2013 NHIS Questionnaire -   Sample Child

Child Identification

Document Version Date: 29-May-14

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

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

01-25   Person number of the respondent for Sample Child

UniverseText: Sample child section not started or not completed

SkipInstructions:

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

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

Hard Edit: ERR_CURRES

* You have selected a non-selectable person.

* Please correct.

2013 NHIS Questionnaire -   Sample Child

Child Identification

Document Version Date: 29-May-14

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

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

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

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

* If refused enter CTRL_R.

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

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

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

Hard Edit: ERR_CSPAVAIL

* You have selected a non-selectable person.

* Please correct.

2013 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 29-May-14

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]

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

2013 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 29-May-14

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

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

* If don't know or refused enter your best guess of the child's sex.

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

Hard Edit: ERR_NEWSEX

* The gender will now be changed to [fill: NEWSEX].

goto CSPVERF_S (as the default goto)

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

2013 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 29-May-14

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

Hard Edit: ERR_NEWAGE

*Age of [fill1: ALIAS of Sample Child] remains [fill2: Age of Sample Child] years old.

goto CSPVERF_A (whether suppressed or not)

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

2013 NHIS Questionnaire -   Sample Child

Child Identification

Document Version Date: 29-May-14

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

Hard Edit: ERR_NEWDOB_D

* [fill2: NEWDOB_D] is not a valid day for [fill3: NEWDOB_M].

* Please correct.

2013 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 29-May-14

Question ID: CID.046_03.000 **Instrument Variable Name:** NEWDOB_Y **QuestionnaireFileName:** Sample Child

QuestionText: 3 of 3

* Enter year of birth.

1880-2020 Year of birth

2013 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 29-May-14

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

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

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

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

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

Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.

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

Hard Edit: ERR1_NEWDOB_Y

*Future date invalid: [fill2: <NEWDOB_M> <NEWDOB_D>, <NEWDOB_Y>]
*Please correct.

goto NEWDOB_M (whether suppressed or not)

ERR2_NEWDOB_Y

*Not a valid day: [fill2: <NEWDOB_M> <NEWDOB_D>, <NEWDOB_Y>]
*Please correct.

goto NEWDOB_M (whether suppressed or not)

ERR3_NEWDOB_Y

*DOB of [fill1: ALIAS of Sample Child] remains [fill3: <DOBM> <DOBD>, <DOBY>]

goto CSPVERF_A

ERR4_NEWDOB_Y

*Data mismatched. Please fix Age or Birthday.

2013 NHIS Questionnaire -   Sample Child

Child Identification

Document Version Date: 29-May-14

goto CSPVERF_A (whether suppressed or not)

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: ?[F1]

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, D, R> goto ERR2_BWGT_LB]

Hard Edit: ERR2_BWGT_LB

* Only "1-15" or "M" or "Don't know/Refused" allowed in this field.
* Please correct.

Soft Edit: ERR1_BWGT_LB

* [fill: BWGT_LB] is an unusually high number.
* Please verify.

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, D, R> and BWGT_OZ = <empty> go to CHGT_FT]

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: * Enter weight in grams.

0500	500 grams or less
0501-6899	501-6899 grams
6900	6900+ 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]

Soft Edit: ERR_BWGT_GR

* [fill1: BWGT_GR] is an unusually high number (equal to [fill2] pounds, [fill3] ounces).
* Please verify.

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

QuestionText: ?[F1]

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, D, R> go to ERR_CHGT_FT]

Hard Edit: ERR_CHGT_FT

* Only "0-7" or "M" or "Don't know/Refused" allowed in this field.
* Please correct.

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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,R,D> If (CHGT_FT = '0', 'empty') and (CHGT_IN = '0', 'empty')
        goto ERR1_CHGT_IN
      elseif CHGT_FT = '1-7' and CHGT_IN ge '12'
       goto ERR2_CHGT_IN
      elseif (SEX = '1' and
          AGE = '12' and (CHTINCH lt '53' or CHTINCH gt '68')) or
          AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '72')) or
          AGE = '14' and (CHTINCH lt '58' or CHTINCH gt '73')) or
          AGE = '15' and (CHTINCH lt '60' or CHTINCH gt '74')) or
          AGE = '16' and (CHTINCH lt '61' or CHTINCH gt '74')) or
          AGE = '17' and (CHTINCH lt '62' or CHTINCH gt '75')) or
       (SEX = '2' and
          AGE = '12' and (CHTINCH lt '54' or CHTINCH gt '68')) or
          AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '69')) or
          AGE = '14' and (CHTINCH lt '57' or CHTINCH gt '69')) or
          AGE = '15' and (CHTINCH lt '57' or CHTINCH gt '69')) or
          AGE = '16' and (CHTINCH lt '57' or CHTINCH gt '70')) or
          AGE = '17' and (CHTINCH lt '57' or CHTINCH gt '69'))
       goto ERR3_CHGT_IN
      else
       goto CWGT_LB

Hard Edit: ERR1_CHGT_IN

* Must enter an answer in at least the inches item.
* Please correct.

