2004 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 20-Jul-05

Question ID:	CID.001	_00.000	Instrument Variable Name:	CURRES	QuestionnaireFileName:	Sample Child
Question Text: 01-25			ne number of the person to w er of the respondent for Samp			
Universe:		Sample o	child section not started or no	ot completed		
Skip Instruct		if AST goto elseif r goto endif goto ba endif <01-25>	$\Gamma \Leftrightarrow$ empty and CSTAT \Leftrightarrow AT = empty or ASTAT = 2 ⁷ adult.aid.SADULT econtact.RCIFLAG \Leftrightarrow 1 TH recontact.RCI_BEGIN proced back.OUTCOMEB1 procedure is this is NOT an allowable 1 goto ERR_CURRES = a line num store CURRES = a line num store CURRES = a line num store CURRES in CSPAV. goto CSRELTIV elseif KNOWSC2 = 'Don't k goto KNOAVAIL else goto CSPAVAIL endif	THEN HEN edure ure e line number nber entered in KNOWSC2 AIL and CSRESP	(no line numbers in KNOW)	SC2)

	2004 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 20-Jul-05					
Question ID: CI	D.010_00.000 Instrument Varia	able Name: CSPAV	AIL	QuestionnaireFileName:	Sample Child	
Question Text:	The next questions are about [f	ill1: S.C. name].				
	Is [fill2:KNOWSC2 names] av	ailable to answer some	questions abou	t [fill3: HISHER] health?		
	* Enter line number of availab	e respondent from list	or enter '96' if n	o one is available.		
01-25 96	* If refused enter CTRL_R. Person # of person available to No person available	answer questions abou	ıt Sample Child			
Universe:	Someone identified as know	wledgeable about chil	d's health and k	nowledgeable person(s) not	entered in CURRES	
Skip Instructions:	goto child.cid.f else store child.cid. goto child.cid. endif <96> store child.cid.CSP goto cbk.CCALLB <r> store <4> in CSTAT if ASTAT = empty o goto adult.aid.SAE elseif recontact.RCII</r>	ERR_CSPAVAIL CSPAVAIL in child.ci CSRELTIV AVAIL in child.cid.CS X1 (FAMINT) r ASTAT = 2 THEN ULT LAG <> 1 THEN _BEGIN procedure	d.CSRESP	OWSC2		
Question ID: CI	D.030_00.000 Instrument Varia	able Name: CSREL	TIV	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C1					
01 02 03	[fill1: The next questions are a What is your relationship to [fi Parent (Biological, adoptive, o Grandparent Aunt/Uncle	ll2: S.C. name]?				
Universe:	Someone identified as know	wledgeable about chil	d's health			
Skip Instructions:	goto child.ch	s.BWGT_LB = demographics.hhc.F s.BWGT_LB				

Page 2 of 6

			Page 3 of 6			
	2004 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 20-Jul-05					
Question ID: (ID.040_00.000 Instrume	nt Variable Name:	CSPVERF_S	QuestionnaireFileName:	Sample Child	
Question Text:	* Please verify the follo	owing information a	bout the sample child	l before proceeding:		
	I have recorded [fill1: S	S.C. name]'s sex as [fill2: Sex of Sample	Child]. Is this correct?		
1 2	* If respondent "refuses Yes No	s" or says "don't kno	w", enter "1" for "ye	s".		
Universe: Skip Instruction	s: <1> goto CSPVEF	RF_A	n HHRESP or RELR	ESP_A.		
Question ID: (<2> goto NEWSE 2ID.041_00.000 Instrume		NEWSEX	QuestionnaireFileName:	Sample Child	
Question Text:	* Ask if appropriate; ot	herwise, enter your	best guess of the pers	son's sex.		
1 2	Is [fill: S.C. name] Mal Male Female	e or Female?				
Universe:	Respondent said c	hild's sex is not corr	ect.			
Skip Instruction	s: <1,2> store NEWS goto ERR_N reset CSPVI goto CSPVF	IEWSEX ERF_S				
Question ID: (ID.042_00.000 Instrume	nt Variable Name:	CSPVERF_A	QuestionnaireFileName:	Sample Child	
Question Text:	* Please verify the follo	owing information a	bout the sample child	l before proceeding:		
	I have recorded [fill1: S	S.C name]'s age as [f	fill2: Age of Sample	Child] old. Is this correct?		
1 2	* If respondent "refuses Yes No	" or says "don't kno	w", enter "1" for "ye	s".		
Universe:	Respondent verifie	ed child's sex				
Skip Instruction	s: <1> goto CSPVEF <2> goto NEWAC					

	2004 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 20-Jul-05					
Question ID:	CID.043_00.000	Instrument Variable Name:	NEWAGE	QuestionnaireFileName:	Sample Child	
Question Text:	How old is [f	ill1: S.C. name]?				
000-120	* If age given Age in years	in months, weeks, or days, c	onvert age to appro	priate year. If less than one year o	ld, enter "0".	
Universe:	Respond	ent said child's age is not cor	rect			
Skip Instructio	if 1 els	Refused, Don't know> NEWAGE = Refused or NEW reset CSPVERF_A goto ERR_NEWAGE se store NEWAGE in AGE goto NEWDOB_M	VAGE = Don't know	w or NEWAGE = AGE		
Question ID:	CID.044_00.000	Instrument Variable Name:	CSPVERF_D	QuestionnaireFileName:	Sample Child	
Question Text:	* Please verif	y the following information a	bout the sample chi	ld before proceeding:		
	I have recorde	ed [fill1: S.C. name]'s birthda	y as [fill2: Birthday	of Sample Child]. Is this correct?		
	-	nt "refuses" or says "don't kno	ow", enter "1" for "y	ves".		
1 2	Yes No					
Universe:	Respond	ent verified child's sex				
Skip Instructio	go else gendi	GE of Sample Child ge <18> to CNO_MORE oto child.chs.BWGT_LB f NEWDOB_M				

	Page 5 of 6						
	2004 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 20-Jul-05						
Question ID:	CID.046_01.000	Instrument Variable Name:	NEWDOB_M	QuestionnaireFileName:	Sample Child		
Question Text:	1 of 3						
	What is [fill:	S.C. name]'s birthday?					
	*Enter month	of birth.					
1	January						
10	October						
11	November						
12	December						
2	February						
3	March						
4	April						
5	May						
6	June						
7	July						
8	August						
9	September						
Universe:	Respond	lent said child's date of birth i	s not correct or child's	age is not correct			
Skip Instruct	ions: <01-12,	Refused, Don't know> goto N	IEWDOB_D				
Question ID:	CID.046_02.000	Instrument Variable Name:	NEWDOB_D	QuestionnaireFileName:	Sample Child		
Question Text:	2 of 3						
01-31	* Enter day o Day of the mo						
Universe:	Respond	lent said child's date of birth i	s not correct or child's	age is not correct			
Skip Instruct	ions: <01-31,I	Refused,Don't know> goto NI	EWDOB_Y				
	If days n	ot valid, goto ERR_NEWDO	B_D				

	2004 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 20-Jul-05						
Question ID:	CID.046_03.000	Instrument Variable Name:	NEWDOB_Y	QuestionnaireFileName:	Sample Child		
Question Text:	3 of 3						
1880-2020	* Enter year of Year of birth	of birth.					
Universe:	Respond	lent said child's date of birth is	s not correct or child's	s age is not correct			
Skip Instructi	ons: <1880-2	el	goto CSPVERF_A	then reset CSPVERF_A to empty No then reset CSPVERF_D to en			
	= curren	GT current year) or (if year = t month and day GT current d RR1_NEWDOB_Y		th GT current month) or (if year	= current year and month		
		month = <02> and birth day = RR2_NEWDOB_Y	<29> and this is not	a leap year)			
	goto E else store I store I if CSF goto elseif	DOB_M = Ref or DK) or (if I RR3_NEWDOB_Y NEWDOB_M in DOBM NEWDOB_D in DOBD NEWDOB_Y in DOBY PVERF_A = No then reset CS OCSPVERF_A CSPVERF_D = No then reset OCSPVERF_D	PVERF_A to empty	or DK) or (if NEWDOB_Y = Re	f or DK)		
	if age fro reset C	e age from NEWDOB_M, NE om NEWDOB items is ne AG CSPVERF_A or CSPVERF_D RR4_NEWDOB_Y	E and age from NEW				

		estionnaire - S th Status & Lin Version Date: 20-Ju	nitations	
Question ID:	CHS.010_01.000 Instrument Variable Name:	BWGT_LB	QuestionnaireFileName:	Sample Child
Question Text:	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			
М	Metric			
Universe:	Sample children <18			
Skip Instructio	ons: <1-12> [goto BWGT_OZ] <13-15> [goto ERR1_BWGT_LB] <r,d> [goto CHGT_FT] <m> [goto BWGT_GR]</m></r,d>			
	[If NE <1-15, M, R, D> goto ERR2_B	WGT_LB]		
Question ID:	CHS.010_02.000 Instrument Variable Name:	BWGT_OZ	QuestionnaireFileName:	Sample Child
Question Text:	* Enter ounces.			
00-15	0-15 ounces			
97	Refused			
99	Don't know			
Blank	Blank			
Universe:	Sample children <18 who have a value	entered for weight	in pounds.	
Skip Instructio	ons: <pre><0-15,R,D> [goto CHGT_FT] [if BWGT_LB = <0-15, R, D> and BW</pre>	/GT_OZ = <empty< td=""><td>> go to CHGT_FT]</td><td></td></empty<>	> go to CHGT_FT]	
Question ID:	CHS.011_00.000 Instrument Variable Name:	BWGT_GR	QuestionnaireFileName:	Sample Child
Question Text:	* Enter weight in grams.			
0500-5485	500-5485 grams			
9997	Refused			
9999	Don't know			
Universe:	Sample children <18 whose birth weig	ht will be entered in	n metric.	
Skip Instructio	>ins: <500-5485,R,D> [goto CHGT_FT] <5486-6900> [goto ERR_BWGT_GR]	l		

		Page 2 of 21		
	Child H	Questionnaire - S lealth Status & Lin ent Version Date: 20-Ju	itations	
Question ID: (CHS.020_01.000 Instrument Variable Nan	ne: CHGT_FT	QuestionnaireFileName:	Sample Child
Question Text:	How tall is [fill: S.C. name] now (with	out shoes)?		
	* If the child's height is given in inches	s, press 'ENTER' at feet a	nd enter the measure in inches (30	5 inches maximum).
	* Enter 'M' to record metric measureme	ents.		
00-07	0-7 feet			
97	Refused			
99	Don't know			
Μ	Metric			
Universe:	Sample children <18			
Skip Instruction	s: <pre><empty> [goto CHGT_IN] <0-7> [goto CHGT_IN] <r,d> [goto CWGT_LB] <m> [goto CHGT_M] [If NE <0-7, M, R, D> go to ERR</m></r,d></empty></pre>	_CHGT_FT]		
Question ID: (CHS.020_02.000 Instrument Variable Nan	ae: CHGT_IN	QuestionnaireFileName:	Sample Child
Question Text:	* Enter inches.			
00-36	0-36 inches			
97	Refused			
99	Don't know			
Universe:	Sample children <18 whose heigh	t in feet is 0-7 or is left e	mpty.	
Skip Instruction	s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN [If CHGT_FT = <0-7> and CHGT			
Question ID: (CHS.021_01.000 Instrument Variable Nam	ne: CHGT_M	QuestionnaireFileName:	Sample Child
Question Text:	* Enter height in metric.			
	* If the child's height is given in centin centimeters maximum).	neters, press 'ENTER' at	meters and enter the measure in co	entimeters (241
0-2	0-2 meters			
7	Refused			
9	Don't know			
Blank	Blank			
Universe:	Sample children <18 whose current	nt height will be entered	in metric.	
Skip Instruction	s: <0-2> [goto CHGT_CM] <r,d> [goto CWGT_LB]</r,d>			

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

	2004 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 20-Jul-05					
Question ID:	CHS.021_02.000) Instrument Variable Name:	CHGT_CM	QuestionnaireFileName:	Sample Child	
Question Text:	* Enter centi	menters.				
000-241 Blank	0-241 centim Blank	neters				
Universe:	Sample empty.	children <18 whose weight w	ill be entered in metric,	, and who entered "0-2" for hei	ght in meters or left it	
Skip Instructio	[if CHC [if CHC	> [goto CWGT_LB] iT_M = <empty, 0=""> and CHG' iT_M = 2 and CHGT_CM > 4 iT_M = 1 and CHGT_CM >14</empty,>	1 goto ERR2_CHGT_C	CM]		
Question ID:	CHS.022_00.000) Instrument Variable Name:	CWGT_LB	QuestionnaireFileName:	Sample Child	
Question Text:	How much d	oes [fill: S.C. name] weigh no	w (without shoes)?			
	* Enter 'M' to	p record metric measurements.				
	* Enter '500'	if 500 pounds or more.				
001-500	1-500 pound	S				
997 999	Refused Don't know					
M	Metric					
	methe					
Universe:	Sample	children <18				
Skip Instructio	<m>[g [if = <5</m>	R,D> [if age ge <2> goto ADI oto CWGT_KG] 01-999> goto ERR1_CWGT_1 <1-999, M, R, D> goto ERR2_	LB]	2]		
Question ID:	CHS.023_00.000) Instrument Variable Name:	CWGT_KG	QuestionnaireFileName:	Sample Child	
Question Text:	* Enter weig	ht in kilograms.				
002-226	2-226 kilogra	ams				
Universe:	Sample	children <18 whose weight wi	Il be entered in metric.			
Skip Instructio		> [if AGE ge <2> goto ADD_1 GT_KG > 226 goto ERR_CW(

		Page 4 of 21		
		uestionnaire - th Status & Lin Version Date: 20-J	mitations	
Question ID: C	HS.031_02.000 Instrument Variable Name:	ADD1_2	QuestionnaireFileName:	Sample Child
Question Text:	Has a doctor or health professional ever tol	d you that [fill: S.C	. name] had	
	Mental Retardation?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children <2			
Skip Instructions	<pre></pre>			
Question ID: C	HS.031_03.000 Instrument Variable Name:	ADD1_3	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	Has a doctor or health professional ever tol	d you that [fill: S.C	. name] had	
	Any other developmental delay?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children <2			
Skip Instructions	↔ <1,2,R,D> [goto CONDL]			
Question ID: C	HS.032_01.000 Instrument Variable Name:	ADD_1	QuestionnaireFileName:	Sample Child
Question Text:	Has a doctor or health professional ever tol	d you that [fill: S.C	. name] had	
	Attention Deficit Hyperactivity Disorder (A	ADHD) or Attention	n Deficit Disorder (ADD)?	
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children 2-17			
Skip Instructions	:: <1,2,R,D> [go to ADD_2]			

