2009 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 27-May-10					
Question ID: CI	D.001_00.000	Instrument Variable Name:	CURRES	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter the line	e number of the person to who	om you are speaki	ng.	
01-25	Person numbe	er of the respondent for Samp	le Child		
UniverseText:	Sample	child section not started or no	ot completed		
SkipInstructions:	if AS goto elseif goto else goto endif goto b endif	AT ne empty and CSTAT ne '2' FAT = empty or ASTAT = '2' adult.aid.SADULT recontact.RCIFLAG ne '1' TH recontact.RCI_BEGIN procedu- back.OUTCOMEB1 procedur ack.OUTCOMEB1 procedur if this is NOT an allowable goto ERR_CURRES elseif 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 KN AIL and CSRESP	IOWSC2 or empty (no line numbers in KNOV	WSC2)

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2009 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 27-May-10					
Question ID: (CID.010_00.000 Instrument Variable Name: CSPAVAIL QuestionnaireFileName: Sample Child				
QuestionText:	The next questions are about [fill1: ALIAS of Sample Child].				
	Is [fill2:KNOWSC2 names] available to answer some questions about [fill3: HISHER] health?				
	* Enter line number of available respondent from list or enter '96' if no one is available.				
	* If refused enter CTRL_R.				
01-25 96	Person # of person available to answer questions about Sample Child No person available				
UniverseText:	Someone identified as knowledgeable about child's health and knowledgeable person(s) not entered in CURRES				
	else store child.cid.CSPAVAIL in child.cid.CSRESP goto child.cid.CSRELTIV endif <96> store child.cid.CSPAVAIL in child.cid.CSRESP goto cbk.CCALLBK1 <r> store '4' in CSTAT(FAMINT) if ASTAT = empty or ASTAT = '2' THEN goto adult.aid.SADULT elseif recontact.RCIFLAG ne '1' THEN goto recontact.RCI_BEGIN procedure else goto back.OUTCOMEB1 procedure endif</r>				
Question ID: (QuestionText:	CID.030_00.000 Instrument Variable Name: CSRELTIV QuestionnaireFileName: Sample Child (book) C1				
	[fill1: The next questions are about [fill2: ALIAS of Sample Child].] What is your relationship to [fill2: ALIAS of Sample Child]?				
01	Parent (Biological, adoptive, or step)				
02	Grandparent				
03	Aunt/Uncle				
04	Brother/Sister				
05	Other relative				
06	Legal guardian				
07 08	Foster parent Other non-relative				
08 97					
97 99	Refused Don't know				
99 UniverseText:					
SkipInstruction	-				

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	2009 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 27-May-10					
Question ID:	CID.040	_00.000	Instrument Variable Name:	CSPVERF_S	QuestionnaireFileName:	Sample Child
QuestionText:	* Plea	ase verify	the following information ab	out the sample child b	before proceeding:	
	I have	e recorde	d [fill1: ALIAS of Sample Ch	ild]'s sex as [fill2: Sex	of Sample Child]. Is this corre	ct?
	* If re	esponden	t "refuses" or says "don't know	v", enter "1" for "yes"		
1 2	Yes No					
UniverseText:	:	Respon	dent is not the person entered	in HHRESP or RELR	ESP_A.	
SkipInstructio	ons:		o CSPVERF_A o NEWSEX			
Question ID:	CID.041	_00.000	Instrument Variable Name:	NEWSEX	QuestionnaireFileName:	Sample Child
QuestionText:	* Ask	t if approp	priate; otherwise, enter your b	est guess of the perso	n's sex.	
	Is [fil	l: ALIAS	of Sample Child] Male or Fe	male?		
1 2	Male Fem					
UniverseText:	:	Respon	dent said child's sex is not cor	rect.		
SkipInstructio	ons:	go re	tore NEWSEX in SEX oto ERR_NEWSEX eset CSPVERF_S oto CSPVERF_S			
Question ID:	CID.042	_00.000	Instrument Variable Name:	CSPVERF_A	QuestionnaireFileName:	Sample Child
QuestionText:	* Plea	ase verify	the following information ab	out the sample child b	before proceeding:	
	I have	e recorde	d [fill1: ALIAS of Sample Ch	ild]'s age as [fill2: Ag	e of Sample Child] old. Is this c	correct?
	* If re	esponden	t "refuses" or says "don't know	v", enter "1" for "yes"		
1 2	Yes No					
UniverseText:	:	Respon	dent verified child's sex			
SkipInstructio	ons:		o CSPVERF_D o NEWAGE			

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	2009 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 27-May-10					
Question ID:	CID.043_00.000 Instrument Variable Name: NEWAGE QuestionnaireFileName: Sample Child					
QuestionText:	How old is [fill1: ALIAS of Sample Child]?					
	* If age given in months, weeks, or days, convert age to appropriate year. If less than one year old, enter "0".					
000-120	Age in years					
UniverseText	Respondent said child's age is not correct					
SkipInstructio	<pre>ons: </pre> <0-120, Refused, Don't know> if NEWAGE = 'Refused' or NEWAGE = 'Don't know' or NEWAGE = AGE reset CSPVERF_A goto ERR_NEWAGE else store NEWAGE in AGE goto NEWDOB_M					
Question ID:	CID.044_00.000 Instrument Variable Name: CSPVERF_D QuestionnaireFileName: Sample Child					
QuestionText:	* Please verify the following information about the sample child before proceeding:					
	I have recorded [fill1: ALIAS of Sample Child]'s birthday as [fill2: Birthday of Sample Child]. Is this correct?					
	* If respondent "refuses" or says "don't know", enter "1" for "yes".					
1	Yes					
2	No					
UniverseText	Respondent verified child's sex					
SkipInstructio	ons: <1> if AGE of Sample Child ge '18' goto CNO_MORE else goto child.chs.BWGT_LB endif <2> goto NEWDOB_M					

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2009 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 27-May-10							
Question ID:	CID.046_01.000	Instrument Variable Name:	NEWDOB_M	QuestionnaireFileName:	Sample Child		
QuestionText:	1 of 3						
	What is [fill: ALIAS of Sample Child]'s birthday?						
	*Enter month	of birth.					
1	January						
10	October						
11	November						
12	December						
2	February						
3	March						
4	April						
5	May						
6	June						
7	July						
8	August						
9	September						
UniverseText	: Respon	dent said child's date of birth i	s not correct or child's	s age is not correct			
SkipInstructio	ons: <01-12,	Refused, Don't know> goto N	NEWDOB_D				
Question ID:	CID.046_02.000	Instrument Variable Name:	NEWDOB_D	QuestionnaireFileName:	Sample Child		
QuestionText:	2 of 3						
	* Enter day of	birth.					
01-31	Day of the mo	onth					
UniverseText	: Respon	dent said child's date of birth i	s not correct or child's	s age is not correct			
SkipInstructio	ons: <01-31,	Refused,Don't know> goto N	EWDOB_Y				
	If days	not valid, goto ERR_NEWDC	DB_D				

