2016 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 31-Aug-17

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.

2016 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 31-Aug-17

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.

2016 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 31-Aug-17

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

2016 NHIS Questionnaire - Sample Child

Child Identification

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| **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

2016 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 31-Aug-17

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

2016 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 31-Aug-17

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

QuestionText: 1 of 3

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

*Enter month of birth.

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

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

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

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

QuestionText: 2 of 3

* Enter day of birth.

01-31   Day of the month

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

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

If days not valid, goto ERR_NEWDOB_D

Hard Edit: ERR_NEWDOB_D

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

* Please correct.

2016 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 31-Aug-17

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

2016 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 31-Aug-17

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.

2016 NHIS Questionnaire - Sample Child

Child Identification

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goto CSPVERF_A (whether suppressed or not)

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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.

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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.

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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.

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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) – See CBMI spec page
  <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.

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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) – See CBMI spec page
  <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.

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

Question ID:	CHS.031_04.010	**Instrument Variable Name:**	ADD1_2N	**QuestionnaireFileName:**	Sample Child

QuestionText: ?[F1]

Does [fill: S.C. name] currently have an intellectual disability, also known as mental retardation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <2 who have been told by a doctor or other health professional that they have an intellectual disability, also known as mental retardation

SkipInstructions: <1,2,R,D> if ADD1_3=1 [goto ADD1_3N]; else [goto CONDL]

Question ID:	CHS.031_05.010	**Instrument Variable Name:**	ADD1_3N	**QuestionnaireFileName:**	Sample Child

QuestionText: ?[F1]

Does [fill: S.C. name] currently have any other developmental delay?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <2 who have been told by a doctor or other health professional that they have any other developmental delay

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

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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 AUTISM]

2016 NHIS Questionnaire - Sample Child

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Question ID: CHS.032_02.010   **Instrument Variable Name:**   AUTISM   **QuestionnaireFileName:**   Sample Child

QuestionText: ?[F1]

* Read if necessary.

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

Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 2-17

SkipInstructions: <1,2,R,D> [go to ADD_3]

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

QuestionText: ?[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.032_04.010 **Instrument Variable Name:**   ADD_1N   **QuestionnaireFileName:**   Sample Child

QuestionText: ?[F1]

Does {S.C. name} currently have 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 who have ever been told by a doctor or other health professional that they had Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)

SkipInstructions: <1,2,R,D> if ADD_2=1 [go to ADD_2N]; else if AUTISM=1 [goto AUTISMN] else if ADD_3=1 [goto ADD_3N]; else [goto CONDL]

Question ID: CHS.032_05.010 **Instrument Variable Name:**   ADD_2N   **QuestionnaireFileName:**   Sample Child

QuestionText: ?[F1] Does [fill: S.C. name] currently have an Intellectual disability, also known as mental retardation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 2-17 who have ever been told by a doctor or other health professional that they had an intellectual disability, aka mental retardation

SkipInstructions: <1,2,R,D> if AUTISM=1 [goto AUTISMN] else if ADD_3=1 [goto ADD_3N]; else [goto CONDL]

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Question ID: CHS.032_06.010   **Instrument Variable Name:**   AUTISMN   **QuestionnaireFileName:**   Sample Child

QuestionText: ?[F1]

Does [fill: S.C. name] currently have Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 2-17 who have ever been told by a doctor or other health professional that they had Autism, Asperger's Disorder, pervasive developmental disorder, or autism spectrum disorder

SkipInstructions: <1,2,R,D> if ADD_3=1 [goto ADD_3N]; else [goto CONDL]

Question ID: CHS.032_07.010   **Instrument Variable Name:**   ADD_3N   **QuestionnaireFileName:**   Sample Child

QuestionText: ?[F1]

Does [fill: S.C. name] currently have any other developmental delay?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 2-17 who have ever been told by a doctor or other health professional that they had any other developmental delay

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

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Question ID:	CHS.060_00.000	Instrument Variable Name:	CONDL	QuestionnaireFileName:	Sample Child

QuestionText: (book) C2 ?[F1]

Looking at this list, has a doctor or health professional ever told you that [fill: SC name] had any of these conditions?