		Page 5 of 21				
2004 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 20-Jul-05						
Question ID: (CHS.032_02.000 Instrument Variable Name:	ADD_2	QuestionnaireFileName:	Sample Child		
Question Text:	* Read if necessary.					
	Has a doctor or health professional ever to	ld you that [fill: S.	C. name] had			
	Mental Retardation?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
Universe:	Sample children 2-17					
Skip Instruction	s: <1,2,R,D> [go to ADD_3]					
Question ID: (CHS.032_03.000 Instrument Variable Name:	ADD_3	QuestionnaireFileName:	Sample Child		
Question Text:	* Read if necessary.					
	Has a doctor or health professional ever to	ld you that [fill: S.	C. name] had			
	Any other developmental delay?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
Universe:	Sample children 2-17					
Skip Instruction						

Looking at this list, has a doctor or health professional ever told you that [fill: S.C. name] had any of these conditions? Which ones? * Enter all that apply, separate with commas. 0 None 1 Down's syndrome 2 Cerebral palsy 3 Muscular dystrophy 4 Cystic fibrosis 5 Sickle cell anemia 6 Autism 7 Diabetes 8 Arthritis 9 Congenital heart disease 10 Other heart condition 97 Refused 99 Don't know Universe: Sample children <18 Skip Instruction: CHS.070_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Child Question Text: Has [fill: S.C. Name] EVER had chickenpox? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18 Skip Instruction: CHS.070_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Child Question Text: Has [fill: S.C. Name] EVER had chickenpox? 1 Yes 2 No 7 Refused 9 Don't know Zuiverse: Sample children <18 Skip Instruction: CHS.070_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Child Question Text: Sample children <18 Skip Instruction: CHS.070_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Child 2 No 7 Refused 9 Don't know Zuiverse: Sample children <18 Skip Instruction: CHS.072_00.000 Instrument Variable Name: CPOX12MO (_2,R,D> [go to CPOX12MO] (_2,R,D> [go to CASHMEV] Question ID: CHS.072_00.000 Instrument Variable Name: CPOX12MO (_2,R,D> [go to CASHMEV]		Child H	S Questionnaire - Health Status & Li nent Version Date: 20-J	nitations	
Looking at this list, has a doctor or health professional ever told you that [fill: S.C. name] had any of these conditions? Which ones? * Enter all that apply, separate with commas. 00 None 11 Down's syndrome 02 Cerchval palsy 03 Maxeular dystrophy 04 Cystic fibrosis 05 Stekle cell anemia 06 Autism 07 Diabetes 08 Arthritis 09 Other heart condition 97 Refused 99 Don't know Comparing heart disease 10 Other heart condition 97 Refused 99 Don't know Curverse: 11 Yes 2 No 2 No 3 Skip Instructions: 4 Yes 2 No 7 Refused 9 Don't know CPOX Question Tex: Valse fibs: S.C. name]	Question ID:	CHS.060_00.000 Instrument Variable Nar	ne: CONDL	QuestionnaireFileName:	Sample Child
Which ones? * Enter all that apply, separate with commas. 00 Nome 01 Down's syndrome 02 Cerebral palsy 03 Muscular dystrophy 04 Cystic fibrosis 05 Sickle cell amenia 06 Autism 07 Diabetes 08 Arthritis 09 Congenital heart disease 00 Other heart condition 97 Refused 99 Don't know Vorter Sign to CPOXI: [If <0 and <1-10* go to CPOX]	Question Text:	(book) C2			
 * Fater all that apply, separate with commas. Nome Down's syndrome Carebral palsy Gerebral palsy Carebral palsy Carebral palsy Carebral palsy Carebral palsy Carebral palsy Carebral palsy Conjential heart disease Dohr heart condition Conjential heart disease Other heart condition Refused Don't know Chiverse: Sample children <18 Skip lastmettors: doi:10.2.0.000 Instrument Variable Name: CPOX Question ID: CHS.070_00.000 Instrument Variable Name: CPOX Question ID: CHS.070_00.000 Instrument Variable Name: CPOX Yes No Refused Don't know Chiverse: Sample children <18 Skip Instructions: c1> [go to CPOX]: [If '40> and c1-10> go to ERR_CONDL] Question ID: CHS.070_00.000 Instrument Variable Name: CPOX Question ID: CHS.070_00.000 Instrument Variable Name: CPOX Question ID: CHS.070_00.000 Instrument Variable Name: CPOX ID: [go to CPOX]: [If '40> and c1-10> [go to CPOX]: [If '40> [go to CPOX]: [go to		Looking at this list, has a doctor or hea	alth professional ever to	d you that [fill: S.C. name] had an	y of these conditions?
00 None 01 Down's syndrome 02 Cerebral palay 03 Muscular dystrophy 04 Cystic fibrosis 05 Sickle cell anemia 06 Autism 07 Diabetes 08 Arthritis 09 Congenital hear disease 10 Other heart condition 97 Refused 98 Arbritis 99 Don't know Question Text: Mas [fill: S.C. Name] EVER had chickenpox? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18		Which ones?			
01 Down's syndrome 02 Cerebral palsy 03 Muscular dystrophy 04 Cystic fibrosis 05 Sickle cell anemia 06 Autism 07 Diabetes 08 Arthritis 09 Congenial heart disease 10 Other heart condition 97 Refused 99 Don't know Variation of the condition 97 Refused 99 Don't know Variation of the condition 97 Refused 99 Don't know Variation CPOX1 Question Dr. CHS.070_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Child Question Text: Has [fill: S.C. Name] EVER had chickenpox? Image: Sample children <18		* Enter all that apply, separate with co	ommas.		
02 Cerebral palsy 03 Muscular dystrophy 04 Cystic fibrosis 05 Sickle cell anemia 06 Autism 07 Diabetes 08 Arthritis 09 Congenital heart disease 10 Other heart condition 97 Refused 99 Don't know Universe: Sample children <18	00	None			
 Muscular dystrophy Cystic fibrosis Sickle cell amenia Autism Dibetes Autism Dibetes Congenital heart disease Other heart condition Congenital heart disease Other heart condition Refused Don't know Universe: Sample children <18 Stable of CPOX1 [If <0> and <1-10> go to ERR_CONDL] Question Tex: Has [fill: S.C. Name] EVER had chickenpox? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18 Stip Instructions: <1> (1> (go to CPOX1) [If <0> and <1-10> go to ERR_CONDL] Question Tex: Has [fill: S.C. Name] EVER had chickenpox? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18 Stip Instructions: <1> (a)	01	Down's syndrome			
04 Cystic fibrosis 05 Sickle cell anemia 06 Autism 07 Diabetes 08 Anthritis 09 Congenital heart disease 10 Other heart condition 97 Refused 99 Don't know Universe: Sample children <18	02	Cerebral palsy			
04 Cystic fibrosis 05 Sickle cell anemia 06 Autism 07 Diabetes 08 Anthritis 09 Congenital heart disease 10 Other heart condition 97 Refused 99 Don't know Universe: Sample children <18	03	Muscular dystrophy			
95 Sickle cell anemia 96 Autism 97 Diabetes 98 Arthritis 99 Congenital heart disease 90 Other heart condition 97 Refused 99 Don't know Universe: Sample children <18	04				
06 Autism 07 Diabetes 08 Arthritis 09 Congenital heart disease 10 Other heart condition 97 Refused 99 Don't know Westion TD: CHS.070_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Child 1 Yes 2 No 7 Refused 9 Don't know Westion TD: CHS.070_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Child Question TExt: Has [fill: S.C. Name] EVER had chickenpox? 1 Yes 2 No 7 Refused 9 Don't know Wirerse: Sample children <18 Skip Instructions: <1> [go to CPOX12MO] <2.R.D> [go to CASHMEV] Question TExt: Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS? 1 Yes 2 No 7 Refused 9 Don't know Winterse: Sample children <18 who have had chickenpox	05				
07 Diabetes 08 Arthritis 09 Congenital heart disease 10 Other heart condition 97 Refused 99 Don't know Universe: Sample children <18					
98 Arthritis 99 Congenital heart disease 10 Other heart condition 97 Refused 99 Don't know Varierse: Sample children <18 Skip Instruction: dollar disease in the disease i					
09 Congenital heart disease 10 Other heart condition 97 Refused 99 Don't know Universe: Sample children <18					
10 Other heart condition 97 Refused 99 Don't know Universe: colspan="2">colspan="2">COLOR CPOX) [If <0> and <1-10> go to ERR_CONDL] Question ID: Question ID: Y and <1-10> go to ERR_CONDL] Question ID: CHS.U70_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Children 1 Yes Yes Sample children <18					
97 Refused Don't know Vitverse: Sample children <18					
99 Don't know Universe: Sample children <18					
Universe: Sample children <18					
Skip Instructions: <0-10,R,D> [go to CPOX] [If <0> and <1-10> go to ERR_CONDL] Question ID: CHS.070_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Child Question Text: Has [fill: S.C. Name] EVER had chickenpox?	99	Dontknow			
If <0> and <1-10> go to ERR_CONDL] Question ID: CHS.070_00.000 Instrument Variable Name: CPOX QuestionnaireFileName: Sample Child Question Text: Has [fill: S.C. Name] EVER had chickenpox? Image: Sample Child Chickenpox? Image: Sample Child Chickenpox? 1 Yes Yes Image: Sample Child Chickenpox? Image: Sample Child Chickenpox? 2 No 7 Refused Image: Sample Children <18	Universe:	Sample children <18			
Question Text: Has [fill: S.C. Name] EVER had chickenpox? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18	Skip Instruction		CONDL]		
1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18	Question ID:	CHS.070_00.000 Instrument Variable Nar	me: CPOX	QuestionnaireFileName:	Sample Child
2 No 7 Refused 9 Don't know Universe: Sample children <18	Question Text:	Has [fill: S.C. Name] EVER had chick	kenpox?		
7 Refused 9 Don't know Universe: Sample children <18	1	Yes			
 Refused Don't know Universe: Sample children <18 Skip Instructions: <1> [go to CPOX12MO] <2,R,D> [go to CASHMEV] Question ID: CHS.072_00.000 Instrument Variable Name: CPOX12MO QuestionnaireFileName: Sample Child Question Text: Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18 who have had chickenpox 	2				
9 Don't know Universe: Sample children <18 Skip Instruction: <1> [go to CPOX12MO] <2,R,D> [go to CASHMEV] Question ID: CHS.072_00.000 Instrument Variable Name: CPOX12MO QuestionnaireFileName: Sample Child Question Text: Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS? Sample Child Sample Child 1 Yes Yes Sample children <18 who have had chickenpox Yes Y	7				
Skip Instructions: <1> [go to CPOX12MO] <2,R,D> [go to CASHMEV] Question ID: CHS.072_00.000 Instrument Variable Name: CPOX12MO Question Text: Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18 who have had chickenpox	9				
<2,R,D> [go to CASHMEV] Question ID: CHS.072_00.000 Instrument Variable Name: CPOX12MO QuestionnaireFileName: Sample Child Question Text: Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18 who have had chickenpox	Universe:	Sample children <18			
Question Text: Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18 who have had chickenpox	Skip Instructio				
1 Yes 2 No 7 Refused 9 Don't know Sample children <18 who have had chickenpox	Question ID:	CHS.072_00.000 Instrument Variable Nar	me: CPOX12MO	QuestionnaireFileName:	Sample Child
2 No 7 Refused 9 Don't know Universe: Sample children <18 who have had chickenpox	Question Text:	Has [fill: S.C. name] had chickenpox I	DURING THE PAST 12	MONTHS?	
2 No 7 Refused 9 Don't know	1	Yes			
7 Refused 9 Don't know Universe: Sample children <18 who have had chickenpox	2				
9 Don't know Universe: Sample children <18 who have had chickenpox					
	Universe:	Sample children <18 who have he	ad chickenpox		
		-	emenonpon		

			Page 7 of 21		
		Child	S Questionnaire - Health Status & I ment Version Date: 20	Limitations	
Question ID:	CHS.080_00.00	0) Instrument Variable Na	ame: CASHMEV	QuestionnaireFileName:	Sample Child
Question Text:	Has a docto	or or other health profession	onal EVER told you that	t [fill: S.C. name] had asthma?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
Universe:	Sample	e children <18			
Skip Instructi	o ns: <1>[g	to CASSTILL]			
		D> [if AGE LE 2 go to CC	CONDT1; if AGE >2 ge	o to CCONDT]	
Question ID:	CHS.085_00.00)() Instrument Variable Na	ame: CASSTILL	QuestionnaireFileName:	Sample Child
Question Text:	Does [fill: S	S.C. name] still have asthr	na?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
Universe:	Sample	e children <18 and doctor	has informed that child	l had asthma	
Skip Instructi	ons: <1,2,R	,D> [go to CASHYR]			
Question ID:	CHS.090_00.00	0) Instrument Variable Na	ame: CASHYR	QuestionnaireFileName:	Sample Child
Question Text:	The followi	ng questions are about [fi	ll: S.C. name]'s asthma	DURING THE PAST 12 MONTH	S.
	DURING T	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				
Universe:	Sample	e children <18 and doctor	has informed that child	l had asthma	
Skip Instructio		o to CASMERYR] D> [if AGE LE 2 go to CC	CONDT1; if AGE >2 g	o to CCONDT]	
Question ID:	CHS.100_00.00)() Instrument Variable Na	ame: CASMERYR	QuestionnaireFileName:	Sample Child
Question Text:		THE PAST 12 MONTHS, s/her] asthma?	did [fill1: S.C. name] h	ave to visit an emergency room or	urgent care center because
1	Yes				
2	No				
7	Refused				
9	Don't know	,			
Universe:	Sample		ad an episode of asthma	or an asthma attack in the past 12	months

