

CHILD CORE
Section I -- IDENTIFICATION AND VERIFICATION

Check item CHILD BEGIN: If no sample child or sample child section is completed, go to Immunization Questionnaire; Else if KNOWSC (person who knows sample child) = blank, go to CID.015/KNOAVAIL, Else go to CID.001.

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

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

[If the same person in CID.001 is identified as a person knowledgeable about child's health (FID.650/KNOWSC) go to CID.005; Else go to CSPEDIT.]

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) DK (Check item CSPEDIT)

Check item CSPEDIT: Check the content from FID.630, First section of *Family Core*: Plug names in CID.010 {KNOWSC name} for persons identified as knowledgeable about the child's health (FID.630/KNOWSC marked 'X') and go to CSDPEDIT2. If KNOWSC for CID.010 equals 7 or 9 (Refused or DK) go to Check Item CSPEDIT2.

Check item CSPEDIT2: Check the first person identified as knowledgeable about the child's health (FID.630/KNOWSC marked 'X'); if not available, check next person with KNOWSC marked 'X'; If all the KNOWSC are not available, go to CID.015/KNOAVAIL; if no one else in the family is available, go to CSPEDIT3.

Check item CSPEDIT3: Arrange a callback; go to next questionnaire.

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

>CSPAVAL< (1) Available (CID.030) (7) Refused (Check Item CSPEDIT)
 (2) Not available (Check Item CSPEDIT) (9) DK (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 (Arrange Callback)

CID.020 Enter the person number of the respondent.

>CSRESPNO< (01-30) 1-30 (99) Unknown

CID.030 **FR: SHOW CARD 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) DK |

Check item CIDCCI1: If CSRESPNO is the Family Respondent, go to next section -- Conditions, Limitations, Health Status; Else go to CID.040.

CID.040 **FR: 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 SPVERF3 equals 2 then go to CID.046; If any changes in age or birth date have been made in CID.040, go to CAGECHK; If age is 18+, skip the rest of the Child questionnaire and Immunization questionnaire; If no changes or when changes complete go to next section — Child Condition, Limitation, Health Status.

CID.042 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) DK |

(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 |
| (02) February | (06) June | (10) October |
| (03) March | (08) August | (12) December |

>NEWDOB_D< DAY:

- (01-31) 1-31
- (97) Refused
- (99) DK

>NEWDOB_Y< YEAR:

- (1979-1999) 1979-1999
- (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, go to CID.040, re-enter age or birth date.

(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) 0-15 pounds
(97) Refused
(99) DK

>**BWGTOZ**< (00-15) 0-15 ounces
(97) Refused
(99) DK

>**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 ALL RESPONSES TO BE IN METRIC IF VOLUNTEERED.

>**CHGHTF**< (00-07) 0-7 feet
(97) Refused
(99) DK

>**CHGHTI**< (00-36) 0-36 inches
(97) Refused
(99) DK

>**CHEIGHTN**< (12-95) 12-95 inches
(97) Refused
(99) DK

>**CHEIGHTC**< (030-241) 30-241 centimeters
(997) Refused
(999) DK

CHS.021 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) DK

>**CWT_KG**< (0020) 2.0 kilograms or less (9997) Refused
(0021-2268) 2.1-226.8 kilograms (9999) DK

Check Item CHSCCII: [If age is greater than or equal to 2 go to CHS.032; If the age is less than or equal to 1 then go to CHS.031]

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

- (1) Yes
- (2) No
- (7) Refused
- (9) DK

(Go to CHS.060)

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

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

- (1) Yes
- (2) No
- (7) Refused
- (9) DK

>ADD2< ...Attention Deficit Disorder?
>AMR2< ...Mental Retardation?
>AODD2< ...Any other developmental delay?

