# CHILD CORE Section I -- IDENTIFICATION AND VERIFICATION

<u>Check item CHII</u>	LD BEGI	section) of the fam immunization section); child interview) if no	ild or the sample child section (not including immunization nily has been completed, goto CIDCCI2 (beginning of ; otherwise, (including sample child call back and new sample person has "x" in KNOWSC (x=person who knows the child), ID.015), otherwise goto CURRES (CID.001).
CID.001	ENTER	THE NUMBER OF THE PERSO	ON TO WHOM YOU ARE SPEAKING.
>CURRES<	(01-30)	1-30 Person number	
CID.005	The nextquestions are about {Sample Child name}. Are you able to answer questions about {his/her} health at this time?		
>CSRESP<			Refused (Check item CSPEDIT) Don't know (Check item CSPEDIT )
Check item CSP	<b>Check</b> those in the family with KNOWSC marked 'x'. If the person number equals CURRES, set counter X2=<0>; else if no one has KNOWSC marked 'x', set counter X equal to <4>; else set counter X2 equals the person with KNOWSC='x'. Goto CSPEDIT2.		
<u>Check item CSP</u>	EDIT2:		KNOAVAIL equal to <2> and goto CALLMORE (arrange dis <0>, then go back to CSPEDIT for next KNOWSC. If these boto CSPAVAIL.
CID.010	Is {KNO	OWSC name } available to answe	ver some questions about {sample child name}'s health?
>CSPAVAIL<		lable (CID.030) available (Check item CSPEDIT)	<ul><li>(7) Refused (Check item CSPEDIT)</li><li>(9) Don't know (Check item CSPEDIT)</li></ul>
CID.015	Is there	any family member available wl	ho can answer questions about {sample child name}'s health?
>KNOAVAIL<	(1) Yes (CID.020) (2) No (CALLMORE)		
CID.020	Enter the person number of the respondent.		
>CSRESPNO<	(01-30)	1-30 Person number	
CID.030	FR:	SHOW FLASHCARD C1. EN	NTER ONLY 1.
	What is	{CSRESPNO name}'s relations	ship to {sample child name}?
>CSRELTIV<	<ul><li>(02)</li><li>(03)</li><li>(04)</li></ul>	Parent (Biological, adoptive, or Grandparent Aunt/Uncle Brother/Sister Other relative	step) (06) Legal guardian (07) Foster parent (08) Other non-relative (97) Refused (99) Don't know
Check item CID	<u>CCI1:</u>	If CSRESPNO is the household CSPVERF.	ld respondent, goto beginning of CHS section, otherwise goto

## CID.040 PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE CHILD BEFORE PROCEEDING:

(1) Yes (2) No

>CSPVERF1< Gender = {male/female} Is it correct?

>CSPVERF2< Age = {3 digit format} Is it correct?

>CSPVERF3< Birthday = {spoken word format} Is it correct?

<u>Check item CIDCCI1A:</u> If CSPVERF1 equals 2 then go to CID.042; If CSPVERF2 equals 2 then go to CID.044; If CSPVERF3 equals 2 then go to CID.046; If any changes in age or birthdate have been made in CID.040, goto CAGECHK; If age is 18+, goto CNO\_MORE; else go to beginning of CHS section (conditions, limitation, health status).

CID.042 FR: A S K IF A PPROPRIATE; OTHERWISE, ENTER YOUR BEST GUESS OF THE PERSON'S SEX.

Is {sample child name} Male or Female?

>NEWSEX< (1) Male (2) Female

[Update revised sex - NEWSEX in SEX]

- CID.044 How old is {sample child name}?
- >NEWAGE< (00-96) 0-96 years old (97) Refused (99) Don't know

(Go to Check item CIDCCI1A)

(Go to Check item CIDCCI1A)

#### [Update revised age - NEWAGE in AGE]

CID.046 What is {sample child name} birthday?

