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**2008 NHIS Questionnaire - Sample Child**  
**Child Identification**

Document Version Date: 24-Apr-09

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

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

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

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

**SkipInstructions:**

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

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

## 2008 NHIS Questionnaire - Sample Child Child Identification

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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 CURRE

**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]
  
```

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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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**2008 NHIS Questionnaire - Sample Child**  
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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

---

**2008 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.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

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

**SkipInstructions:** <01-12, Refused, Don't know> goto NEWDOB\_D

---

**Question ID:** CID.046\_02.000 **Instrument Variable Name:** NEWDOB\_D **QuestionnaireFileName:** Sample Child

**QuestionText:** 2 of 3

\* Enter day of birth.

01-31 Day of the month

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

**SkipInstructions:** <01-31,Refused,Don't know> goto NEWDOB\_Y

If days not valid, goto ERR\_NEWDOB\_D

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**Question ID:** CID.046\_03.000 **Instrument Variable Name:** NEWDOB\_Y **QuestionnaireFileName:** Sample Child**QuestionText:** 3 of 3

\* Enter year of birth.

**1880-2020** Year of birth**UniverseText:** Respondent said child's date of birth is not correct or child's age is not correct**SkipInstructions:** <1880-2020, Refused, Don't know> if CSPVERF\_A = '2' (No) then reset CSPVERF\_A to empty  
goto CSPVERF\_A  
elseif CSPVERF\_D = '2' (No) then reset CSPVERF\_D to empty  
goto CSPVERF\_D  
endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)

goto ERR1\_NEWDOB\_Y  
endif

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

goto ERR2\_NEWDOB\_Y  
endif

(if NEWDOB\_M = 'Ref' or 'DK') or (if NEWDOB\_D = 'Ref' or 'DK') or (if NEWDOB\_Y = 'Ref' or 'DK')

goto ERR3\_NEWDOB\_Y  
else

store NEWDOB\_M in DOBM

store NEWDOB\_D in DOBD

store NEWDOB\_Y in DOBY

if CSPVERF\_A = '2' (No) then reset CSPVERF\_A to empty

goto CSPVERF\_A

elseif CSPVERF\_D = '2' (No) then reset CSPVERF\_D to empty

goto CSPVERF\_D

endif

endif

Calculate age from NEWDOB\_M, NEWDOB\_D, and NEWDOB\_Y.

if age from NEWDOB items is ne AGE and age from NEWDOB items is valid

reset CSPVERF\_A or CSPVERF\_D

goto ERR4\_NEWDOB\_Y

endif

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**2008 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**Question ID:** CHS.010\_01.000 **Instrument Variable Name:** BWGT\_LB **QuestionnaireFileName:** Sample Child

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

\* Enter 'M' to record metric measurements.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1-12> [goto BWGT\_OZ]  
<13-15> [goto ERR1\_BWGT\_LB]  
<R,D> [goto CHGT\_FT]  
<M> [goto BWGT\_GR]  
[If NE <1-15, M, R, D> goto ERR2\_BWGT\_LB]

---

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

**QuestionText:** \* Enter ounces.

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

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

**SkipInstructions:** <0-15,R,D> [goto CHGT\_FT]  
[if BWGT\_LB = <0-15, R, D> and BWGT\_OZ = <empty> go to CHGT\_FT]

---

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

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

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

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

**SkipInstructions:** <500-5485,R,D> [goto CHGT\_FT]  
<5486-6900> [goto ERR\_BWGT\_GR]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**Question ID:** CHS.020\_01.000 **Instrument Variable Name:** CHGT\_FT **QuestionnaireFileName:** Sample Child

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

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

\* Enter 'M' to record metric measurements.

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

**UniverseText:** Sample children 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]



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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]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.031\_02.000 **Instrument Variable Name:** ADD1\_2 **QuestionnaireFileName:** Sample Child

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

Mental Retardation?

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

**UniverseText:** Sample children <2

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

---

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

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

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

Any other developmental delay?

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

**UniverseText:** Sample children <2

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

---

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

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

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

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

**UniverseText:** Sample children 2-17

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

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

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

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

Mental Retardation?

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

**UniverseText:** Sample children 2-17

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

---

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

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

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

Any other developmental delay?

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

**UniverseText:** Sample children 2-17

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

---

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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]

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**2008 NHIS Questionnaire - Sample Child**  
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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]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.090\_00.000 **Instrument Variable Name:** CASHYR **QuestionnaireFileName:** Sample Child

**QuestionText:** The following questions are about [fill: S.C. name]'s asthma DURING THE PAST 12 MONTHS.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?