	Child Heal	uestionnaire - Sa hth Status & Limi Version Date: 20-Jul-	tations	
Question ID:	CHS.111_01.000 Instrument Variable Name:	CCONDT1_1	QuestionnaireFileName:	Sample Child
Question Text:	DURING THE PAST 12 MONTHS, has [f	ill: S.C. name] had an	y of the following conditions	
	Hay fever?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children LE 2			
Skip Instructio	ons: <1,2,R,D> [go to CCONDT1_2]			
Question ID:	CHS.111_02.000 Instrument Variable Name:	CCONDT1_2	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has [f	ill: S.C. name] had an	y of the following conditions	
	Any kind of respiratory allergy?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children LE 2			
Skip Instructio	ons: <1,2,R,D> [go to CCONDT1_3]			
Question ID:	CHS.111_03.000 Instrument Variable Name:	CCONDT1_3	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has [f	ill: S.C. name] had an	y of the following conditions	
	Any kind of food or digestive allergy?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children LE 2			

		Page 9 of 21		
	Child He	Juestionnaire - Sa alth Status & Limi t Version Date: 20-Jul-(tations	
Question ID:	CHS.111_04.000 Instrument Variable Name:	CCONDT1_4	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has	[fill: S.C. name] had any	of the following conditions	
	Eczema or any kind of skin allergy?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children LE 2			
Skip Instructio	ns: <1,2,R,D> [go to CCONDT1_5]			
Question ID:	CHS.111_05.000 Instrument Variable Name:	CCONDT1_5	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has	[fill: S.C. name] had any	of the following conditions	
	Frequent or repeated diarrhea or colitis?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children LE 2			
Skip Instructio	ns: <1,2,R,D> [go to CCONDT1_6]			
Question ID:	CHS.111_06.000 Instrument Variable Name:	CCONDT1_6	QuestionnaireFileName:	Sample Child
Juestion Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has	[fill: S.C. name] had any	v of the following conditions	
	Anemia?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children LE 2			

		Page 10 of 21		
	Child Hea	uestionnaire - Sa Ith Status & Limi Version Date: 20-Jul-	itations	
Question ID: (CHS.111_08.000 Instrument Variable Name:	CCONDT1_8	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has [fill: S.C. name] had an	y of the following conditions	
	Three or more ear infections?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children LE 2			
Skip Instruction	as: <1,2,R,D> [go to CCONDT1_9]			
Question ID: (CHS.111_09.000 Instrument Variable Name:	CCONDT1_9	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has [fill: S.C. name] had an	y of the following conditions	
	Seizures?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children LE 2			
Skip Instruction	as: $<1,2,R,D>$ [go to CHSTATYR]			
Question ID: (CHS.115_01.000 Instrument Variable Name:	CCONDT_1	QuestionnaireFileName:	Sample Child
Question Text:	DURING THE PAST 12 MONTHS, has [fill: S.C. name] had an	y of the following conditions	
	Hay fever?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children = 3-17			
Skip Instruction	as: <1,2,R,D> [go to CCONDT_2]			

		Page 11 of 21		
	Ch	HIS Questionnaire - S ild Health Status & Lin Document Version Date: 20-Ju	nitations	
Question ID:	CHS.115_02.000 Instrument Variable	e Name: CCONDT_2	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONT	HS, has [fill: S.C. name] had a	my of the following conditions	
	Any kind of respiratory allergy?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children = 3-17			
Skip Instructio	ons: <1,2,R,D> [go to CCONDT]	_3]		
Question ID:	CHS.115_03.000 Instrument Variable	e Name: CCONDT_3	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONT	HS, has [fill: S.C. name] had a	iny of the following conditions	
	Any kind of food or digestive alle	erov?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children = 3-17			
Skip Instruction		_4]		
Question ID:	CHS.115_04.000 Instrument Variable	e Name: CCONDT_4	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONT	HS, has [fill: S.C. name] had a	ny of the following conditions	
	Eczema or any kind of skin allerg	gy?		
1	Yes			
2	No			
7	Refused			
0	Don't know			
9				
9 Universe:	Sample children = 3-17			

		Page 12 of 21		
	Child He	Questionnaire - Sa ealth Status & Limi nt Version Date: 20-Jul-	itations	
Question ID:	CHS.115_05.000 Instrument Variable Name	: CCONDT_5	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has	[fill: S.C. name] had an	y of the following conditions	
	Frequent or repeated diarrhea or colitis?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children = 3-17			
Skip Instructio	ons: $\langle 1,2,R,D \rangle$ [go to CCONDT_6]			
Question ID:	CHS.115_06.000 Instrument Variable Name	CCONDT_6	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has	[fill: S.C. name] had an	y of the following conditions	
	Anemia?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children = 3-17			
Skip Instructio	ons: <1,2,R,D> [go to CCONDT_7]			
Juestion ID:	CHS.115_07.000 Instrument Variable Name	CCONDT_7	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has	[fill: S.C. name] had an	y of the following conditions	
	Frequent or severe headaches, including	migraines?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
	0 1 1 1 1 2 17			
Universe:	Sample children = $3-17$			

		Page 13 of 21		
	Child He	Questionnaire - Sa ealth Status & Lim nt Version Date: 20-Jul-	itations	
Question ID:	CHS.115_08.000 Instrument Variable Name	:: CCONDT_8	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has	s [fill: S.C. name] had ar	y of the following conditions	
	Three or more ear infections?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children $= 3-17$			
Skip Instructio	ons: <1,2,R,D> [go to CCONDT_9]			
Question ID:	CHS.115_09.000 Instrument Variable Name	e: CCONDT_9	QuestionnaireFileName:	Sample Child
Juestion Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has	s [fill: S.C. name] had ar	y of the following conditions	
	Seizures?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children = 3-17			
Skip Instructio	ons: <1,2,R,D> [go to CCONDT_10]			
Juestion ID:	CHS.115_10.000 Instrument Variable Name	e: CCONDT_10	QuestionnaireFileName:	Sample Child
Question Text:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has	s [fill: S.C. name] had ar	y of the following conditions	
	Stuttering or stammering?			
1	Yes			
2	No			
7 9	Refused Don't know			
Universe:				
	Sample children = 3-17			
Skip Instruction	ons: $\langle 1,2,R,D \rangle$ [go to CHSTATYR]			

	2004 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 20-Jul-05
Question ID:	CHS.210_00.000 Instrument Variable Name: CHSTATYR QuestionnaireFileName: Sample Child
Question Text:	Compared with 12 months ago, would you say [fill: S.C. name]'s health is now better, worse, or about the same?
1	Better
2	Worse
3	About the same
7	Refused
9	Don't know
Universe:	Sample children <18
Skip Instructio	ons: <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
Juestion Text:	DURING THE PAST 12 MONTHS, that is, since [fill1: 12-month ref. date], about how many days did [fill2: S.C. name miss school because of illness or injury?
	* Enter '996' if child did not go to school in the past 12 months.
000	None
001-240	1-240 days
996	Did not go to school
997	Refused
999	Don't know
Universe:	Sample children 5-17
Skip Instructio	ons: <pre><0-99,996,R,D> [goto CCOLD2W] <100-240> [go to ERR1_SCHDAYR] <241-995> [goto ERR2_SCHDAYR]</pre>
Question ID:	CHS.230_00.000 Instrument Variable Name: CCOLD2W QuestionnaireFileName: Sample Child
Question Text:	* Hand calendar card.
	These next questions are about [fill: S.C name]'s recent health during the 2 weeks outlined on that calendar.
	Did [fill: SC name] have a head cold or chest cold that started during those two weeks?
1	Yes
2	No
7	Refused
-	Don't Imory
9	Don't know
9 Universe:	Sample children <18

			Page 15 of 21		
		Child Heal	testionnaire - S th Status & Lin Version Date: 20-Ju	nitations	
Question ID:	CHS.240_00.000 Ins	trument Variable Name:	CINTIL2W	QuestionnaireFileName:	Sample Child
Question Text:	Did [fill: S.C. nan	ne] have a stomach or inte	estinal illness with vo	omiting or diarrhea that started du	ring those two weeks?
1	Yes				
2	No				
7	Refused				
9	Don't know				
Universe:	Sample child	ren <18			
Skip Instructi	ons: <1,2,R,D> [g	oto CHEARST]			
Question ID:	CHS.250_00.000 Ins	trument Variable Name:	CHEARST	QuestionnaireFileName:	Sample Child
		ast describes [fill: S.C. n	amal's baaring with		
Question Text:	Which statement t deaf?	best describes [IIII. 5.C. II	amejs nearing with	out a hearing aid: Good, a little tro	ouble, a lot of trouble, or
Question Text:		jest desentites [mii. 5.C. h	amejs nearing wrund	but a hearing aid: Good, a little tro	buble, a lot of trouble, or
-	deaf?	jest describes [iiii. s.e. ii	amej s nearing white	out a hearing aid: Good, a little tro	uble, a lot of trouble, or
1	deaf? Good	init describes [iiii. s.e. ii	amej s nearing white	but a hearing aid: Good, a little tro	uble, a lot of trouble, or
1 2	deaf? Good A little trouble	jest describes [IIII. 5.C. I	amej s nearing white	but a hearing aid: Good, a little tro	ouble, a lot of trouble, or
1 2 3	deaf? Good A little trouble A lot of trouble	jest describes [IIII. 5.C. I	ame) s hearing white	but a hearing aid: Good, a little tro	buble, a lot of trouble, or
1 2 3 4	deaf? Good A little trouble A lot of trouble Deaf	jest describes [IIII. 5.C. I	ame) s nearing white	out a hearing aid: Good, a little tro	ouble, a lot of trouble, or
1 2 3 4 7	deaf? Good A little trouble A lot of trouble Deaf Refused		ame) s hearing white	out a hearing aid: Good, a little tro	ouble, a lot of trouble, or
1 2 3 4 7 9	deaf? Good A little trouble A lot of trouble Deaf Refused Don't know Sample child		ame) s hearing white	out a hearing aid: Good, a little tro	ouble, a lot of trouble, or
1 2 3 4 7 9 Universe:	deaf? Good A little trouble A lot of trouble Deaf Refused Don't know Sample child ons: <1-4,R,D> [§	ren <18	CVISION	Out a hearing aid: Good, a little tro QuestionnaireFileName:	Sample Child
1 2 3 4 7 9 Universe: Skip Instruction Question ID:	deaf? Good A little trouble Deaf Refused Don't know Sample child ons: <1-4,R,D> [g	ren <18 go to CVISION] trument Variable Name:	CVISION		Sample Child
1 2 3 4 7 9 Universe: Skip Instruction Question ID:	deaf? Good A little trouble Deaf Refused Don't know Sample child ons: <1-4,R,D> [g	ren <18 go to CVISION] trument Variable Name:	CVISION	QuestionnaireFileName:	Sample Child
1 2 3 4 7 9 Universe: Skip Instruction Question ID: Question Text:	deaf? Good A little trouble Deaf Refused Don't know Sample child ons: <1-4,R,D> [§ CHS.260_00.000 Ins Does [fill1: S.C. n	ren <18 go to CVISION] trument Variable Name:	CVISION	QuestionnaireFileName:	Sample Child
1 2 3 4 7 9 Universe: Skip Instruction Question ID: Question Text: 1	deaf? Good A little trouble Deaf Refused Don't know Sample child ons: <1-4,R,D> [g CHS.260_00.000 Ins Does [fill1: S.C. n Yes	ren <18 go to CVISION] trument Variable Name:	CVISION	QuestionnaireFileName:	Sample Child

Universe: Sample children <18 <1> [goto CBLIND] <2,R,D> [go to IHSPEQ] Skip Instructions:

Page 16 of 21

	Child	IIS Questionnaire - d Health Status & L cument Version Date: 20-	imitations	
Question ID: (CHS.270_00.000 Instrument Variable I	Name: CBLIND	QuestionnaireFileName:	Sample Child
Question Text:	Is [fill: S.C. name] blind or unable t	to see at all?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children <18 having tr	ouble seeing		
Skip Instruction	ns: <1,2,R,D> [goto IHSPEQ]			
Question ID: (CHS.290_00.000 Instrument Variable I	Name: IHSPEQ	QuestionnaireFileName:	Sample Child
Question Text:	Does [fill1: S.C. name] have any in such as a brace, a wheelchair, or a h		em that requires [fill2: him/her] to us linary eyeglasses or corrective shoes	
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children <18			
Skip Instruction	ns: <1,2,R,D> [goto IHMOB]			
Question ID: (CHS.300_00.000 Instrument Variable N	Name: IHMOB	QuestionnaireFileName:	Sample Child
Question Text:	Does [fill1: S.C. name] have an imp play?	pairment or health problem	n that limits [fill2: his/her] ability to	(crawl), walk, run, or
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children <18			
Skip Instruction	us: <1> [goto IHMOBYR] <2,R,D> [goto PROBRX]			
Question ID: (CHS.310_00.000 Instrument Variable	Name: IHMOBYR	QuestionnaireFileName:	Sample Child
Question Text:	Is this an impairment or health prob	blem that has lasted, or is	expected to last, 12 months or longe	r?
	Yes			
1				
2	No			
2 7	Refused			
2				
2 7	Refused	limited ability to crawl.	walk, run, or play	

	Page 17 of 21	
	2004 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 20-Jul-05	
Question ID: (CHS.311_00.000 Instrument Variable Name: PROBRX QuestionnaireFileName: Sample Child	1
Question Text:	Does [fill1: S.C. name] NOW have a problem for which [fill2: he/she] has regularly taken prescription medicatio least three months?	n for at
1	Yes	
2	No	
7	Refused	
9	Don't know	
Universe:	Sample children <18	
Skip Instructior	As: <1,2,R,D> [if AGE LE <1> go to CUSUALPL; if AGE GE <3> go to LEARND; 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	l
Question Text:	Has a representative from a school or a health professional ever told you that [fill: S.C. name] had a learning disa	bility?
1	Yes	
2	No	
7	Refused	
9	Don't know	
Universe:	Sample children 3-17	
Skip Instruction	<pre>as: <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]</pre>	
Question ID: (CHS.321_01.000 Instrument Variable Name: CMHAGM11_1 QuestionnaireFileName: Sample Child	l
Question Text:	(book) C3	
	I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOME TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.	TIMES
	HE:	
	Has been uncooperative?	
0	Not true	
1	Sometimes true	
2	Often true	
7	Refused	
7 9		
7 9	Don't know	