#### >**NEWDOB\_M**<MONTH:

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

#### >NEWDOB\_D< DAY:

(01-31) 1-31 (97) Refused (99) Don't Know

#### >**NEWDOB\_Y**< YEAR:

(1900-2000) 1900-2000 (9997) Refused (9999) DK

[Update Birthdates in DOB\_M, DOB\_D, and DOB\_Y\_P]

**<u>Check item CAGECHK:</u>** Verify that the age and birthdate are consistent. If not, goto CID.040, re-enter age or birthdate. If there is no change of age or birthday in CID.040, and the age calculated form CID.046 agrees with CID.040, then goto CHS.010. If either age or birthday has been changed in CID.040 and the age calculated in CID.046 agrees with AGE, display <Please confirm data again> and goto CID.040 (gender). If ages do not agree, display <Data inconsistency> and goto CID.040 (age). If there is no change of age or birthday in CID.040, and the age calculated form CID.046 disagrees with AGE, then display <Data mismatched, please fix age or birthday> and go to CID.040 (age).

# CID.047 FR: {SC name} IS NO LONGER THE SAMPLE CHILD FOR THIS FAMILY

>CNO\_MORE<@ Enter (P) to proceed (goto end of sample child)

(Go to next section--Conditions, Limitations, Health Status)

# Section II - CONDITIONS, LIMITATION, HEALTH STATUS

# Part A -- Conditions, Limitation of Activity & Health Status

CHS.010	What was {S.C.name}'s birth weight?	
FR:	ALLOW THE RESPONSES IN METRIC IF	VOLUNTEERED.
>BWGTLB<	(01-15) 1-15 pounds (97) Refused (99) Don't know	
>BWGTOZ<	(00-15) 0-15 ounces (97) Refused (99) Don't know	
>BWGTMGR<	(0500) 500 grams or less (0501-5484) 501-5484 grams (5485) 5485+ grams	(9997) Refused (9999) DK
CHS.020	How tall is {S.C.name} now?	
FR:	ALLOW ALL RESPONSES TO BE IN MET	RIC IF VOLUNTEERED.
>CHGHTF<	(00-07) 0-7 Feet (97) Refused (99) Don't know	
>CHGHTI<	(00-36) 0-36 Inches (97) Refused (99) Don't know	
>CHEIGHTN<	(12-95) 12-95 inches (97) Refused (99) Don't know	
>CHEIGHTC<	(030-241) 30-241 Centimeters (997) Refused (999) Don't know	
CHS.021	About how much does {S.C.name} weigh no	ow? (without shoes)
FR:	ALLOW RESPONSES IN METRIC IF VOLU	UNTEERED.
>CWT_LB<	(001-500) 1-500 pounds (997) Refused (999) Don't know	
>CWT_KG<	(0020) 2.0 kilograms or less (0021-2268) 2.1-226.8 kilograms (9997) Refused (9999) Don't know	

<b>Check item CHSCCI1:</b> [If age is greater than or equal to 2 go to CHS.032; If the age is less than or equal to 1 then go to CHS.031.			
CHS.031	Has a doctor or health professional ever told you that {S.C. name} had:		
	(1) Yes (7) Refused (2) No (9) Don't know		
	(Go to CHS.060)		
>AMR1< >AODD1<	Mental Retardation? Any other developmental delay?		
CHS.032	Has a doctor or health professional ever told you that {S.C. name} had:		
	(1) Yes (7) Refused (2) No (9) Don't know		
>ADD2< >AMR2< >AODD2<	Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) Mental Retardation? Any other developmental delay?		
CHS.060	Looking at this list, has a doctor or health professional ever told you that {S.C. name} had any of these conditions?		
	FR: SHOW FLASHCARD C2.		
>CONDL<	(00) None(07) Diabetes(01) Down's syndrome(08) Arthritis(02) Cerebral Palsy(09) Congenital heart disease(03) Muscular Dystrophy(10) Other heart condition(04) Cystic Fibrosis(97) Refused(05) Sickle cell anemia(99) Don't know(06) Autism(91) Content for the state of the state		
	[]>CONDL_1< []>CONDL_3< []>CONDL_5< []>CONDL_7< []>CONDL_9< []>CONDL_2< []>CONDL_4< []>CONDL_6< []>CONDL_8< []>CONDL_10<		
CHS.070	Has {S.C. name} EVER had chickenpox?		
>CPOX<	(1) Yes (CHS.072)(7) Refused (CHS.080)(2) No (CHS.080)(9) Don't know (CHS.080)		
CHS.072	Has {S.C. name} had chickenpox DURING THE PAST 12 MONTHS?		
>CPOX12MO<	(1) Yes (7) Refused (2) No (9) Don't know		
CHS.080	Has a doctor or other health professional EVER told you that {S.C.name} had asthma?		
>CASHMEV<	(1) Yes (CHS.090)(7) Refused (Check item CHSCCI2)(2) No (Check item CHSCCI2)(9) Don't know (Check item CHSCCI2)		

