

2010 NHIS Questionnaire - Sample Child
Child Identification

Document Version Date: 12-Apr-11

Question ID: CID.001_00.000 **Instrument Variable Name:** CURRE\$ **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_CURRE\$
 elseif CURRE\$ = a line number entered in KNOWSC2
 store CURRE\$ in CSPAVAIL and CSRESP
 goto CSRELATIV
 elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
 goto KNOAVAIL
 else
 goto CSPAVAIL
 endif

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

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

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

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

* If refused enter CTRL_R.

01-25 Person # of person available to answer questions about Sample Child

96 No person available

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

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Question ID: CID.046_01.000 **Instrument Variable Name:** NEWDOB_M **QuestionnaireFileName:** Sample Child

QuestionText: 1 of 3

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

*Enter month of birth.

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

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

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

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

QuestionText: 2 of 3

* Enter day of birth.

01-31 Day of the month

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

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

 If days not valid, goto ERR_NEWDOB_D

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

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

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: 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 and doctor has informed that child had asthma

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

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]

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Question ID: CHS.111_02.000 **Instrument Variable Name:** CCONDT1_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of respiratory allergy?

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

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

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

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

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

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

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

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Anemia?

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

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Three or more ear infections?

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

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

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

Seizures?

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

UniverseText: Sample children LE 2

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

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

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

Hay fever?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Any kind of respiratory allergy?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Anemia?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Frequent or severe headaches, including migraines?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Three or more ear infections?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Seizures?

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

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Stuttering or stammering?

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

UniverseText: Sample children = 3-17

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

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

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

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

UniverseText: Sample children < 18

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

2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 12-Apr-11

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

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

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

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

UniverseText: Sample children 5-17

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

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

QuestionText: * Hand calendar card.

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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 12-Apr-11

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

QuestionText: Which statement best describes [fill: SC name]'s hearing without a hearing aid: Excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or is [fill: SC's name] deaf?

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

UniverseText: Sample children <18

SkipInstructions: <1-6,R,D> [go to CVISION]

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

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

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

UniverseText: Sample children <18

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

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

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

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

UniverseText: Sample children <18 having trouble seeing

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

2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 12-Apr-11

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

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

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

UniverseText: Sample children <18

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

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

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

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

UniverseText: Sample children <18

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

Question ID: CHS.310_00.000 **Instrument Variable Name:** IHMOBYR **QuestionnaireFileName:** Sample Child

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

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

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

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

2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 12-Apr-11

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]

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]

2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 12-Apr-11

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

QuestionText: (book) C3

* Read if necessary.

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

HE:

Has trouble getting to sleep?

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

UniverseText: Male sample children 2-3

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

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

QuestionText: (book) C3

* Read if necessary.

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

HE:

Has speech problems?

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

UniverseText: Male sample children 2-3

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

2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 12-Apr-11

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

QuestionText: (book) C3

* Read if necessary.

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

HE:

Has been unhappy, sad, or depressed?

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

UniverseText: Male sample children 2-3

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

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

QuestionText: (book) C3

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

SHE:

Has temper tantrums or a hot temper?

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

UniverseText: Female sample children 2-3

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

2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 12-Apr-11

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

QuestionText: (book) C3

* Read if necessary.

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

SHE:

Has speech problems?

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

UniverseText: Female sample children 2-3

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

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

QuestionText: (book) C3

* Read if necessary.

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

SHE:

Has been nervous or high-strung?

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

UniverseText: Female sample children 2-3

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

2010 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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_1]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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_1]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

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

QuestionText:

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]

2010 NHIS Questionnaire - Sample Child
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Document Version Date: 12-Apr-11

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

QuestionText:

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:

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]

2010 NHIS Questionnaire - Sample Child
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 Document Version Date: 12-Apr-11

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

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

* Read if necessary.

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

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

UniverseText: Sample children <18

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

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

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

* Enter '95' for 95 or more times.

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

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

SkipInstructions: <1-10,R,D> [goto CMDLONG]
 <11-95> [goto ERR_CMDLONG]

Question ID: CAU.345_00.000 **Instrument Variable Name:** CMDLONG **QuestionnaireFileName:** Sample Child

QuestionText: (book) C4

About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about [fill1: alias]'s health? Include doctors seen while [fill2: he/she] was a patient in a hospital.

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

UniverseText: Sample children <18

SkipInstructions: <0-5, D, R> [if AGE 14-17 goto CSUN1HR;
 else if AGE=4-13 goto CMHCOPY;
 else goto CH1N1_1]

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

Question ID: CAU.347_00.010 Instrument Variable Name: CSUN1HR QuestionnaireFileName: Sample Child

QuestionText:

Now, we are going to ask you about [fill1: SC name]'s skin's reaction to the sun. After several months of not being in the sun very much, if [fill1: SC name] went out in the sun for an hour without sunscreen, a hat, or protective clothing, which one of these best describes what would happen to [fill1: SC name]'s skin? (*Read choices 1-5 only.)

*Read if necessary: Even if [fill1: SC name] did not go out in the sun, what would happen if [fill1: SC name] did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of [fill1: SC name]'s skin turns red or hurts for 12 hours or more.