		Page 18 of 21		
	Child Hea	uestionnaire - Sar Ith Status & Limit Version Date: 20-Jul-05	ations	
Question ID:	CHS.321_02.000 Instrument Variable Name:	CMHAGM11_2	QuestionnaireFileName:	Sample Child
Question Text:	(book) C3			
	* Read if necessary.			
	I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nat			TRUE, SOMETIMES
	HE:			
	Has trouble getting to sleep?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9	Don't know			
Universe:	Male sample children 2-3			
Skip Instructi	ons: <0-2,R,D> [go to CMHAGM11_3]			
Question ID:	CHS.321_03.000 Instrument Variable Name:	CMHAGM11_3	QuestionnaireFileName:	Sample Child
Question Text:	(book) C3			
	* Read if necessary.			
	* Read if necessary. I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nat			TRUE, SOMETIMES
	I am going to read a list of items that descr			TRUE, SOMETIMES
	I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nat HE: Has speech problems?			TRUE, SOMETIMES
0	I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nat HE:			TRUE, SOMETIMES
0 1	I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nat HE: Has speech problems?			TRUE, SOMETIMES
	I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nat HE: Has speech problems? Not true			TRUE, SOMETIMES
1	I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nat HE: Has speech problems? Not true Sometimes true			TRUE, SOMETIMES
1 2	I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nat HE: Has speech problems? Not true Sometimes true Often true			TRUE, SOMETIMES
1 2 7	I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nat HE: Has speech problems? Not true Sometimes true Often true Refused			TRUE, SOMETIMES

		Page 19 of 21		
2004 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 20-Jul-05				
Question ID:	CHS.321_04.000 Instrument Variable Name:	CMHAGM11_4	QuestionnaireFileName:	Sample Child
Question Text:	(book) C3			
	* Read if necessary.			
	I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nam			TRUE, SOMETIMES
	HE:			
	Has been unhappy, sad, or depressed?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9	Don't know			
Universe:	Male sample children 2-3			
Skip Instructio	ons: <0-2,R,D> [go to CUSUALPL]			
Question ID:	CHS.361_01.000 Instrument Variable Name:	CMHAGF11_1	QuestionnaireFileName:	Sample Child
	CHS.361_01.000 Instrument Variable Name: (book) C3	CMHAGF11_1	QuestionnaireFileName:	Sample Child
		ibe children. For each o	ne, tell me if it has been NOT	-
	(book) C3 I am going to read a list of items that descr	ibe children. For each o	ne, tell me if it has been NOT	-
	(book) C3 I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nam	ibe children. For each o	ne, tell me if it has been NOT	-
Question Text: 0	(book) C3 I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nan SHE: Has temper tantrums or a hot temper? Not true	ibe children. For each o	ne, tell me if it has been NOT	-
Question Text: 0 1	(book) C3 I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nan SHE: Has temper tantrums or a hot temper? Not true Sometimes true	ibe children. For each o	ne, tell me if it has been NOT	-
Question Text: 0 1 2	(book) C3 I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nan SHE: Has temper tantrums or a hot temper? Not true Sometimes true Often true	ibe children. For each o	ne, tell me if it has been NOT	-
Question Text: 0 1 2 7	(book) C3 I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nam SHE: Has temper tantrums or a hot temper? Not true Sometimes true Often true Refused	ibe children. For each o	ne, tell me if it has been NOT	-
Question Text: 0 1 2	(book) C3 I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nan SHE: Has temper tantrums or a hot temper? Not true Sometimes true Often true	ibe children. For each o	ne, tell me if it has been NOT	-
1 2 7	(book) C3 I am going to read a list of items that descr TRUE, or OFTEN TRUE, of [fill: S.C. nam SHE: Has temper tantrums or a hot temper? Not true Sometimes true Often true Refused	ibe children. For each o	ne, tell me if it has been NOT	-

			Page 20 of 21		
	2004 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 20-Jul-05				
Question ID:	CHS.361_02.000	Instrument Variable Name:	CMHAGF11_2	QuestionnaireFileName:	Sample Child
Question Text:	book) C3				
	* Read if neces	sary.			
		ead a list of items that descr EN TRUE, of [fill: S.C. nan		one, tell me if it has been NOT ST TWO MONTHS.	TRUE, SOMETIMES
	SHE:				
	Has speech prol	blems?			
0	Not true				
1	Sometimes true				
2	Often true				
7	Refused				
9	Don't know				
Universe:	Female sa	mple children 2-3			
Skip Instructi	ons: <0-2,R,D>	[go to CMHAGF11_3]			
Question ID:	CHS.361_03.000	Instrument Variable Name:	CMHAGF11_3	QuestionnaireFileName:	Sample Child
Question Text:	book) C3				
Question Text:	book) C3 * Read if necess	sary.			
Question Text:	* Read if necess I am going to re			one, tell me if it has been NOT ST TWO MONTHS.	TRUE, SOMETIMES
Question Text:	* Read if necess I am going to re	ad a list of items that descr			TRUE, SOMETIMES
Question Text:	* Read if necess I am going to re TRUE, or OFT SHE:	ad a list of items that descr			TRUE, SOMETIMES
Question Text:	* Read if necess I am going to re TRUE, or OFT SHE:	ead a list of items that descr EN TRUE, of [fill: S.C. nan			TRUE, SOMETIMES
	* Read if necess I am going to re TRUE, or OFT SHE: Has been nervo	ead a list of items that descr EN TRUE, of [fill: S.C. nan us or high-strung?			TRUE, SOMETIMES
0	* Read if necess I am going to re TRUE, or OFT SHE: Has been nervo Not true	ead a list of items that descr EN TRUE, of [fill: S.C. nan us or high-strung?			TRUE, SOMETIMES
0 1	* Read if necess I am going to re TRUE, or OFT SHE: Has been nervo Not true Sometimes true	ead a list of items that descr EN TRUE, of [fill: S.C. nan us or high-strung?			TRUE, SOMETIMES
0 1 2	* Read if necess I am going to re TRUE, or OFT SHE: Has been nervo Not true Sometimes true Often true	ead a list of items that descr EN TRUE, of [fill: S.C. nan us or high-strung?			TRUE, SOMETIMES
1 2 7	* Read if necess I am going to re TRUE, or OFT SHE: Has been nervo Not true Sometimes true Often true Refused Don't know	ead a list of items that descr EN TRUE, of [fill: S.C. nan us or high-strung?			TRUE, SOMETIMES

	Page 21 of 21					
	2004 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 20-Jul-05					
Question ID:	CHS.361_04.000 Instrument Variable Name: CMHAGF11_4 QuestionnaireFileName: Sample Child					
Question Text:	book) C3					
	* Read if necessary.					
	I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.					
	SHE:					
	Has been unhappy, sad, or depressed?					
0	Not true					
1	Sometimes true					
2	Often true					
7	Refused					
9	Don't know					
Universe:	Female sample children 2-3					
Skip Instructio	ons: <0-2,R,D> [go to CUSUALPL]					

2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05				
Question ID:	CAU.020_00.000 Instrument Variable Name:	CUSUALPL	QuestionnaireFileName:	Sample Child
Question Text:	The next questions are about health care.			
	Is there a place that [fill1: S.C. name] USU about [fill3: his/her] health?	ALLY goes when [f	ill2: he/she] is sick or you need a	lvice
1	Yes			
2	There is NO place			
3	There is MORE THAN ONE place			
7	Refused			
9	Don't know			
Universe:	Sample Children <18			
Skip Instructio	state <1,3> [go to CPLKIND] <2,R,D> [go to CHCPLKND]			
Question ID:	CAU.030_00.000 Instrument Variable Name:	CPLKIND	QuestionnaireFileName:	Sample Child
Question Text:	[fill1: What kind of place is it / What kind emergency room, or some other place?	of place does [fill2:	S.C. name] go to most often] - a c	linic, doctor's office,
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			
Universe:	Sample children <18 with one or more	e usual places to go v	when sick or need health advice	
Skip Instructio	ns: <1-5> [go to CHCPLROU] <6,R,D> [go to CHCPLKND]			
Question ID:	CAU.035_00.000 Instrument Variable Name:	CHCPLROU	QuestionnaireFileName:	Sample Child
Question Text:	Is that [fill1: CPLKIND/CAU.030] the sam or preventive care, such as a physical exam			3: he/she] needs routine
1	Yes		- · •	
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children <18 with one or more a clinic or health center, doctor's offic other place			
Skip Instructio	ns: <1> [go to CHCCHGYR] <2,R,D> [go to CHCPLKND]			

Question Text: What kind of place does [fill1: S.C. name] 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 of 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 Universe: 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 in the fift/NA/DK if it is same place as usual source of routine/preventive care. Skip Instructions: <0-6.R.D> [if CUSUALPL=2.R.D goto CHCDLYR_1; else goto CHCCHGYR] Question ID: CAU.040_00.000 Instrument Variable Name: CHCCHGYR QuestionaireFileName: Sample Child 9 Don't know Yes 2 No 7 Refused 9 Dont know CAU.040_00.000 Instrument Variable Name: CHCCHGYR Question ID: CAU.040_00.000 Instructions: <0-6.R.D> [if CUSUALPL=2.R.D go to CHCCHGYR Question apple children <18 with one or more place to go when sick/nee	2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05				
a physical examination or (well baby/child) check-up? Doesn't get preventive care anywhere Clinic or health center Doesn't get preventive care anywhere Clinic or health center Doesn't get preventive care anywhere Doesn't got one place most offen Some other place Doesn't got one place most offen Refused Don't know Universe: Skip Instructions: A any file Children <18 who do not have a usual source of sick care but does not go to one place most offen; who have a usual source of sick care but does not go to one place most offen; 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 does not go to one place most offen; 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 it is not same place as usual source of routine/preventive care; 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 does not got one place most offen; who have a usual source of routine/preventive care; 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; Skip Instructions: CAU.040_0.0000 Instrument Variable Name: CHCCHGYR Question Tex: Sample	Question ID:	CAU.037_00.000 Instrument Variable Name: CHCPLKND QuestionnaireFileName: Sample Child			
0 Doesn't get preventive care anywhere 1 Clinic or health center 2 Doctor's office of HMO 3 Hospital comparint department 5 Some other place 6 Doesn't got to one place most often 7 Refused 9 Don't know Universe: 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 but does not go to one place most offer, who have a usual source of sick care; who have a usual source of sick care; who have a usual source of sick care; who have a usual source of or or or or outine/preventive care; who have a usual source of sick care but does not go to one place most offer, who have a 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; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care;	Question Text:				
1 Clinic or health center 2 Doctry's office of HMO 3 Hospital emergency room 4 Hospital emergency room 5 Some other place 6 Doessity to to one place most often 7 Refused 9 Don't know Universe: Sample Children <18 who do not have a usual source of sick care: who neat often; 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.	0				
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 Whiterse: Sample Children <18 who do not have a usual source of sick care; who have a usual source of routine/preventive care; 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 what kind of place; 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 Ref/NA/DK if have a usual source of routine/preventive care; CHCCHGYR Question ID: CAU.040_00.000 Instrument Variable Name: CHCCHGYR Question Text: At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? 1 Yes 2 No 7 Refused 9 Don't know 2 No 7 Refused 9 Don't know Question ID: CAU.050_00.000 Instrument Vari	1				
4 Hospital outpatient department 5 Some other place 6 Doesn't go to one place most often 7 Refused 9 Don't know Universe: 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 but does not go to one place most often; 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 the sont same place as usual source of routine/preventive care.	2	Doctor's office of HMO			
 Hospital outpatient department Some other place Doesn't go to one place most often Refused Don't know Universe: 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 but does not go to one place nost often; who have a usual source of sick care but does not go to one place nost often; who have a usual source of sick care but does not go to one place nost often; who have a usual source of sick care but does not go to one place nost often; who have a usual source of sick care but Ref/NA/DK if it is some place as usual source of routine/preventive care. Skip Instruction: cAU_0400.000 Instrument Variable Name: CHCCHGYR Question Text: At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know Universe: 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] Skip Instruction: 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] Skip Instruction: vas this change for a reason related to health insurance? Yes No No The supple children <18 that have changed their usual place of health care in the past 12 months Supple children <18 that have changed their usual place of health care in the past 12 months	3	Hospital emergency room			
5 Some other place 6 Doesn't go to one place most often 7 Refused 9 Don't know Universe: Sample Children <18 who do not have a usual source of sick care; who Bef/NA/DK if have a usual source of sick care; who have a usual source of sick care; who have a usual source of sick care; 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; who have a usual source of sick care but Ref/NA/DK if it is 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; who have a usual source of sick care but Ref/NA/DK if it is 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; ULO40_00.000 Instrument Variable Name:					
6 Doesn't go to one place most often 7 Refused 9 Don't know Universe: Sample Children <18 who do not have a usual source of sick care; who have a usual source of sick care but Ref/NA/DK if have a usual source of sick care, but it is not same place as usual source of routine/preventive care.					
7 Refused 9 Don't know Universe: 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 routine/preventive care;		-			
9 Don't know Universe: Sample Children <18 who do not have a usual source of sick care; 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.					
Universe: 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 but Ref/NA/DK what kind of place; who have a usual source of sick care but Ref/NA/DK if it is some place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is some place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is some place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is some place as usual source of routine/preventive care;					
care: who have a usual source of sick care but does not go to one place most often; who have a usual source of routine/preventive care; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; Skip Instructions: <0-6,R,D> [if CUSUALPL=2,R,D goto CHCDLYR_1; else goto CHCCHGYR] Question ID: CAU.040_00.000 Instrument Variable Name: CHCCHGYR QuestionnaireFileName: Sample Child Question ID: CAU.040_00.000 Instrument Variable Name: CHCCHGYR QuestionnaireFileName: Sample Child Question ID: CAU.040_00.000 Instrument Variable Name: CHCCHGYR QuestionnaireFileName: Sample Child Question ID: CAU.040_00.000 Instrument Variable Name: CHCCHGYR QuestionnaireFileName: Sample Child Question Text: At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? 1 Yes 2 No 7 Refused 9 Don't know Universe: 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]	,				
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1 Yes 2 No 7 Refused 9 Don't know Universe: 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] Skip Instructions: <1> [go to CHCCHGHI] <2,R,D> [go to CHCDLYR1_1] Question ID: CAU.050_00.000 Instrument Variable Name: CHCCHGHI Question Text: Was this change for a reason related to health insurance? 1 Yes 2 No 7 Refused 9 Don't know	Question ID:	CAU.040_00.000 Instrument Variable Name: CHCCHGYR QuestionnaireFileName: Sample Child			
2 No 7 Refused 9 Don't know Universe: 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]	-	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for			
7 Refused 9 Don't know Universe: 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]	Question Text:	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care?			
9 Don't know Universe: 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] Skip Instructions: <1> [go to CHCCHGHI] < 2,R,D> [go to CHCDLYR1_1] Question ID: CAU.050_00.000 Instrument Variable Name: CHCCHGHI Name: QuestionnaireFileName: Sample Child Question Text: Yes Xas Associate of a reason related to health insurance? Xas Yes Xas 1 Yes Yes <td>Question Text:</td> <td>At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes</td>	Question Text:	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes			
Universe: 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]	Question Text: 1 2	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No			
Skip Instructions: <1> [go to CHCCHGHI] <2,R,D> [go to CHCDLYR1_1] Question ID: CAU.050_00.000 Instrument Variable Name: CHCCHGHI QuestionnaireFileName: Sample Child Question Text: Was this change for a reason related to health insurance? 1 Yes 2 No 7 Refused 9 Don't know Don't know Sample children <18 that have changed their usual place of health care in the past 12 months	Question Text: 1 2 7	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused			
<2,R,D> [go to CHCDLYR1_1] Question ID: CAU.050_00.000 Instrument Variable Name: CHCCHGHI QuestionnaireFileName: Sample Child Question Text: Was this change for a reason related to health insurance? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18 that have changed their usual place of health care in the past 12 months	Question Text: 1 2 7	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused			
Question Text: Was this change for a reason related to health insurance? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <18 that have changed their usual place of health care in the past 12 months	Question Text: 1 2 7 9	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know Sample children <18 with one or more place to go when sick/need advice [or who reported same place as usual			
1 Yes 2 No 7 Refused 9 Don't know Sample children <18 that have changed their usual place of health care in the past 12 months	Question Text: 1 2 7 9 Universe:	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know 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] MS: <1> [go to CHCCHGHI]			
2 No 7 Refused 9 Don't know	Question Text: 1 2 7 9 Universe: Skip Instruction	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know 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] ms: <1> [go to CHCCHGHI] <2,R,D> [go to CHCDLYR1_1]			
2 No 7 Refused 9 Don't know	Question Text: 1 2 7 9 Universe: Skip Instruction Question ID:	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know 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] ms: <1> [go to CHCCHGHI] <2,R,D> [go to CHCCHGHI] <2,R,D> [go to CHCCHGHI] Sample Children Sample CHCCHGHI QuestionnaireFileName: Sample Child			
7 Refused 9 Don't know Universe: Sample children <18 that have changed their usual place of health care in the past 12 months	Question Text: 1 2 7 9 Universe: Skip Instruction Question ID: Question Text:	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know 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] ms: <1> [go to CHCCHGHI] <2,R,D> [go to CHCCLGHI] <2,R,D> [go to CHCDLYR1_1] CAU.050_00.000 Instrument Variable Name: CHCCHGHI QuestionnaireFileName: Sample Child Was this change for a reason related to health insurance?			
9 Don't know Universe: Sample children <18 that have changed their usual place of health care in the past 12 months	Question Text: 1 2 7 9 Universe: Skip Instruction Question ID: Question Text: 1	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know 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] ms: <1> [go to CHCCHGHI] <2,R,D> [go to CHCCLYR1_1] CAU.050_00.000 Instrument Variable Name: CHCCHGHI QuestionnaireFileName: Sample Child Was this change for a reason related to health insurance? Yes			
Universe: Sample children <18 that have changed their usual place of health care in the past 12 months	Question Text: 1 2 7 9 Universe: Skip Instruction Question ID: Question Text: 1 2	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know 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] ms: <1> [go to CHCCHGHI] <2,R,D> [go to CHCCLGHI] <2,R,D> [go to CHCDLYR1_1] CAU.050_00.000 Instrument Variable Name: CHCCHGHI QuestionnaireFileName: Sample Child Was this change for a reason related to health insurance? Yes No			
r r r r r r r r r r r r r r r r r r r	Question Text: 1 2 7 9 Universe: Skip Instruction Question ID: Question Text: 1 2 7 7	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know 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] ms: <1> [go to CHCCHGHI] <2,R,D> [go to CHCCHGHI] <2,R,D> [go to CHCDLYR1_1] CAU.050_00.000 Instrument Variable Name: CHCCHGHI QuestionnaireFileName: Sample Child Was this change for a reason related to health insurance? Yes No Refused			
	Question Text: 1 2 7 9 Universe: Skip Instruction Question ID: Question Text: 1 2 7 9	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care? Yes No Refused Don't know 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] ons: <1> [go to CHCCHGHI] <2,R,D> [go to CHCDLYR1_1] CAU.050_00.000 Instrument Variable Name: CHCCHGHI QuestionnaireFileName: Sample Child Was this change for a reason related to health insurance? Yes No Refused Don't know			