ERR2_CHGT_IN

* Number of inches exceeds maximum allowed.
* Please correct.

Soft Edit: ERR3_CHGT_IN

* Please verify that the height was entered correctly. Probe only if necessary.

2013 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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,empty> [goto CHGT_CM]
<R,D> [goto CWGT_LB]

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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,R,D> If (CHGT_M = '0', 'empty') and (CHGT_CM = '0', 'empty')
        goto ERR1_CHGT_CM
      elseif (CHGT_M eq '2' and CHGT_CM gt '41') or (CHGT_M eq '1' and CHGT_CM gt '141')
        goto ERR2_CHGT_CM
      elseif (SEX = '1' and
        AGE = '12' and (CHTCM lt '137' or CHTCM gt '174')) or
        AGE = '13' and (CHTCM lt '140' or CHTCM gt '184')) or
        AGE = '14' and (CHTCM lt '148' or CHTCM gt '186')) or
        AGE = '15' and (CHTCM lt '152' or CHTCM gt '189')) or
        AGE = '16' and (CHTCM lt '156' or CHTCM gt '189')) or
        AGE = '17' and (CHTCM lt '157' or CHTCM gt '192')) or
      (SEX = '2' and
        AGE = '12' and (CHTCM lt '138' or CHTCM gt '173')) or
        AGE = '13' and (CHTCM lt '141' or CHTCM gt '176')) or
        AGE = '14' and (CHTCM lt '145' or CHTCM gt '176')) or
        AGE = '15' and (CHTCM lt '145' or CHTCM gt '177')) or
        AGE = '16' and (CHTCM lt '145' or CHTCM gt '177')) or
        AGE = '17' and (CHTCM lt '145' or CHTCM gt '176'))
        goto ERR3_CHGT_CM
      else
        goto CWGT_LB

Hard Edit: ERR1_CHGT_CM

* Must enter an answer at least in the centimeters item.
* Please correct.

ERR2_CHGT_CM

* Total height exceeds maximum allowed.
* Please correct.

Soft Edit: ERR3_CHGT_CM

* Please verify that the height was entered correctly. Probe only if necessary.

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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> if CWGT_LB lt '1' or CWGT_LB gt '500'
            goto ERR1_CWGT_LB
          elseif (SEX = '1' and
              AGE = '12' and (CWGT_LB lt '62' or CWGT_LB gt '209')) or
              AGE = '13' and (CWGT_LB lt '70' or CWGT_LB gt '247')) or
              AGE = '14' and (CWGT_LB lt '83' or CWGT_LB gt '266')) or
              AGE = '15' and (CWGT_LB lt '94' or CWGT_LB gt '267')) or
              AGE = '16' and (CWGT_LB lt '98' or CWGT_LB gt '306')) or
              AGE = '17' and (CWGT_LB lt '106' or CWGT_LB gt '317')) or
            (SEX = '2' and
              AGE = '12' and (CWGT_LB lt '62' or CWGT_LB gt '212')) or
              AGE = '13' and (CWGT_LB lt '73' or CWGT_LB gt '238')) or
              AGE = '14' and (CWGT_LB lt '84' or CWGT_LB gt '252')) or
              AGE = '15' and (CWGT_LB lt '84' or CWGT_LB gt '238')) or
              AGE = '16' and (CWGT_LB lt '87' or CWGT_LB gt '257')) or
              AGE = '17' and (CWGT_LB lt '90' or CWGT_LB gt '292'))
            goto ERR2_CWGT_LB
          elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE ge '2'
            goto ADD_1
          elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE lt '2'
            goto ADD1_2
          else
            calculate the BMI (Body Mass Index)
        <R,D> if AGE ge '2'
            goto ADD_1
          else
            goto ADD1_2
        <M> goto CWGT_KG

Hard Edit: ERR1_CWGT_LB

* Weight is out of range (1-500).
* Please correct.

Soft Edit: ERR2_CWGT_LB

* Please verify that the weight was entered correctly. Probe only if necessary.