- 01 Get a severe sunburn with blisters
- 02 Have a moderate sunburn with peeling
- 03 Burn mildly with some or no darkening/tanning
- 04 Turn darker without sunburn
- 05 Nothing would happen to skin
- 06 Do not go out in the sun
- 07 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample children age 14-17

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

Question ID: CAU.347_00.020 Instrument Variable Name: CSUNTAN QuestionnaireFileName: Sample Child

QuestionText:

Next, consider that [fill1: SC name] was out in the sun repeatedly, such as every day for two weeks, without sunscreen, a hat, or protective clothing. Which one of these best describes what [fill1: SC name]'s skin would LOOK like? (*Read choices 1-5 only.)

*Read if necessary: Even if [fill1: SC name] did not go out in the sun, what would happen if [fill1: SC name] did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of [fill1: SC name]'s skin turns red or hurts for 12 hours or more.

- 01 Very dark or deeply tanned
- 02 Dark/moderately tanned
- 03 A little dark/mildly tanned
- 04 Freckled but still light skinned
- 05 Burned repeatedly with little or no darkening or tanning--still light skinned
- 06 Don't go out in the sun
- 07 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample children age 14-17

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

2010 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 12-Apr-11

Question ID: CAU.347_00.030 **Instrument Variable Name:** CNBURN **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill1: S.C. name] had a sunburn?

*Read if necessary: By "sunburn" we mean even a small part of [fill1: S.C. name]'s skin turns red or hurts for 12 hours or more. Also include burns from sunlamps and other indoor tanning devices.

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

UniverseText: Sample children age 14-17

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

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 age 14-17

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

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.

- 001-365 001-365 times
- 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 CMHCOPY]
<100-365> [goto ERR1_CSNUM]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 12-Apr-11

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

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

* The next 6 items contained in CMHMF_1 through CMHDIFF are included in this survey with permission as indicated below.

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* Enter 1 to Continue.

1 Enter 1 to continue

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto CMHMF_1]

Question ID: CMB.020_01.000 **Instrument Variable Name:** CMHMF_1 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C7

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS...

[fill2: He/She]

...is generally well behaved, usually does what adults request.

0 Not true

1 Somewhat true

2 Certainly true

7 Refused

9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_2]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 12-Apr-11

Question ID: CMB.020_02.000 **Instrument Variable Name:** CMHMF_2 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS...

[fill2: He/She]

...has many worries, or often seems worried.

- 0 Not true
- 1 Somewhat true
- 2 Certainly true
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_3]

Question ID: CMB.020_03.000 **Instrument Variable Name:** CMHMF_3 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS...

[fill2: He/She]

...is often unhappy, depressed or tearful.

- 0 Not true
- 1 Somewhat true
- 2 Certainly true
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_4]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 12-Apr-11

Question ID: CMB.020_04.000 **Instrument Variable Name:** CMHMF_4 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS...

[fill2: He/She]

...gets along better with adults than with other [fill3: children/youth].

- 0 Not true
- 1 Somewhat true
- 2 Certainly true
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_5]

Question ID: CMB.020_05.000 **Instrument Variable Name:** CMHMF_5 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS...

[fill2: He/She]

...has good attention span, sees chores or homework through to the end.

- 0 Not true
- 1 Somewhat true
- 2 Certainly true
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHDIFF]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 12-Apr-11

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

QuestionText: (book) C8

Overall, do you think that [fill1: SC name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- 1 No
- 2 Yes, minor difficulties
- 3 Yes, definite difficulties
- 4 Yes, severe difficulties
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-4,R,D> [goto next section]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 25-May-11

Question ID: CMS.001_00.000 **Instrument Variable Name:** DIFF6M **QuestionnaireFileName:** Sample Child

QuestionText: Has [fill: SC name] had any difficulties with emotions, concentration, behavior, or getting along with others DURING THE PAST 6 MONTHS, that is since [fill month and year of 6 month reference period]?

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

UniverseText: Sample children 4-17

SkipInstructions: <1> [goto DIFFINTF] <2,R,D> [if CMHDIFF IN('2','3','4')[goto DIFFINTF]; else [goto PRESCP6M]

Question ID: CMS.005_00.000 **Instrument Variable Name:** DIFFINTF **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did the difficulties interfere with or limit [fill1: SC name] being able to get along in your family, in school, or in daily activities?

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

UniverseText: Sample children 4-17 who have at least minor difficulties with emotions, concentration, behavior, or being able to get along with others

SkipInstructions: <1> [goto DIFFDEG] <2,R,D> [goto PRESCP6M]

Question ID: CMS.007_00.000 **Instrument Variable Name:** DIFFDEG **QuestionnaireFileName:** Sample Child

QuestionText: How much did these difficulties interfere with [fill: S.C. name] being able to get along in your family, in school, or in daily activities? Would you say...

*Read categories below.