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	2009 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 27-May-10							
Question ID: (uestion ID: CID.046_03.000 Instrument Variable Name: NEWDOB_Y QuestionnaireFileName: Sample Child							
QuestionText:	3 of 3							
	* Enter year of birth.							
1880-2020	Year of birth							
UniverseText:	Respondent said child's date of birth is not correct or child's age is not correct							
SkipInstruction	<pre>ns: <1880-2020, Refused, Don't know> if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty goto CSPVERF_A elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty goto CSPVERF_D endif</pre>							
	(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day) goto ERR1_NEWDOB_Y endif							
	(if birth month = '02' and birth day = '29' and this is not a leap year) goto ERR2_NEWDOB_Y endif							
	<pre>(if NEWDOB_M = 'Ref' or 'DK') or (if NEWDOB_D = 'Ref' or 'DK') or (if NEWDOB_Y = 'Ref' or 'DK') goto ERR3_NEWDOB_Y else store NEWDOB_M in DOBM store NEWDOB_D in DOBD store NEWDOB_Y in DOBY if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty goto CSPVERF_A elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty goto CSPVERF D</pre>							
	endif endif							
	Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y. if age from NEWDOB items is ne AGE and age from NEWDOB items is valid reset CSPVERF_A or CSPVERF_D goto ERR4_NEWDOB_Y endif							

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	200	19 NHIS Questionnaire - S Child Health Status & Lin Document Version Date: 12-Aj	nitations	
Question ID: C	HS.010_01.000 Instrument Va	ariable Name: BWGT_LB	QuestionnaireFileName:	Sample Child
QuestionText:	What was [fill: S.C. name]'s	birth weight?		
	* Enter 'M' to record metric r	neasurements.		
01-15 97	1-15 pounds Refused			
99 M	Don't know Metric			
UniverseText:	Sample children <18			
SkipInstructions	<13-15> [goto ERR1] <r,d> [goto CHGT_F <m> [goto BWGT_G]</m></r,d>	BWGT_LB] [T]		
Question ID: C QuestionText:	HS.010_02.000 Instrument Va * Enter ounces.	ariable Name: BWGT_OZ	QuestionnaireFileName:	Sample Child
00-15	0-15 ounces			
97 99	Refused Don't know			
Blank	Blank			
UniverseText:	Sample children <18 v	who have a value entered for weigh	t in pounds.	
SkipInstructions		GT_FT] 5, R, D> and BWGT_OZ = <empty< td=""><td>y> go to CHGT_FT]</td><td></td></empty<>	y> go to CHGT_FT]	
Question ID: C	HS.011_00.000 Instrument Va	ariable Name: BWGT_GR	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter weight in grams.			
0500-5485 9997 9999	500-5485 grams Refused Don't know			
UniverseText:	Sample children <18 v	whose birth weight will be entered i	in metric.	
SkipInstructions	<pre><500-5485,R,D> [goto <5486-6900> [goto El</pre>			

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2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10					
Question ID: C	CHS.020_01.000 Instrument Variable Name:	CHGT_FT	QuestionnaireFileName:	Sample Child	
QuestionText:	How tall is [fill: S.C. name] now (without s	hoes)?			
	* If the child's height is given in inches, pres	ss 'ENTER' at feet an	d enter the measure in inches (36	inches maximum).	
	* Enter 'M' to record metric measurements.				
00-07	0-7 feet				
97	Refused				
99	Don't know				
M	Metric				
UniverseText:	Sample children 12+				
	r r				
SkipInstructions					
	<0-7> [goto CHGT_IN]				
	<r,d> [goto CWGT_LB]</r,d>				
	<m> [goto CHGT_M] [If NE <0-7, M, R, D> go to ERR_CI</m>	UCT ET1			
Duestion ID:	CHS.020 02.000 Instrument Variable Name:	CHGT IN	OuestionnaireFileName:	Sample Child	
Question ID: C	CHS.020_02.000 Instrument Variable Name: * Enter inches.	CHGT_IN	QuestionnaireFileName:	Sample Child	
QuestionText:	* Enter inches.	CHGT_IN	QuestionnaireFileName:	Sample Child	
QuestionText: 00-36	* Enter inches. 0-36 inches	CHGT_IN	QuestionnaireFileName:	Sample Child	
QuestionText: 00-36 97	* Enter inches. 0-36 inches Refused	CHGT_IN	QuestionnaireFileName:	Sample Child	
QuestionText: 00-36	* Enter inches. 0-36 inches	CHGT_IN	QuestionnaireFileName:	Sample Child	
QuestionText: 00-36 97	* Enter inches. 0-36 inches Refused	_	-	Sample Child	
QuestionText: 00-36 97 99	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in 	feet is 0-7 or is left of e either <empty> or •</empty>	empty. <0>, display ERR1_CHGT_IN]	Sample Child	
QuestionText: 00-36 97 99 UniverseText: SkipInstructions	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar 	feet is 0-7 or is left of e either <empty> or •</empty>	empty. <0>, display ERR1_CHGT_IN]	Sample Child Sample Child	
QuestionText: 00-36 97 99 UniverseText: SkipInstructions	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN 	feet is 0-7 or is left o e either <empty> or - N is GE <12> display</empty>	empty. <0>, display ERR1_CHGT_IN] P ERR2_CHGT_IN]	-	
QuestionText: 00-36 97 99 UniverseText: SkipInstructions Question ID: C	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN CHS.021_01.000 Instrument Variable Name: 	feet is 0-7 or is left of e either <empty> or - N is GE <12> display CHGT_M</empty>	empty. <0>, display ERR1_CHGT_IN] PERR2_CHGT_IN] QuestionnaireFileName:	Sample Child	
QuestionText: 00-36 97 99 UniverseText: SkipInstructions Question ID: C	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN CHS.021_01.000 Instrument Variable Name: * Enter height in metric. * If the child's height is given in centimeters 	feet is 0-7 or is left of e either <empty> or - N is GE <12> display CHGT_M</empty>	empty. <0>, display ERR1_CHGT_IN] PERR2_CHGT_IN] QuestionnaireFileName:	Sample Child	
QuestionText: 00-36 97 99 UniverseText: SkipInstructions Question ID: () QuestionText:	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN CHS.021_01.000 Instrument Variable Name: * Enter height in metric. * If the child's height is given in centimeters centimeters maximum). 0-2 meters 	feet is 0-7 or is left of e either <empty> or - N is GE <12> display CHGT_M</empty>	empty. <0>, display ERR1_CHGT_IN] PERR2_CHGT_IN] QuestionnaireFileName:	Sample Child	
QuestionText: 00-36 97 99 UniverseText: SkipInstructions Question ID: C QuestionText: 0-2	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN CHS.021_01.000 Instrument Variable Name: * Enter height in metric. * If the child's height is given in centimeters centimeters maximum). 0-2 meters Refused 	feet is 0-7 or is left of e either <empty> or - N is GE <12> display CHGT_M</empty>	empty. <0>, display ERR1_CHGT_IN] PERR2_CHGT_IN] QuestionnaireFileName:	Sample Child	
Question Text: 00-36 97 99 Universe Text: SkipInstructions Question ID: C Question Text: 0-2 7	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN CHS.021_01.000 Instrument Variable Name: * Enter height in metric. * If the child's height is given in centimeters centimeters maximum). 0-2 meters Refused Don't know 	feet is 0-7 or is left of e either <empty> or - N is GE <12> display CHGT_M</empty>	empty. <0>, display ERR1_CHGT_IN] PERR2_CHGT_IN] QuestionnaireFileName:	Sample Child	
Question Text: 00-36 97 99 Universe Text: SkipInstructions Question ID: C Question Text: 0-2 7 9 Blank	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN CHS.021_01.000 Instrument Variable Name: * Enter height in metric. * If the child's height is given in centimeters centimeters maximum). 0-2 meters Refused Don't know Blank 	feet is 0-7 or is left of e either <empty> or - N is GE <12> display CHGT_M s, press 'ENTER' at n</empty>	empty. <0>, display ERR1_CHGT_IN] FERR2_CHGT_IN] QuestionnaireFileName: neters and enter the measure in ce	Sample Child	
Question Text: 00-36 97 99 Universe Text: SkipInstructions Question ID: Question Text: 0-2 7 9	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN CHS.021_01.000 Instrument Variable Name: * Enter height in metric. * If the child's height is given in centimeters centimeters maximum). 0-2 meters Refused Don't know 	feet is 0-7 or is left of e either <empty> or - N is GE <12> display CHGT_M s, press 'ENTER' at n</empty>	empty. <0>, display ERR1_CHGT_IN] FERR2_CHGT_IN] QuestionnaireFileName: neters and enter the measure in ce	Sample Child	
Question Text: 00-36 97 99 Universe Text: SkipInstructions Question ID: C Question Text: 0-2 7 9 Blank	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN CHS.021_01.000 Instrument Variable Name: * Enter height in metric. * If the child's height is given in centimeters centimeters maximum). 0-2 meters Refused Don't know Blank Sample children 12+ whose current h 	feet is 0-7 or is left of e either <empty> or - N is GE <12> display CHGT_M s, press 'ENTER' at n</empty>	empty. <0>, display ERR1_CHGT_IN] FERR2_CHGT_IN] QuestionnaireFileName: neters and enter the measure in ce	Sample Child	
Question Text: 00-36 97 99 Universe Text: SkipInstructions Question ID: Question Text: 0-2 7 9 Blank Universe Text:	 * Enter inches. 0-36 inches Refused Don't know Sample children 12+ whose height in s: <0-36> [goto CWGT_LB] [If both CHGT_FT and CHGT_IN ar [If CHGT_FT = <0-7> and CHGT_IN CHS.021_01.000 Instrument Variable Name: * Enter height in metric. * If the child's height is given in centimeters centimeters maximum). 0-2 meters Refused Don't know Blank Sample children 12+ whose current h 	feet is 0-7 or is left of e either <empty> or - N is GE <12> display CHGT_M s, press 'ENTER' at n</empty>	empty. <0>, display ERR1_CHGT_IN] FERR2_CHGT_IN] QuestionnaireFileName: neters and enter the measure in ce	Sample Child	