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

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

**SkipInstructions:** <1> [go to CASMERYR]  
<2,R,D> [if CASSTILL = 1 go to CWZPIN; if CASSTILL = 2, R, D and AGE LE 2 go to CCOND1\_1; else go to CCOND1\_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> [CASMHSP]

---

**Question ID:** CHS.100\_00.010 **Instrument Variable Name:** CASMHSP **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, has [fill: S.C. name] stayed overnight in a hospital because of asthma?

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

**UniverseText:** Sample child <18 who had episode of asthma in past year

**SkipInstructions:** <1> [goto CASMMC]  
<2,R,D> [go to CWZMSWK]

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**Question ID:** CHS.100\_00.020 **Instrument Variable Name:** CASMMC **QuestionnaireFileName:** Sample Child

**QuestionText:** After (the last time) [fill: SC name] left the hospital, did a health professional talk with you about long term management of [fill: his/her] asthma?

- 1 Yes
- 2 No
- 3 Still in the hospital
- 7 Refused
- 9 Don't know

**UniverseText:** Sample child <18 in hospital overnight b/c of asthma, past year

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

---

**Question ID:** CHS.100\_00.030 **Instrument Variable Name:** CWZMSWK **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, that is since [12-month ref. date], HOW MANY DAYS of [fill1: daycare or preschool/fill2: school/fill3: school or work] did [fill: SC name] miss because of [fill: his/her] asthma?

\*Enter 995 if child home schooled.

\*Enter 996 if child did not go to [fill1: daycare or preschool/fill2: school/fill3: school or work].

- 000-365 000-365 days
- 995 Child was home schooled
- 996 child did not go to day care, preschool, school, or work
- 997 Refused
- 999 Don't know

**UniverseText:** Sample child <18 who had episode of asthma in past year

**SkipInstructions:** <000-100,995,996,R,D> [go to CWZPIN]  
<101-365> [go to ERR1\_CWZMSWK]  
<366-994> [go to ERR2\_CWZMSWK]

---

**Question ID:** CHS.100\_00.040 **Instrument Variable Name:** CWZPIN **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] EVER used a PRESCRIPTION inhaler?

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

**UniverseText:** Sample child <18 who still have asthma or asthma attack in past 12 months

**SkipInstructions:** <1> [goto CASMINST]  
<2,D,R> [go to CASMED]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.100\_00.050 **Instrument Variable Name:** CASMINST **QuestionnaireFileName:** Sample Child

**QuestionText:** Has a health professional shown [fill: SC name] how to use [fill: his/her] inhaler? (This includes showing parents for young children.)

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

**UniverseText:** Sample child <18 who have ever used prescription inhaler

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

---

**Question ID:** CHS.100\_00.060 **Instrument Variable Name:** CASMPMED **QuestionnaireFileName:** Sample Child

**QuestionText:** 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 3 MONTHS, has [fill: SC name] used the kind of PRESCRIPTION inhaler THAT YOU BREATHE IN THROUGH YOUR MOUTH, that gives QUICK relief from asthma symptoms?

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

**UniverseText:** Sample child <18 who have ever used prescription inhaler

**SkipInstructions:** <1> [goto CASMCAN]  
<2,D,R> [go to CASMED]

---

**Question ID:** CHS.100\_00.070 **Instrument Variable Name:** CASMCAN **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 3 MONTHS did [fill: SC name] use more than three canisters of this type of inhaler?

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

**UniverseText:** Sample child <18 who have used quick relief inhaler, past 3 m

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

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**Question ID:** CHS.100\_00.080 **Instrument Variable Name:** CASMED **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] EVER taken the preventive kind of ASTHMA medicine used everyday to protect [fill: his/her] lungs and keep [fill: him/her] from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

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

**UniverseText:** Sample child <18 who still have asthma or who had asthma attack in the past 12 months

**SkipInstructions:** <1> [go to CASMDTP] <2,R,D> [goto CASWMP]

---

**Question ID:** CHS.100\_00.090 **Instrument Variable Name:** CASMDTP **QuestionnaireFileName:** Sample Child

**QuestionText:** Is [fill: SC name] NOW taking this medication (that protects [fill: his/her] lungs) daily or almost daily?

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

**UniverseText:** Sample child <18 who have ever taken preventive asthma medicine

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

---

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

**QuestionText:** An asthma action 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 [fill: SC name] an asthma action plan?

\*Read if necessary: Include nurses and asthma educators.

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

**UniverseText:** Sample child <18 who still have asthma or who had an asthma attack in the past 12 months

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

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.100\_00.110 **Instrument Variable Name:** CASCLASS **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] ever taken a course or class on how to manage [fill: his/her] asthma?

\*Include adult(s) who took a course for the child's asthma.