*Read if necessary.

Down syndrome
Cerebral palsy
Muscular dystrophy
Cystic fibrosis
Sickle cell anemia
Diabetes
Arthritis
Congenital heart disease
Other heart condition

UniverseText: Sample children <18

SkipInstructions: <1> [goto CONDL1] <2,R,D> [goto CPOX]

Question ID:	CHS.061_00.000	Instrument Variable Name:	CONDL1	QuestionnaireFileName:	Sample Child

QuestionText: (book) C2 ? [F1]

Which ones?

* Enter all that apply, separate with commas.

UniverseText: Sample children <18 and CONDL=1

SkipInstructions: <1-9, R,D> [go to CPOX]

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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]

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]

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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]

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 AGE LE 2 [go to CCONDT1_1];
else [go to CCONDT_1]

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

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

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]

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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]

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: 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]

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]

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: 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]

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]

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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]

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]

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: 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]

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]

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: 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]

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]

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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]

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]

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

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: 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]

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]

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

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

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.

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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]

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]

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

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

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

UniverseText: Sample children <18

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

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

QuestionText: Does [fill1: 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> [if AGE <6 goto CVISTST;
                if AGE =6-17 goto CVISGLAS]

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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> [if AGE <6 go to IHSPEQ;
else if AGE = 6-17 go to CVISACT]
<2,R,D> [if AGE <6 goto CVISTST;
else if AGE = 6-17 goto CVISGLAS]

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

QuestionText: ?[F1]

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <6 who is not blind

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

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

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

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

UniverseText: Sample children <6 ever had vision tested

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

Question ID: CHS.270_00.025 **Instrument Variable Name:** CVISGLAS **QuestionnaireFileName:** Sample Child

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 who is not blind

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 wear glasses or contact lenses

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 wear glasses or contact lenses

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 6-17

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

Question ID: CHS.270_00.050 **Instrument Variable Name:** CVISPROT **QuestionnaireFileName:** Sample Child

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

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

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

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

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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]

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

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]

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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]

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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]

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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,R,D [goto CPRVTRYR]; ELSE [goto CHCCHGYR]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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.

2016 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 31-Aug-17

Question ID: CBL.010_00.000   **Instrument Variable Name:**   CBALWLK   **QuestionnaireFileName:**   Sample Child

QuestionText: At what age did {fill1: S.C. name} take {fill2: his/her} first steps without support?

01	6 to 8 months
02	9 to 11 months
03	12 to 14 months
04	15 to 17 months
05	18 to 23 months
06	24 months (2 years) or later
07	Cannot walk
97	Refused
99	Don't know

UniverseText: Sample children 3+

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

Question ID: CBL.020_00.000   **Instrument Variable Name:**   CBALVRTG   **QuestionnaireFileName:**   Sample Child

QuestionText: These next questions are about balance problems or disorders that children may experience such as feeling unsteady, dizzy, light headed, or woozy or having body or motor coordination problems.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

a spinning or vertigo feeling with a sense of movement, such as rocking of oneself or as if riding a Merry-Go-Round?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+

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

2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 31-Aug-17

Question ID:	CBL.025_00.000	**Instrument Variable Name:**	CBALSTED	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

poor balance, an unsteady or woozy feeling that makes it difficult to stand up or walk?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+

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

Question ID:	CBL.027_00.000	**Instrument Variable Name:**	CBALMOTR	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

problems with body or motor coordination or clumsiness?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+

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

2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 31-Aug-17

Question ID:	CBL.030_00.000	**Instrument Variable Name:**	CBALFALL	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

frequent, unexpected falls?

*If asked, specify: if falls EVER happened more often than once a week.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+

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

Question ID:	CBL.035_00.000	**Instrument Variable Name:**	CBALPASS	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

feeling light-headed, fainting, or feeling {fill: he/she} is about to pass out?