CHS.060 **FR: SHOW CARD C2.**

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

- >CONDL<
- (00) None
 - (01) Down's syndrome
 - (02) Cerebral Palsy
 - (03) Muscular Dystrophy
 - (04) Cystic Fibrosis
 - (05) Sickle cell anemia
 - (06) Autism
 - (07) Diabetes
 - (08) Arthritis
 - (09) Congenital heart disease
 - (10) Other heart condition
 - (97) Refused
 - (99) DK

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

- >CPOX<
- (1) Yes (CHS.072)
 - (2) No (CHS.080)
 - (7) Refused (CHS.080)
 - (9) DK (CHS.080)

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

- >CPOX12MO<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) DK

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

- >CASHMEV<
- (1) Yes (CHS.090)
 - (2) No (CHS.100.070)
 - (7) Refused (CHS.100.070)
 - (9) DK (CHS.100.070)

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

>CASHYR< (1) Yes (CHS.100) (7) Refused (CHS.100.060)
(2) No (CHS.100.060) (9) DK (CHS.100.060)

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

>CASMERYR< (1) Yes (7) Refused
(2) No (9) DK

[The next 15 questions are periodic asthma questions.]

CHS.100.010 DURING THE PAST 12 MONTHS, has {S.C. Name} had to stay overnight in the hospital because of asthma?

>CASMHOS< (1) Yes (CHS.100.020) (7) Refused (CHS.100.030)
(2) No (CHS.100.030) (9) DK (CHS.100.030)

CHS.100.020 DURING THE PAST 12 MONTHS, how many times did {S.C. Name} stay overnight in the hospital because of asthma?

>CASHONT< (1) 1 time (5) 13+ times
(2) 2-3 times (7) Refused
(3) 4-9 times (9) DK
(4) 10-12 times

CHS.100.030 DURING THE PAST 12 MONTHS, has {S.C. name} used over-the-counter medications for {his/her} asthma?

>CASMOTC< (1) Yes (7) Refused
(2) No (9) DK

CHS.100.040 During the PAST 3 MONTHS, has {S.C. name} used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.

>CASMPED< (1) Yes (CHS.100.050) (7) Refused (CHS.100.060)
(2) No (CHS.100.060) (9) DK (CHS.100.060)

CHS.100.050 During the PAST 3 MONTHS, that is since {fill date}, how many canisters of prescription inhalers did {S.C. name} use? Do not include over-the-counter inhalers like Primatene Mist.

>CASMCAN< (01-94) 1-94
(97) Refused
(99) DK

- CHS.100.060 Has anyone in the family ever taken a course or class on how to manage {S.C. name}'s asthma?
- >CASCLASS< (1) Yes (7) Refused
(2) No (9) DK
- CHS.100.070 DURING THE PAST 12 MONTHS, has {S.C. name} had a wheezing or whistling sound in {his/her} chest?
- >CWZ< (1) Yes (CHS.100.080) (7) Refused (CHSCCI4)
(2) No (CHSCCI4) (9) DK (CHSCCI4)
- CHS.100.080 How many attacks of wheezing or whistling has {S.C. name} had in {his/her} chest DURING THE PAST 12 MONTHS?
- >CWZNUM< (1) 1-3 attacks (7) Refused
(2) 4-12 attacks (9) DK
(3) More than 12 attacks
- CHS.100.090 DURING THE PAST 12 MONTHS, has {S.C. name}'s sleep been disturbed due to wheezing or whistling?
- >CWZSLP< (1) Yes (CHS.100.100) (7) Refused (CHS.100.110)
(2) No (CHS.100.110) (9) DK (CHS.100.110)
- CHS.100.100 DURING THE PAST 12 MONTHS, on average, how many times per week has {S.C. name}'s sleep been disturbed due to wheezing or whistling?
- >CWZSPL< (1) Less than one time per week (7) Refused
(2) One time per week (9) DK
(3) More than one time per week
- CHS.100.110 DURING THE PAST 12 MONTHS, has {S.C. name}'s chest sounded wheezy during or after exercise or physical activity?
- >CWZEX< (1) Yes (7) Refused
(2) No (9) DK
- CHS.100.120 DURING THE PAST 12 MONTHS, has {S.C. name}'s wheezing ever been severe enough to limit {his/her} speech to only 1 or 2 words or utterances at a time between breaths?
- >CWZSPC< (1) Yes (7) Refused
(2) No (9) DK
- CHS.100.130 DURING THE PAST 12 MONTHS, how many times has {S.C. name} gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?
- >CWZERYR< (000) Never (997) Refused
(001-365) 1-365 times (999) DK

CHS.100.140 DURING THE PAST 12 MONTHS, how much did you limit {S.C. name}'s usual activities due to wheezing or whistling?