2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10					
Question ID: C	HS.021_02.000 Instrument Variable Name:	CHGT_CM	QuestionnaireFileName:	Sample Child	
QuestionText:	* Enter centimeters.				
000-241 Blank	0-241 centimeters Blank				
UniverseText:	Sample children 12+ whose weight w empty.	ill be entered in metric,	and who entered "0-2" for he	ight in meters or left it	
SkipInstructions	<pre><0-241> [goto CWGT_LB] [if CHGT_M = <empty, 0=""> and CHGT [if CHGT_M = 2 and CHGT_CM > 4] [if CHGT_M = 1 and CHGT_CM > 14]</empty,></pre>	goto ERR2_CHGT_C	M]		
Question ID: C	HS.022_00.000 Instrument Variable Name:	CWGT_LB	QuestionnaireFileName:	Sample Child	
QuestionText:	How much does [fill: S.C. name] weigh now	(without shoes)?			
	* Enter 'M' to record metric measurements.				
	* Enter '500' if 500 pounds or more.				
001-500 997 999	1-500 pounds Refused				
999 M	Don't know Metric				
UniverseText:	Sample children 12+				
SkipInstructions: <1-500,R,D> [if age ge <2> goto ADD_1, else, goto ADD1_2] <m> [goto CWGT_KG] [if = <501-999> goto ERR1_CWGT_LB] [if NE <1-999, M, R, D> goto ERR2_CWGT_KG]</m>					
Question ID: C	HS.023_00.000 Instrument Variable Name:	CWGT_KG	QuestionnaireFileName:	Sample Child	
QuestionText:	* Enter weight in kilograms.				
002-226	2-226 kilograms				
UniverseText:	Sample children 12+ whose weight wi	ll be entered in metric.			
SkipInstructions	<pre>< <2-226> [if AGE ge <2> goto ADD_1 [if CWGT_KG > 226 goto ERR_CWC</pre>				

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Question ID:	CHS.031_02.	000 Instrument Variable Name:	ADD1_2	QuestionnaireFileName:	Sample Child	
QuestionText:	Has a doct	or or health professional ever told	you that [fill: S.C	2. name] had		
	Mental Re	tardation?				
1	Yes					
2	No					
7	Refused					
9	Don't kno	W				
UniverseText	: San	nple children <2				
SkipInstructio	ons: <1,2	2,R,D> [goto ADD1_3]				
Question ID:	CHS.031_03.	000 Instrument Variable Name:	ADD1_3	QuestionnaireFileName:	Sample Child	
QuestionText:	* Read if r	necessary.				
	Has a doct	or or health professional ever told	you that [fill: S.C	. name] had		
	Any other	developmental delay?				
1	Yes					
2	No					
7	Refused					
9	Don't kno	W				
UniverseText	: San	nple children <2				
SkipInstructio	ons: <1,2	2,R,D> [goto CONDL]				
Question ID:	CHS.032_01.	000 Instrument Variable Name:	ADD_1	QuestionnaireFileName:	Sample Child	
QuestionText:	Has a doct	or or health professional ever told	you that [fill: S.C	2. name] had		
	Attention	Deficit Hyperactivity Disorder (A	DHD) or Attentio	n Deficit Disorder (ADD)?		
1	Yes					
2	No					
7	Refused					
9	Don't kno	W				
UniverseText	: San	nple children 2-17				
SkipInstructio	ons: <1,2	2,R,D> [go to ADD_2]				

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	2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10					
Question ID:	CHS.032_02.000 Instrument Variable Nan	ne: ADD_2	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	Has a doctor or health professional even	told you that [fill: S.C	. name] had			
	Mental Retardation?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseText	Sample children 2-17					
SkipInstructio	ons: <1,2,R,D> [go to ADD_3]					
Question ID:	CHS.032_03.000 Instrument Variable Nan	ne: ADD_3	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	Has a doctor or health professional even	told you that [fill: S.C	. name] had			
	Any other developmental delay?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseText	Sample children 2-17					
SkipInstructio	ons: <1,2,R,D> [go to CONDL]					