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

**UniverseText:** Sample child <18 who still have asthma or have had asthma attack in the past 12 months.

**SkipInstructions:** <1,2,D,R> [go to CAS\_REC]

---

**Question ID:** CHS.100\_00.116 **Instrument Variable Name:** CAS\_REC **QuestionnaireFileName:** Sample Child

**QuestionText:** Has a doctor or other health professional EVER taught [fill: SC name] or [fill: his/her] parent or guardian

...how to recognize early signs or symptoms of an asthma episode

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

**UniverseText:** Sample child <18 who still have asthma or who have had asthma attack in the past 12 months.

**SkipInstructions:** <1,2,D,R> [go to CAS\_RES]

---

**Question ID:** CHS.100\_00.117 **Instrument Variable Name:** CAS\_RES **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: Has a doctor or other health professional EVER taught [fill: SC name] or [fill: his/her] parent or guardian

...how to respond to episodes of asthma

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

**UniverseText:** Sample child <18 who still have asthma or who have had asthma attack in the past 12 months.

**SkipInstructions:** <1,2,D,R> [go to CAS\_MON]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.100\_00.118 **Instrument Variable Name:** CAS\_MON **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: Has a doctor or other health professional EVER taught [fill: SC name] or [fill: his/her] parent or guardian

...how to monitor peak flow for daily therapy

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

**UniverseText:** Sample child <18 who still have asthma or who have had asthma attack in the past 12 months

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

---

**Question ID:** CHS.100\_00.130 **Instrument Variable Name:** CAPENVLN **QuestionnaireFileName:** Sample Child

**QuestionText:** Has a doctor or other health professional EVER advised you to change things in [fill: SC name]'s home, school, or work to improve [fill: his/her] asthma?

- 1 Yes
- 2 No
- 3 Was told no changes needed
- 7 Refused
- 9 Don't know

**UniverseText:** Sample child <18 who still have asthma or who have had an asthma attack in the past 12 months

**SkipInstructions:** <1> [goto CAPENVDO]  
<2,3,R,D> [if AGE LE 2 go to CCONDT1\_1; else go to CCONDT\_1]

---

**Question ID:** CHS.100\_00.140 **Instrument Variable Name:** CAPENVDO **QuestionnaireFileName:** Sample Child

**QuestionText:** How much of this advice did you follow? Would you say none, a little, some, most, or all?

- 0 None
- 1 A little
- 2 Some
- 3 Most
- 4 All
- 7 Refused
- 9 Don't know

**UniverseText:** Sample child <18 who been told to change things because of asthma

**SkipInstructions:** <0-4,R,D> [if AGE LE 2 go to CCONDT1\_1; else go to CCONDT\_1]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.111\_01.000 **Instrument Variable Name:** CCONDT1\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, has [fill: 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]

---

**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]

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**2008 NHIS Questionnaire - Sample Child**  
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**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]

---

**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]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.111\_08.000 **Instrument Variable Name:** CCONDT1\_8 **QuestionnaireFileName:** Sample Child

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

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

Three or more ear infections?

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

**UniverseText:** Sample children LE 2

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

---

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

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

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

Seizures?

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

**UniverseText:** Sample children LE 2

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**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]

---

**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]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.115\_05.000 **Instrument Variable Name:** CCONDT\_5 **QuestionnaireFileName:** Sample Child

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

DURING THE PAST 12 MONTHS, has [fill: 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]

---

**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]

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**2008 NHIS Questionnaire - Sample Child**  
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**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]

---

**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]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.210\_00.000 **Instrument Variable Name:** CHSTATYR **QuestionnaireFileName:** Sample Child

**QuestionText:** Compared with 12 months ago, would you say [fill: 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]

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**2008 NHIS Questionnaire - Sample Child**  
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**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]

---

**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> [if AGE <6 go to CVISTST; if AGE = 6-17 go to CVISGLAS]

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**2008 NHIS Questionnaire - Sample Child**  
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**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> [if AGE <6 go to IHSPEQ; else if AGE = 6-17 go to CVISACT]  
<2, R, D> [if AGE <6 go to CVISTST; else if AGE = 6-17 go to CVISGLAS]

---

**Question ID:** CHS.270\_00.010 **Instrument Variable Name:** CVISTST **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: SC name] EVER had [fill: his/her] vision tested by a doctor or other health professional?

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

**UniverseText:** Sample children <6 who is not blind

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

---

**Question ID:** CHS.270\_00.020 **Instrument Variable Name:** CVISLT **QuestionnaireFileName:** Sample Child

**QuestionText:** When was [fill: his/her] vision last tested?

- 1 In the last 12 months
- 2 In the last 13-24 months
- 3 Over 24 months
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <6 ever had vision tested

**SkipInstructions:** <1-3,R,D> [go to IHSPEQ]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.270\_00.025 **Instrument Variable Name:** CVISGLAS **QuestionnaireFileName:** Sample Child

**QuestionText:** Does [fill: SC name] wear eyeglasses or contact lenses?

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

**UniverseText:** Sample children 6-17 years who are not blind

**SkipInstructions:** <1> [goto CVISDIST]  
<2,R,D> [go to CVISACT]

---

**Question ID:** CHS.270\_00.030 **Instrument Variable Name:** CVISDIST **QuestionnaireFileName:** Sample Child

**QuestionText:** Does [fill: SC name] wear eyeglasses or contact lenses to read road and street signs, see the blackboard, play sports, watch TV, or see things in the distance?