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

UniverseText: Sample children 4-17 whose difficulties interfere with child being able to get along in the family, school, or daily activities

SkipInstructions: <1-4,R,D> [goto PRESCP6M]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 25-May-11

Question ID: CMS.010_00.000 **Instrument Variable Name:** PRESCP6M **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, was [fill1: S.C. name] prescribed medication or taking prescription medication for difficulties with emotions, concentration, behavior, or being able to get along with others?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17

SkipInstructions: <1> [goto PMEDPED] <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]

Question ID: CMS.012_01.000 **Instrument Variable Name:** PMEDPED **QuestionnaireFileName:** Sample Child

QuestionText: Who FIRST prescribed the medication? Was it
...A pediatrician or other family doctor?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who have been prescribed or have taken prescription medication in the past 6 months

SkipInstructions: <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]; <2,R,D> [goto PMEDPSY]

Question ID: CMS.012_02.000 **Instrument Variable Name:** PMEDPSY **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.
Who FIRST prescribed the medication? Was it
...A psychiatrist, psychologist or other mental health professional?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician or other family doctor

SkipInstructions: <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]; <2,R,D> [goto PMEDOTH]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 25-May-11

Question ID: CMS.012_03.000 **Instrument Variable Name:** PMEDOTH **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

Who FIRST prescribed the medication? Was it

...Someone else?

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

UniverseText: Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician, family doctor, or mental health professional

SkipInstructions: <1> [goto PMEDSP]; <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]

Question ID: CMS.012_04.000 **Instrument Variable Name:** PMEDSP **QuestionnaireFileName:** Sample Child

QuestionText: *Enter the person who prescribed the medication.

- 7 Refused
- 9 Don't know
- Verbatim** Verbatim

UniverseText: Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician, family doctor, or mental health professional

SkipInstructions: <allow 20,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]

Question ID: CMS.013_00.000 **Instrument Variable Name:** NSDUH1 **QuestionnaireFileName:** Sample Child

QuestionText: Sometimes students get treatment or counseling through the school system for DIFFICULTIES WITH emotions, concentration, behavior, or being able to get along with others. This counseling is often provided by school social workers, school psychologists, school nurses, school counselors, or school speech, occupational or physical therapists.

- 1 Continue

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto NSDUH2]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 25-May-11

Question ID: CMS.014_00.000 **Instrument Variable Name:** NSDUH2 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill: S.C. name] receive any treatment or counseling FROM A SCHOOL SOCIAL WORKER, PSYCHOLOGIST, NURSE, COUNSELOR, OR SPEECH, OCCUPATIONAL OR PHYSICAL THERAPIST?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1,2,R,D> [goto NSDUH3]

Question ID: CMS.015_00.000 **Instrument Variable Name:** NSDUH3 **QuestionnaireFileName:** Sample Child

QuestionText: At any time DURING THE PAST 6 MONTHS did [fill1: S.C. name] attend a school for students with difficulties with emotions, concentration, behavior, or being able to get along with others?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1,2,R,D> [goto NSDUH4]

Question ID: CMS.016_00.000 **Instrument Variable Name:** NSDUH4 **QuestionnaireFileName:** Sample Child

QuestionText: Regular schools sometimes provide programs for students with difficulties with emotions, concentration, behavior, or being able to get along with others.

DURING THE PAST 6 MONTHS, did [fill1: S.C. name] participate in a school program that was just for students with these kinds of difficulties?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto NSDUH5] <2,R,D> if age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 25-May-11

Question ID: CMS.017_00.000 **Instrument Variable Name:** NSDUH5 **QuestionnaireFileName:** Sample Child

QuestionText: Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

- 1 School teacher
- 2 Special Ed teacher
- 3 School counselor, psychologist, nurse or social worker
- 4 School speech, occupational or physical therapist
- 5 Other school official
- 7 Refused
- 9 Don't know

UniverseText: Sample children 4-17 who participated in a special school program for these difficulties

SkipInstructions: <1-5,R,D> age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]

Question ID: CMS.020_01.000 **Instrument Variable Name:** TRETWHR1 **QuestionnaireFileName:** Sample Child

QuestionText: Now I'd like to ask about places where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.

DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

At daycare, child care, or play group?

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

UniverseText: Sample children 4-6 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO1] <2,R,D> [goto TRETWHR2]

2010 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 25-May-11

Question ID: CMS.020_02.000 **Instrument Variable Name:** TRETWHO1 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

- 01 School counselor, school nurse or school social worker
- 02 Speech, occupational or physical therapist
- 03 Psychiatrist, psychologist, social worker, psychiatric nurse
- 04 Pediatrician or family doctor
- 05 Acupuncturist, massage therapist, chiropractor
- 06 Religious or spiritual counselor
- 07 Probation or juvenile corrections officer or court counselor
- 08 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample children 4-6 who received counseling at daycare, child care, or play group

SkipInstructions: <1-7,R,D> [goto TRETWHR2] <8> [goto TRTWHR51]

Question ID: CMS.020_03.000 **Instrument Variable Name:** TRTWHR51 **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling at daycare, child care, or play group.

- 97 Refused
- 99 Don't know
- Verbatim** Verbatim

UniverseText: Sample children 4-6 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR2]

Question ID: CMS.021_01.000 **Instrument Variable Name:** TRETWHR2 **QuestionnaireFileName:** Sample Child

QuestionText: [fill2: Now I'd like to ask about places where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.]

DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In an office, clinic or center in your community?