2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10						
Question ID:	CHS.060_00.000 Instrument Variable Name:	CONDL	QuestionnaireFileName:	Sample Child		
QuestionText:	(book) C2 ?[F1]					
	Looking at this list, has a doctor or health p	professional ever told	you that [fill: SC name] had any o	of these conditions?		
	*Read if necessary.					
	Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism Diabetes Arthritis Congenital heart disease Other heart condition					
1	Yes					
•						
2	No					
2 7	No Refused					
7 9	Refused Don't know					
7	Refused Don't know : Sample children <18	CPOX]				
7 9 UniverseText SkipInstructi Question ID:	Refused Don't know : Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name:	CPOX] CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText	Refused Don't know : Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto		QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID:	Refused Don't know : Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name:		QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID:	Refused Don't know : Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name: (book) C2 ?[F1]	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID:	Refused Don't know : Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name: (book) C2 ?[F1] Which ones?	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID: QuestionText: 01 02	Refused Don't know Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name: (book) C2 ?[F1] Which ones? * Enter all that apply, separate with comma Down syndrome Cerebral palsy	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID: QuestionText: 01 02 03	Refused Don't know Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name: (book) C2 ?[F1] Which ones? * Enter all that apply, separate with comma Down syndrome Cerebral palsy Muscular dystrophy	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID: QuestionText: 01 02 03 04	Refused Don't know Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name: (book) C2 ?[F1] Which ones? * Enter all that apply, separate with comma Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID: Question Text: 01 02 03 04 05	Refused Don't know Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name: (book) C2 ?[F1] Which ones? * Enter all that apply, separate with comma Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID: Question Text: 01 02 03 04 05 06	Refused Don't know : Sample children <18	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID: Question Text: 01 02 03 04 05 06 07	Refused Don't know Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name: (book) C2 ?[F1] Which ones? * Enter all that apply, separate with comma Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism Diabetes	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID: QuestionText: 01 02 03 04 05 06 07 08	Refused Don't know Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name: (book) C2 ?[F1] Which ones? * Enter all that apply, separate with comma Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism Diabetes Arthritis	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID: QuestionText: 01 02 03 04 05 06 07 08 09	Refused Don't know Sample children <18 ons: <1> [goto CONDL1] <2,R,D> [goto CHS.061_00.000 Instrument Variable Name: (book) C2 ?[F1] Which ones? * Enter all that apply, separate with comma Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism Diabetes Arthritis Congenital heart disease	CONDL1	QuestionnaireFileName:	Sample Child		
7 9 UniverseText SkipInstructi Question ID: QuestionText: 01 02 03 04 05 06 07 08	Refused Don't know : Sample children <18	CONDL1 IS.	QuestionnaireFileName:	Sample Child		

2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10						
Question ID:	CHS.070	_00.000	Instrument Variable Name:	СРОХ	QuestionnaireFileName:	Sample Child
QuestionText:	Has [f	ill: S.C.	Name] EVER had chickenpox	?		
1	Yes					
2	No	1				
7 9	Refus Don't	ed know				
UniverseText			children <18			
SkipInstructio			to CPOX12MO] > [go to CASHMEV]			
Question ID:	CHS.072	_00.000	Instrument Variable Name:	CPOX12MO	QuestionnaireFileName:	Sample Child
QuestionText:	Has [f	ill: S.C.	name] had chickenpox DURIN	NG THE PAST 12	MONTHS?	
1	Yes					
2	No					
7 9	Refus					
		know				
UniverseText	:	Sample	children <18 who have had ch	lickenpox		
SkipInstructio	ons:	<1,2,R,I	D> [goto CASHMEV]			
Question ID:	CHS.080_	_00.000	Instrument Variable Name:	CASHMEV	QuestionnaireFileName:	Sample Child
QuestionText:	Has a	doctor o	r other health professional EV	ER told you that [f	fill: S.C. name] had asthma?	
1	Yes					
2	No					
7	Refus					
9	Don't	know				
UniverseText	:	Sample	children <18			
SkipInstructio			to CASSTILL] > [if AGE LE 2 go to CCOND	T1_1; if AGE >2 §	go to CCONDT_1]	
Question ID:	CHS.085_	_00.000	Instrument Variable Name:	CASSTILL	QuestionnaireFileName:	Sample Child
QuestionText:	Does [fill: S.C	. name] still have asthma?			
1	Yes					
2	No					
7	Refus					
9		know				
UniverseText	:	Sample	children <18 and doctor has in	formed that child	had asthma	
SkipInstructio	ons:	<1,2,R,I	D> [go to CASHYR]			

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2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10					
Juestion ID:	CHS.090_00.000 Instrument Variable Name: CASHYR QuestionnaireFileName: Sample Child				
JuestionText:	The following questions are about [fill: S.C. name]'s asthma DURING THE PAST 12 MONTHS.				
	DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	Sample children <18 and doctor has informed that child had asthma				
SkipInstructio	ns: <pre><1> [goto CASMERYR] <2,R,D> [if AGE LE 2 go to CCONDT1_1; else go to CCONDT_1]</pre>				
Juestion ID:	CHS.100_00.000 Instrument Variable Name: CASMERYR QuestionnaireFileName: Sample Child				
JuestionText:	DURING THE PAST 12 MONTHS, did [fill1: S.C. name] have to visit an emergency room or urgent care center becaus of [fill2: his/her] asthma?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	Sample children <18 who has had an episode of asthma or an asthma attack in the past 12 months				
SkipInstructio	ns: <1,2,R,D> [if AGE LE 2 go to CCONDT1_1, else go to CCONDT_1]				
Question ID:	CHS.111_01.000 Instrument Variable Name: CCONDT1_1 QuestionnaireFileName: Sample Child				
JuestionText:	DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions				
	Hay fever?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	Sample children LE 2				
SkipInstructio	as: $<1,2,R,D>$ [go to CCONDT1_2]				

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2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10						
Question ID:	CHS.111_02.000 Instrument Variable Name	CCONDT1_2	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has	[fill: S.C. name] had any	of the following conditions			
	Any kind of respiratory allergy?					
1	Yes					
2	No					
7 9	Refused Don't know					
UniverseText:						
SkipInstructio						
Skipinstructu	-1,2,K,D> [g0 t0 CCOND11_5]					
Question ID:	CHS.111_03.000 Instrument Variable Name	: CCONDT1_3	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has	[fill: S.C. name] had any	of the following conditions			
	Any kind of food or digestive allergy?					
1	Yes					
2 7	No Refused					
9	Don't know					
UniverseText:	Sample children LE 2					
SkipInstructio	ons: <1,2,R,D> [go to CCONDT1_4]					
Juestion ID:	CHS.111_04.000 Instrument Variable Name	CCONDT1_4	QuestionnaireFileName:	Sample Child		
JuestionText:	* 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 9	Refused Don't know					
UniverseText:	Sample children LE 2					
SkipInstructio	ons: <1,2,R,D> [go to CCONDT1_5]					

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2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10						
Question ID:	CHS.111_05.000 Instrument Variable Nam	e: CCONDT1_5	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, ha	s [fill: S.C. name] had any	of the following conditions			
	Frequent or repeated diarrhea or colitis?	,				
1	Yes					
2	No					
7 9	Refused Don't know					
UniverseText:	Sample children LE 2					
SkipInstruction						
Question ID:	CHS.111_06.000 Instrument Variable Nam	e: CCONDT1_6	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, ha	s [fill: S.C. name] had any	of the following conditions			
	Anemia?					
1	Yes					
2	No					
7 9	Refused Don't know					
UniverseText:	Sample children LE 2					
SkipInstruction	as: <1,2,R,D> [go to CCONDT1_8]					
Question ID:	CHS.111_08.000 Instrument Variable Nam	e: CCONDT1_8	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, ha	s [fill: S.C. name] had any	of the following conditions			
	Three or more ear infections?					
1	Yes					
2	No					
7 9	Refused Don't know					
UniverseText:	Sample children LE 2					
SkipInstruction	ns: <1,2,R,D> [go to CCONDT1_9]					