	Child Access t	uestionnaire - San to Health Care & U Version Date: 20-Jul-05	Utilization	
Question ID:	CAU.080_01.000 Instrument Variable Name:	CHCDLYR1_1	QuestionnaireFileName:	Sample Child
Question Text:	There are many reasons people delay getting the following reasons IN THE PAST 12 M		you delayed getting care for [fi	ll: S.C. name] for any of
	You couldn't get through on the telephone.			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children <18			
Skip Instruction	ons: <1,2,R,D> [goto CHCDLYR1_2]			
Question ID:	CAU.080_02.000 Instrument Variable Name:	CHCDLYR1_2	QuestionnaireFileName:	Sample Child
Question Text:	* Read lead-in if necessary.			
	There are many reasons people delay getting the following reasons IN THE PAST 12 M		you delayed getting care for [fi	ll: S.C. name] for any of
	You couldn't get an appointment for [fill: S	S.C. name] soon enough		
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children <18			
Skip Instructi	ons: <1,2,R,D> [goto CHCDLYR1_3]			
-	CAU.080_03.000 Instrument Variable Name:	CHCDLYR1_3	QuestionnaireFileName:	Sample Child
Question ID: Question Text:	CAU.080_03.000 Instrument Variable Name: * Read lead-in if necessary.	CHCDLYR1_3	QuestionnaireFileName:	Sample Child
Question ID:		ng medical care. Have y		·
Question ID:	* Read lead-in if necessary. There are many reasons people delay getting	ng medical care. Have y IONTHS	you delayed getting care for [fi	
Question ID: Question Text:	* Read lead-in if necessary. There are many reasons people delay getting the following reasons IN THE PAST 12 M Once you get there, [fill: S.C. name] has too Yes	ng medical care. Have y IONTHS	you delayed getting care for [fi	-
Question ID: Question Text: 1 2	* Read lead-in if necessary. There are many reasons people delay getting the following reasons IN THE PAST 12 M Once you get there, [fill: S.C. name] has too Yes No	ng medical care. Have y IONTHS	you delayed getting care for [fi	-
Question ID: Question Text: 1 2 7	* Read lead-in if necessary. There are many reasons people delay gettin the following reasons IN THE PAST 12 M Once you get there, [fill: S.C. name] has to Yes No Refused	ng medical care. Have y IONTHS	you delayed getting care for [fi	·
Question ID: Question Text: 1 2	* Read lead-in if necessary. There are many reasons people delay getting the following reasons IN THE PAST 12 M Once you get there, [fill: S.C. name] has too Yes No	ng medical care. Have y IONTHS	you delayed getting care for [fi	-
Question ID: Question Text: 1 2 7	* Read lead-in if necessary. There are many reasons people delay gettin the following reasons IN THE PAST 12 M Once you get there, [fill: S.C. name] has to Yes No Refused	ng medical care. Have y IONTHS	you delayed getting care for [fi	-

Page 4 of 14 2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05				
Question Text:	* Read lead-in if necessary.			
	There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] 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			
Universe:	Sample children <18			
Skip Instructi	ons: <1,2,R,D> [goto CHCDLYR1_5]			
Question ID:	CAU.080_05.000 Instrument Variable Name: CHCDLYR1_5 QuestionnaireFileName: Sample Child			
Question Text:	* Read lead-in if necessary.			
	There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] for any of			
	the following reasons IN THE PAST 12 MONTHS			
	the following reasons IN THE PAST 12 MONTHS You didn't have transportation.			
1	-			
1 2	You didn't have transportation.			
	You didn't have transportation. Yes			
2	You didn't have transportation. Yes No			
2 7	You didn't have transportation. Yes No Refused			
2 7 9	You didn't have transportation. Yes No Refused Don't know Sample children <18			
2 7 9 Universe: Skip Instructi	You didn't have transportation. Yes No Refused Don't know Sample children <18 ons: <a href="https://www.sample.children.sample.s</td></tr><tr><td>2
7
9
Universe:</td><td>You didn't have transportation.
Yes
No
Refused
Don't know
Sample children <18</td></tr><tr><td>2
7
9
Universe:
Skip Instructi
Question ID:</td><td>You didn't have transportation.
Yes
No
Refused
Don't know
Sample children <18
ons: <a href=" https:="" td="" www.sample.children.sample<="">			
2 7 9 Universe: Skip Instructi Question ID:	You didn't have transportation. Yes No Refused Don't know Sample children <18 ons: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR] CAU.130_00.000 Instrument Variable Name: CHCAFYR QuestionnaireFileName: Sample Child DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't			
2 7 9 Universe: Skip Instructi Question ID:	You didn't have transportation. Yes No Refused Don't know Sample children <18 ons: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR] CAU.130_00.000 Instrument Variable Name: CHCAFYR QuestionnaireFileName: Sample Child DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it			
2 7 9 Universe: Skip Instructi Question ID: Question Text:	You didn't have transportation. Yes No Refused Don't know Sample children <18 ons: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR] CAU.130_00.000 Instrument Variable Name: CHCAFYR QuestionnaireFileName: Sample Child DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it Prescription medicines?			
2 7 9 Universe: Skip Instructi Question ID: Question Text:	You didn't have transportation. Yes No Refused Don't know Sample children <18 ons: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR] CAU.130_00.000 Instrument Variable Name: CHCAFYR QuestionnaireFileName: Sample Child DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it Prescription medicines? Yes			

Universe: Sample children <2 <1,2,R,D> [if AGE <1 goto CHCSYR1_2; else goto CDENLONG] Skip Instructions:

	Page 5 of 14
	2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05
Question ID:	CAU.135_01.000 Instrument Variable Name: CHCAFYR1_1 QuestionnaireFileName: Sample Child
Question Text:	
	DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] 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
Universe:	Sample children GE 2
Skip Instructio	ions: <1,2,R,D> [goto CHCAFYR1_2]
Question ID:	CAU.135_02.000 Instrument Variable Name: CHCAFYR1_2 QuestionnaireFileName: Sample Child
Question Text:	* Read lead-in if necessary.
	DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it
1	Mental health care or counseling? Yes
1 2	No
2 7	Refused
9	Don't know
,	
Universe:	Sample children GE 2
Skip Instruction	ions: <1,2,R,D> [goto CHCAFYR1_3]
Question ID:	CAU.135_03.000 Instrument Variable Name: CHCAFYR1_3 QuestionnaireFileName: Sample Child
Question Text:	* Read lead-in if necessary.
	DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it
1	Dental care (including check-ups)?
1	Yes
2	No
7 9	Refused Don't know
Universe	
Universe:	Sample children GE 2
Skip Instruction	ions: <1,2,R,D> [goto CHCAFYR1_4]

	Page 6 of 14			
2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05				
Question ID:	CAU.135_04.000 Instrument Variable Name: CHCAFYR1_4 QuestionnaireFileName: Sample Child			
Question Text:	* Read lead-in if necessary.			
	DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] 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			
Universe:	Sample children GE 2			
Skip Instructi	ions: <1,2,R,D> [goto CDENLONG]			
Question ID:	CAU.160_00.000 Instrument Variable Name: CDENLONG QuestionnaireFileName: Sample Child			
Question Text:	(book) C4			
	About how long has it been since [fill: S.C. name] 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			
	More than 1 year, but not more than 2 years ago			
3				
4	More than 2 years, but not more than 5 years ago			
4 5	More than 5 years ago			
4 5 7	More than 5 years ago Refused			
4 5	More than 5 years ago			
4 5 7	More than 5 years ago Refused			
4 5 7 9	More than 5 years ago Refused Don't know Sample children GE 1			

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthamologist, or eye doctor (someone who prescribes eyeglasses)?