[ The fo	ollowing questions are about {S.C. na	me} asthma DURING THE PAST 12 MONTHS. ]
CHS.090	DURING THE PAST 12 MONTHS attack?	S, has {S.C. name} had an episode of asthma or an asthma
>CASHYR<	(1) Yes (CHS.100) (2) No (CHSCCI2)	<ul><li>(7) Refused (CHSCCI2)</li><li>(9) Don't know (CHSCCI2)</li></ul>
CHS.100	DURING THE PAST 12 MONTHS care center because of asthma?	S, did {S.C.name} have to visit an emergency room or urgent
>CASMERYR<	(1) Yes (2) No	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>
<u>Check item CH</u>	SCC12: [If the age is greater than to 2 then goto CHS.111.]	or equal to 3 then go to CHS.115; If the age is less than or equal
CHS.111	DURING THE PAST 12 MONTHS	S, has {S.C.name} had any of the following conditions?
	(1) Yes (2) No	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>
>HAYF1< >RALLG1< >DALLG1< >SALLG1< >DIARH1< >ANEMIA1< >EARINF1< >SEIZE1<	Hay fever? Any kind of respiratory allergy? Any kind of food or digestive all Eczema or any kind of skin allerg Frequent or repeated diarrhea or Anemia? Three or more ear infections? Seizures?	y?
CHS.115		.C.name} had any of the following conditions?
CH3.115	<ul><li>(1) Yes</li><li>(2) No</li></ul>	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>
>HAYF2< >RALLG2< >DALLG2< >SALLG2< >DIARH2< >ANEMIA2< >FHEAD< >EARINF2< >SEIZE2< >STUTTER<	Hay fever? Any kind of respiratory allergy? Any kind of food or digestive all Eczema or any kind of skin allerg Frequent or repeated diarrhea or Anemia? Frequent or severe headaches, in Three or more ear infections? Seizures? Stuttering or stammering?	y? colitis?

CHS.210	Compared with 12 months ago, would you say {S.C.name}'s health is now <b>better</b> , worse, or <b>about the same</b> ?		
>CHSTATYR<	<ol> <li>Better</li> <li>Worse</li> <li>About the same</li> </ol>	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>	
<u>Check item CHS</u>	<b>CCI3:</b> [If the age is greater than to CHS.230.]	or equal to 5 go to CHS.220; If age is less than or equal to 4 go	
CHS.220	DURING THE PAST 12 MONTHS, that is, since {12-month ref. date}, about how many days did {S.C. name} miss school because of illness or injury?		
FR:	ENTER 996 IF CHILD DID NOT GO TO SCHOOL IN THE PAST 12 MONTHS.		
>SCHDAYR1<	(000) None (001-240) 1-240 Days (996) Did not go to school	(997) Refused (999) Don't know	
[ These next	questions are about {S.C. name}'s	recent health during the 2 weeks outlined on that calendar. ]	
CHS.230	Did {S.C.name} have a head cold	or chest cold that started during those two weeks?	
>CCOLD2W<	<ol> <li>(1) Yes</li> <li>(2) No</li> </ol>	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>	
CHS.240	Did {S.C.name} have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?		
>CINTIL2W<	<ol> <li>(1) Yes</li> <li>(2) No</li> </ol>	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>	
CHS.250	Which statement best describes {S.C.name}'s hearing without a hearing aid: Good, Little trouble, Lot of trouble, or Deaf?		
>CHEARST<	<ul><li>(1) Good</li><li>(2) Little trouble</li><li>(3) Lot of trouble</li></ul>	<ul><li>(4) Deaf</li><li>(7) Refused</li><li>(9) Don't know</li></ul>	
CHS.260	Does {S.C.name} have any trouble seeing? [If child's age is 2 or more add:]		
	Even when wearing glasses or contact lenses?		
>CVISION<	(1) Yes (CHS.270) (2) No (CHS.290)	<ul><li>(7) Refused (CHS.290)</li><li>(9) Don't know (CHS.290)</li></ul>	
CHS.270	Is {S.C.name} blind or unable to se	e at all?	
>CBLIND<	(1) Yes (2) No	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>	