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2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10						
Question ID: (CHS.111_09.000 Instrument Variable Name:	CCONDT1_9	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [fi	ll: S.C. name] had any	of the following conditions			
	Seizures?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseText:	Sample children LE 2					
SkipInstruction	s: <1,2,R,D> [go to CHSTATYR]					
Question ID: (CHS.115_01.000 Instrument Variable Name:	CCONDT_1	QuestionnaireFileName:	Sample Child		
JuestionText:	DURING THE PAST 12 MONTHS, has [fi	ll: S.C. name] had any	of the following conditions			
	Hay fever?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseText:	Sample children = $3-17$					
SkipInstruction	s: <1,2,R,D> [go to CCONDT_2]					
uestion ID: (CHS.115_02.000 Instrument Variable Name:	CCONDT_2	QuestionnaireFileName:	Sample Child		
JuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [fi	ll: S.C. name] had any	of the following conditions			
	Any kind of respiratory allergy?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseText:	Sample children = $3-17$					
SkipInstruction	s: <1,2,R,D> [go to CCONDT_3]					

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2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10						
Question ID:	CHS.115_03.000 Instrument Variable Name:	CCONDT_3	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [fill:	: S.C. name] had any	of the following conditions			
	Any kind of food or digestive allergy?					
1	Yes					
2	No					
7 9	Refused Don't know					
UniverseText:	Sample children = $3-17$					
SkipInstructio	ns: <1,2,R,D> [go to CCONDT_4]					
Question ID:	CHS.115_04.000 Instrument Variable Name:	CCONDT_4	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [fill:	: S.C. name] had any	of the following conditions			
	Eczema or any kind of skin allergy?					
1	Yes					
2	No					
7 9	Refused Don't know					
UniverseText:	Sample children = 3-17					
SkipInstructio	ns: <1,2,R,D> [go to CCONDT_5]					
Question ID:	CHS.115_05.000 Instrument Variable Name:	CCONDT_5	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [fill:	: S.C. name] had any	of the following conditions			
	Frequent or repeated diarrhea or colitis?					
1	Yes					
2	No					
7 9	Refused Don't know					
UniverseText:	Sample children = 3-17					
SkipInstructio	ns: $<1,2,R,D>$ [go to CCONDT_6]					

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2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10						
Question ID:	CHS.115_06.)00 Instrume	ent Variable Name:	CCONDT_6	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if r	ecessary.				
	DURING	THE PAST 12	2 MONTHS, has [fi	ll: S.C. name] had any	of the following conditions	
	Anemia?					
1	Yes					
2	No					
7 9	Refused Don't kno	N /				
UniverseText		v ple children =	= 3-17			
SkipInstructio			CCONDT_7]			
Question ID:	CHS.115_07.)00 Instrume	ent Variable Name:	CCONDT_7	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if r	ecessary.				
	DURING	THE PAST 12	2 MONTHS, has [fi	ll: S.C. name] had any	of the following conditions	
	Frequent o	r severe head	aches, including mig	graines?		
1	Yes					
2 7	No Refused					
9	Don't kno	W				
UniverseText	: San	ple children =	= 3-17			
SkipInstructio	ons: <1,2	2,R,D>[go to	CCONDT_8]			
Question ID:	CHS.115_08.)00 Instrume	ent Variable Name:	CCONDT_8	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if r	ecessary.				
	DURING	THE PAST 12	2 MONTHS, has [fi	ll: S.C. name] had any	of the following conditions	
	Three or n	ore ear infect	ions?			
1	Yes					
2 7	No Refused					
9	Refused Don't kno	W				
UniverseText	: San	ple children =	= 3-17			
SkipInstructio	ons: <1,2	2,R,D>[go to	CCONDT_9]			

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2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10						
uestion ID: (CHS.115_09.000 Instrument Variable Name:	CCONDT_9	QuestionnaireFileName:	Sample Child		
uestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [f	ĩll: S.C. name] had any	of the following conditions			
	Seizures?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseText:	Sample children = $3-17$					
SkipInstruction	s: <1,2,R,D> [go to CCONDT_10]					
uestion ID: (CHS.115_10.000 Instrument Variable Name:	CCONDT_10	QuestionnaireFileName:	Sample Child		
uestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [f	ill: S.C. name] had any	of the following conditions			
	Stuttering or stammering?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseText:	Sample children = 3-17					
SkipInstruction	s: <1,2,R,D> [go to CHSTATYR]					
uestion ID: (CHS.210_00.000 Instrument Variable Name:	CHSTATYR	QuestionnaireFileName:	Sample Child		
uestionText:	Compared with 12 months ago, would you	say [fill: S.C. name]'s	nealth is now better, worse, or a	bout the same?		
1	Better					
2	Worse					
3	About the same					
7	Refused					
9	Don't know					
UniverseText:	Sample children < 18					
SkipInstruction	s: <1-3,R,D> [if AGE le <4> goto CC0	OLD2W; else goto SCH	IDAYR]			

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Question ID:	CHS.220_00.000 Instrument Variable	e Name: SCHDAYR	QuestionnaireFileName:	Sample Child			
QuestionText:	DURING THE PAST 12 MONTH miss school because of illness or ir		th ref. date], about how many day	s did [fill2: S.C. name]			
	* Enter '996' if child did not go to	school in the past 12 months.					
000	None						
001-240	1-240 days						
996	Did not go to school						
997	Refused						
999	Don't know						
UniverseText	Sample children 5-17						
SkipInstructio	ons: <pre><0-99,996,R,D> [goto CCO <100-240> [go to ERR1_SC <241-995> [goto ERR2_SC</pre>	CHDAYR]					
Question ID:	CHS.230 00.000 Instrument Variable	e Name: CCOLD2W	QuestionnaireFileName:	Sample Child			
	_		-	1			
QuestionText:	* Hand calendar card.						
	These next questions are about [fil	l: S.C name]'s recent health du	uring the 2 weeks outlined on that	calendar.			
	Did [fill: SC name] have a head co	ld or chest cold that started du	ring those two weeks?				
1	Yes						
1 2	Yes No						
2	No						
2 7	No Refused Don't know						
2 7 9	No Refused Don't know Sample children <18						
2 7 9 UniverseText:	No Refused Don't know Sample children <18	<i>v</i>]	QuestionnaireFileName:	Sample Child			
2 7 9 UniverseText: SkipInstructio Question ID:	No Refused Don't know Sample children <18 ons: <1,2,R,D> [goto CINTIL2W	V] 2 Name: CINTIL2W	-	-			
2 7 9 UniverseText: SkipInstructio Question ID: QuestionText:	No Refused Don't know Sample children <18 ons: <1,2,R,D> [goto CINTIL2W CHS.240_00.000 Instrument Variable Did [fill: S.C. name] have a stomad	V] 2 Name: CINTIL2W	-	-			
2 7 9 UniverseText: SkipInstructio Question ID: QuestionText: 1	No Refused Don't know Sample children <18 ons: <1,2,R,D> [goto CINTIL2W CHS.240_00.000 Instrument Variable Did [fill: S.C. name] have a stomac Yes	V] 2 Name: CINTIL2W	-	-			
2 7 9 UniverseText: SkipInstructio Question ID: QuestionText: 1 2	No Refused Don't know Sample children <18 ms: <1,2,R,D> [goto CINTIL2W CHS.240_00.000 Instrument Variable Did [fill: S.C. name] have a stomac Yes No	V] 2 Name: CINTIL2W	-	-			
2 7 9 UniverseText: SkipInstruction Question ID: QuestionText: 1 2 7	No Refused Don't know Sample children <18 MS: <1,2,R,D> [goto CINTIL2W CHS.240_00.000 Instrument Variable Did [fill: S.C. name] have a stomad Yes No Refused	V] 2 Name: CINTIL2W	-	-			
2 7 9 UniverseText: SkipInstruction Question ID: Question Text: 1 2 7 9	No Refused Don't know Sample children <18 MS: <1,2,R,D> [goto CINTIL2W CHS.240_00.000 Instrument Variable Did [fill: S.C. name] have a stomad Yes No Refused Don't know	V] 2 Name: CINTIL2W	-	-			
2 7 9 UniverseText: SkipInstructio Question ID: Question Text: 1 2 7	No Refused Don't know Sample children <18 MS: <1,2,R,D> [goto CINTIL2W CHS.240_00.000 Instrument Variable Did [fill: S.C. name] have a stomad Yes No Refused Don't know	V] 2 Name: CINTIL2W	-	-			