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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 CWGT_KG lt '2' or CWGT_KG gt '226'
     goto ERR1_CWGT_KG
    elseif (SEX = '1' and
       AGE = '12' and (CWGT_KG = '28' or CWGT_KG = '95')) or
       AGE = '13' and (CWGT_KG = '32' or CWGT_KG = '112')) or
       AGE = '14' and (CWGT_KG = '38' or CWGT_KG = '121')) or
       AGE = '15' and (CWGT_KG = '42' or CWGT_KG = '121')) or
       AGE = '16' and (CWGT_KG = '44' or CWGT_KG = '139')) or
       AGE = '17' and (CWGT_KG = '48' or CWGT_KG = '144')) or
     (SEX = '2' and
      AGE = '12' and (CWGT_KG = '28' or CWGT_KG = '96')) or
      AGE = '13' and (CWGT_KG = '33' or CWGT_KG = '108')) or
      AGE = '14' and (CWGT_KG = '38' or CWGT_KG = '114')) or
      AGE = '15' and (CWGT_KG = '38' or CWGT_KG = '108')) or
      AGE = '16' and (CWGT_KG = '39' or CWGT_KG = '117')) or
      AGE = '17' and (CWGT_KG = '41' or CWGT_KG = '133'))
     goto ERR2_CWGT_KG
    elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE ge '2'
     goto ADD_1
    elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE lt '2'
     goto ADD1_2
    else
     calculate the BMI (Body Mass Index)
  <R,D> if AGE ge '2'
     goto ADD_1
    else
     goto ADD1_2

Hard Edit: ERR1_CWGT_KG

* Weight is out of range (2-226).
* Please correct.

Soft Edit: ERR2_CWGT_KG

* Please verify that the weight was entered correctly. Probe only if necessary.

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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…

an intellectual disability, also known as 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: ?[F1]

* 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]

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: ?[F1]

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]

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….

an intellectual disability, also known as 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]

2013 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: ?[F1]

* 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]

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/Autism spectrum disorder
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]

2013 NHIS Questionnaire -   Sample Child

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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/Autism spectrum disorder
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]

Question ID: CHS.070_00.000   **Instrument Variable Name:**   CPOX   **QuestionnaireFileName:**   Sample Child

QuestionText: Has [fill: SC Name] EVER had chickenpox?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

2013 NHIS Questionnaire -   Sample Child

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

QuestionText: Has [fill: SC 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: ? [F1]

Has a doctor or other health professional EVER told you that [fill: SC 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];
else [go to CCONDT_1]

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

QuestionText: Does [fill: SC 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: SC 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: SC 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 CASSTILL=1 or CASHYR=1 [go to CASMHSP];
else if CASSTILL=2,R,D and CASHYR=2,R,D and AGE LE 2 [go to CCONDT1_1];
else [go to CCONDT_1]

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

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

*If in hospital for asthma AND other reasons, enter '1'.

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: DURING THE PAST 12 MONTHS, HOW MANY DAYS of [fill1: daycare or preschool/fill2: school/fill3: school or work] did [fill: S.C. name] miss because of [fill: his/her] asthma?

*Enter '0' for none.

*Enter 995 if child home schooled.

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

000	None
001-365	1-365 days
995	Child is home schooled
996	Child does not go to school
997	Refused
999	Don't know

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

SkipInstructions: <0-100,995,996,R,D> [go to CASMPMED]
<101-365> [go to ERR1_CWZMSWK]
<366-994> [go to ERR2_CWZMSWK]

Hard Edit: if CWZMSWK = 366-994 then display ERR2_CWZMSWK:
"366-994 days not allowed in this field.
* Please correct."

Soft Edit: if CWZMSWK >100 and ne 996 then display ERR1_CWZMSWK:
"CWZMSWK is an unusually large number; Did [fill: S.C. name] miss CWZMSWK days of [fill1/fill2/fill3] due to asthma?"
1 correct proceed to CASMPMED;
2 incorrect, change answer

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

QuestionText: Now I'm going to ask you about two different kinds of ASTHMA medicine. One prevents symptoms over the long term. The other is for quick relief of symptoms during an attack or episode. This quick relief medicine is breathed in through your mouth using a canister inhaler or a disk inhaler.

DURING THE PAST 3 MONTHS, has [fill: S.C. name] used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? Include only medications prescribed by a health care professional.

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1> [goto CASMTYP]
<2,R,D> [go to CASMDTP2]

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Question ID: CHS.100_00.065   **Instrument Variable Name:** CASMTYP   **QuestionnaireFileName:** Sample Child

QuestionText: When [fill: S.C. name] takes [his/her]rescue prescription asthma medication, would you say that [he/she] most often uses an inhaler and/or disk, or does [he/she] most often use a nebulizer?

*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes.

1	Inhaler or disk
2	Nebulizer
7	Refused
9	Don't know

UniverseText: Sample child <18 who have used a quick relief prescription asthma inhaler in the past three months

SkipInstructions: <1> [go to CASMCAN]
<2,R,D> [go to CASMDTP2]

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

QuestionText: DURING THE PAST 3 MONTHS, did [fill: S.C. name] use more than three canisters or disks of this type of quick relief inhaler?