CHS.290	Does {S.C.name} have any impairment or health problem that requires {him/her} to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?		
>IHSPEQ<	(1) Yes (2) No		<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>
CHS.300	Does {S.C.name} have an impairment or health problem that limits {his/her} ability to (crawl), walk, run, or play?		
>IHMOB<		(CHS.310) CHS.311)	<ul><li>(7) Refused (CHS.311)</li><li>(9) Don't know (CHS.311)</li></ul>
CHS.310	Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer?		
>IHMOBYR<	(1) Yes (2) No		<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>
CHS.311	Does {S.C.name} <b>now</b> have a problem for which {he/she} has regularly taken prescription medication for at least three months?		
>PROBRX<	(1) Yes (2) No		<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>
Check item CHS	<u>CCI4:</u>	•	to 1 go to next sectionHealth Care Access and Utilization, al to 2 go to CHSCCI5; If the age is greater than or equal to 3
CHS.312		Has a representative from a school or a health professional ever told you that {S.C.name} had a earning disability?	
>LEARND<	(1) Yes (2) No		<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>

#### Part B - Mental Health

If $AGE = 2-3$ & SEX is male, then goto CHS.321;
If $AGE = 2-3$ & SEX is female, then, goto CHS.361;
If $AGE = 4-11$ & SEX is male, then goto CHS.401;
If $AGE = 4-11$ & SEX is female, then goto CHS.441;
If AGE = 12-17 & SEX is male, then goto CHS.481;
If $AGE = 12-17$ & SEX is female, then goto CHS.521.

CHS.321 I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C. name} DURING THE PAST 2 MONTHS.

#### FR: SHOW FLASHCARD C3

(0) Not True	(7) Refused
(1) Sometimes True	(9) Don't know
(2) Often True	

HE:

>CMHAGM12< ...Has been uncooperative?</p>
>CMHAGM13< ...Has trouble getting to sleep?</p>
>CMHAGM14< ...Has speech problems?</p>
>CMHAGM15< ...Has been unhappy, sad, or depressed?</p>

#### (Go to CAU.020)

CHS.361 I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {C.S. name} DURING THE 2 PAST MONTHS.

#### FR: SHOW FLASHCARD C3

(0) Not True	(7) Refused
(1) Sometimes True	(9) Don't know
(2) Often True	

SHE:

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

## (Go to CAU.020)

CHS.401 I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C. name} DURING THE PAST 6 MONTHS.

# FR: SHOW FLASHCARD C3

(0) Not True	(7) Refused
(1) Sometimes True	(9) Don't know
(2) Often True	

HE:

>CMHAGM22< ...Doesn't get along with other kids?

>CMHAGM23< ...Can't concentrate or pay attention long?

>CMHAGM24< ...Feels worthless or inferior?

>CMHAGM25< ... Has been unhappy, sad, or depressed?

#### (Go to CAU.020)

CHS.441 I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C. name} DURING THE PAST 6 MONTHS.

# FR: SHOW FLASHCARD C3

(0) Not True	(7) Refused
(1) Sometimes True	(9) Don't know
(2) Often True	

SHE:

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

#### (Go to CAU.020)

CHS.481 I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C. name} DURING THE PAST 6 MONTHS:

#### FR: SHOW FLASHCARD C3

(0) Not True	(7) Refused
(1) Sometimes True	(9) Don't know
(2) Often True	

HE:

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

#### (Go to CAU.020)

CHS.521 I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of {S.C. name} DURING THE PAST 6 MONTHS:

## FR: SHOW FLASHCARD C3

(0) Not True	(7) Refused
(1) Sometimes True	(9) Don't know
(2) Often True	

#### SHE:

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

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

# Section III -- HEALTH CARE ACCESS AND UTILIZATION

### Part A -- Access To Care

#### [ The next questions are about Health Care. ]

CAU.020	Is there a place that {S.C. name} USUALLY goes when {he/she} is sick or you need advice about {his/her} health?			
>CUSUALPL<	<ol> <li>(1) Yes (CAU.030)</li> <li>(2) There is NO place (CAU.037)</li> <li>(3) There is MORE THAN ONE place</li> </ol>	ee (CAU.030)	(7) Refused (CAU.037) (9) Don't know (CAU.037)	
CAU.030	[If CAU.020 equal to 1, then read:]			
	What kind of place is it			
	[ If CAU.020 equal 3, then read:]			
	What kind of place does {S.C. name A clinic, doctor's office, emergene	-		
>CPLKIND<	<ol> <li>(1) Clinic or health center (CAU.035)</li> <li>(2) Doctor's office or HMO (CAU.035)</li> <li>(3) Hospital emergency room (CAU.</li> <li>(4) Hospital outpatient department (4)</li> <li>(5) Some other place (CAU.035)</li> <li>(6) Doesn't go to one place most oft</li> <li>(7) Refused (CAU.037)</li> <li>(9) Don't know (CAU.037)</li> </ol>	95) 035) CAU.035)		
CAU.035	Is that {place selected in CAU.030} the same place {S.C. name} usually goes when {he/she} needs routine or preventive care, such as a physical examination or well baby/child check-up?			
>CHCPLROU<	(1) Yes (CAUCCI1) (2) No (CAU.037)	<ul><li>(7) Refused (CA</li><li>(9) Don't know</li></ul>		
CAU.037	What kind of place does {S.C. name} USUALLY go to when {he/she} needs routine preventive care, such as a physical examination or (well baby/child) check-up?			
>CHCPLKND<	0) Doesn't get preventive care anywhere(5) Some other place1) Clinic or health center(6) Doesn't go to one place most often2) Doctor's office or HMO(7) Refused3) Hospital emergency room(9) Don't know4) Hospital outpatient department		besn't go to one place most often fused	
Check item CAU	<b><u>CCI1</u></b> : If CAU.020 equals <2, 7, 9:	> go to CAU.080	); Else go to CAU.040.	
CAU.040	At any time in the past 12 months did you CHANGE the place(s) to which {S.C. name} USUALLY goes for health care?			
>CHCCHGYR<	(1) Yes (CAU.050) (2) No (CAU.080)	<ul><li>(7) Refused (CA</li><li>(9) Don't know</li></ul>		

CAU.050	Was this change for a reason related to health insurance?		
>CHCCHGHI<	(1) Yes (2) No	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>	
CAU.080	There are many reasons people delay getting medical care. Have you delayed getting care for {S.C. name} for any of the following reasons in the past 12 months?		
	(1) Yes (2) No	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>	
>CHCDLYR2< >CHCDLYR3< >CHCDLYR4<	You couldn't get through on the You couldn't get an appointmen Once you get there, {S.C.name} The (clinic/doctor's office) was You didn't have transportation.	t for {S.C.name} soon enough. has to wait too long to see the doctor.	
<u>Check item CAU</u>	JCCI2: If the age is greater than o	or equal to 2 go to CAU.135; Else go to CAU.130.	
CAU.130	DURING THE PAST 12 MONTHS, was there any time when {S.C. name} needed any of the following, but didn't get it because you couldn't afford it? Prescription medicines?		
>CHCAFYR<	(1) Yes (2) No	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>	
		(Go to CAUCCI2A)	
CAU.135	DURING THE PAST 12 MONTHS, was there any time when {S.C. name} needed any of the following, but didn't get it because you couldn't afford it:		
	(1) Yes (2) No	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>	
>CHCAFYR2<	Prescription medicines? Mental health care or counseling Dental care (including check-ups Eyeglasses?		
Chook itom CAI	ICCI2A. If ago is loss than 1 go to C	AU 170: Else go to CAU 160	

<u>Check item CAUCCI2A:</u> If age is less than 1 go to CAU.170; Else go to CAU.160.

## Part B -- Dental Care

CAU.160 About how long has it been since {S.C. name} last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

# FR: SHOW FLASHCARD C4

- >CDNLONGR< (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
  - (7) Refused (CAUCCI2B)
  - (9) Don't know (CAUCCI2B)