*If child does faint or pass out, enter '1' for yes.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+

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

Question ID:	CBL.037_00.000	**Instrument Variable Name:**	CBALBLR	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

blurred vision when head is moving, or rapid eye movements known as "bouncing" eyes causing disorientation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+

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

Question ID:	CBL.039_00.000	**Instrument Variable Name:**	CBALOTH	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems...

any other type of balance or dizziness problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+

SkipInstructions: <1,2,R,D> if CBALVRTG=1 or CBALSTED=1 or CBALMOTR=1 or CBALFALL=1 or CBALPASS=1 or CBALBLR=1 or CBALOTH=1 [goto CBALBHD]; else [goto CBALHDIJ]

2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 31-Aug-17

Question ID: CBL.040_00.000   **Instrument Variable Name:**   CBALBHD   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by headaches or migraines around the same time as {fill: his/her} dizziness or balance problem(s)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

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

Question ID: CBL.041_00.000   **Instrument Variable Name:**   CBALBHR   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had hearing changes or problems such as blocked ears or ringing in the ears around the same time as {fill: his/her} dizziness or balance problem(s)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

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

Question ID: CBL.042_00.000   **Instrument Variable Name:**   CBALAGE   **QuestionnaireFileName:**   Sample Child

QuestionText: How old was {fill: S.C. name} when the FIRST episode, bout or "attack" of dizziness or balance problem occurred?

*Read if necessary: : If uncertain of exact age, estimate to the best of your recollection.

00-17	0-17
97	Refused
99	Don't know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

SkipInstructions: <0-17,R,D> [goto CBALOFTN]

2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 31-Aug-17

Question ID:	CBL.043_01.000	Instrument Variable Name:	CBALOFTN	QuestionnaireFileName:	Sample Child

QuestionText: 1 of 2

DURING THE PAST 12 MONTHS, how often did {fill: S.C. name}'s episodes, bouts or "attacks" of dizziness or balance problems occur?

*Enter '96' for 'Constantly'.

*Do not include the time to get over feelings of nausea or vomiting that may accompany the episode, bout, or attack of dizziness or balance problem.

00-95	00-95
96	Constantly
97	Refused
99	Don't know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

SkipInstructions: <1-95> [goto CBALOFTT] <96,R,D> [goto CBALDUR]

Question ID:	CBL.043_02.000	Instrument Variable Name:	CBALOFTT	QuestionnaireFileName:	Sample Child

QuestionText: 2 of 2

*Enter time period.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year
6	Constantly
7	Refused
9	Don't know

UniverseText: Sample children 3+ who gave a number for how often balance problems occurred in the past 12 months

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

2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 31-Aug-17

Question ID: CBL.044_00.000   **Instrument Variable Name:**   CBALDUR   **QuestionnaireFileName:**   Sample Child

QuestionText: How long does (or did) a typical episode, bout or "attack" of dizziness or balance problem last?

01	Momentary, or less than 2 minutes
02	Two minutes to less than 20 minutes
03	20 minutes to less than 8 hours
04	8 hours to less than 24 hours
05	1 day to less than 14 days
06	2 weeks to less than 3 months
07	3 months or longer
97	Refused
99	Don't know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

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

Question ID: CBL.045_00.000   **Instrument Variable Name:**   CBALDGHP   **QuestionnaireFileName:**   Sample Child

QuestionText: Did a doctor or other health professional EVER tell you a diagnosis or reason for {fill1: S.C. name}'s dizziness or balance problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

SkipInstructions: <1> [goto CBALDGN2] <2,R,D> [goto CBALPART]

2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 31-Aug-17

Question ID: CBL.050_00.000   **Instrument Variable Name:**   CBALDGN2   **QuestionnaireFileName:**   Sample Child

QuestionText: What diagnoses or reasons were you told caused {fill1: S.C. name}'s balance or dizziness problems?

*Enter all that apply, separate with commas.