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

**UniverseText:** Sample children 6-17 years who wear glasses or contact lenses

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

---

**Question ID:** CHS.270\_00.035 **Instrument Variable Name:** CVISREAD **QuestionnaireFileName:** Sample Child

**QuestionText:** Does [fill: SC name] wear eyeglasses or contact lenses to read books, write, play hand-held games, or do other things that require [fill: her/him] to see well up close?

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

**UniverseText:** Sample children 6-17 years who wear glasses or contact lenses

**SkipInstructions:** <1,2,R,D> [AGE GE 6 go to CVISACT;  
else go to IHSPEQ]

---

**Question ID:** CHS.270\_00.040 **Instrument Variable Name:** CVISACT **QuestionnaireFileName:** Sample Child

**QuestionText:** Does [fill: SC name] participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, soccer and mowing the lawn.

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

**UniverseText:** Sample children 6-17

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

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.270\_00.050 **Instrument Variable Name:** CVISPROT **QuestionnaireFileName:** Sample Child

**QuestionText:** When doing these activities, on average, does [fill: he/she] wear eye protection always, most of the time, some of the time, or none of the time?

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 6-17 participate in sports that cause eye injuries

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

---

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

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

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

**UniverseText:** Sample children <18

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

---

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

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

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

**UniverseText:** Sample children <18

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**Question ID:** CHS.310\_00.000 **Instrument Variable Name:** IHMOBYR **QuestionnaireFileName:** Sample Child

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

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

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

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

---

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

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

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

**UniverseText:** Sample children <18

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

---

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

**QuestionText:** 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]

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**2008 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.321\_01.000 **Instrument Variable Name:** CMHAGM11\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

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

HE:

Has been uncooperative?

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

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

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

---

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

**QuestionText:** (book) C3

\* Read if necessary.

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

HE:

Has trouble getting to sleep?

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

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

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**Question ID:** CHS.321\_03.000 **Instrument Variable Name:** CMHAGM11\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

\* Read if necessary.

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

HE:

Has speech problems?

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

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

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

---

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

**QuestionText:** (book) C3

\* Read if necessary.

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

HE:

Has been unhappy, sad, or depressed?

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

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

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

---

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**2008 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 24-Apr-09

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

**QuestionText:** (book) C3

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

SHE:

Has temper tantrums or a hot temper?

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

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

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

---

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

**QuestionText:** (book) C3

\* Read if necessary.

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

SHE:

Has speech problems?

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

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

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 24-Apr-09

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

**QuestionText:** (book) C3

\* Read if necessary.

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

SHE:

Has been nervous or high-strung?

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

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

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

---

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

**QuestionText:** (book) C3

\* Read if necessary.

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

SHE:

Has been unhappy, sad, or depressed?

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

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

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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

**QuestionText:** The next questions are about health care.

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

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

**UniverseText:** Sample children <18

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

---

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

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

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

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

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

---

**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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

**QuestionText:**

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

You couldn't get through on the telephone.

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

**UniverseText:** Sample children <18

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

---

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

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

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

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

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

**UniverseText:** Sample children <18

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

---

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

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

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

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

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

**UniverseText:** Sample children <18

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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

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

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

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

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

**UniverseText:** Sample children <18

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

---

**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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

**QuestionText:**

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

Prescription medicines?

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

**UniverseText:** Sample children GE 2

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

---

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

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

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

Mental health care or counseling?

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

**UniverseText:** Sample children GE 2

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

---

**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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

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

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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

**QuestionText:** Does that doctor treat children and adults (a doctor in general practice or family medicine)?

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

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

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

---

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

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

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

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

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

---

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

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill1: alias] receive a well-child check-up, that is a general check-up, when [fill2: he/she] was not sick or injured?

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

**UniverseText:** Sample children <18

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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

**QuestionText:** (book) C5

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <0-8,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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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

**QuestionText:** DURING THE PAST 12 MONTHS has [fill1: alias] had SURGERY or other surgical procedures either as an inpatient or outpatient?