1 Yes 2 No 7 Refused

9 Don't know

Universe: Sample children <2 **Skip Instructions:** <1,2,R,D> [goto CHCSYR1_3]

Sample Child Child Access to Health Care & Utilization Decement Version Date: 20-204-05 Question ID: CAU,170,02.000 Instrument Variable Name: CHCSYR1_3 QuestionInterflexame: Sample Child Question ID: CAU,170,02.000 Instrument Variable Name: CHCSYR1_3 QuestionInterflexame: Sample Child Question Text: * Read lead in if necessary. DURING THE PAST 12 MONTHS, that is since [fill: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes Sample children <2 Skip Instructive: CAU,170,03.000 Instrument Variable Name: CHCSYR1_5 QuestionInterflexame: Sample Child Question ID: CAU,170,03.000 Instrument Variable Name: CHCSYR1_5 QuestionInterflexame: Sample Child Question ID: CAU,170,03.000 Instrument Variable Name: CHCSYR1_5 QuestionInterflexame: Sample Child Question ID: CAU,170,03.000 Instrument Variable Name: CHCSYR1_5 QuestionInterflexame: Sample Child Question ID: CAU,170,04.000 Instrument Variable Name: CHCSYR1_5 QuestionInterflexame: Sample Child Question ID: CAU,170,04.000 Instrument Variable Name: CHCSYR1_6 QuestionInter		Page 7 of 14
Question Text: * Read lead-in if necessary. DURING 'THE PAST 12 MONTHS, that is since [fill: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know 2 Universe: Sample children <2 Skip Instructions: <1,2,R,D> [goto CHCSYR1_5] Question Text: * Read lead-in if necessary. DURING 'THE PAST 12 MONTHS, that is since [fill: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? 1 Yes 2 No 7 Refused 9 9 Don't know 2 Universe: Sample children <2 Skip Instructions: <1,2,R,D> [goto CHCSYR1_6] Question ID: CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Sample Child Question ID: CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Samp		Child Access to Health Care & Utilization
DURING THE PAST 12 MONTHS, that is since [fill: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2 Skip Instructions: <1,2,R,D> [goto CHCSYR1_5] Question IP: CAU,170_03.000 Instrument Variable Name: CHCSYR1_5 Question Text: * Real lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? 1 1 Yes 2 2 No 7 7 Refused 9 9 Don't know Question Text: * Read lead-in if necessary. Universe: Sample children <2 Skip Instrumet Variable Name: CHCSYR1_6 Question Text: * Read lead-in if necessary. Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fil	Question ID:	CAU.170_02.000 Instrument Variable Name: CHCSYR1_3 QuestionnaireFileName: Sample Child
to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? Yes No Refused Don't know Universe: Sample children <2 Skip Instructions: <1,2,R,D> [goto CHCSYR1_5] Question TD: CAU.170_03.000 Instrument Variable Name: CHCSYR1_5 QuestionnaireFileName: Sample Child Question Test: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? Yes No Refused Don't know Universe: Sample children <2 Skip Instructions: <1,2,R,D> [goto CHCSYR1_6] Question Test: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, goe CHCSYR1_6] Question Test: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A nurse practitioner, physician assistant or midwife? A nurse practitioner, physician assistant or midwife? No Refused Don't know	Question Text:	* Read lead-in if necessary.
1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2		
2 No 7 Refused 9 Don't know Universe: Sample children <2		A foot doctor?
7 Refused 9 Don't know Universe: Sample children <2	1	Yes
 Duri know Duri know Universe: Sample children <2 Skip Instructions: <1,2,R,D> [goto CHCSYR1_5] Question ID: CAU,170_03.000 Instrument Variable Name: CHCSYR1_5 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? Yes Don't know Universe: Sample children <2 Skip Instructions: <1,2,R,D> [goto CHCSYR1_6] Question ID: CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A nurse practitioner, physician assistant or midwife? Yes No Refused Don't know Universe: Sample children <2 	2	No
Universe: Sample children <2	7	Refused
Skip Instructions: <1,2,R,D> [goto CHCSYR1_5] Question ID: CAU,170_03.000 Instrument Variable Name: CHCSYR1_5 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2	9	Don't know
Question ID: CAU.170_03.000 Instrument Variable Name: CHCSYR1_5 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2	Universe:	Sample children <2
Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2	Skip Instructi	ions: <1,2,R,D> [goto CHCSYR1_5]
DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? Yes No Refused Don't know Universe: Sample children <2	Question ID:	CAU.170_03.000 Instrument Variable Name: CHCSYR1_5 QuestionnaireFileName: Sample Child
to any of the following health care providers about [fill2: S.C. name]'s health? A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist? Yes No Refused Don't know Universe: Sample children <2 Skip Instructions: <1,2,R,D> [goto CHCSYR1_6] Question ID: CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A nurse practitioner, physician assistant or midwife? Yes No Refused Don't know Universe: Sample children <2	Question Text:	* Read lead-in if necessary.
1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2		
2 No 7 Refused 9 Don't know Universe: Sample children <2		
7 Refused 9 Don't know Universe: Sample children <2	1	
9 Don't know Universe: Sample children <2 Skip Instructions: <1,2,R,D> [goto CHCSYR1_6] Question ID: CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A nurse practitioner, physician assistant or midwife? Yes 2 No Refused Don't know Universe: Sample children <2		
Universe: Sample children <2		
Skip Instructions: <1,2,R,D> [goto CHCSYR1_6] Question ID: CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A nurse practitioner, physician assistant or midwife? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2	9	Don't know
Question ID: CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A nurse practitioner, physician assistant or midwife? 1 Yes Yes No Yes Yes 2 No Yes Yes Yes Yes Yes 3 Don't know Sample children <2	Universe:	Sample children <2
Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A nurse practitioner, physician assistant or midwife? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2	Skip Instructi	ions: <1,2,R,D> [goto CHCSYR1_6]
DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A nurse practitioner, physician assistant or midwife? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2	Question ID:	CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Sample Child
 to any of the following health care providers about [fill2: S.C. name]'s health? A nurse practitioner, physician assistant or midwife? Yes No Refused Don't know Universe: Sample children <2	Question Text:	* Read lead-in if necessary.
1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children <2		
2 No 7 Refused 9 Don't know		A nurse practitioner, physician assistant or midwife?
7 Refused 9 Don't know Universe: Sample children <2		
9 Don't know Universe: Sample children <2		
Universe: Sample children <2		
	9	Don't know
Skip Instructions: <1,2,R,D> [goto CHCSYR8]	Universe:	Sample children <2
	Skip Instructi	ions: <1.2.R.D> [goto CHCSYR8]

2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization. Densite ID: CAU.175.01.000 Instrument Variable Name: CHC SYR_1 Questionmine Flexnam: Sample Child Question ID: DURING THE PAST 12 MONTHS, that is since [fill: 12 month reference date], have you seen or talked to any of the following beath care providers about fill: S.C. name?s health? A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or chinical social worker? 1 Yes Yes Yes Yes 2 No Yes Yes Yes 3 Durit Nurse: Sample children GH 2 Yes Yes Yes Yes Yes Question ID: CAU.175.02.000 Instrument Variable Name: CHC SYR_2 QuestionnaireFileName: Sample Child Quistion Text: * Real lead-in if necessary. DURING PHILE PAST 12 MONTHS, that is since [fill: 12 month reference date], have you seen or talked to any of the following beath care providers about [fill: S.C. name?s health? 4 Yes Yes Yes Yes 4 Yes Yes Yes Yes 5 Durit Name CHC SYR_3 Question Text Sing thirdeen GH 2 Yes <t< th=""><th></th><th>Page 8 of 14</th></t<>		Page 8 of 14
Question Text: DURING THE PAST 12 MONTHS, that is since [fill]: 12 month reference date], have you seen or talked to any of the following health care providers about (fill2: S.C. name]'s health? A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker? 1 Yes 2 No 7 Refused 9 Doart know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_2] Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill]: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 1 Yes 2 No 7 Refused 9 Dount know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child <tr< th=""><th></th><th>Child Access to Health Care & Utilization</th></tr<>		Child Access to Health Care & Utilization
DURING THE PAST 12 MONTHS, that is since [fill]: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'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 Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_2] Question ID: CAU,175_02.000 Instrument Variable Name: CHCSYR_2 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill]: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 Yes 1 Yes Sample children GE 2 No 7 Refused 9 Don't know Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question Text: * Read lead-in if necessary. Durk INOW CAU,175_03.000 Instrument Variable Name: CHCSYR_3 Question Text: * Read lead-in if necessary.	Question ID:	CAU.175_01.000 Instrument Variable Name: CHCSYR_1 QuestionnaireFileName: Sample Child
following health care providers about [fill2: S.C. name]'s health? A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker? Yes No Refused Dort know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR,2] Question ID: CAU.175_02.000 Instrument Variable Name: CHCSYR_2 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? No Refused DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? No Refused DON' Refused Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? No Refused DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? No Refused DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? No Refused DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? Kip Health care providers about [fill2: S.C. name]'s health? No Refused DURING THE PAST 12 MONTHS, that is	Question Text:	
1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_2] Question ID: CAU.175_02.000 Instrument Variable Name: CHCSYR_2 Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 Y es 2 No 7 Refused 9 Don't know 1 Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes A foot doctor? 1 Yes 9 Don't know 2 Universe: Sample children GE 2 <		
2 No 7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_2] Question ID: CAU,175_02.000 Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question Text: * Read lead-in if necessary. Question Text: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question Text: * Read lead-in if necessary. Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes No<		A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?
7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_2] Question ID: CAU.175_02.000 Instrument Variable Name: CHCSYR_2 Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question TD: CAU,175_03.000 Instrument Variable Name: CHCSYR_3 Question TExt: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Durit know Jon't know	1	Yes
 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_2] Question ID: CAU,175_02.000 Instrument Variable Name: CHCSYR_2 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know Wirerse: Sample children GE 2 Xi No 7 Refused 9 Don't know Yi No Refused 9 Don't know	2	No
Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_2] Question ID: CAU.175_02.000 Instrument Variable Name: CHCSYR_2 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fil11: 12 month reference date], have you seen or talked to any of the following health care providers about [fil12: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 Yes 2 No 7 Refused 9 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question Text: * Read lead-in if necessary. Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fil11: 12 month reference date], have you seen or talked to any of the following health care providers about [fil12: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2 No 7 Refused 9	7	Refused
Skip Instructions: <1,2,R,D> [goto CHCSYR_2] Question ID: CAU.175_02.000 Instrument Variable Name: CHCSYR_2 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 Yes Yes 2 No 7 Refused 9 Don't know Vuriverse: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question TExt: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? Ample Child Question TExt: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 9 Don't know Don't kno	9	Don't know
Question ID: CAU.175_02.000 Instrument Variable Name: CHCSYR_2 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question Text: * Read lead-in if necessary. Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes No 7 2 No 7 Refused 9 Don't know Universe: Sample children GE 2 No 7 Refused 9 Don't know	Universe:	Sample children GE 2
Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question T0: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 2 No 7 Refused 9 Don't know Universe: Sample children GE 2	Skip Instructio	ons: $\langle 1,2,R,D \rangle$ [goto CHCSYR_2]
DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? Yes No Refused Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 7 Refused 9 DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 7 Refused 9 9 Don't know 9 Universe: Sample children GE 2	Question ID:	CAU.175_02.000 Instrument Variable Name: CHCSYR_2 QuestionnaireFileName: Sample Child
following health care providers about [fill2: S.C. name]'s health? An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)? Yes No Refused Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? Yes No 7 Refused DOn't know Universe: Sample children GE 2 Stop on't know	Question Text:	* Read lead-in if necessary.
1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know Don't know Universe: Sample children GE 2		
 No Refused Don't know Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2		An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?
 7 Refused 9 Don't know Universe: Sample children GE 2 Skip Instructions: stample children GE 2 Skip Instructions: Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2	1	Yes
9 Don't know Universe: Sample children GE 2 Skip Instruction: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? 1 Yes 2 No 7 Refused 9 Don't know Universe: Sample children GE 2	2	No
Universe: Sample children GE 2 Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 9 Don't know Sample children GE 2	7	Refused
Skip Instructions: <1,2,R,D> [goto CHCSYR_3] Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know Jon't know Universe: Sample children GE 2	9	Don't know
Question ID: CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes Yes Yes 2 No Yes Yes 3 Don't know Yes Yes 4 Sample children GE 2 Yes Yes	Universe:	Sample children GE 2
Question Text: * Read lead-in if necessary. DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know	Skip Instructio	ons: $\langle 1,2,R,D \rangle$ [goto CHCSYR_3]
DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health? A foot doctor? 1 Yes 2 No 7 Refused 9 Don't know	Question ID:	CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child
following health care providers about [fill2: S.C. name]'s health? A foot doctor? A foot doctor? Yes No Refused Don't know Universe: Sample children GE 2	Question Text:	* Read lead-in if necessary.
1Yes2No7Refused9Don't know		
2No7Refused9Don't knowSample children GE 2		A foot doctor?
7 Refused 9 Don't know Universe: Sample children GE 2	1	Yes
9 Don't know Universe: Sample children GE 2		
Universe: Sample children GE 2		
	9	Don't know
Skin Instructions: <1.2 R D> [goto CHCSYR 4]	Universe:	Sample children GE 2
	Skip Instructio	ons: $\langle 1,2,R,D \rangle$ [goto CHCSYR_4]

	F	Page 9 of 14		
	2004 NHIS Ques Child Access to I Document Ver		& Utilization	
Question ID: (CAU.175_04.000 Instrument Variable Name:	CHCSYR_4	QuestionnaireFileName:	Sample Child
Question Text:	* Read lead-in if necessary.			
	DURING THE PAST 12 MONTHS, that is si following health care providers about [fill2: S			or talked to any of the
	A chiropractor?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children GE 2			
Skip Instruction	ns: <1,2,R,D> [goto CHCSYR_5]			
Question ID: (CAU.175_05.000 Instrument Variable Name:	CHCSYR_5	QuestionnaireFileName:	Sample Child
Question Text:	* Read lead-in if necessary.			
	DURING THE PAST 12 MONTHS, that is si following health care providers about [fill2: S			or talked to any of the
	A physical therapist, speech therapist, respirat	tory therapist, auc	liologist, or occupational therapist	?
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children GE 2			
Skip Instruction	ns: <1,2,R,D> [goto CHCSYR_6]			
Question ID: (CAU.175_06.000 Instrument Variable Name:	CHCSYR_6	QuestionnaireFileName:	Sample Child
Question Text:	* Read lead-in if necessary.			
	DURING THE PAST 12 MONTHS, that is si following health care providers about [fill2: S			or talked to any of the
	A nurse practitioner, physician assistant or mi	dwife?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children GE 2			
Skip Instruction	ns: <1,2,R,D> if SEX eq <2> and AGE GE	15 [goto CHCSY]	R7]; else [goto CHCSYR8_1]	

	2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05
Question ID:	CAU.230_00.000 Instrument Variable Name: CHCSYR7 QuestionnaireFileName: Sample Child
Question Text:	DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about [fill2: S.C. name]'s health?
1	Yes
2	No
7	Refused
9	Don't know
Universe:	Sample children GE 15 who are female
Skip Instructio	ons: <1,2,R,D> [goto CHCSYR8_1]
Question ID:	CAU.240_01.000 Instrument Variable Name: CHCSYR8_1 QuestionnaireFileName: Sample Child
Question Text:	DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: S.C. name]'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
Universe:	Sample children <18
Skip Instructio	-
Question ID:	CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child
Question Text:	* Read lead-in if necessary.
	DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: S.C. name]'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
Universe:	Sample children <18
Skip Instructio	ons: <1> [goto CHCSYR10] <2,R,D> [goto CHPEXYR]