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

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO2] <2,R,D> [goto TRETWHR3]

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Question ID: CMS.021_02.000 **Instrument Variable Name:** TRETWHO2 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

- 01 School counselor, school nurse or school social worker
- 02 Speech, occupational or physical therapist
- 03 Psychiatrist, psychologist, social worker, psychiatric nurse
- 04 Pediatrician or family doctor
- 05 Acupuncturist, massage therapist, chiropractor
- 06 Religious or spiritual counselor
- 07 Probation or juvenile corrections officer or court counselor
- 08 Other

UniverseText: Sample children 4-17 who received counseling at an office, clinic or community center

SkipInstructions: <1-7,R,D> [goto TRETWHR3] <8> [goto TRTWHR52]

Question ID: CMS.021_03.000 **Instrument Variable Name:** TRTWHR52 **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling provided at an office, clinic or community center.

- 97 Refused
- 99 Don't know
- Verbatim Verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR3]

Question ID: CMS.022_01.000 **Instrument Variable Name:** TRETWHR3 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In your home, for example, from a visiting teacher or counselor?

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

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO3] <2,R,D> [goto TRETWHR4]

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Question ID: CMS.022_02.000 **Instrument Variable Name:** TRETWHO3 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

- 01 School counselor, school nurse or school social worker
- 02 Speech, occupational or physical therapist
- 03 Psychiatrist, psychologist, social worker, psychiatric nurse
- 04 Pediatrician or family doctor
- 05 Acupuncturist, massage therapist, chiropractor
- 06 Religious or spiritual counselor
- 07 Probation or juvenile corrections officer or court counselor
- 08 Other

UniverseText: Sample children 4-17 who received counseling at home from visiting teacher or counselor

SkipInstructions: <1-7,R,D> [goto TRETWHR4] <8> [goto TRTWHR5]

Question ID: CMS.022_03.000 **Instrument Variable Name:** TRTWHR5 **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling provided in the home.

- 7 Refused
- 9 Don't know
- Verbatim** Verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR4]

Question ID: CMS.023_01.000 **Instrument Variable Name:** TRETWHR4 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In a hospital emergency room, crisis center, or emergency shelter?

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

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO4] <2,R,D> [goto TRETWHR5]

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Question ID: CMS.023_02.000 **Instrument Variable Name:** TRETWHO4 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

- 01 School counselor, school nurse or school social worker
- 02 Speech, occupational or physical therapist
- 03 Psychiatrist, psychologist, social worker, psychiatric nurse
- 04 Pediatrician or family doctor
- 05 Acupuncturist, massage therapist, chiropractor
- 06 Religious or spiritual counselor
- 07 Probation or juvenile corrections officer or court counselor
- 08 Other

UniverseText: Sample children 4-17 who received counseling at hospital/ER/crisis center/shelter

SkipInstructions: <1-7,R,D> [goto TRETWHR5] <8> [goto TRTWHR54]

Question ID: CMS.023_03.000 **Instrument Variable Name:** TRTWHR54 **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling provided in in hospital/ER/shelter.

- 7 Refused
- 9 Don't know
- Verbatim** Verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR5]

Question ID: CMS.024_01.000 **Instrument Variable Name:** TRETWHR5 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

At a day treatment program in a hospital or community?

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

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO5] <2,R,D> [goto TRETWHR6]

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Question ID: CMS.024_02.000 **Instrument Variable Name:** TRETWHO5 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

- 01 School counselor, school nurse or school social worker
- 02 Speech, occupational or physical therapist
- 03 Psychiatrist, psychologist, social worker, psychiatric nurse
- 04 Pediatrician or family doctor
- 05 Acupuncturist, massage therapist, chiropractor
- 06 Religious or spiritual counselor
- 07 Probation or juvenile corrections officer or court counselor
- 08 Other

UniverseText: Sample children 4-17 who received counseling at day treatment program in a hospital or community

SkipInstructions: <1-7,R,D> [goto TRETWHR6] <8> [goto TRTWHR55]

Question ID: CMS.024_03.000 **Instrument Variable Name:** TRTWHR55 **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling provided at day treatment program.

- 7 Refused
 - 9 Don't know
- Verbatim** Verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR6]

Question ID: CMS.025_01.000 **Instrument Variable Name:** TRETWHR6 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

Any other place?

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

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO6] <2,R,D> [goto OVERNT6M]

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Question ID: CMS.025_02.000 **Instrument Variable Name:** TRETWHO6 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

- 01 School counselor, school nurse or school social worker
- 02 Speech, occupational or physical therapist
- 03 Psychiatrist, psychologist, social worker, psychiatric nurse
- 04 Pediatrician or family doctor
- 05 Acupuncturist, massage therapist, chiropractor
- 06 Religious or spiritual counselor
- 07 Probation or juvenile corrections officer or court counselor
- 08 Other

UniverseText: Sample children 4-17 who received counseling at another place

SkipInstructions: <1-7,R,D> [goto OVERNT6M] <8> [goto TRTWHR6M]

Question ID: CMS.025_03.000 **Instrument Variable Name:** TRTWHR6M **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling provided at other place.