1	Yes
2	No
7	Refused
9	Don't Know

UniverseText: Sample child <18 who have used a prescription asthma inhaler/disk most often in the past three months

SkipInstructions: <1,2,R,D> [go to CASMDTP2]

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Question ID: CHS.100_00.090 **Instrument Variable Name:** CASMDTP2 **QuestionnaireFileName:** Sample Child

QuestionText: The second kind of asthma medication is different from inhalers used for quick relief. It is the preventive kind that is used to protect your lungs and keep you from having attacks. It can be either a pill or an inhaler.

Is [fill: S.C. name] NOW taking a preventive asthma medication every day or almost every day, less often, or never?

1	Every day or almost every day
2	Less often
3	Never
7	Refused
9	Don't know

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

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

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

QuestionText: An asthma action plan is a printed form with specific instructions based on [fill: S.C. name]'s asthma that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given [fill: S.C. name] an asthma action plan?

*Read if necessary: Include nurses and asthma educators.

1	Yes
2	No
7	Refused
9	Don't know

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

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

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Question ID: CHS.100_00.110   **Instrument Variable Name:**   CASCLASS   **QuestionnaireFileName:**   Sample Child

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

Question ID: CHS.100_00.116   **Instrument Variable Name:**   CAS_REC   **QuestionnaireFileName:**   Sample Child

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

Question ID: CHS.100_00.117   **Instrument Variable Name:**   CAS_RES   **QuestionnaireFileName:**   Sample Child

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

...how to respond to episodes of asthma?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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Question ID: CHS.100_00.118 **Instrument Variable Name:** CAS_MON **QuestionnaireFileName:** Sample Child

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

...how to monitor peak flow for daily therapy?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

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

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

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

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Question ID: CHS.100_00.135   **Instrument Variable Name:** CAROUTIN   **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, how many times did [fill: S.C. name] see a doctor or other health professional for a routine checkup for [fill: his/her] asthma? Please do not include emergency room visits, visits to urgent care centers, or other visits for acute care for an asthma episode or attack.

*Enter '0' for none.

000	None
001-365	1-365 times
997	Refused
999	Don't know

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

SkipInstructions: <0-50,R,D> [go to CASYMPT]
<51-365> [goto ERR_CAROUTIN]

Soft Edit: ERR_CAROUTIN

[fill4: CAROUTIN] is an unusually large number.
* Please verify.

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

QuestionText: The next three questions are about the last time [S.C. name] saw a doctor or other health care professional for routine care or for any reason.

At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN

….[fill: he/she] had asthma symptoms?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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Question ID: CHS.100_00.145   **Instrument Variable Name:** CARESCUE   **QuestionnaireFileName:** Sample Child

QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN

...[fill: he/she] used a quick relief inhaler

1	Yes
2	No
7	Refused
9	Don't know

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

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

Question ID: CHS.100_00.150   **Instrument Variable Name:** CAACTLIM   **QuestionnaireFileName:** Sample Child

QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN

…asthma symptoms limited [fill: his/her] daily activities?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

Eczema or any kind of skin allergy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children LE 2

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

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC 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]

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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: SC 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: SC 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: SC 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: SC name] had any of the following conditions...

Hay fever?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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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: SC name] had any of the following conditions...

Any kind of respiratory allergy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC 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]

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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: SC 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: SC 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: SC 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: SC name] had any of the following conditions...

Frequent or severe headaches, including migraines?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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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: SC name] had any of the following conditions...

Three or more ear infections?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC 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]

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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: SC 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> [goto CHSTATYR]

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

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

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

QuestionText: DURING THE PAST 12 MONTHS about how many days did [fill2: SC 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]

Hard Edit: ERR2_SCHDAYR

* "241-995" days not allowed in this field.
* Please correct.

Soft Edit: ERR1_SCHDAYR

[fill4: SCHDAYR] is an unusually large number. Did [fill2: SC name] miss [fill: SCHDAYR] days of school because of illness or injury?
* Please verify.

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

QuestionText: These next questions are about [fill: SC name]'s recent health DURING THE LAST 2 WEEKS.