2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05					
Question ID:	CAU.260_00.000 Instrument Variable Name	e: CHCSYR10	QuestionnaireFileName:	Sample Child	
Question Text:	Does that doctor treat children and adul	ts (a doctor in general p	ractice or family medicine)?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
Universe: Skip Instructi	Sample children <18 who have see ons: <1,2,R,D> [goto CHCSYREM]	n or talked to a general	doctor during the past 12 months		
Question ID:	CAU.265_00.000 Instrument Variable Name	e: CHCSYREM	QuestionnaireFileName:	Sample Child	
Question Text:	Did you see or talk to this general docto	or because of an emotior	al or behavioral problem that [fill	1: S.C. name] may have?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
Universe:	Sample children <18 who have see	en a general doctor in the	e past 12 months		
Skip Instructi	ons: <1,2,R,D> [goto CHPEXYR]				
Question ID:	CAU.270_00.000 Instrument Variable Name	e: CHPEXYR	QuestionnaireFileName:	Sample Child	
Question Text:	DURING THE PAST 12 MONTHS, did when [fill2: he/she] was not sick or inju		ive a well-child check-up, that is a	a general check-up,	
1	Yes				
2	No				
7	Refused				
9	Don't know				
Universe:	Sample children <18				
Skip Instructi	ons: <1,2,R,D> [goto CHERNOYR]				

		Page 12 of 14		
2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05				
Question ID:	CAU.280_00.000 Instrument Variable Name	: CHERNOYR	QuestionnaireFileName:	Sample Child
Question Text:	(book) C5			
	DURING THE PAST 12 MONTHS, HC ROOM about [fill2: his/her] health? (Thi			
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			
Universe:	Sample children <18			
	•			
Skip Instruction	ons: $\langle 0.8 R D \rangle$ [goto CHCHYR]			
Skip Instruction	ons: <0-8,R,D> [goto CHCHYR]			
-	ons: <0-8,R,D> [goto CHCHYR] CAU.290_00.000 Instrument Variable Name	: CHCHYR	QuestionnaireFileName:	Sample Child
Question ID:				
Question ID:	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did			
Question ID: Question Text:	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional?			
Question ID: Question Text: 1	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes			
Question ID: Question Text: 1 2	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes No			
Question ID: Question Text: 1 2 7	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes No Refused			
Question ID: Question Text: 1 2 7 9	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes No Refused Don't know Sample children <18			
Question ID: Question Text: 1 2 7 9 Universe:	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes No Refused Don't know Sample children <18 ons: <1> [goto CHCHMOYR]	[fill1: S.C. name] recei		
Question ID: Question Text: 1 2 7 9 Universe: Skip Instruction Question ID:	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes No Refused Don't know Sample children <18 ons: <1> [goto CHCHMOYR] <2,R,D> [goto CHCNOYR]	[fill1: S.C. name] receit	ve care AT HOME from a nurse QuestionnaireFileName:	or other health care Sample Child
Question ID: Question Text: 1 2 7 9 Universe: Skip Instruction Question ID:	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes No Refused Don't know Sample children <18 ons: <1> [goto CHCHMOYR] <2,R,D> [goto CHCNOYR] CAU.300_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, how	[fill1: S.C. name] receit	ve care AT HOME from a nurse QuestionnaireFileName:	or other health care Sample Child
Question ID: Question Text: 1 2 7 9 Universe: Skip Instruction Question ID: Question Text:	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes No Refused Don't know Sample children <18 ons: <1> [goto CHCHMOYR] <2,R,D> [goto CHCNOYR] CAU.300_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, how professional?	[fill1: S.C. name] receit	ve care AT HOME from a nurse QuestionnaireFileName:	or other health care Sample Child
Question ID: Question Text: 1 2 7 9 Universe: Skip Instruction Question ID: Question Text: 01-12	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes No Refused Don't know Sample children <18 ons: <1> [goto CHCHMOYR] <2,R,D> [goto CHCNOYR] CAU.300_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, how professional? 1-12 months	[fill1: S.C. name] receit	ve care AT HOME from a nurse QuestionnaireFileName:	or other health care Sample Child
Question ID: Question Text: 1 2 7 9 Universe: Skip Instruction Question ID: Question Text: 01-12 97	CAU.290_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, did professional? Yes No Refused Don't know Sample children <18 ons: <1> [goto CHCHMOYR] <2,R,D> [goto CHCNOYR] CAU.300_00.000 Instrument Variable Name DURING THE PAST 12 MONTHS, how professional? 1-12 months Refused	[fill1: S.C. name] receir : CHCHMOYR v many months did [fill:	ve care AT HOME from a nurse QuestionnaireFileName: S.C. name] receive care AT HO	or other health care Sample Child ME from a health care

2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05						
Question ID: CAU.310_00.000 Instrument Variable Name: CHCHNOYR QuestionnaireFileName: Sample Child						
Question Text:	(book) C6					
	What was the total number of home visits received for [fill1: S.C. name] during [fill2: that month/those months]	2				
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					
Universe: Skip Instructio						
Skip Instructio		1				
Skip Instructio	ons: <1-8,R,D> [goto CHCNOYR]	1				
Skip Instructio	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c	are				
Skip Instructio	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den	are o not				
Skip Instructio	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D	are o not				
Skip Instructio Question ID: Question Text:	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls.	are o not				
Skip Instructio Question ID: Question Text: 00	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None	are o not				
Skip Instructio Question ID: Question Text: 00 01	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None 1	are o not				
Skip Instructio Question ID: Question Text: 00 01 02	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None 1 2-3	are o not				
Skip Instructio Question ID: Question Text: 00 01 02 03	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None 1 2-3 4-5	are o not				
Skip Instructio Question ID: Question Text: 00 01 02 03 04	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None 1 2-3 4-5 6-7	are o not				
Skip Instructio Question ID: Question Text: 00 01 02 03 04 05	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None 1 2-3 4-5 6-7 8-9	are o not				
Skip Instructio Question ID: Question Text: 00 01 02 03 04 05 06	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None 1 2-3 4-5 6-7 8-9 10-12 10-12	are o not				
Skip Instructio Question ID: Question Text: Question Text: 00 01 02 03 04 05 06 07	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None 1 2-3 4-5 6-7 8-9 10-12 13-15 16 or more 1	are o not				
Skip Instruction Question ID: Question Text: Question Text: 00 01 02 03 04 05 06 07 08	ons: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child (book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None 1 2-3 4-5 6-7 8-9 10-12 13-15	are o not				
Skip Instruction Question ID: Question Text: Question Text: Questi	ons: <pre></pre> <pre>CAU.320_00.000 Instrument Variable Name: CHCNOYR QuestionnaireFileName: Sample Child <pre>(book) C5 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health c professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? D include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, den or telephone calls. None </pre> None 1 2-3 4-5 6-7 8-9 10-12 13-15 16 or more Refused</pre>	are o not				

2004 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 20-Jul-05				
Question ID: (CAU.330_00.000 Instrument Variable Name:	CSRGYR	QuestionnaireFileName:	Sample Child
Question Text:	DURING THE PAST 12 MONTHS has [fil inpatient or outpatient?	11: S.C. name] had SU	JRGERY or other surgical proce	edures either as an
	* Read if necessary.			
	This includes both major surgery and minor	procedures such as s	etting bones or removing growth	15.
1	Yes			
2	No			
7	Refused			
9	Don't know			
Universe:	Sample children <18			
Skip Instruction	s: <1> [goto CSRGNOYR] <2,R,D> [goto CMDLONG]			
Question ID: (CAU.340_00.000 Instrument Variable Name:	CSRGNOYR	QuestionnaireFileName:	Sample Child
Question Text:	Including any times you may have already t surgery DURING THE PAST 12 MONTHS		MANY DIFFERENT TIMES ha	s [fill1: S.C. name] had
	* Enter '95' for 95 or more times.			
01-94	1-94 times			
95	95+ times			
97	Refused			
99	Don't know			
Universe:	Sample children <18 that have undergo	one surgery during the	e past 12 months	
Skip Instruction				
	s: <1-10,R,D> [goto CMDLONG] <11-95> [goto ERR_CMDLONG]			
		CMDLONG	QuestionnaireFileName:	Sample Child
	<11-95> [goto ERR_CMDLONG]	CMDLONG	QuestionnaireFileName:	Sample Child
Question ID: (<11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name:	the family last saw o	r talked to a doctor or other heal	th care professional
Question ID: (<11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name: (book) C4 About how long has it been since anyone in	the family last saw o	r talked to a doctor or other heal	th care professional
Question ID: (<11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name: (book) C4 About how long has it been since anyone in about [fill1: S.C. name]'s health? Include do	the family last saw o	r talked to a doctor or other heal	th care professional
Question ID: (Question Text:	<pre><11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name: (book) C4 About how long has it been since anyone in about [fill1: S.C. name]'s health? Include de Never 6 months or less More than 6 months, but not more than 1 yee</pre>	the family last saw o octors seen while [fill ear ago	r talked to a doctor or other heal	th care professional
Question ID: (Question Text: 0 1 2 3	<pre><11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name: (book) C4 About how long has it been since anyone in about [fill1: S.C. name]'s health? Include de Never 6 months or less More than 6 months, but not more than 1 ye More than 1 year, but not more than 2 years</pre>	the family last saw o octors seen while [fill ear ago ; ago	r talked to a doctor or other heal	th care professional
Question ID: (Question Text: 0 1 2 3 4	<pre><11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name: (book) C4 About how long has it been since anyone in about [fill1: S.C. name]'s health? Include de Never 6 months or less More than 6 months, but not more than 1 yee More than 1 year, but not more than 2 years More than 2 years, but not more than 5 year</pre>	the family last saw o octors seen while [fill ear ago ; ago	r talked to a doctor or other heal	th care professional
Question ID: (Question Text: 0 1 2 3 4 5	<pre><11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name: (book) C4 About how long has it been since anyone in about [fill1: S.C. name]'s health? Include de Never 6 months or less More than 6 months, but not more than 1 ye More than 1 year, but not more than 2 years More than 2 years, but not more than 5 year More than 5 years ago</pre>	the family last saw o octors seen while [fill ear ago ; ago	r talked to a doctor or other heal	th care professional
Question ID: (Question Text: 0 1 2 3 4 5 7	<pre><11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name: (book) C4 About how long has it been since anyone in about [fill1: S.C. name]'s health? Include de Never 6 months or less More than 6 months, but not more than 1 ye More than 1 year, but not more than 2 years More than 2 years, but not more than 5 year More than 5 years ago Refused</pre>	the family last saw o octors seen while [fill ear ago ; ago	r talked to a doctor or other heal	th care professional
Question ID: (Question Text: 0 1 2 3 4 5	<pre><11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name: (book) C4 About how long has it been since anyone in about [fill1: S.C. name]'s health? Include de Never 6 months or less More than 6 months, but not more than 1 ye More than 1 year, but not more than 2 years More than 2 years, but not more than 5 year More than 5 years ago</pre>	the family last saw o octors seen while [fill ear ago ; ago	r talked to a doctor or other heal	th care professional
Question ID: Question Text: 0 1 2 3 4 5 7	<pre><11-95> [goto ERR_CMDLONG] CAU.345_00.000 Instrument Variable Name: (book) C4 About how long has it been since anyone in about [fill1: S.C. name]'s health? Include de Never 6 months or less More than 6 months, but not more than 1 ye More than 1 year, but not more than 2 years More than 2 years, but not more than 5 year More than 5 years ago Refused</pre>	the family last saw o octors seen while [fill ear ago ; ago	r talked to a doctor or other heal	th care professional

2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05					
Question ID:	CMH.005_00.000 Instrument Variable Name: CSCLCOPY QuestionnaireFileName: Sample Child				
Question Text:	* The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.				
	* The next 25 items contained in CSCL1_S1 through CSCL5_H5 are included in this survey with permission as indicated below.				
	* The SDQ questions are copyrighted by Robert Goodman, Ph.D., FRCPSYCH, MRCP. State and local agencies may use these questions without charge and without seeking separate permission provided the wording is not modified, all the questions are retained, and Dr. Goodman's copyright is acknowledged.				
	* Enter 1 to Continue.				
1	Enter 1 to continue				
Universe:					
Universe: Skip Instructi	Sample children GE 4				
Universe: Skip Instructi	Sample children GE 4				
Skip Instructi	Sample children GE 4				
Skip Instructi Question ID:	Sample children GE 4 ions: <1> [goto CSCL1_S1]				
Skip Instructi Question ID:	Sample children GE 4 ions: <1> [goto CSCL1_S1] CMH.010_01.000 Instrument Variable Name: CSCL1_S1 QuestionnaireFileName: Sample Child				
Skip Instructi Question ID:	Sample children GE 4 ions: <pre></pre> <pre></pre> <pre></pre> <pre>CMH.010_01.000 Instrument Variable Name: CSCL1_S1 QuestionnaireFileName: Sample Child </pre> (book) C7 <pre>I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE,</pre>				
Skip Instructi Question ID:	Sample children GE 4 ions: <1> [goto CSCL1_S1] CMH.010_01.000 Instrument Variable Name: CSCL1_S1 QuestionnaireFileName: Sample Child (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: S.C. name] DURING THE PAST SIX MONTHS.				
Skip Instructi Question ID:	Sample children GE 4 ions:				

		Page 2 of 17			
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05					
Question ID:	CMH.010_02.000 Instrument Variable Name:	CSCL1_H1	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TH				
	[fill2: He/She]				
	is restless, overactive, cannot stay still for	or long.			
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Skip Instruct	ions: <1-3,R,D> [goto CSCL1_E1]				
Question ID:	CMH.010_03.000 Instrument Variable Name:	CSCL1_E1	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TH				
	[fill2: He/She]				
	often COMPLAINS of headaches, stoma	ch-aches or sickness			
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				

Skip Instructions: <1-3,R,D> [goto CSCL1_S2]

		Page 3 of 17			
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05					
Question ID:	CMH.010_04.000 Instrument Variable Name:	CSCL1_S2	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR				
	[fill2: He/She]				
	shares readily with other [fill 3: children;	for example, toys, tr	reats, pencils/youth; for example,	CDs, games, food].	
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Skip Instructi	ons: <1-3,R,D> [goto CSCL1_C1]				
Question ID:	CMH.010_05.000 Instrument Variable Name:	CSCL1_C1	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	* Read if necessary. I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR				
	I am going to read a list of items that descr				
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR				
1	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TF [fill2: He/She]				
1 2	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR [fill2: He/She] often loses temper.				
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TH [fill2: He/She] often loses temper. Not true				
2	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR [fill2: He/She] often loses temper. Not true Somewhat true				
2 3	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR [fill2: He/She] often loses temper. Not true Somewhat true Certainly true				
2 3 7	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR [fill2: He/She] often loses temper. Not true Somewhat true Certainly true Refused				