\* Read if necessary.

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

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

**UniverseText:** Sample children <18

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

---

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

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

\* Enter '95' for 95 or more times.

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

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

**SkipInstructions:** <1-10,R,D> [goto CMDLONG]  
<11-95> [goto ERR\_CMDLONG]

---

**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, R,D> [if AGE=14-17 go to CSNLAMP; else go to COCOND]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 24-Apr-09

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**Question ID:** CAU.350\_00.010 **Instrument Variable Name:** CSNLAMP **QuestionnaireFileName:** Sample Child

**QuestionText:** During the PAST 12 MONTHS, has [fill1: SC name] used any of the following indoor tanning devices - a sunlamp, sunbed, or tanning booth EVEN ONE TIME? Do NOT include a spray-on tan.

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

**UniverseText:** Sample children 14-17

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

---

**Question ID:** CAU.350\_00.020 **Instrument Variable Name:** CSNNUM **QuestionnaireFileName:** Sample Child

**QuestionText:** During the PAST 12 MONTHS, how many times has [fill1: SC name] used the following indoor tanning devices - a sunlamp, sunbed, or tanning booth? Do NOT include times [fill1: SC name] has gotten a spray-on tan.

- 001-365 Number of tans
- 997 Refused
- 999 Don't know

**UniverseText:** Sample children 14-17 who have used an indoor tanning device in the past 12 months

**SkipInstructions:** <1-99,R,D> [goto COCOND];  
<100-365> [goto ERR1\_CSNUM]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**Document Version Date: 24-Apr-09

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**Question ID:** COH.010\_00.000 **Instrument Variable Name:** COCOND **QuestionnaireFileName:** Sample Child**QuestionText:** How would you describe the condition of [fill: S.C. name]'s mouth and teeth? Would you say very good, good, fair or poor?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18**SkipInstructions:** <1-4,R,D> [go to COBTWS]

---

**Question ID:** COH.020\_00.000 **Instrument Variable Name:** COBTWS **QuestionnaireFileName:** Sample Child**QuestionText:** Would you say the condition of [fill: SC name]'s mouth and teeth is better than, the same as or not as good as other people [fill: her or his] age?

- 1 Better
- 2 Same
- 3 Not as good
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18**SkipInstructions:** <1-3,R,D> [if AGE GE 5 go to COEMB;  
if AGE < 1 goto COPROB\_2;  
else go to COPROB\_1]

---

**Question ID:** COH.030\_00.000 **Instrument Variable Name:** COEMB **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 6 MONTHS, how often was [fill: she/he] self-conscious or embarrassed because of [fill: her/his] teeth or mouth? Would you say often, sometimes, rarely or never?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 5-17**SkipInstructions:** <1-4,R,D> [if CDENLONG = 1 go to COREAS\_1;  
if AGE LE 15 and CDENLONG NE 1 go to COPROB\_1;  
if AGE GE 16 and CDENLONG NE 1 go to COREAS\_4;  
else goto COPROB\_1]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**

**Document Version Date: 24-Apr-09**

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**Question ID:** COH.040\_01.000 **Instrument Variable Name:** COREAS\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** I am going to read you a list of reasons people get dental care. Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for each one.

...For emergency dental care where [fill: SC name] saw the dentist within 24 hours or as soon as was possible

\*If [SC name] did not miss any school enter '1'.

\*Probe if necessary.

- 01 None to less than 1 hour
- 02 1 hour, less than 3 hours
- 03 3 hours, less than 5 hours
- 04 5 hours, less than 7 hours
- 05 7 or more hours
- 06 Doesn't go to school
- 07 Did not have this type of dental care
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children 5-17, seen a dentist, past 6 mos

**SkipInstructions:** <1-7,R,D> [go to COREAS\_2]

---

**Question ID:** COH.040\_02.000 **Instrument Variable Name:** COREAS\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: I am going to read you a list of reasons people get dental care. Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for each one.

...For planned routine dental or orthodontic care

\*If [SC name] did not miss any school enter '1'.

\*Probe if necessary.

- 01 None to less than 1 hour
- 02 1 hour, less than 3 hours
- 03 3 hours, less than 5 hours
- 04 5 hours, less than 7 hours
- 05 7 or more hours
- 06 Doesn't go to school
- 07 Did not have this type of dental care
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children 5-17, seen a dentist, past 6 mos

**SkipInstructions:** <1-7,R,D> [go to COREAS\_3]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**

**Document Version Date: 24-Apr-09**

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**Question ID:** COH.040\_03.000 **Instrument Variable Name:** COREAS\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: I am going to read you a list of reasons people get dental care. Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for each one.

...For tooth whitening or other cosmetic procedures

\*If [SC name] did not miss any school enter '1'.