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Question ID:	CHS.250_00.000 Instrument Variable Name	e: CHEARST1	QuestionnaireFileName:	Sample Child		
QuestionText:	Which statement best describes [fill: SC moderate trouble, a lot of trouble, or is [1		a hearing aid: Excellent, good, a	little trouble hearing,		
1	Excellent					
2	Good					
3	A little trouble hearing					
4	Moderate trouble					
5	A lot of trouble					
6	Deaf					
7	Refused					
9	Don't know					
UniverseText:	Sample children <18					
SkipInstructio	ons: <1-6,R,D> [go to CVISION]					
				Sample Child		
QuestionText:	Does [fill1: S.C. name] have any trouble	seeing [fill2: , even whe	n wearing glasses or contact lense	-		
QuestionText: 1	Does [fill1: S.C. name] have any trouble Yes	seeing [fill2: , even whe	n wearing glasses or contact lense	-		
		seeing [fill2: , even whe	n wearing glasses or contact lens	-		
1	Yes	seeing [fill2: , even whe	n wearing glasses or contact lens	-		
1 2	Yes No	seeing [fill2: , even whe	n wearing glasses or contact lens	-		
1 2 7	Yes No Refused Don't know	seeing [fill2: , even whe	n wearing glasses or contact lens	-		
2 7 9	Yes No Refused Don't know : Sample children <18	seeing [fill2: , even whe	n wearing glasses or contact lens	-		
1 2 7 9 UniverseText:	Yes No Refused Don't know : Sample children <18 pms: <1> [goto CBLIND]		n wearing glasses or contact lens	-		
1 2 7 9 UniverseText: SkipInstructio Question ID:	Yes No Refused Don't know Sample children <18 Mass: <1> [goto CBLIND] <2,R,D> [goto IHSPEQ]	e: CBLIND		es]?		
1 2 7 9 UniverseText: SkipInstructio Question ID:	Yes No Refused Don't know : Sample children <18 ons: <1> [goto CBLIND] <2,R,D> [goto IHSPEQ] CHS.270_00.000 Instrument Variable Name	e: CBLIND		es]?		
1 2 7 9 UniverseText: SkipInstructio Question ID: QuestionText:	Yes No Refused Don't know : Sample children <18 ms: <1> [goto CBLIND] <2,R,D> [goto IHSPEQ] CHS.270_00.000 Instrument Variable Name Is [fill: S.C. name] blind or unable to see	e: CBLIND		es]?		
1 2 7 9 UniverseText: SkipInstructio Question ID: QuestionText:	Yes No Refused Don't know : Sample children <18 ms: <1> [goto CBLIND] <2,R,D> [goto IHSPEQ] CHS.270_00.000 Instrument Variable Name Is [fill: S.C. name] blind or unable to see Yes	e: CBLIND		es]?		
1 2 7 9 UniverseText: SkipInstructio Question ID: Question Text: 1 2	Yes No Refused Don't know : Sample children <18 ons: <1> [goto CBLIND] <2,R,D> [goto IHSPEQ] CHS.270_00.000 Instrument Variable Name Is [fill: S.C. name] blind or unable to see Yes No	e: CBLIND		es]?		
1 2 7 9 UniverseText: SkipInstructio Question ID: QuestionText: 1 2 7	Yes No Refused Don't know : Sample children <18 ons: <1> [goto CBLIND] <2,R,D> [goto IHSPEQ] CHS.270_00.000 Instrument Variable Name Is [fill: S.C. name] blind or unable to see Yes No Refused Don't know	e: CBLIND		es]?		

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2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10						
Question ID:	CHS.290_0	0.000 In	strument Variable Name:	IHSPEQ	QuestionnaireFileName:	Sample Child
QuestionText:					m that requires [fill2: him/her] to use nary eyeglasses or corrective shoes)	
1	Yes					
2	No					
7	Refuse	d				
9	Don't k	now				
UniverseText	: S	ample chi	ldren <18			
SkipInstructio	ons: <	1,2,R,D>	[goto IHMOB]			
Question ID:	CHS.300_(0.000 In	strument Variable Name:	IHMOB	QuestionnaireFileName:	Sample Child
QuestionText:	Does [fi play?	ll1: S.C. r	ame] have an impairment	or health problem	a that limits [fill2: his/her] ability to (crawl), walk, run, or
1	Yes					
2	No					
7	Refuse	d				
9	Don't k	now				
UniverseText	: S	ample chi	ldren <18			
SkipInstructio			IHMOBYR] oto PROBRX]			
Question ID:	CHS.310_0	0.000 In	strument Variable Name:	IHMOBYR	QuestionnaireFileName:	Sample Child
QuestionText:	Is this a	n impairm	ent or health problem tha	t has lasted, or is e	xpected to last, 12 months or longer	,
1	Yes					
2	No					
7	Refuse	d				
9	Don't k	now				
UniverseText	: S	ample chi	ldren <18 that have limite	d ability to crawl,	walk, run, or play	