- 7 Refused
- 9 Don't know
- Verbatim** Verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto OVERNT6M]

Question ID: CMS.050_00.000 **Instrument Variable Name:** OVERNT6M **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill: S.C. name] stay overnight or longer in a hospital, any type of group home, any type of juvenile detention center, sometimes called juvie, or juvenile hall, youth prisons, training school or jail, foster care home, or another special type of school to receive counseling or treatment for these difficulties?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto OVERWHCH] <2,R,D> [goto SH1]

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Question ID: CMS.060_00.000 **Instrument Variable Name:** OVERWHCH **QuestionnaireFileName:** Sample Child

QuestionText: Which one?

*Read list if necessary.

*Enter all that apply, separate with commas.

- 01 Hospital
- 02 Residential treatment center
- 03 Foster care or therapeutic foster care home
- 04 In any type of juvenile detention center, sometimes called "juvie", prison or jail
- 05 Group home
- 06 Homeless Shelter
- 07 In another place
- 97 Refused
- 99 Don't know

UniverseText: Sample children 4-17 who stayed overnight in a hospital or other overnight location for difficulties

SkipInstructions: <1-7,R,D> [goto SH1]

Question ID: CMS.070_00.000 **Instrument Variable Name:** SH1 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: S.C. name] take part in a self-help group for children and youth with these difficulties?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1,2,R,D> [goto SH2]

Question ID: CMS.080_00.000 **Instrument Variable Name:** SH2 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: S.C. name] use the Internet to seek treatment or counseling for these difficulties?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1,2,R,D> [goto CASEM6M]

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Question ID: CMS.100_00.000 **Instrument Variable Name:** CASEM6M **QuestionnaireFileName:** Sample Child

QuestionText: Parents and caregivers sometimes get help from people sometimes called case managers or care coordinators who help to find or organize treatment for children's difficulties with emotions, concentration, behavior, or being able to get along with others.

*Read if necessary: This type of help is sometimes called care coordination or case management. People or agencies that do this work might also help you develop a service plan, contact providers for you, and provide support to you in getting the help your child or adolescent needs.

DURING THE PAST 6 MONTHS, did you or [fill1: S.C. name] receive this type of help from any individual or agency?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto CASEMWHO] <2,R,D> [goto TRPAYPHI]

Question ID: CMS.110_00.000 **Instrument Variable Name:** CASEMWHO **QuestionnaireFileName:** Sample Child

QuestionText: Who provides help arranging or coordinating [fill1: S.C. name]'s care?

*Enter the MAIN answer.

- 01 Child welfare/social services/family and child services agency
- 02 School or educational system
- 03 Mental health agency
- 04 Private mental health professional
- 05 Juvenile justice agency or court system
- 06 Private insurance service
- 07 Family or friend
- 08 Pediatrician or other family doctor
- 09 Family or youth advocacy groups
- 10 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample children 4-17 who received help from case managers/care coordinators in the past 6 months

SkipInstructions: <1-10,R,D> [goto TRPAYPHI]

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Question ID: CMS.120_01.000 **Instrument Variable Name:** TRPAYPHI **QuestionnaireFileName:** Sample Child

QuestionText: I'm going to read a list of ways that treatment and counseling get paid for. Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Private health insurance, such as insurance that comes with a job?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

Question ID: CMS.120_02.000 **Instrument Variable Name:** TRPAYSCH **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

School system?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

Question ID: CMS.120_03.000 **Instrument Variable Name:** TRPAYSLF **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

You or your family (sometimes called out of pocket or co-payment)?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

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Question ID: CMS.120_04.000 **Instrument Variable Name:** TRPAYMED **QuestionnaireFileName:** Sample Child

QuestionText: (Book) F14

*Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Medicaid?

*Read if necessary: In this State it is also called *(Refer to flashcard F14 for state Medicaid names).

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

Question ID: CMS.120_05.000 **Instrument Variable Name:** TRPAYCHP **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

[fill2: A state SCHIP/CHIP program?/ [STNAME1]]?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

Question ID: CMS.120_06.000 **Instrument Variable Name:** TRPAYMIL **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Military health care?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

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Question ID: CMS.120_07.000 **Instrument Variable Name:** TRPAYSHP **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Some other state or county sponsored health plan, Medicare or other government program?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

SkipInstructions: <1> [goto TRPAYSP] <2,R,D> [goto TRPAYIHS]

Question ID: CMS.120_08.000 **Instrument Variable Name:** TRPAYSP **QuestionnaireFileName:** Sample Child

QuestionText: *Enter the name of the state sponsored health plan, Medicare, or other government program.

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

UniverseText: Sample children 4-17 who paid for treatment with a state sponsored health plan, etc.

SkipInstructions: <allow 20> [goto TRPAYIHS]

Question ID: CMS.120_09.000 **Instrument Variable Name:** TRPAYIHS **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Indian Health Service?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

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

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Question ID: CMS.120_10.000 **Instrument Variable Name:** TRPAYOTH **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name]'s treatment or counseling.

Some other source?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and had some type of treatment or counseling

SkipInstructions: <1> [goto TRPAYOTS];
<2,R,D> if TRPAYPHI=2,R,D and TRPAYSCH=2,R,D and TRPAYSLF=2,R,D and TRPAYMED=2,R,D and TRPAYCHP=2,R,D and TRPAYMIL=2,R,D and TRPAYSHP=2,R,D and TRPAYIHS=2,R,D and TRPAYOTH=2,R,D [goto TRETFREE]; else [goto TRETNEED]

Question ID: CMS.120_11.000 **Instrument Variable Name:** TRPAYOTS **QuestionnaireFileName:** Sample Child

QuestionText: *Enter the name of the other source.