Did [fill: SC name] have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

QuestionText: Did [fill: SC name] have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST 2 WEEKS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

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

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

UniverseText: Sample children <18

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

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

QuestionText: Does [fill1: SC 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: SC 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]

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

QuestionText: Does [fill1: SC 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]

2013 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: Does [fill1: SC 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]

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: ?[F1]

Does [fill1: SC 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 CAU.CUSUALPL;
else if AGE GE 3 go to LEARND;
else if AGE = 2 and SEX = 1 go to CMHAGM11_1;
if AGE = 2 and SEX = 2 go to CMHAGF11_1]

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

QuestionText: ?[F1]

Has a representative from a school or a health professional ever told you that [fill: SC 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]

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: (book) C3 ?[F1]

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: SC name] DURING THE PAST TWO MONTHS.

He:

Has been uncooperative?

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

UniverseText: Male sample children 2-3

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

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

QuestionText: (book) C3 ?[F1]

* 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: SC 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]

2013 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: (book) C3 ?[F1]

* 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: SC name] DURING THE PAST TWO MONTHS.

He:

Has speech problems?

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

UniverseText: Male sample children 2-3

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

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

QuestionText: (book) C3 ?[F1]

* 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: SC 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 CAU.CUSUALPL]

2013 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: (book) C3 ?[F1]

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

She:

Has temper tantrums or a hot temper?

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

UniverseText: Female sample children 2-3

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

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

QuestionText: (book) C3 ?[F1]

* 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]

2013 NHIS Questionnaire -   Sample Child

Child Health Status & Limitations

Document Version Date: 29-May-14

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

QuestionText: (book) C3 ?[F1]

* Read if necessary.

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

She:

Has been nervous or high-strung?

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

UniverseText: Female sample children 2-3

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

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

QuestionText: (book) C3 ?[F1]

* 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 CAU.CUSUALPL]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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]

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 [goto CNOUSLPL]; else if CUSUALPL=,R,D [goto CPRVTRYR]; else [goto CHCCHGYR]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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 CPRVTRYR]

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 CPRVTRYR]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

Question ID: CAU.050_00.010   **Instrument Variable Name:**   CNOUSLPL   **QuestionnaireFileName:**   Sample Child

QuestionText: Why doesn't [fill: alias] have a usual source of medical care?

*Enter all that apply, separate with commas.

01	Doesn't need a doctor/Haven't had any problems
02	Doesn't like/trust/believe in doctors
03	Doesn't know where to go
04	Previous doctor is not available/moved
05	Too expensive/no insurance/cost
06	Speak a different language
07	No care available/Care too far away, not convenient
08	Put it off/Didn't get around to it
09	Other
97	Refused
99	Don't know

UniverseText: Sample children <18 who don't have a usual place of care

SkipInstructions: <1-9,R,D>[goto CPRVTRYR]

Question ID: CAU.052_00.010   **Instrument Variable Name:**   CPRVTRYR   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see [fill: alias]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

Question ID: CAU.053_00.010 **Instrument Variable Name:** CPRVTRFD **QuestionnaireFileName:** Sample Child

QuestionText: Were you able to find a general doctor or provider who could see [fill: alias]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who had trouble finding a provider in the last year

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

Question ID: CAU.055_00.010 **Instrument Variable Name:** CDRNANP **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept [fill: alias] as a new patient?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

Question ID: CAU.056_00.010 **Instrument Variable Name:** CDRNAI **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept [fill: alias]'s health care coverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D>[goto CHCDLYR_1]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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]

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]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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> [goto CHCAFYRN]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

Question ID: CAU.133_00.010 **Instrument Variable Name:**   CHCAFYRN   **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...

To see a specialist?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <2

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

Question ID: CAU.133_00.020 **Instrument Variable Name:**   CHCAFYRF   **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...

Follow-up care?

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]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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]

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 CHCAFYR1_5]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

Question ID: CAU.135_05.010 **Instrument Variable Name:** CHCAFYR1_5 **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...

To see a specialist?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_6]

Question ID: CAU.135_06.010 **Instrument Variable Name:** CHCAFYR1_6 **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...

Follow-up care?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children GE 2

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

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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, 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]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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

QuestionText: ?[F1]

* Read if necessary.

DURING THE PAST 12 MONTHS, 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: ?[F1]

* Read if necessary.

DURING THE PAST 12 MONTHS, 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]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, 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]

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

QuestionText: DURING THE PAST 12 MONTHS, 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]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, 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: ?[F1]

* Read if necessary.

DURING THE PAST 12 MONTHS, 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]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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

QuestionText: ?[F1]

Read if necessary.

DURING THE PAST 12 MONTHS, 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: ?[F1]

* Read if necessary.

DURING THE PAST 12 MONTHS, 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]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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

QuestionText: ?[F1]

* Read if necessary.