\*Probe if necessary.

- 01 None or less than 1 hour
- 02 1 hour, less than 3 hours
- 03 3 hours, less than 5 hours
- 04 5 hours, less than 7 hours
- 05 7 or more hours
- 06 Doesn't go to school
- 07 did not have this type of dental care
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children 5-17, seen a dentist, past 6 mos

**SkipInstructions:** <1-7,R,D> [if AGE GE 16 go to COREAS\_4;  
else go to COPROB\_1]

---

**Question ID:** COH.040\_04.000 **Instrument Variable Name:** COREAS\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS.

...For taking someone else to a dental appointment

\*If [SC name] did not miss any school enter '1'.

\*Probe if necessary.

- 01 None or less than 1 hour
- 02 1 hour, less than 3 hours
- 03 3 hours, less than 5 hours
- 04 5 hours, less than 7 hours
- 05 7 or more hours
- 06 Doesn't go to school
- 07 Did not have this type of dental care
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children 16-17, seen a dentist, past 6 mos

**SkipInstructions:** <1-7,R,D> [go to COPROB\_1]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**

Document Version Date: 24-Apr-09

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**Question ID:** COH.050\_01.000 **Instrument Variable Name:** COPROB\_01 **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...A toothache or sensitive teeth

\* Read if necessary. Do not include pain from getting new teeth (teething pain).

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

**UniverseText:** Sample children 1-17

**SkipInstructions:** <1,2,R,D> [go to COPROB\_02]

---

**Question ID:** COH.050\_02.000 **Instrument Variable Name:** COPROB\_02 **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 6 MONTHS, has [fill: S.C. name] had any of the following problems? Please say yes or no to each.

...Pain in [fill: her/his] jaw joint

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2, R,D> [go to COPROB\_03]

---

**Question ID:** COH.050\_03.000 **Instrument Variable Name:** COPROB\_03 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Sores in [fill: her/his] mouth

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2, R,D> [go to COPROB\_04]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**Document Version Date: 24-Apr-09

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**Question ID:** COH.050\_04.000 **Instrument Variable Name:** COPROB\_04 **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Bleeding gums

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

**UniverseText:** Sample children <18**SkipInstructions:** <1,2, R,D> if AGE=1-17 [go to COPROB\_05];  
else [goto COPROB\_11]

---

**Question ID:** COH.050\_05.000 **Instrument Variable Name:** COPROB\_05 **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Crooked teeth

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

**UniverseText:** Sample children <18**SkipInstructions:** <1,2, R,D> [go to COPROB\_06]

---

**Question ID:** COH.050\_06.000 **Instrument Variable Name:** COPROB\_06 **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Broken or missing teeth other than losing baby teeth

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

**UniverseText:** Sample children <18**SkipInstructions:** <1,2,R,D> [go to COPROB\_07]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**

Document Version Date: 24-Apr-09

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**Question ID:** COH.050\_07.000 **Instrument Variable Name:** COPROB\_07 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Stained or discolored teeth

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [go to COPROB\_08]

---

**Question ID:** COH.050\_08.000 **Instrument Variable Name:** COPROB\_08 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Loose teeth not due to an injury or losing baby teeth

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2, R,D> [go to COPROB\_09]

---

**Question ID:** COH.050\_09.000 **Instrument Variable Name:** COPROB\_09 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Decayed teeth or cavities

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

**UniverseText:** Sample children <18

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**

Document Version Date: 24-Apr-09

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**Question ID:** COH.050\_10.000 **Instrument Variable Name:** COPROB\_10 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Broken or missing fillings

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2, R,D> [go to COPROB\_11]

---

**Question ID:** COH.050\_11.000 **Instrument Variable Name:** COPROB\_11 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Bad breath

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2, R,D> [go to COPROB\_12]

---

**Question ID:** COH.050\_12.000 **Instrument Variable Name:** COPROB\_12 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, has [fill S.C. name] had any of the following problems? Please say yes or no to each.

...Dry mouth

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2, R,D> [if [COPROB\_01 =1 or COPROB\_02 =1 or COPROB\_03 =1 or COPROB\_04 =1 or COPROB\_05 =1 or COPROB\_06 =1 or COPROB\_07 =1 or COPROB\_08 =1 or COPROB\_09 =1 or COPROB\_10 =1 or COPROB\_11 =1 or COPROB\_12 =1 go to CODENT1; else [go to next section]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**Document Version Date: 24-Apr-09

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**Question ID:** COH.060\_00.000 **Instrument Variable Name:** CODENT1 **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 6 MONTHS did [fill S.C. name] see a dentist or a medical doctor for any of the problems with [fill: her or his] mouth or teeth?