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

2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10					
Question ID: C	CHS.311_00.000	Instrument Variable Name:	PROBRX	QuestionnaireFileName:	Sample Child
QuestionText:	Does [fill1: S.C. least three mont		m for which [fill2: he/s	she] has regularly taken prescrip	ption medication for at
1	Yes				
2 7	No				
9	Refused Don't know				
UniverseText:	Sample cl	hildren <18			
SkipInstructions	≈ <1,2,R,D	> [if AGE LE <1> go to CU if AGE GE <3> go to LE if AGE = <2> and SEX = if AGE = <2> and SEX =	ARND; <1> go to CMHAGM		
Question ID: C	CHS.312_00.000	Instrument Variable Name:	LEARND	QuestionnaireFileName:	Sample Child
QuestionText:	Has a representa	ative from a school or a heal	th professional ever to	ld you that [fill: S.C. name] had	a learning disability?
1	Yes				
	165				
2	No				
2 7	No Refused				
2 7 9	No Refused Don't know				
2 7	No Refused Don't know	hildren 3-17			
2 7 9	No Refused Don't know Sample cl	hildren 3-17 > [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g	go to CMHAGM11_1;		
2 7 9 UniverseText: SkipInstructions	No Refused Don't know Sample cl	> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g	go to CMHAGM11_1;	QuestionnaireFileName:	Sample Child
2 7 9 UniverseText: SkipInstructions Question ID: C	No Refused Don't know Sample cl	<pre>> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g</pre>	go to CMHAGM11_1; go to CMHAGF11_1]		Sample Child
2 7 9 UniverseText: SkipInstructions Question ID: C	No Refused Don't know Sample cl :: <1,2,R,D :: <1,2,R,D : : (book) C3 I am going to rea	<pre>> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g Instrument Variable Name:</pre>	go to CMHAGM11_1; go to CMHAGF11_1] CMHAGM11_1 pe children. For each o	QuestionnaireFileName:	-
2 7 9 UniverseText: SkipInstructions Question ID: C	No Refused Don't know Sample cl :: <1,2,R,D :: <1,2,R,D : : (book) C3 I am going to rea	> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g Instrument Variable Name: ad a list of items that describe	go to CMHAGM11_1; go to CMHAGF11_1] CMHAGM11_1 pe children. For each o	QuestionnaireFileName:	-
2 7 9 UniverseText: SkipInstructions Question ID: C	No Refused Don't know Sample cl :: <1,2,R,D :: <1,2,R,D : CHS.321_01.000 1 (book) C3 I am going to rea TRUE, or OFTE	> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g Instrument Variable Name: ad a list of items that describent TRUE, of [fill: S.C. name)	go to CMHAGM11_1; go to CMHAGF11_1] CMHAGM11_1 pe children. For each o	QuestionnaireFileName:	-
2 7 9 UniverseText: SkipInstructions Question ID: C	No Refused Don't know Sample cl :: <1,2,R,D :: <1,2,R,	> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g Instrument Variable Name: ad a list of items that describent TRUE, of [fill: S.C. name)	go to CMHAGM11_1; go to CMHAGF11_1] CMHAGM11_1 pe children. For each o	QuestionnaireFileName:	-
2 7 9 UniverseText: SkipInstructions Question ID: C QuestionText: 0 1	No Refused Don't know Sample cl Sample cl Samp	> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g Instrument Variable Name: ad a list of items that describent TRUE, of [fill: S.C. name) perative?	go to CMHAGM11_1; go to CMHAGF11_1] CMHAGM11_1 pe children. For each o	QuestionnaireFileName:	-
2 7 9 UniverseText: SkipInstructions Question ID: C QuestionText: 0 1 2	No Refused Don't know Sample cl :: <1,2,R,D :: <1,2,R,	> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g Instrument Variable Name: ad a list of items that describent TRUE, of [fill: S.C. name) perative?	go to CMHAGM11_1; go to CMHAGF11_1] CMHAGM11_1 pe children. For each o	QuestionnaireFileName:	-
2 7 9 UniverseText: SkipInstructions Question ID: C QuestionText: 0 1 2 7	No Refused Don't know Sample cl :: <1,2,R,D :: <1,2,R,	> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g Instrument Variable Name: ad a list of items that describent TRUE, of [fill: S.C. name) perative?	go to CMHAGM11_1; go to CMHAGF11_1] CMHAGM11_1 pe children. For each o	QuestionnaireFileName:	-
2 7 9 UniverseText: SkipInstructions Question ID: C QuestionText: 0 1 2 7 9	No Refused Don't know Sample cl Sample cl Samp	> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g Instrument Variable Name: ad a list of items that describent TRUE, of [fill: S.C. name) perative?	go to CMHAGM11_1; go to CMHAGF11_1] CMHAGM11_1 pe children. For each o	QuestionnaireFileName:	-
2 7 9 UniverseText: SkipInstructions Question ID: C QuestionText: 0 1 2 7	No Refused Don't know Sample cl Sample cl Samp	> [if AGE > 3 go to CUSUA if AGE = 3 and SEX = 1 g if AGE = 3 and SEX = 2 g Instrument Variable Name: ad a list of items that describent TRUE, of [fill: S.C. name) perative?	go to CMHAGM11_1; go to CMHAGF11_1] CMHAGM11_1 pe children. For each o	QuestionnaireFileName:	-

]	Page 19 of 22		
2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10				
Question ID:	CHS.321_02.000 Instrument Variable Name:	CMHAGM11_2	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3			
	* Read if necessary.			
	I am going to read a list of items that describe TRUE, or OFTEN TRUE, of [fill: S.C. name]			TRUE, SOMETIMES
	HE:			
	Has trouble getting to sleep?			
0 1 2 7 9	Not true Sometimes true Often true Refused Don't know			
UniverseText:				
SkipInstructio				
Question ID:	CHS.321_03.000 Instrument Variable Name:	CMHAGM11_3	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3			
	* Read if necessary.			
	I am going to read a list of items that describe TRUE, or OFTEN TRUE, of [fill: S.C. name]			TRUE, SOMETIMES
	HE:			
	Has speech problems?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9 UniverseTexts	Don't know			
UniverseText:	Male sample children 2-3			
SkipInstructio	ons: <0-2,R,D> [go to CMHAGM11_4]			

Page 20 of 22 2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10				
QuestionText:	(book) C3			
	* Read if necessary.			
	I am going to read a list of items that describ TRUE, or OFTEN TRUE, of [fill: S.C. name			TRUE, SOMETIMES
	HE:			
	Has been unhappy, sad, or depressed?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9	Don't know			
UniverseText:	Male sample children 2-3			
SkipInstructio	ns: <0-2,R,D> [go to CUSUALPL]			
Question ID:	CHS.361_01.000 Instrument Variable Name:	CMHAGF11_1	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3			
	I am going to read a list of items that describ TRUE, or OFTEN TRUE, of [fill: S.C. name			TRUE, SOMETIMES
	SHE:			
	Has temper tantrums or a hot temper?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9	Don't know			
UniverseText:	Female sample children 2-3			
SkipInstructio	ns: <0-2,R,D> [go to CMHAGF11_2]			

	Pa	age 21 of 22		
2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10				
Question ID:	CHS.361_02.000 Instrument Variable Name:	CMHAGF11_2	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3			
	* Read if necessary.			
	I am going to read a list of items that describe TRUE, or OFTEN TRUE, of [fill: S.C. name]			TRUE, SOMETIMES
	SHE:			
	Has speech problems?			
0 1 2 7 9	Not true Sometimes true Often true Refused Don't know			
UniverseText				
SkipInstructio				
Skipilisti uču	ons: <0-2,R,D> [go to CMHAGF11_3]			
Question ID:	CHS.361_03.000 Instrument Variable Name:	CMHAGF11_3	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3			
	* Read if necessary.			
	I am going to read a list of items that describe TRUE, or OFTEN TRUE, of [fill: S.C. name]			TRUE, SOMETIMES
	SHE:			
	Has been nervous or high-strung?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9	Don't know			
UniverseText	: Female sample children 2-3			
SkipInstructio	ons: <0-2,R,D> [go to CMHAGF11_4]			