DURING THE PAST 12 MONTHS, 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]

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

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, 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]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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

QuestionText: DURING THE PAST 12 MONTHS, 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, 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]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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]

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

QuestionText: (book) C5

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

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

UniverseText: Sample children <18

SkipInstructions: <0,R,D> [goto CHCHYR] <1-8> [goto CERVISND]

Question ID: CAU.281_00.010   **Instrument Variable Name:**   CERVISND   **QuestionnaireFileName:**   Sample Child

QuestionText: Thinking about [fill: S.C. name]'s most recent emergency room visit, did [fill: he/she] go to the emergency room either at night or on the weekend?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who had at least one ER visit in the past year

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

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

Question ID: CAU.282_00.010   **Instrument Variable Name:**   CERHOS   **QuestionnaireFileName:**   Sample Child

QuestionText: Did this emergency room visit result in a hospital admission?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to CERREAS1]

Question ID: CAU.283_01.010 **Instrument Variable Name:**   CERREAS1   **QuestionnaireFileName:**   Sample Child

QuestionText: Tell me which of these apply to [fill: alias]'s last emergency room visit?

… [fill: He/She] didn't have another place to go

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto CERREAS2]

Question ID: CAU.283_02.020 **Instrument Variable Name:**   CERREAS2   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

… [fill: alias]'s doctor's office or clinic was not open

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto CERREAS3]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

Question ID: CAU.283_03.030 **Instrument Variable Name:**   CERREAS3   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

… [fill: alias]'s health provider advised that [fill: he/she] go

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto CERREAS4]

Question ID: CAU.283_04.040 **Instrument Variable Name:**   CERREAS4   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

… The problem was too serious for the doctor's office or clinic

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

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto CERREAS5]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

Question ID: CAU.283_05.050 **Instrument Variable Name:** CERREAS5 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

… Only a hospital could help [fill: alias]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto CERREAS6]

Question ID: CAU.283_06.060 **Instrument Variable Name:** CERREAS6 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

… The emergency room is [fill: alias]'s closest provider

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto CERREAS7]

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

Question ID: CAU.283_07.070   **Instrument Variable Name:**   CERREAS7   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

…[fill: alias] gets most of [fill: his/her] care at the emergency room

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto CERREAS8]

Question ID: CAU.283_08.080   **Instrument Variable Name:**   CERREAS8   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

Tell me which of these apply to [fill: alias]'s last emergency room visit?

…[fill: alias] arrived by ambulance or other emergency vehicle

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who had at least one ER visit in the past year

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

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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

QuestionText: (book) C6 ?[F1]

What was the total number of home visits received for [fill1: alias] during [fill2: that month/those months]?

01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample children <18 that have received home care from health professional during the past 12 months

SkipInstructions: <1-8,R,D> [goto CHCNOYR]

Question ID: CAU.320_00.000 **Instrument Variable Name:**   CHCNOYR   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C5 ?[F1]

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

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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]

Soft Edit: ERR_CMDLONG

[fill2: CSRGNOYR] is an unusually large number. Did [fill1: alias] have [fill2: CSRGNOYR] surgical procedures?

*Please verify.

2013 NHIS Questionnaire -   Sample Child

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

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

QuestionText: (book) C4

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

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

UniverseText: Sample children <18

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

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Brief Questionnaire

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Brief Questionnaire

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Brief Questionnaire

Document Version Date: 29-May-14

| **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]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Brief Questionnaire

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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 (variable name in layouts is RSCL6) 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 DIFFLNG]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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

Question ID: CMS.008_00.000 **Instrument Variable Name:**   DIFFLNG   **QuestionnaireFileName:**   Sample Child

QuestionText: How long have these difficulties been present?

1	Less than a month
2	1-5 months
3	6 to 12 months
4	Over a year
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: <1-4,R,D> [goto PRESCP6M]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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 PRESHELP] <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [end]; else [goto NSDUH21]

Question ID: CMS.011_00.000   **Instrument Variable Name:**   PRESHELP   **QuestionnaireFileName:**   Sample Child

QuestionText: During the past 6 months, how much has this prescription medication helped [fill: S.C. name]? Would you say…

*Read categories below.

1	Not at all
2	A little
3	Some
4	A lot
7	Refused
9	Don't know

UniverseText: Sample children 4-17 have taken prescription medicine in the past 6 mos

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

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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 TRETHELP]; else [goto NSDUH21]; <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 TRETHELP]; else [goto NSDUH21]; <2,R,D> [goto PMEDNEU]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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

QuestionText: *Read if necessary.

Who FIRST prescribed the medication? Was it

...A neurologist?

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, psychiatrist/ or other family doctor

SkipInstructions: <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto TRETHELP]; else [goto NSDUH21]; <2,R,D> [goto PMEDOTH]

Question ID: CMS.012_04.000   **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, psychiatrist or neurologist

SkipInstructions: <1,2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto TRETHELP]; else [goto NSDUH21]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

Question ID: CMS.014_00.000 **Instrument Variable Name:** NSDUH21 **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.