- >CWZLA< (1) Not at all (CHSCCI4) (5) A lot (CHS.100.150)
(2) A little (CHS.100.150) (7) Refused (CHS.100.150)
(3) A fair amount (CHS.100.150) (9) DK (CHS.100.150)
(4) A moderate amount (CHS.100.150)

CHS.100.150 DURING THE PAST 12 MONTHS, how many days of work/school did {S.C. name} miss due to wheezing or whistling?

- >CWZMSWK< (0) 0 (4) Does not work/go to school
(1) 1-7 (7) Refused
(2) 8-30 (9) DK
(3) 30+

[Resume Core questions.]

Check Item CHSCCI4: [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 go to 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) DK

- >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) DK |

- >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) DK |
| (3) About the same | |

Check Item CHSCCI5: [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?

- | | |
|----------------------------|---------------|
| >SCHDAYR1< (000) None | (997) Refused |
| (001-240) 1-240 Days | (999) DK |
| (996) Did not go to school | |

CHS.230 These next questions are about {S.C. name}'s recent health during the 2 weeks outlined on that calendar. 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) DK |

- 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) DK
- CHS.250 Which statement best describes {S.C. name}'s hearing (without a hearing aid): Good, Little Trouble, Lot of trouble, or Deaf?
- >CHEARST< (1) Good (4) Deaf
(2) Little trouble (7) Refused
(3) Lot of trouble (9) DK
- 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 (CHS.270) (7) Refused (CHS.290)
(2) No (CHS.290) (9) DK (CHS.290)
- CHS.270 Is {S.C. name} blind or unable to see at all?
- >CBLIND< (1) Yes (7) Refused
(2) No (9) DK
- 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) DK
- 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 (CHS.310) (7) Refused (CHS.311)
(2) No (CHS.311) (9) DK (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) DK
- 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) DK

Check Item CHSCCI6: [If age is less than or equal to 1 go to next section -- Health Care Access and Utilization. CAU.020; If the age is equal to 2 go to CHSCCI7; If the 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) DK

Part B - Child Behavior

Check item CHSCCI7: If AGE = 2-3 & SEX is male, then go to CHS.321;
If AGE = 2-3 & SEX is female, then, go to CHS.361;
If AGE = 4-11 & SEX is male, then go to CHS.401;
If AGE = 4-11 & SEX is female, then go to CHS.441;
If AGE = 12-17 & SEX is male, then go to CHS.481;
If AGE = 12-17 & SEX is female, then go to CHS.521.

CHS.321 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 {S.C. name} DURING THE PAST 2 MONTHS.

FR: SHOW CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (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 one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C. name} DURING THE PAST 2 MONTHS.

FR: SHOW CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (2) Often True | |

SHE:

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

(Go to CAU.020)

CHS.401 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 {S.C. name} DURING THE PAST 6 MONTHS.

FR: SHOW CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (2) Often True | |

HE:

- >CMHAGM22< Doesn't get along with other kids?
- >CMHAGM23< Can't concentrate or pay attention long?
- >CMHAGM24< Feels worthless or inferior?
- >CMHAGM25< Has been unhappy, sad, or depressed?

(Go to CAU.020)

CHS.441 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 {S.C. name} DURING THE PAST 6 MONTHS.

FR: SHOW CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (2) Often True | |

SHE:

- >CMHAGF22< Can't concentrate or pay attention long?
- >CMHAGF23< Has been nervous, high strung or tense?
- >CMHAGF24< Acts too young for her age?
- >CMHAGF25< Has been unhappy, sad, or depressed?

(Go to CAU.020)

CHS.481 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, that DURING THE PAST 6 MONTHS, {S.C. name}:

FR: SHOW CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (2) Often True | |

HE:

- >CMHAGM32< Can't concentrate or pay attention long?
- >CMHAGM33< Lies or cheats?
- >CMHAGM34< Doesn't get along with other kids?
- >CMHAGM35< Has been unhappy, sad, or depressed?

(Go to CAU.020)

CHS.521 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, that DURING THE PAST 6 MONTHS, {S.C. name}:

FR: HAND CARD C3.