\*Read if necessary: Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

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

**UniverseText:** Sample children <18 have at least one problem mouth or teeth**SkipInstructions:** <1> [go to CODENT2]  
<2> [go to CONODEN\_1]  
<R,D> [go to COINT\_1]

---

**Question ID:** COH.070\_00.000 **Instrument Variable Name:** CODENT2 **QuestionnaireFileName:** Sample Child**QuestionText:** Which one did [fill S. C. name] see - a dentist or a medical doctor?

\*Code as dentist: orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 1 Dentist
- 2 Medical doctor
- 3 Both
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18 who have seen a doctor or dentist for mouth or teeth problem**SkipInstructions:** <1,3,R,D> [go to COINT\_1] <2> [go to CONODEN\_1]

---

**Question ID:** COH.080\_01.000 **Instrument Variable Name:** CONODEN\_1 **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 6 MONTHS, why didn't [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...You didn't think it was important

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

**UniverseText:** Sample children <18 didn't see a dentist for problem with mouth or teeth**SkipInstructions:** <1,2,R,D> [go to CONODEN\_2]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**

Document Version Date: 24-Apr-09

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

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, why didn't [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...The problem went away

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

**UniverseText:** Sample children <18 didn't see a dentist for problem with mouth or teeth

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

---

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

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, why didn't [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...You couldn't afford treatments or [fill S.C. name] didn't have insurance

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

**UniverseText:** Sample children <18 didn't see a dentist for problem with mouth or teeth

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

---

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

**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, why didn't [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...No transportation was available

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

**UniverseText:** Sample children <18 didn't see a dentist for problem with mouth or teeth

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**Document Version Date: 24-Apr-09

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**Question ID:** COH.080\_05.000 **Instrument Variable Name:** CONODEN\_5 **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, why didn't [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...[fill S. C. name] was afraid to see a dentist

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

**UniverseText:** Sample children <18 didn't see a dentist for problem with mouth or teeth**SkipInstructions:** <1,2,R,D> [go to CONODEN\_6]

---

**Question ID:** COH.080\_06.000 **Instrument Variable Name:** CONODEN\_6 **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, why didn't [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...[fill: SC name] was waiting for an appointment

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

**UniverseText:** Sample children <18 didn't see a dentist for problem with mouth or teeth**SkipInstructions:** <1,2,R,D> [go to CONODEN\_7]

---

**Question ID:** COH.080\_07.000 **Instrument Variable Name:** CONODEN\_7 **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary: DURING THE PAST 6 MONTHS, why didn't [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth? Please say yes or no to each.

...You didn't think a dentist could fix the problem

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

**UniverseText:** Sample children <18 didn't see a dentist for problem with mouth or teeth**SkipInstructions:** <1,2,R,D> [if AGE=5-17 go to COINT\_1,  
else if AGE < 5 go to COINT\_3]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health**

**Document Version Date: 24-Apr-09**

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**Question ID:** COH.090\_01.000 **Instrument Variable Name:** COINT\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...School or school activities

- 1 Yes
- 2 No
- 3 Doesn't go to school
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 5-17 have at least one problem mouth or teeth

**SkipInstructions:** <1-3,R,D> [if AGE = 14-17 go to COINT\_2; else go to COINT\_3]

---

**Question ID:** COH.090\_02.000 **Instrument Variable Name:** COINT\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...Work

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

**UniverseText:** Sample children 14-17 have at least one problem with mouth or teeth

**SkipInstructions:** <1-3, R,D> [go to COINT\_3]

---

**Question ID:** COH.090\_03.000 **Instrument Variable Name:** COINT\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...Eating

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

**UniverseText:** Sample children <18 have at least one problem with mouth or teeth

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

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**2008 NHIS Questionnaire - Sample Child**  
**Child Oral Health****Document Version Date: 24-Apr-09**

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**Question ID:** COH.090\_04.000 **Instrument Variable Name:** COINT\_4 **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...Sleeping

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

**UniverseText:** Sample children <18 have at least one problem with mouth or teeth**SkipInstructions:** <1,2, R,D> [go to COINT\_5]

---

**Question ID:** COH.090\_05.000 **Instrument Variable Name:** COINT\_5 **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...Social activities such as going out or being with other people

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

**UniverseText:** Sample children <18 have at least one problem with mouth or teeth**SkipInstructions:** <1,2,R,D> [go to COINT\_6]

---

**Question ID:** COH.090\_06.000 **Instrument Variable Name:** COINT\_6 **QuestionnaireFileName:** Sample Child**QuestionText:** \*Read if necessary: Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.

...[fill S. C. name] 's usual activities at home

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

**UniverseText:** Sample children <18 have at least one problem with mouth or teeth**SkipInstructions:** <1,2, R,D> [if AGE GE 4 go to CMHCOPY;  
else go to CSHFLUYR]

**2008 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**  
Document Version Date: 24-Apr-09

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

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

\* The next 6 items contained in CMHMF\_1 through CMHDIFF are included in this survey with permission as indicated below.