DURING THE PAST 6 MONTHS, did [fill: S.C. name] receive any treatment or counseling FROM A SCHOOL SOCIAL WORKER, SCHOOL PSYCHOLOGIST, SCHOOL NURSE, SCHOOL COUNSELOR, SPECIAL ED TEACHER, OR SCHOOL 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> [go to NSDUH31 <2,R,D> [go to NSDUH4]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

Question ID: CMS.015_00.010 **Instrument Variable Name:** NSDUH31 **QuestionnaireFileName:** Sample Child

QuestionText: Was it a day school or school where {S.C. name} stayed overnight or longer?

1	Day School
2	Overnight School
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 attend a special needs school

SkipInstructions: <1> [goto NSDUH32] <2,R,D [got to NSDUH4]

Question ID: CMS.015_00.020 **Instrument Variable Name:** NSDUH32 **QuestionnaireFileName:** Sample Child

QuestionText: Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

1	Special Ed teacher
2	Other school 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 needs day school with program for these difficulties

SkipInstructions: <1-5,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]

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	Special Ed teacher
2	Other school 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 school program for difficulties with emotions, concentration, behavior

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

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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

QuestionText: Now I'd like to ask about places other than {S.C.name}'s school 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]

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.

1	Pediatrician or family doctor
2	Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3	Speech, occupational or physical therapist
4	Religious or spiritual counselor or advisor
5	Probation of juvenile corrections officer or court counselor
6	Other
7	Refused
9	Don't know

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

SkipInstructions: <1,3-6,R,D> [goto TRETWHR2] <2> [goto TRTMHP1]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

Question ID: CMS.020_03.000 **Instrument Variable Name:**   TRTMHP1   **QuestionnaireFileName:**   Sample Child

QuestionText: You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1	Psychiatrist
2	Psychologist
3	Clinical social worker
4	Psychiatric nurse
7	Refused
9	Don't know

UniverseText: Sample children 4-6 who received counseling or treatment at daycare, child care, or play group from mental health provider

SkipInstructions: <1-4,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 other than {S.C. name}'s school 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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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.

1	Pediatrician or family doctor
2	Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3	Speech, occupational or physical therapist
4	Religious or spiritual counselor or advisor
5	Probation or juvenile corrections officer or court counselor
6	Other
7	Refused
9	Don't know

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

SkipInstructions: <1,3-6,R,D> [goto TRETWHR3] <2> [goto TRTMHP2]

Question ID: CMS.021_03.000 **Instrument Variable Name:** TRTMHP2 **QuestionnaireFileName:** Sample Child

QuestionText: You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1	Psychiatrist
2	Psychologist
3	Clinical social worker
4	Psychiatric nurse
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who received counseling or treatment at an office, clinic or community center from mental health provider

SkipInstructions: <1-4,R,D> [goto TRETWHR3]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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]

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.

1	Pediatrician or family doctor
2	Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3	Speech, occupational or physical therapist
4	Religious or spiritual counselor or advisor
5	Probation or juvenile corrections officer or court counselor
6	Other
7	Refused
9	Don't know

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

SkipInstructions: <1,3-6,R,D> [goto TRETWHR4] <2> [goto TRTMHP3]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

Question ID: CMS.022_03.000 **Instrument Variable Name:** TRTMHP3 **QuestionnaireFileName:** Sample Child

QuestionText: You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1	Psychiatrist
2	Psychologist
3	Clinical social worker
4	Psychiatric nurse
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who received counseling or treatment at home from mental health provider

SkipInstructions: <1-4,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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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.

1	Pediatrician or family doctor
2	Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3	Speech, occupational or physical therapist
4	Religious or spiritual counselor or advisor
5	Probation or juvenile corrections officer or court counselor
6	Other
7	Refused
9	Don't know

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

SkipInstructions: <1,3-6,R,D> [goto TRETWHR5] <2> [goto TRTMHP4]

Question ID: CMS.023_03.000 **Instrument Variable Name:** TRTMHP4 **QuestionnaireFileName:** Sample Child

QuestionText: You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1	Psychiatrist
2	Psychologist
3	Clinical social worker
4	Psychiatric nurse
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who received counseling or treatment at hospital/ER/crisis center/shelter from mental health provider

SkipInstructions: <1-4,R,D> [goto TRETWHR5]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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 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 TRETWHO5] <2,R,D> [goto TRETWHR6]

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.

