True
(3) Certainly True
(7) Refused {blind}
(9) Don't Know {blind}

{HE/SHE...}

>CSCL2_P1< ... is rather solitary, prefers to play alone (for ages 4-11); would rather be alone than with other teenagers (for ages 12-17)
>CSCL2_C2< ... is generally well-behaved, usually does what adults request
>CSCL2_E2< ... has many worries or often seems worried
>CSCL2_S3< ... is helpful if someone is hurt, upset or feeling ill

>CSCL2_H2<   ... is constantly fidgeting or squirming

CAU.345.030   I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for {S.C.name} DURING THE PAST SIX MONTHS:

        FR: SHOW FLASHCARD C7.

        (1) Not True
        (2) Somewhat True
        (3) Certainly True
        (7) Refused {blind}
        (9) Don't Know {blind}

        {HE/SHE...}

>CSCL3_P2<   ... has at least one good friend
>CSCL3_C3<   ... often fights with other {children/youth} or bullies them
>CSCL3_E3<   ... is often unhappy, depressed or tearful
>CSCL3_P3<   ... is generally liked by other {children/youth}
>CSCL3_H3<   ... is easily distracted, concentration wanders

CAU.345.040   I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for {S.C.name} DURING THE PAST SIX MONTHS:

        FR: SHOW FLASHCARD C7.

        (1) Not True
        (2) Somewhat True
        (3) Certainly True
        (7) Refused {blind}
        (9) Don't Know {blind}

        {HE/SHE...}

>CSCL4_E4<   ... is nervous or clingy in new situations (age 4-11)/is
        nervous in new situations, easily loses confidence (age 12-17)
>CSCL4_S4<   ... is kind to younger children
>CSCL4_C4<   ... often lies OR cheats
>CSCL4_P4<   ... is picked on or bullied by other {children/youth}
>CSCL4_S5<   ... often offers to help others (parents, teachers, other children)

CAU.345.050   I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for {S.C.name} DURING THE PAST SIX MONTHS.

        FR: SHOW FLASHCARD C7

        (1) Not True
        (2) Somewhat True
        (3) Certainly True
        (7) Refused {blind}
        (9) Don't Know {blind}

{HE/SHE...}

>**CSCL5_H4<** ... Thinks things out before acting
>**CSCL5_C5** ... Steals from home, school or elsewhere
>**CSCL5_P5<** ... Gets along better with adults than with other {children/youths}
>**CSCL5_E5<** ... has many fears, is easily scared
>**CSCL5_H5<** ... has good attention span, sees chores or homework through to the end

CAU.345.060   Overall, do you think that {S.C.name} has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

FR: SHOW FLASHCARD C8

>**CSCL6<**   (1) No (CIMCCI1)
(2) Yes, minor difficulties (CAU.345.070)
(3) Yes, definite difficulties (CAU.345.070)
(4) Yes, severe difficulties (CAU.345.070)
(7) Refused {blind} (CIMCCI1)
(9) Don't know {blind} (CIMCCI1)

CAU.345.070   How long have these difficulties been present?

>**CSCL7<**   (1) Less than a month (go to CIMCCI1)
(2) 1 - 5 months (CAU.345.080)
(3) 6 - 12 months (CAU.345.080)
(4) Over 12 months (CAU.345.080)
(7) Refused (go to CIMCCI1) {blind}
(9) Don't know (go to CIMCCI1) {blind}

CAU.345.080   Do the difficulties upset or distress your child?

FR: SHOW FLASHCARD C9

>**CSCL8<**   (1) Not at all
(2) A little
(3) A medium amount
(4) A great deal
(7) Refused {blind}
(9) Don't know {blind}

CAU.345.090   Do the difficulties interfere with your child's everyday life in the following areas?

FR: SHOW FLASHCARD C9

(1) Not at all
(2) A little
(3) A medium amount
(4) A great deal
(7) Refused {blind}
(9) Don't know {blind}

>**CSCL9_HL<**   ... Home life
>**CSCL9_FR<**   ... Friendships
>**CSCL9_CL<**   ... Classroom learning
>**CSCL9_LA<**   ... Leisure activities

CAU.345.100   Do the difficulties put a burden on you or the family as a whole?

FR: SHOW FLASHCARD C9

>CSCL10<   (1) Not at all
(2) A little
(3) A medium amount
(4) A great deal
(7) Refused {blind}
(9) Don't know {blind}

(goto CIMCCI1)