- | | |
|--------------------|-------------|
| (0) Not True | (7) Refused |
| (1) Sometimes True | (9) DK |
| (2) Often True | |

SHE:

- >CMHAGF32< Lies or cheats?
- >CMHAGF33< Does poorly at school work?
- >CMHAGF34< Has trouble sleeping?
- >CMHAGF35< Has been unhappy, sad, or depressed?

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

Section III -- HEALTH CARE ACCESS AND UTILIZATION

Part A -- Access To Care

CAU.020 The next questions are about Health Care.

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) DK (CAU.037)
(3) There is MORE THAN ONE place (CAU.030)

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

What kind of place is it ...

[Else 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.030.010) (6) Doesn't go to one place most often
(2) Doctor's office or HMO (CAU.030.010) (CAU.037)
(3) Hospital emergency room (CAU.030.010) (7) Refused (CAU.037)
(4) Hospital outpatient department (CAU.030.010) (9) DK (CAU.037)
(5) Some other place (CAU.030.010)

[The next question is a periodic Health Care question.]

CAU.030.010 How long {S.C. name} been going to this {fill CAU.030} for health care?

- >CQUSL< (1) 1 year or less (4) Hasn't been there yet
(2) More than 1 year, but not (7) Refused
more than 3 years (9) DK
(3) More than 3 years

[Resumption of Core questions.]

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.037.010) (7) Refused (CAU.037)
(2) No (CAU.037) (9) DK (CAU.037)

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

- >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) DK
(4) Hospital outpatient department

[The next 15 questions are periodic Health Professional questions.]

CAU.037.010 Is there a particular doctor, nurse, or other health professional that {S.C. name} usually sees when {he/she} gets health care?

- >CQHP< (1) Yes (CAU.037.020) (7) Refused (CAUCCI1)
(2) No (CAUCCI1) (9) DK (CAUCCI1)

CAU.037.020 What kind of health professional does {S.C. name} usually see--a doctor or nurse or some other health professional?

FR: READ ANSWER CATEGORIES BELOW IF NECESSARY.

- >CQHPKIND< (1) Doctor (CAUCCI0a) (5) Chiropractor (CAUCCI1)
(2) Nurse (CAUCCI1) (6) Other (CAUCCI1)
(3) Nurse practitioner (CAUCCI1) (7) Refused (CAUCCI1)
(4) Physician's assistant (CAUCCI1) (9) DK (CAUCCI1)

Check item CAUCCI0a: If sex = 2 and AGE GT 14 goto CAU.037.030, Else goto CAU.037.031.

CAU.037.030 Does this doctor specialize in women's reproductive health (an obstetrician/gynecologist)?

- >CQMDGYN< (1) Yes (CAUCCI1) (7) Refused (CAU.037.031)
(2) No (CAU.037.031) (9) DK (CAU.037.031)

CAU.037.031 Which one of the following best describes this doctor? A general doctor who treats a variety of illnesses; a doctor who specializes in a particular medical disease or problem.

- >CQMDGS< (1) General doctor who treats a variety of illnesses (CAU.037.032) (7) Refused (CAUCCI1)
(9) DK (CAUCCI1)
(2) Doctor/specialist in a particular medical problem (CAUCCI1)
(3) Some other kind of doctor (CAUCCI1)

CAU.037.032 Does this doctor treat children and adults?

- >CQMDCA< (1) Yes (7) Refused
(2) No (9) DK

Check item CAUCCI0b: If CAU.030=1-5 or CAU.037.020=1-6 or CAU.037=1-5, then go to CAU.037.040; Else go to CAU.037.051.

CAU.037.040 DURING THE PAST 12 MONTHS, did {S.C. name} go to this {place/provider}?

- >CQHPVI< (1) Yes (7) Refused
(2) No (9) DK

CAU.037.050 We want to know your rating of this {place/provider}. Use any number on a scale from 0 to 10 where 0 is the worst and 10 is the best. How would you rate this {place/provider} now?

- >CQHPRAT< (00-10) 0-10
(97) Refused
(99) DK

(Go to CAU.037.130)

CAU.037.051 What is the main reason {S.C. name} does not have a usual source of health care?