1	Pediatrician or family doctor
2	Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3	Speech, occupational or physical therapist
4	Religious or spiritual counselor or advisor
5	Probation or juvenile corrections officer or court counselor
6	Other
7	Refused
9	Don't know

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

SkipInstructions: <1,3-6,R,D> [goto TRETWHR6] <2> [goto TRTMHP5]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

Question ID: CMS.024_03.000 **Instrument Variable Name:** TRTMHP5 **QuestionnaireFileName:** Sample Child

QuestionText: You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1   Psychiatrist
2   Psychologist
3   Clinical social worker
4   Psychiatric nurse
7   Refused
9   Don't know

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

SkipInstructions: <1-4,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]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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.

1	Pediatrician or family doctor
2	Psychiatrist, psychologist, clinical social worker or psychiatric nurse
3	Speech, occupational or physical therapist
4	Religious or spiritual counselor or advisor
5	Probation or juvenile corrections or court counselor
6	Other
7	Refused
9	Don't know

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

SkipInstructions: <1,3-6,R,D> [goto OVERNT6M] <2> [goto TRTMHP6]

Question ID: CMS.025_03.000 **Instrument Variable Name:**   TRTMHP6   **QuestionnaireFileName:**   Sample Child

QuestionText: You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

*Enter all that apply, separate with commas

1	Psychiatrist
2	Psychologist
3	Clinical social worker
4	Psychiatric nurse
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who received counseling or treatment at another place from mental health provider

SkipInstructions: <1-4,R,D> [goto OVERNT6M]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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

QuestionText: DURING THE PAST 6 MONTHS, in addition to a school you may have told me about, 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 prison, training school or jail, foster care home, or another special type of center or shelter 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]

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

QuestionText: Which ones?

*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]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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> IF PRESCP6M=1 or NSDUH21=1 or NSDUH3=1 or NSDUH4=1 or TRETWHR1=1 or TRETWHR2=1 or TRETWHR3=1 or TRETWHR4=1 or TRETWHR5=1 or TRETWHR6=1 or OVERNT6M=1 or SH1=1 or SH2=1 or CASEM6M=1 [goto TRETHELP]; else [goto TRTNEED1]

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 TRETHELP]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

Question ID: CMS.115_00.000   **Instrument Variable Name:** TRETHELP   **QuestionnaireFileName:** Sample Child

QuestionText: You told us that [S.C. child] has received treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others. During the past 6 months, how much has this treatment or counseling helped [S.C. child]?   Would you say…

* Read answer categories below.

1	Not at all
2	A little
3	Some
4	A lot
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who received treatment in the past 6 months

SkipInstructions: <1-4,R,D> if CMHDIFF=2-4 and DIFF6M=1 [goto TRPAYPHI];
else [goto next section]

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

QuestionText: Next I'm going to read a list of ways that treatment and counseling get paid for. Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

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

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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

QuestionText: *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

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 or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

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

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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

QuestionText: (Book) F14

*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

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 or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

[fill2: A state CHIP/SCHIP 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 received some type of treatment or counseling in the past 6 months

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

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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

QuestionText: *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

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

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

QuestionText: *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

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

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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

QuestionText: *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

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

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

QuestionText: *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 received some type of treatment or counseling in the past 6 months

SkipInstructions: <1,2,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 TRTNEED1]

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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 during the past 6 months 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 TRTNEED1]

Question ID: CMS.150_00.000 **Instrument Variable Name:**   TRTNEED1   **QuestionnaireFileName:**   Sample Child

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

2013 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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]

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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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]

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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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]

2013 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 29-May-14

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

2013 NHIS Questionnaire -   Sample Child

Child Influenza Immunization

Document Version Date: 29-May-14

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

QuestionText: ?[F1]

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.

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 next section]

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

QuestionText: 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 an vaccine dose

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

2013 NHIS Questionnaire - Sample Child

Child Influenza Immunization

Document Version Date: 29-May-14

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

QuestionText: 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]

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

QuestionText: 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]

Hard Edit: ERR1_ CH1N1_4Y
*Future date invalid.

ERR2_ CH1N1_4Y
*Date before birth.

ERR3_ CH1N1_4Y
*Date before 12 months ago.

2013 NHIS Questionnaire -   Sample Child

Child Influenza Immunization

Document Version Date: 29-May-14

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

QuestionText: 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 [goto next section]; else if CH1N1_2=2 [goto CH1N1_6M]

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

QuestionText: 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]

2013 NHIS Questionnaire -   Sample Child

Child Influenza Immunization

Document Version Date: 29-May-14

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

QuestionText: 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]

Hard Edit: ERR1_ CH1N1_7Y
*Future date invalid.

ERR2_ CH1N1_7Y
*Date before birth.

ERR3_ CH1N1_7Y
*Date before 12 months ago.

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

QuestionText: 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> [goto next section]