01	Anxiety, including panic syndrome
02	Benign positional or paroxysmal vertigo (BPV)
03	Blurred vision with head motion, "bouncing" or rapid eye movements
04	Crystals – loose or dislodged in the ear
05	Depression or child psychiatric disorder
06	Developmental motor coordination disorder ("clumsy" child)
07	Diabetes ("juvenile diabetes")
08	Ear infection(s) – otitis media, fluid, viral labrynthitis
09	Genetic syndrome, such as Usher's or Waardenburg Syndrome
10	Headache, including migraine
11	Head/neck injury or concussion
12	Low blood pressure (hypotension)
13	Malformation of the ear
14	Meniere's disease
15	Neurological, such as cerebral palsy, seizure(s), etc.
16	Nutritional, such as low blood sugar (metabolic problem)
17	Side effects from medications (antibiotics, etc.)
18	Other health condition or cause
97	Refused
99	Don't know

UniverseText: Sample children 3+ who have ever been told a diagnosis for their balance or dizziness problems

SkipInstructions: <1-18,R,D> [goto CBALPART]

Question ID: CBL.055_00.000   **Instrument Variable Name:**   CBALPART   **QuestionnaireFileName:**   Sample Child

QuestionText: Did any of these episodes of dizziness or balance problems keep {fill1: S.C. name} from participating in home, school, {fill2: work,} or recreational activities?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

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

2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 31-Aug-17

Question ID: CBL.060_00.000   **Instrument Variable Name:**   CBALPROB   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem were these episodes of dizziness or imbalance for {fill1: S.C. name}? Would you say it was...

*Read categories below.

1	No problem
2	A small problem
3	A moderate problem
4	A big problem
5	A very big problem
7	Refused
9	Don't know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

SkipInstructions: <1-5,R,D> [goto CBALHPYR]

Question ID: CBL.065_00.000   **Instrument Variable Name:**   CBALHPYR   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C name} seen a doctor, physical or occupational therapist, or other health care professional about these episodes of dizziness or balance problems? Include visits to the Emergency Room, hospital, or health clinics.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+ who have had episodes of balance or dizziness in the past 12 months

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

2016 NHIS Questionnaire - Sample Child

Child Balance

Document Version Date: 31-Aug-17

Question ID: CBL.070_00.000 **Instrument Variable Name:** CBALTRET **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} tried methods recommended by a doctor, physical or occupational therapist, or other health care professional for treating {fill2: his/her} episodes of dizziness or balance problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+ who have had episodes of balance the past 12 months

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

Question ID: CBL.075_00.000 **Instrument Variable Name:** CBALHDIJ **QuestionnaireFileName:** Sample Child

QuestionText: IN {fill: his/her} LIFETIME, has {fill1: S.C. name} EVER had a significant head injury or concussion?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3+

SkipInstructions: <1> [goto CBALHDNO] <2,R,D> if AGE=4-17 goto CMHCOPY; else goto CH1N1_1]

Question ID: CBL.080_00.000 **Instrument Variable Name:** CBALHDNO **QuestionnaireFileName:** Sample Child

QuestionText: IN {fill: his/her} LIFETIME, how many significant head injuries or concussions has {fill1: S.C. name} had?

01-95	1-95
97	Refused
99	Don't know

UniverseText: Sample children 3+ who have ever had a significant head injury or concussion

SkipInstructions: <1-95,R,D> if AGE=4-17 goto CMHCOPY; else goto CH1N1_1]

2016 NHIS Questionnaire - Sample Child

Child Mental Health Brief Questionnaire

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Mental Health Brief Questionnaire

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Mental Health Brief Questionnaire

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Mental Health Brief Questionnaire

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Influenza Immunization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Influenza Immunization

Document Version Date: 31-Aug-17

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.

2016 NHIS Questionnaire - Sample Child

Child Influenza Immunization

Document Version Date: 31-Aug-17

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]

2016 NHIS Questionnaire - Sample Child

Child Influenza Immunization

Document Version Date: 31-Aug-17

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]