- >CQWHYNOT< (01) Seldom or never gets sick (07) Just changed insurance plans
(02) Recently moved into the area (08) Don't use doctors/treat myself
(03) Don't know where to go for care (09) Cost of medical care
(04) Usual source of care in area not available (10) Other reason
(05) Can't find provider who speaks language (97) Refused
(06) Like to go to diff places for health care needs (99) DK

(Go to CAUCC11)

CAU.037.130 Does this {place/provider} have office hours at night or on weekends?

- >CQHPNHR< (1) Yes (7) Refused
(2) No (9) DK

CAU.037.140 When {S.C. name} is sick and this {place/provider} is closed, can you get advice from a doctor or nurse quickly over the phone?

- >CQHPTTEL< (1) Yes (7) Refused
(2) No (9) DK
(3) Provider open 24 hours

CAU.037.150 When {S.C. name} is sick and needs to see a doctor or health professional soon, how long do you usually have to wait to get an appointment {at/with} this {place/provider}?

- >CQHPSINJ< (1) No appointment necessary (5) More than 2 weeks, but not more than 1 month
(2) A day or two (6) More than 1 month
(3) More than 2 days, but not more than 1 week (7) Refused
(4) More than 1 week, but not more than 2 weeks (9) DK

CAU.037.160 DURING THE PAST 12 MONTHS, when {S.C. name} needed REGULAR OR ROUTINE CARE, including routine care for any ongoing health problems, how long did you usually have to wait to get an appointment {at/with} this {place/provider}?

- >CQHPRT< (0) No appointment necessary (4) More than 1 week, but not more than 2 weeks
(CAU.037.220) (5) More than 2 weeks, but not more than 1 month
(1) Scheduled appointment well in advance (6) More than 1 month
(2) A day or two (7) Refused (CAU.037.220)
(3) More than 2 days, but not more than 1 week (9) DK (CAU.037.220)

CAU.037.170 When {S.C. name} has an appointment, how long do you usually have to wait in the waiting room {at/for} this {place/provider}?

- >CQHPWAIT< (1) 30 minutes or less (3) More than 1 hour
(2) More than 30 mins, not more than 1 hour (7) Refused
(9) DK

CAU.037.220 We want to know your rating of this {place/provider}'s professional staff. Use any number on a scale from 0 to 10, where 0 is the worst professional staff possible, and 10 is the best professional staff possible. How would you rate the professional staff?

- >CQUSCSAT< (00-10) 0-10 (97) Refused
(96) No professional staff/works alone (99) DK

CAU.037.230 Does this {place/provider} usually ask about prescription medications and treatments other doctors may have given {S.C. name}?

- >CQPREMED< (1) Yes (7) Refused
(2) No (9) DK

[Resumption of Core questions.]

Check item CAUCCII: If CAU.020 equals 2, 7, or 9, then 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) DK (CAU.080)

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

- >CHCCHGHI< (1) Yes (7) Refused
(2) No (9) DK

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) DK |

- >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 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) DK |

(Go to CAU.170)

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) DK |

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

Check item CAUCCI2a: If AGE LT 2 go to CAU.170; Else go to CAU.160.

Part B -- Dental Care

CAU.160 **FR: SHOW CARD C6.**

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

- >CDNLONGR<
- | | |
|---|--|
| (0) Never (CAU.160.020) | (4) More than 2 years, but not more than 5 years ago (CAU.160.020) |
| (1) 6 months or less | (5) More than 5 years ago (CAU.160.020) |
| (2) More than 6 months, but not more than 1 year ago | (7) Refused (CAUCCI2b) |
| (3) More than 1 year, but not more than 2 years ago (CAU.160.020) | (9) DK (CAUCCI2b) |

[The next several questions are periodic Dentist questions.]

CAU.160.010 What was the main reason {S.C. name} last went to the dentist?

- >CDENREAS<
- | | |
|---|--|
| (1) Went in on own for check-up/exam | (5) Other |
| (2) Called in by the dentist for check-up/exam/cleaning | (6) Check/adjust appliance/orthodontia |
| (3) Something wrong/hurting/bothering {S.C. name} | (7) Refused |
| (4) Treated for condition dentist discovered earlier | (9) DK |

(Go to CAU.160.030)

CAU.160.020 What are the reasons {S.C. name} has never gone to the dentist? -OR- What are the reasons that {S.C. name} has not visited a dentist in over 12 months?