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\* Enter 1 to Continue.

**1** Enter 1 to continue

**UniverseText:** Sample children GE 4

**SkipInstructions:** <1> [goto CMHMF\_1]

---

**Question ID:** CMB.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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
Document Version Date: 24-Apr-09

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

**QuestionText:** 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 ]

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**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]

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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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**2008 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
Document Version Date: 24-Apr-09

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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

---

**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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
Document Version Date: 24-Apr-09

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**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.

<b>Year</b>	Year
<b>9997</b>	Refused
<b>9999</b>	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]

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**2008 NHIS Questionnaire - Sample Child**  
**Child HPV****Document Version Date: 24-Apr-09**

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**Question ID:** CHP.010\_00.000 **Instrument Variable Name:** CHPVHRD **QuestionnaireFileName:** Sample Child**QuestionText:** A vaccine to prevent the human papilloma virus (pap-uh-LOW-muh-vi-rus) or HPV infection is available and is called the HPV shot, cervical cancer vaccine, or GARDASIL®. Before this survey, have you ever heard of the HPV shot or cervical cancer vaccine?

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

**UniverseText:** Female sample children 8+**SkipInstructions:** <1,2,R,D> goto CSHTHPV

---

**Question ID:** CHP.020\_00.000 **Instrument Variable Name:** CSHTHPV **QuestionnaireFileName:** Sample Child**QuestionText:** Did [fill: SC name] ever receive the HPV shot or cervical cancer vaccine?

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Refused
- 9 Don't know

**UniverseText:** Female sample children 8+**SkipInstructions:** <1> goto CSHHPVDS  
<2,R,D> goto CHPVREC  
<3> goto next section

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**Question ID:** CHP.030\_00.000 **Instrument Variable Name:** CSHHPVDS **QuestionnaireFileName:** Sample Child**QuestionText:** How many HPV shots did [fill: SC name] receive?

\* Enter '96' for all shots

- 01-50 1-50 shots
- 96 All shots
- 97 Refused
- 99 Don't know

**UniverseText:** Female sample children 8+ who have received the HPV vaccine or shot**SkipInstructions:** <1-50,96,R,D> goto next section  
<51-95> goto ERR\_CSHHPVDS

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**2008 NHIS Questionnaire - Sample Child  
Child HPV****Document Version Date: 02-Jun-09**

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**Question ID:** CHP.040\_00.000 **Instrument Variable Name:** CHPVREC **QuestionnaireFileName:** Sample Child**QuestionText:** If [fill: SC name]'s doctor recommended the HPV vaccine, would you have her get it?

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

**UniverseText:** Female sample children 8+ who have not received an HPV vaccine or shot or refused to say/said don't know if received vaccine or shot**SkipInstructions:**  
<1> goto CHPVCOST  
<2,D> goto CHPVNOT  
<R> goto next section

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**Question ID:** CHP.050\_00.000 **Instrument Variable Name:** CHPVNOT **QuestionnaireFileName:** Sample Child**QuestionText:** What is the MAIN reason you would NOT want [fill: SC name] to get the vaccine?

- 01 Does not need vaccine
- 02 Not sexually active
- 03 Too expensive
- 04 Too young for vaccine
- 05 Doctor didn't recommend it
- 06 Worried about safety of vaccine
- 07 Don't know where to get vaccine
- 08 My spouse/family member is against it
- 09 Don't know enough about vaccine
- 10 Already has HPV
- 11 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Female sample children 8+ who would not get the HPV vaccine if her doctor recommended it or who said don't know to this information**SkipInstructions:**  
<1,2,4-11,R,D> goto next section  
<3> goto CHPVLOC

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**Question ID:** CHP.060\_00.000 **Instrument Variable Name:** CHPVCOST **QuestionnaireFileName:** Sample Child**QuestionText:** The cost of the vaccine may be about \$360-\$500. Would you have [fill: SC name] get the vaccine if you had to pay this amount?

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

**UniverseText:** Female sample children age 8+ whose respondent would be interested in getting the HPV vaccine for her**SkipInstructions:**  
<1,R,D> goto next section  
<2> goto CHPVLOC

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**2008 NHIS Questionnaire - Sample Child  
Child HPV**

**Document Version Date: 24-Apr-09**

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**Question ID:** CHP.070\_00.000 **Instrument Variable Name:** CHPVLOC **QuestionnaireFileName:** Sample Child

**QuestionText:** If [fill: SC name] could get the vaccine free or at a much lower cost, would you have her get it?

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

**UniverseText:** Female sample children age 8+ whose respondent would not pay \$360-\$500 for the HPV vaccine or for whom the main reason not to get the vaccine was because it was too expensive

**SkipInstructions:** <1,2,R,D> goto next section

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