- 7 Refused
- 9 Don't know
- Verbatim** Verbatim

UniverseText: Sample children 4-17 who paid for treatment with some other source

SkipInstructions: <allow 20> [goto TRETNEED]

Question ID: CMS.120_12.000 **Instrument Variable Name:** TRETFREE **QuestionnaireFileName:** Sample Child

QuestionText: Was ALL OF THE treatment or counseling [fill1: S.C. name] RECEIVED free?

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

UniverseText: Sample children 4-17 who did not pay for treatment

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

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Question ID: CMS.150_00.000 **Instrument Variable Name:** TRETNEED **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, has [fill1: S.C. name] needed treatment or counseling for difficulties with emotions, concentration, behavior or being able to get along WITH OTHERS but didn't get it?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto NTRTCOST] <2,R,D> [goto next section]

Question ID: CMS.150_01.000 **Instrument Variable Name:** NTRTCOST **QuestionnaireFileName:** Sample Child

QuestionText: Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Help was too expensive?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_02.000 **Instrument Variable Name:** NTRTLOC **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You didn't know where to go?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

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Question ID: CMS.150_03.000 **Instrument Variable Name:** NTRTNEXP **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You had a negative experience with professionals?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_04.000 **Instrument Variable Name:** NTRTFEAR **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You are afraid or you don't like professionals?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_05.000 **Instrument Variable Name:** NTRTLOSE **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You were afraid [fill1: S.C. name] would be taken from your home or that you would lose your parental rights or custody?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

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Question ID: CMS.150_06.000 **Instrument Variable Name:** NTRTSAY **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You were afraid of what your family or friends would say?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_07.000 **Instrument Variable Name:** NTRTWAIT **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You had to wait a long time for an appointment?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_08.000 **Instrument Variable Name:** NTRTTRAN **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You had no way to get there?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

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Question ID: CMS.150_09.000 **Instrument Variable Name:** NTRTINCV **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Services were too inconvenient to use?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_10.000 **Instrument Variable Name:** NTRTFAR **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Services were too far away?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_11.000 **Instrument Variable Name:** NTRTCHNO **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

[fill1: S.C. name] did not want to go?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

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Child Mental Health Services
Document Version Date: 25-May-11

Question ID: CMS.150_12.000 **Instrument Variable Name:** NTRTOTH **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Some other reason?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

SkipInstructions: <1> [goto NTRTSPEC] <2,R,D> [goto next section]

Question ID: CMS.150_13.000 **Instrument Variable Name:** NTRTSPEC **QuestionnaireFileName:** Sample Child

QuestionText: *Enter other reason for not getting treatment or counseling.

- 7 Refused
- 9 Don't know
- Verbatim** Verbatim

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

SkipInstructions: <allow 20,R,D> [goto next section]

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

Question ID: CFI.005_00.010 **Instrument Variable Name:** CH1N1_1 **QuestionnaireFileName:** Sample Child

QuestionText: This question was removed from the instrument in August 2010.

There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine. I will first ask you questions about the vaccine for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about the seasonal flu.

Since October 2009, has {SC name} had a H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

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

UniverseText: Sample Child LE 17 years

SkipInstructions: <1> [goto CH1N1_2] <2,R,D> [goto CSHFLUYR]

Question ID: CFI.005_00.010. **Instrument Variable Name:** CH1N1_1 **QuestionnaireFileName:** Sample Child

QuestionText: This question was added to the instrument in August 2010.

During the past 12 months, several kinds of flu vaccines have been available. I will ask you about {S.C. name's} most recent flu vaccinations.

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

*Read if necessary: {fill: SC name}'s most recent flu vaccination could have been the new 2010-2011 flu vaccine available starting this fall, or either of the two types available last season, one called "seasonal" and the other called "H1N1" or "swine" flu vaccine.

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

UniverseText: Sample Child LE 17 years

SkipInstructions: <1> [goto CH1N1_2]
<2,R,D> IF AGE='8-17' [goto CHP.CHPVHRD];
 else [goto SCSSN4]

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

Question ID: CFI.005_00.020 **Instrument Variable Name:** CH1N1_2 **QuestionnaireFileName:** Sample Child

QuestionText: This question was removed from the instrument in August 2010.

How many of these H1N1 vaccinations has {S.C. name} received?

- 1 1 vaccination or dose
- 2 2 or more vaccination doses
- 7 Refused
- 9 Don't know

UniverseText: Sample Child LE 17 years who have had an H1N1 vaccine dose

SkipInstructions: <1,2> [goto CH1N1_3M] <R,D> [goto CSHFLUYR]

Question ID: CFI.005_00.020. **Instrument Variable Name:** CH1N1_2 **QuestionnaireFileName:** Sample Child

QuestionText: This question was added to the instrument in August 2010.

How many vaccinations has {S.C. name} received?