		Page 4 of 17		
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05				
Question ID:	CMH.020_01.000 Instrument Variable Name:	CSCL2_P1	QuestionnaireFileName:	Sample Child
Question Text:	(book) C7			
	* Read if necessary.			
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR			
	[fill2: He/She]			
	[fill3: is rather solitary, prefers to play ale	one/would rather be	alone than with other teenagers].	
1	Not true			
2	Somewhat true			
3	Certainly true			
7	Refused			
9	Don't know			
Universe:	Sample children GE 4			
Skip Instructi	ons: <1-3,R,D> [goto CSCL2_C2]			
Question ID:	CMH.020_02.000 Instrument Variable Name:	CSCL2_C2	QuestionnaireFileName:	Sample Child
Question Text:	(book) C7			
	* Read if necessary.			
	I am going to read a list of items that descr. SOMEWHAT TRUE, or CERTAINLY TR			
	[fill2: He/She]			
	is generally well behaved, usually does w	what adults request.		
1	Not true			
2	Somewhat true			
3	Certainly true			
7	Refused			
9	Don't know			
Universe:	Sample children GE 4			
Cl.:				

Skip Instructions: <1-3,R,D> [goto CSCL2_E2]

	2004 NHIS Qu	estionnaire - S			
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05					
Juestion ID:	CMH.020_03.000 Instrument Variable Name:	CSCL2_E2	QuestionnaireFileName:	Sample Child	
Juestion Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descri SOMEWHAT TRUE, or CERTAINLY TR				
	[fill2: He/She]				
	has many worries, or often seems worried	L.			
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Skip Instructio	ns: <1-3,R,D> [goto CSCL2_S3]				
Question ID:	CMH.020_04.000 Instrument Variable Name:	CSCL2_S3	QuestionnaireFileName:	Sample Child	
Juestion Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descri SOMEWHAT TRUE, or CERTAINLY TR				
	[fill2: He/She]				
	is helpful if someone is hurt, upset, or fee	ling ill.			
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Skip Instructio	ns: <1-3,R,D> [goto CSCL2_H2]				

		Page 6 of 17			
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05					
Question ID:	CMH.020_05.000 Instrument Variable Name:	CSCL2_H2	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY T				
	[fill2: He/She]				
	is constantly fidgeting or squirming.				
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Skip Instructi	ions: <1-3,R,D> [goto CSCL3_P2]				
Question ID:	CMH.030_01.000 Instrument Variable Name:	CSCL3_P2	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY T				
	[fill2: He/She]				
	has at least one good friend.				
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Skin Instructi	ange (1 2 D D) [asta CSCI 2 C2]				

Skip Instructions: <1-3,R,D> [goto CSCL3_C3]

		Page 7 of 17			
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05					
Question ID:	CMH.030_02.000 Instrument Variable Name:	CSCL3_C3	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR				
	[fill2: He/She]				
	often fights with other [fill3: children/you	uth] or bullies them.			
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Skip Instructi	ions: <1-3,R,D> [goto CSCL3_E3]				
Question ID:	CMH.030_03.000 Instrument Variable Name:	CSCL3_E3	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR				
	[fill2: He/She]				
	is often unhappy, depressed, or tearful.				
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Shin Instant	inner (1.2 D.D. Lasta CCCL 2. D2)				

Skip Instructions: <1-3,R,D> [goto CSCL3_P3]

		Page 8 of 17					
	2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05						
Question ID:	CMH.030_04.000 Instrument Variable Name:	CSCL3_P3	QuestionnaireFileName:	Sample Child			
Question Text:	(book) C7						
	* Read if necessary.						
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR						
	[fill2: He/She]						
	is generally liked by other [fill3: children	/youth].					
1	Not true						
2	Somewhat true						
3	Certainly true						
7	Refused						
9	Don't know						
Universe:	Sample children GE 4						
Skip Instruct	ions: <1-3,R,D> [goto CSCL3_H3]						
Question ID:	CMH.030_05.000 Instrument Variable Name:	CSCL3_H3	QuestionnaireFileName:	Sample Child			
Question Text:	(book) C7						
	* Read if necessary.						
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR						
	[fill2: He/She]						
	is easily distracted, concentration wander	·S.					
1	Not true						
2	Somewhat true						
3	Certainly true						
7	Refused						
9	Don't know						
Universe:	Sample children GE 4						
	-						

Skip Instructions: <1-3,R,D> [goto CSCL4_E4]

	Page 9 of 17						
	2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05						
Question ID:	CMH.040_01.000 Instrument Variable Name:	CSCL4_E4	QuestionnaireFileName:	Sample Child			
Question Text:	(book) C7						
	* Read if necessary.						
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR						
	[fill2: He/She]						
	[fill3: is nervous or clingy in new situation	ons/is nervous in nev	v situations, easily loses confidence	ce].			
1	Not true						
2	Somewhat true						
3	Certainly true						
7	Refused						
9	Don't know						
Universe:	Sample children GE 4						
Skip Instruct	ions: <1-3,R,D> [goto CSCL4_S4]						
Question ID:	CMH.040_02.000 Instrument Variable Name:	CSCL4_S4	QuestionnaireFileName:	Sample Child			
Question Text:	(book) C7						
	* Read if necessary.						
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY T						
	[fill2: He/She]						
	is kind to younger children.						
1	Not true						
2	Somewhat true						
3	Certainly true						
7	Refused						
9	Don't know						
Universe:	Sample children GE 4						

Skip Instructions: <1-3,R,D> [goto CSCL4_C4]

		Page 10 of 17				
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05						
uestion ID:	CMH.040_03.000 Instrument Variable Name:	CSCL4_C4	QuestionnaireFileName:	Sample Child		
uestion Text:	(book) C7					
	* Read if necessary.					
	I am going to read a list of items that descri SOMEWHAT TRUE, or CERTAINLY TR					
	[fill2: He/She]					
	often lies OR cheats.					
1	Not true					
2	Somewhat true					
3	Certainly true					
7	Refused					
9	Don't know					
Universe:	Sample children GE 4					
Skip Instruction	ns: <1-3,R,D> [goto CSCL4_P4]					
uestion ID:	CMH.040_04.000 Instrument Variable Name:	CSCL4_P4	QuestionnaireFileName:	Sample Child		
uestion Text:	(book) C7					
	* Read if necessary.					
	I am going to read a list of items that described SOMEWHAT TRUE, or CERTAINLY TR					
	[fill2: He/She]					
	is picked on or bullied by other [fill3: chi	ldren/youth].				
1	Not true					
2	Somewhat true					
3	Certainly true					
7	Refused					
9	Don't know					
Universe:	Sample children GE 4					
Skip Instruction	ns: <1-3,R,D> [goto CSCL4_S5]					

	2004 NHIS Qu	Page 11 of 17	Sample Child		
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05					
Question ID:	CMH.040_05.000 Instrument Variable Name:	CSCL4_S5	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that described SOMEWHAT TRUE, or CERTAINLY TR				
	[fill2: He/She]				
	often offers to help others (parents, teach	ers, other children).			
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Skip Instructi	ions: <1-3,R,D> [goto CSCL5_H4]				
Question ID:	CMH.050_01.000 Instrument Variable Name:	CSCL5_H4	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C7				
	* Read if necessary.				
	I am going to read a list of items that descri SOMEWHAT TRUE, or CERTAINLY TR				
	[fill2: He/She]				
	thinks things out before acting.				
1	Not true				
2	Somewhat true				
3	Certainly true				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
SI-: I					

Skip Instructions: <1-3,R,D> [goto CSCL5_C5]

		Page 12 of 17				
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05						
uestion ID:	CMH.050_02.000 Instrument Variable Name:	CSCL5_C5	QuestionnaireFileName:	Sample Child		
uestion Text:	(book) C7					
	* Read if necessary.					
	I am going to read a list of items that described a SOMEWHAT TRUE, or CERTAINLY TR					
	[fill2: He/She]					
	steals from home, school or elsewhere.					
1	Not true					
2	Somewhat true					
3	Certainly true					
7	Refused					
9	Don't know					
Universe:	Sample children GE 4					
Skip Instructio	ns: <1-3,R,D> [goto CSCL5_P5]					
uestion ID:	CMH.050_03.000 Instrument Variable Name:	CSCL5_P5	QuestionnaireFileName:	Sample Child		
uestion Text:	(book) C7					
	* Read if necessary.					
	I am going to read a list of items that described a SOMEWHAT TRUE, or CERTAINLY TR					
	[fill2: He/She]					
	gets along better with adults than with oth	her [fill3: children/yo	outh].			
1	Not true					
2	Somewhat true					
3	Certainly true					
7	Refused					
9	Don't know					
Universe:	Sample children GE 4					
Skip Instructio	ns: <1-3,R,D> [goto CSCL5_E5]					

		Page 13 of 17				
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05						
Question ID:	CMH.050_04.000 Instrument Variable Name:	CSCL5_E5	QuestionnaireFileName:	Sample Child		
Question Text:	(book) C7					
	* Read if necessary.					
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR					
	[fill2: He/She]					
	has many fears, is easily scared.					
1	Not true					
2	Somwhat true					
3	Certainly true					
7	Refused					
9	Don't know					
Universe:	Sample children GE 4					
Skip Instructio	ons: <1-3,R,D> [goto CSCL5_H5]					
Question ID:	CMH.050_05.000 Instrument Variable Name:	CSCL5_H5	QuestionnaireFileName:	Sample Child		
Question Text:	(book) C7					
	* Read if necessary.					
	I am going to read a list of items that descr SOMEWHAT TRUE, or CERTAINLY TR					
	[fill2: He/She]					
	has good attention span, sees chores or h	omework through to	the end.			
1	Not true					
2	Somewhat true					
3	Certainly true					
7	Refused					
9	Don't know					
Universe:	Sample children GE 4					
Skip Instructio	ons: <1-3,R,D> [goto CSCL6]					

2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05					
Question ID:	CMH.060_00.000 Instrument Variable Name:	CSCL6	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C8				
	Overall, do you think that [fill: S.C. name] behavior, or being able to get along with ot		ny of the following areas: emotion	ns, concentration,	
1	No				
2	Yes, minor difficulties				
3	Yes, definite difficulties				
4	Yes, severe difficulties				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4				
Skip Instructio					
Smp monuclu	<1,R,D> [store 1 in CSTAT; goto nex	t section]			
Question ID:	CMH.070_00.000 Instrument Variable Name:	CSCL7	QuestionnaireFileName:	Sample Child	
Question Text:					
	How long have these difficulties been prese	ent?			
1	Less than a month				
2	1-5 months				
3	6-12 months				
4	Over 12 months				
7	Refused				
8	Not Ascertained				
9	Don't know				
Universe:	Sample children GE 4 who have diffic	ulties with emotion	ns, concentration, behavior, or getti	ng along	
Skip Instructio	ons: <2-4> [goto CSCL8] <1,R,D> [store 1 in CSTAT; goto nex	t section]			
Question ID:	CMH.080_00.000 Instrument Variable Name:	CSCL8	QuestionnaireFileName:	Sample Child	
Question Text:	(book) C9				
	Do the difficulties upset or distress your ch	ild?			
1	Not at all				
2	A little				
3	A medium amount				
4	A great deal				
7	Refused				
9	Don't know				
Universe:	Sample children GE 4 who have had d more	ifficulties in emoti	ons, concentration, behavior, or get	ting along one month or	

Page 15 of 17						
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05						
uestion ID:	CMH.090_01.000 Instrument Variable Name:	CSCL9_HL	QuestionnaireFileName:	Sample Child		
uestion Text:	(book) C9					
	Do the difficulties interfere with your child	's everyday life in th	ne following areas			
	Home life?					
1	Not at all					
2	A little					
3	A medium amount					
4	A great deal					
7	Refused					
9	Don't know					
Universe:	Sample children GE 4 who have had d more	lifficulties in emotio	ns, concentration, behavior, or get	ting along one month or		
Skip Instructio	ons: <1-4,R,D> [goto CSCL9_FR]					
uestion ID:	CMH.090_02.000 Instrument Variable Name:	CSCL9_FR	QuestionnaireFileName:	Sample Child		
uestion Text:	(book) C9					
	* Read if necessary.					
	Do the difficulties interfere with your child	's everyday life in th	ne following areas			
	Friendships?					
1	Not at all					
2	A little					
3	A medium amount					
4	A great deal					
7	Refused					
9						
	Don't know					
Universe:	Don't know Sample children GE 4 who have had d more	lifficulties in emotio	ns, concentration, behavior, or get	ting along one month or		

		Page 16 of 17				
2004 NHIS Questionnaire - Sample Child Child Mental Health Document Version Date: 20-Jul-05						
Juestion ID:	CMH.090_03.000 Instrument Variable Name:	CSCL9_CL	QuestionnaireFileName:	Sample Child		
Juestion Text:	(book) C9					
	* Read if necessary.					
	Do the difficulties interfere with your child	l's everyday life in the	e following areas			
	Classroom learning?					
1	Not at all					
2	A little					
3	A medium amount					
4	A great deal					
7	Refused					
9	Don't know					
Universe:	Sample children GE 4 who have had o more	difficulties in emotior	ns, concentration, behavior, or get	ting along one month or		
Skip Instructi	ons: <1-4,R,D> [goto CSCL9_LA]					
Question ID:	CMH.090_04.000 Instrument Variable Name:	CSCL9_LA	QuestionnaireFileName:	Sample Child		
Question Text:	(book) C9					
	* Read if necessary.					
	Do the difficulties interfere with your child	l's everyday life in the	e following areas			
	Leisure activities?					
1	Not at all					
2	A little					
3	A medium amount					
4	A great deal					
7	Refused					
9	Don't know					
Universe:	Sample children GE 4 who have had o more	difficulties in emotior	ns, concentration, behavior, or get	ting along one month or		
Skip Instructi	ons: <1-4,R,D> [goto CSCL10]					

2004 NHIS Questionnaire - Sample Child

Child Mental Health

Document Version Date: 20-Jul-05

Question ID:	CMH.100_00.000 Instrument Variable Name:	CSCL10	QuestionnaireFileName:	Sample Child
Question Text:	(book) C9			
	Do the difficulties put a burden on you or the	ne family as a v	vhole?	
1	Not at all			
2	A little			
3	A medium amount			
4	A great deal			
7	Refused			
9	Don't know			
Universe:	Sample children GE 4 who have had d more	ifficulties in en	notions, concentration, behavior, or get	ting along one month or
Skip Instruction	ns: <1-4,R,D> store <1> in CSTAT [goto	next section]		