**<u>Check Item CAUCCI2B</u>**: If the age is greater than or equal to 2 go to CAU.175; Else go to CAU.170

#### Part C -- Health Care Provider Contacts

CAU.170 DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, has anyone in the family seen or talked to any of the following health care providers about {S.C. name}'s health? (1) Yes (7) Refused (2) No (9) Don't know >CHCSYR11< An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? >CHCSYR12< A foot doctor? >CHCSYR13< A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? **>CHCSYR14**< A nurse practitioner, physician assistant or midwife? (Go to CAU.240) CAU.175 DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, have you seen or talked to any of the following health care providers about {S.C. name}'s health? (1) Yes (7) Refused (2) No (9) Don't know >CHCSYR1< ...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker? >CHCSYR2< ...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? ...A foot doctor? >CHCSYR3< >CHCSYR4< ...A chiropractor? >CHCSYR5< ...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? >CHCSYR6< ...A nurse practitioner, physician assistant or midwife? Check item CAUCCI2C: [If female and age is greater 14 then go to CAU.230; Else go to CAU.240.] CAU.230 DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about {S.C. name}'s health? >CHCSYR7< (1) Yes (7) Refused (2) No (9) Don't know CAU.240 DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, have you seen or talked to the following about {S.C. name}'s health? (1) Yes (7) Refused (2) No (9) Don't know >CHCSYR81< A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist or ophthalmologist)? >CHCSYR82< A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)? Check item CAUCCI2D: If CHCSYR82 equals 1 go to CAU.260; Else go to CAU.270.

CAU.260	Does that doctor treat children and adults (a doctor in general practice or family medicine)?		
>CHCSYR10<	(1) Yes (2) No	<ul><li>(7) Refused</li><li>(9) Don't know</li></ul>	
CAU.270	DURING THE PAST 12 MONTHS did {S.C. name} receive a well-child checkup-that is a general checkup when she was not sick or injured?		
>CHPXYR_C<	(1) Yes (7) Refused (2) No (9) Don't know		
CAU.280	DURING THE PAST 12 MONTHS, how many times has {S.C.name} gone to a hospital emergency room about {his/her} health? (This includes emergency room visits that resulted in a hospital admission.)		
FR:	SHOW FLASHCARD C	5	
>CHERNOY2<	(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	
CAU.290	DURING THE PAST 12 MONTHS, did {S.C. name} receive care <b>at home</b> from a nurse or other health care professional?		
>CHCHYR<	(1) Yes (CAU.300) (2) No (CAU.320)	<ul><li>(7) Refused (CAU.320)</li><li>(9) Don't know (CAU.320)</li></ul>	
CAU.300	DURING THE PAST 12 MONTHS, how many months did {S.C. name} receive care at home from a health care professional?		
>CHCHMOYR<	<ul><li>(01-12) months</li><li>(7) Refused</li><li>(9) Don't know</li></ul>		
CAU.310	What was the total number	er of home visits received for {S.C. name} during that/those months?	
FR:	SHOW FLASHCARD C6		
>CHCHNOY2<	(01) 1 (02) 2-3	(06) 10-12 (07) 13-15	

(02) 2-3	(07) 13-15
(03) 4-5	(08) 16 or more
(04) 6-7	(97) Refused
(05) 8-9	(99) Don't know

CAU.320 During the past 12 months, **how many times** has {S.C. name} seen a doctor or other health care professional about {his/her} health at **a doctor's office, a clinic, or some other place**? DO NOT INCLUDE TIMES {S.C. name} WAS HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, OR TELEPHONE CALLS.

## FR: SHOW FLASHCARD C5

>CHCNOYR2<	(00) None	(06) 10-12
	(01) 1	(07) 13-15
	(02) 2-3	(08) 16 or more
	(03) 4-5	(97) Refused
	(04) 6-7	(99) Don't know
	(05) 8-9	

CAU.330 During the past 12 months has {S.C.name} had **surgery** or other surgical procedures either as an inpatient or outpatient?

# FR: (READ IF NECESSARY) THIS INCLUDES BOTH MAJOR SURGERY AND MINOR PROCEDURES SUCH AS SETTING BONES OR REMOVING GROWTHS.

>CSRGYR<	(1) Yes (CAU.340))	(7) Refused (Check item CAUCCI3)
	(2) No (Check item CAUCCI3)	(9) Don't know (Check item CAUCCI3)

# CAU.340 Including any times you may have already told me about, **how many different times** has {S.C.name} had surgery done as an outpatient DURING THE PAST 12 MONTHS?

>CSRGNOYR<	(00) None	(97) Refused
	(01-94) 1-94 times	(99) Don't know
	(95) 95+ times	

- <u>Check item CAUCCI3</u>: If sample child had a doctor visit in the last 2 weeks as indicated in the family core, that is: If FAU.180 equals <1> and sample child's person number is in FAU.190, then CAU.345 equals <1> and goto next section; Else goto CAU.345.
- CAU.345 About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about {S.C.name}'s health? Include doctors seen while {he/she} was a patient in a hospital.

#### FR: SHOW FLASHCARD C4.

#### >CMDLONG< (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