- 1 1 vaccination or dose
- 2 2 or more vaccination doses
- 7 Refused
- 9 Don't know

UniverseText: Sample Child LE 17 years who have had a flu vaccine dose

SkipInstructions: <1,2> [goto CH1N1_3M]
<R,D> IF AGE='8-17' [goto CHP.CHPVHRD];
else [goto SCSSN4]

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

Question ID: CFI.005_00.030 **Instrument Variable Name:** CH1N1_3M **QuestionnaireFileName:** Sample Child

QuestionText: This question was removed from the instrument in August 2010.

1 of 2

During what month and year did {S.C. name} receive {fill: his/her/his first/her first} H1N1 flu vaccine?

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

UniverseText: Sample Child LE 17 who have had one or more H1N1 vaccine doses

SkipInstructions: <1-12,D> [goto CH1N1_4Y] <R> [goto CH1N1_5]

Question ID: CFI.005_00.030. **Instrument Variable Name:** CH1N1_3M **QuestionnaireFileName:** Sample Child

QuestionText: This question was added to the instrument in August 2010.

1 of 2

During what month and year did {S.C. name} receive {fill: his/her} most recent flu vaccine?

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

UniverseText: Sample Child LE 17 who have had one or more vaccine doses

SkipInstructions: <1-12,D> [goto CH1N1_4Y] <R> [goto CH1N1_5]

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

Question ID: CFI.005_00.040 **Instrument Variable Name:** CH1N1_4Y **QuestionnaireFileName:** Sample Child

QuestionText: This question was removed from the instrument in August 2010.

2 of 2

*Enter year of {fill: H1N1 flu vaccine/first H1N1 flu vaccine}.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample Child LE 17 years who have had one or more H1N1 vaccine doses and gave month/don't know month of vaccine dose

SkipInstructions: <valid year,R,D> [goto CH1N1_5]
 [If CH1N1_3M and CH1N1_4Y = a future date] goto ERR1_CH1N1_4Y
 [If CH1N1_3M and CH1N1_4Y = a date prior to birth] goto ERR2_CH1N1_4Y
 [If CH1N1_3M and CH1N1_4Y = a date prior to October 2009] goto ERR3_CH1N1_4Y]

Question ID: CFI.005_00.040. **Instrument Variable Name:** CH1N1_4Y **QuestionnaireFileName:** Sample Child

QuestionText: This question was added to the instrument in August 2010.

2 of 2

*Enter year of most recent flu vaccine.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample Child LE 17 years who have had one or more vaccine doses and gave month/don't know month of vaccine dose

SkipInstructions: <valid year,R,D> [goto CH1N1_5]
 [If CH1N1_3M and CH1N1_4Y = a future date] goto ERR1_CH1N1_4Y
 [If CH1N1_3M and CH1N1_4Y = a date prior to birth] goto ERR2_CH1N1_4Y
 [If CH1N1_3M and CH1N1_4Y = a date prior to 12 months ago] goto ERR3_CH1N1_4Y]

Question ID: CFI.005_00.050 **Instrument Variable Name:** CH1N1_5 **QuestionnaireFileName:** Sample Child

QuestionText: This question was removed from the instrument in August 2010.

Was this a shot, or was it a vaccine sprayed in the nose?

1	Flu shot
2	Flu nasal spray (spray, mist or drop in nose)
7	Refused
9	Don't know

UniverseText: Sample Child LE 17 years who have had one or more H1N1 vaccine doses

SkipInstructions: <1-2,R,D> if CH1N1_2=1 [goto CSHFLUYR]; else if CH1N1_2=2 [goto CH1N1_6M]

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

Question ID: CFI.005_00.050. **Instrument Variable Name:** CH1N1_5 **QuestionnaireFileName:** Sample Child

QuestionText: This question was added to the instrument in August 2010.

Was this a shot, or was it a vaccine sprayed in the nose?

*Read if necessary: The flu nasal spray is called FluMist(trademark).

- 1 Flu shot
- 2 Flu nasal spray (spray, mist or drop in nose)
- 7 Refused
- 9 Don't know

UniverseText: Sample Child LE 17 years who have had one or more vaccine doses

SkipInstructions: <1-2,R,D> IF (CH1N1_2=1 and AGE='8-17') [goto CHP.CHPVHRD];
 else if (CH1N1_2=1 and AGE LE 7) [go to SCSSN4];
 else if CH1N1_2=2 [goto CH1N1_6M]

Question ID: CFI.005_00.060 **Instrument Variable Name:** CH1N1_6M **QuestionnaireFileName:** Sample Child

QuestionText: This question was removed from the instrument in August 2010.

1 of 2

During what month and year did {S.C. name} receive {fill: his/her} second H1N1 flu vaccine?

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

UniverseText: Sample Child LE 17 years who have had more than one H1N1 vaccine doses

SkipInstructions: <1-12,D> [goto CH1N1_7Y] <R> [goto CH1N1_8]

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

Question ID: CFI.005_00.060. **Instrument Variable Name:** CH1N1_6M **QuestionnaireFileName:** Sample Child

QuestionText: This question was added to the instrument in August 2010.

1 of 2

During what month and year did {S.C. name} receive {fill: his/her} next most recent flu vaccine?

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

UniverseText: Sample Child LE 17 years who have had more than one vaccine doses

SkipInstructions: <1-12,D> [goto CH1N1_7Y] <R> [goto CH1N1_8]

Question ID: CFI.005_00.070 **Instrument Variable Name:** CH1N1_7Y **QuestionnaireFileName:** Sample Child

QuestionText: This question was removed from the instrument in August 2010.