- >CDENNO<
- | | | |
|------------------------|-------------------------|-------------------------|
| (01) Age/too young | (06) Don't know dentist | (11) Not important |
| (02) Afraid | (07) Dentist too far | (12) Didn't think of it |
| (03) Nervous | (08) Can't get there | (13) Other |
| (04) Needles | (09) No problems | (97) Refused |
| (05) Cost/no insurance | (10) No teeth | (99) DK |

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Go to CAUCCI2b)

CAU.160.030 DURING THE PAST 12 MONTHS, that is, since {fill 12-month date}, about how many visits did {S.C. name} make to a dentist?

>CDENVIS< (01-94) 1-94 visits (7) Refused
(95) 95+ visits (9) DK

[These next questions are about dental care received during the 2 weeks beginning Monday, {fill beginning date} and ending this past Sunday, {fill ending date}.]

CAU.160.040 DURING THOSE 2 WEEKS, did {S.C. name} go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

>CDEN2W< (1) Yes (CAU.160.050) (7) Refused (CAUCCI2b)
(2) No (CAUCCI2b) (9) DK (CAUCCI2b)

CAU.160.050 During those 2 weeks, how many times did {S.C. name} go to a dentist?

>CDEN2WNO< (01-40) 1-40 times
(97) Refused
(99) DK

Check item CAUCCI2b: If Private*=1 then go to CAU.160.060; Else go to CAUCCI3.

(*This recode is based on responses to FHI.070 as well as responses to FHI.160, FHI.172, FHI.175, FHI.178, FHI.250 and FHI.280.)

CAU.160.060 Earlier it was mentioned that you are covered by {fill name(s) of private health plans}. {Do any of these plans/Does this plan} pay for any part of the cost for dental care?

>CDENINS< (1) Yes (7) Refused
(2) No (9) DK

[Resumption of Core questions.]

Check Item CAUCCI3: [If 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) DK

>CHCSYR11< ...An optometrist, optician, 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) DK

>CHCSYR1< ...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>CHCSYR2< ...An optometrist, optician, 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?

(Go to CAUCCI4)

Check Item CAUCCI4: [If female and age is greater than 14 then go to CAU.230; Else go to CAU.240]

CAU.230 DURING THE PAST 12 MONTHS, that is since { fill 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) DK

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

- (1) Yes (7) Refused
(2) No (9) DK

>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 CAUCCI5: [If CHCSYR82 = 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) DK

CAU.270 DURING THE PAST 12 MONTHS did {S.C. name} receive a physical examination or well baby/child check-up?

- >CHPEXYR< (1) Yes (7) Refused
(2) No (9) DK

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 CARD C9.

- >CHERNOYR< (0) None (CAU.290) (4) 10-12 (CAU.280.010)
(1) 1 (CAU.280.010) (5) 13 or more (CAU.280.010)
(2) 2-3 (CAU.280.010) (7) Refused (CAU.290)
(3) 4-9 (CAU.280.010) (9) DK (CAU.290)

[The next question is a periodic ER question.]

CAU.280.010 What was the main reason {S.C. name} last went to the emergency room?

- >CHERREAS< (01) You don't need an appt there (06) Life/death situation req immed attn
(02) Didn't know where else to go (07) Other reason
(03) They won't turn anyone away (97) Refused
(04) No other place was open at that time (99) DK
(05) A doctor said to go there

[Resumption of Core questions.]

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) DK (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< (01-12) 1-12 months
(97) Refused
(99) DK

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

FR: SHOW CARD C11

- >CHCHNOYR< (1) 1 (5) 13 or more
(2) 2-3 (7) Refused
(3) 4-9 (9) DK
(4) 10-12

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, OR TELEPHONE CALLS.

FR: SHOW CARD C9

- >CHCNOYR< (0) None (4) 10-12
(1) 1 (5) 13 or more
(2) 2-3 (7) Refused
(3) 4-9 (9) DK

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 CAUCCI6)
(2) No (Check item CAUCCI6) (9) DK (Check item CAUCCI6)

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< (01-94) 1-94 times (97) Refused
(95) 95+ times (99) DK

Check item CAUCCI6: 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 questionnaire--Immunization; 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.

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

(Go to next questionnaire -- Immunization)