2 of 2

*Enter year of second H1N1 flu vaccine.

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

UniverseText: Sample Child LE 17 years who have had more than one H1N1 vaccine doses and gave month/don't know month of vaccine dose

SkipInstructions: <valid year,R,D> [goto CH1N1_8]
[If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y]
[If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_CH1N1_7Y]
[If CH1N1_6M and CH1N1_7Y = a date prior to October 2009] goto ERR3_CH1N1_7Y]

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

Question ID: CFI.005_00.070. **Instrument Variable Name:** CH1N1_7Y **QuestionnaireFileName:** Sample Child

QuestionText: This question was added to the instrument in August 2010.

2 of 2

*Enter year of next most recent flu vaccine.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose

SkipInstructions: <valid year,R,D> [goto CH1N1_8]
[If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y
[If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_CH1N1_7Y
[If CH1N1_6M and CH1N1_7Y = a date prior to 12 months ago] goto ERR3_CH1N1_7Y

Question ID: CFI.005_00.080 **Instrument Variable Name:** CH1N1_8 **QuestionnaireFileName:** Sample Child

QuestionText: This question was removed from the instrument in August 2010.

Was this a shot, or was it a vaccine sprayed in the nose?

1	Flu shot
2	Flu nasal spray (spray, mist or drop in nose)
7	Refused
9	Don't know

UniverseText: Sample Child LE 17 years who have more than one H1N1 vaccine dose

SkipInstructions: <1-2,R,D> [goto CSHFLUYR]

Question ID: CFI.005_00.080. **Instrument Variable Name:** CH1N1_8 **QuestionnaireFileName:** Sample Child

QuestionText: This question was added to the instrument in August 2010.

Was this a shot, or was it a vaccine sprayed in the nose?

*Read if necessary: The flu nasal spray is called FluMist(trademark).

1	Flu shot
2	Flu nasal spray (spray, mist or drop in nose)
7	Refused
9	Don't know

UniverseText: Sample Child LE 17 years who have more than one vaccine dose

SkipInstructions: <1-2,R,D> IF AGE='8-17' [goto CHP.CHPVHRD];
else IF AGE LE 7 [go to SCSSN4]

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

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

QuestionText: This question was removed from the instrument in August 2010.

Now I'm going to ask you about the seasonal flu vaccine.

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

* Read if necessary.

A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

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

UniverseText: Sample children <18

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

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

QuestionText: This question was removed from the instrument in August 2010.

1 of 2

During what month and year did {fill1: SC name} receive {fill2: his/her} most recent seasonal 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]

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

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

QuestionText: This question was removed from the instrument in August 2010.

2 of 2

*Enter year of most recent seasonal 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

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

QuestionText: This question was removed from the instrument in August 2010.

DURING THE PAST 12 MONTHS, has {fill1: SC name} had a seasonal 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

2010 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 12-Apr-11

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

QuestionText: This question was removed from the instrument in August 2010.

1 of 2

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

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

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

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

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

QuestionText: This question was removed from the instrument in August 2010.

2 of 2

*Enter year of most recent seasonal flu nasal spray.

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

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

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

2010 NHIS Questionnaire - Sample Child
Child HPV**Document Version Date: 12-Apr-11**

Question ID: CHP.010_00.000 **Instrument Variable Name:** CHPVHRD **QuestionnaireFileName:** Sample Child**QuestionText:** Two vaccines, or shots, to prevent the human papillomavirus (pap-uh-LOW-muh-vi-rus) or HPV infection are available in the United States. Both vaccines prevent cervical cancer and one also prevents genital warts. The two HPV vaccines are sometimes called CERVARIX® or GARDASIL®. Before this survey, have you ever heard of HPV vaccines or shots?

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

UniverseText: 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 an HPV shot?

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

UniverseText: Sample children 8+**SkipInstructions:** <1> goto CSHHPVDS
<2,R,D> IF SEX=2 goto CHPVREC;
 else if SEX=1 goto next section.
<3> goto next section

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: Sample children 8+ who have received the HPV vaccine or shot**SkipInstructions:** <1-50,96,R,D> IF SEX=2 goto HPVAGE;
 else if SEX=1 goto next section.
<51-95> goto ERR_CSHHPVDS

**2010 NHIS Questionnaire - Sample Child
Child HPV****Document Version Date: 12-Apr-11**

Question ID: CHP.035_00.000 **Instrument Variable Name:** HPVAGE **QuestionnaireFileName:** Sample Child**QuestionText:** How old was [fill1: SC name] when she received her first HPV shot?

08-17 8-17 years
97 Refused
99 Don't know

UniverseText: Female sample children 8+ who have received the HPV vaccine or shot**SkipInstructions:** <1-17,R,D> goto next section

Question ID: CHP.040_00.000 **Instrument Variable Name:** CHPVREC **QuestionnaireFileName:** Sample Child**QuestionText:** If [fill1: 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

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

**2010 NHIS Questionnaire - Sample Child
Child HPV**

Document Version Date: 12-Apr-11

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

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

QuestionText: If [fill1: 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