2009 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 12-Apr-10				
Question ID:	CHS.361_04.000 Instrument Variable Name: CMHAGF11_4 QuestionnaireFileName: Sample Child			
QuestionText:	(book) C3			
	* Read if necessary.			
	I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.			
	SHE:			
	Has been unhappy, sad, or depressed?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9	Don't know			
UniverseText:	Female sample children 2-3			
SkipInstruction	ns: <0-2,R,D> [go to CUSUALPL]			

	2009 NHIS Que Child Access to Document Ve		& Utilization	
Question ID:	CAU.020_00.000 Instrument Variable Name:	CUSUALPL	QuestionnaireFileName:	Sample Child
QuestionText:	The next questions are about health care.			
	Is there a place that [fill1: alias] USUALLY § about [fill3: his/her] health?	goes when [fill2: l	ne/she] is sick or you need advice	
1	Yes			
2	There is NO place			
3	There is MORE THAN ONE place			
5 7	Refused			
, 9	Don't know			
9 UniverseText:				
SkipInstructio	-			
Question ID:	CAU.030_00.000 Instrument Variable Name:	CPLKIND	QuestionnaireFileName:	Sample Child
QuestionText:	[fill1: What kind of place is it / What kind of emergency room, or some other place?	place does [fill2:	alias] go to most often] - a clinic, d	octor'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			
UniverseText	Sample children <18 with one or more	usual places to g	when sick or need health advice	
SkipInstructio	ons: <1-5> [go to CHCPLROU] <6,R,D> [go to CHCPLKND]			
Question ID:	CAU.035_00.000 Instrument Variable Name:	CHCPLROU	QuestionnaireFileName:	Sample Child
QuestionText:	Is that [fill1: CPLKIND/CAU.030] the same preventive care, such as a physical examination			e] needs routine or
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText	Sample children <18 with one or more as a clinic or health center, doctor's off some other place			
SkipInstructio	ons: <1> [go to CHCCHGYR] <2,R,D> [go to CHCPLKND]			

	2009 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 12-Apr-10
Question ID:	CAU.037_00.000 Instrument Variable Name: CHCPLKND QuestionnaireFileName: Sample Child
QuestionText:	What kind of place does [fill1: alias] USUALLY go to when [fill2: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?
0 1 2 3 4 5 6 7 9	Doesn't get preventive care anywhere Clinic or health center Doctor's office or HMO Hospital emergency room Hospital outpatient department Some other place Doesn't go to one place most often Refused Don't know
UniverseText:	Sample children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.
SkipInstruction	<pre>s: <0-6,R,D> [if CUSUALPL=2,R,D goto CHCDLYR_1; else goto CHCCHGYR]</pre>
Question ID:	CAU.040_00.000 Instrument Variable Name: CHCCHGYR QuestionnaireFileName: Sample Child
QuestionText:	At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: alias] USUALLY goes for health care?
1 2 7 9	Yes No Refused Don't know
UniverseText:	Sample children <18 with one or more place to go when sick/need advice [or who reported same place as usual source of routine/preventive care]
SkipInstructior	s: <1> [go to CHCCHGHI] <2,R,D> [goto to CHCDLYR1_1]
Question ID:	CAU.050_00.000 Instrument Variable Name: CHCCHGHI QuestionnaireFileName: Sample Child
QuestionText:	Was this change for a reason related to health insurance?
1 2 7 9	Yes No Refused Don't know
UniverseText:	Sample children <18 that have changed their usual place of health care in the past 12 months
SkipInstruction	s: <1,2,R,D> [goto CHCDLYR1_1]

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Question ID:	CAU.080_01.000 Instrument Variable Na	me: CHCDLYR1_1	QuestionnaireFileName:	Sample Child
QuestionText:				
	There are many reasons people delay g following reasons IN THE PAST 12 M		ou delayed getting care for [fill	: alias] for any of the
	You couldn't get through on the teleph	one.		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children <18			
SkipInstructio	ns: <1,2,R,D> [goto CHCDLYR1_	2]		
Question ID:	CAU.080_02.000 Instrument Variable Na	me: CHCDLYR1_2	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	There are many reasons people delay g following reasons IN THE PAST 12 M		ou delayed getting care for [fill	: alias] for any of the
	You couldn't get an appointment for [f	ill: alias] soon enough.		
1	Yes			
	100			
2	No			
7	No Refused			
	No			
7	No Refused Don't know			
7 9	No Refused Don't know Sample children <18	3]		
7 9 UniverseText: SkipInstructio	No Refused Don't know Sample children <18	-	QuestionnaireFileName:	Sample Child
7 9 UniverseText: SkipInstructio Question ID:	No Refused Don't know Sample children <18 ons: <1,2,R,D> [goto CHCDLYR1_	-	QuestionnaireFileName:	Sample Child
7 9 UniverseText: SkipInstructio Question ID:	No Refused Don't know Sample children <18 ms: <1,2,R,D> [goto CHCDLYR1_ CAU.080_03.000 Instrument Variable Na	me: CHCDLYR1_3 getting medical care. Have y		-
7 9 UniverseText: SkipInstructio Question ID:	No Refused Don't know Sample children <18 ms: <1,2,R,D> [goto CHCDLYR1_ CAU.080_03.000 Instrument Variable Na * Read if necessary. There are many reasons people delay g	me: CHCDLYR1_3 getting medical care. Have y IONTHS	ou delayed getting care for [fill	-
7 9 UniverseText: SkipInstructio Question ID:	No Refused Don't know Sample children <18 ms: <1,2,R,D> [goto CHCDLYR1_ CAU.080_03.000 Instrument Variable Na * Read if necessary. There are many reasons people delay g following reasons IN THE PAST 12 M	me: CHCDLYR1_3 getting medical care. Have y IONTHS	ou delayed getting care for [fill	-
7 9 UniverseText: SkipInstructio Question ID: QuestionText: 1 2	No Refused Don't know Sample children <18 ms: <1,2,R,D> [goto CHCDLYR1_ CAU.080_03.000 Instrument Variable Na * Read if necessary. There are many reasons people delay g following reasons IN THE PAST 12 M Once you get there, [fill: alias] has to v Yes No	me: CHCDLYR1_3 getting medical care. Have y IONTHS	ou delayed getting care for [fill	-
7 9 UniverseText: SkipInstructio Question ID: QuestionText: 1 2 7	No Refused Don't know Sample children <18 ms: <1,2,R,D> [goto CHCDLYR1_ CAU.080_03.000 Instrument Variable Na * Read if necessary. There are many reasons people delay g following reasons IN THE PAST 12 M Once you get there, [fill: alias] has to v Yes No Refused	me: CHCDLYR1_3 getting medical care. Have y IONTHS	ou delayed getting care for [fill	-
7 9 UniverseText: SkipInstructio Question ID: QuestionText: 1 2	No Refused Don't know Sample children <18 ms: <1,2,R,D> [goto CHCDLYR1_ CAU.080_03.000 Instrument Variable Na * Read if necessary. There are many reasons people delay g following reasons IN THE PAST 12 M Once you get there, [fill: alias] has to v Yes No	me: CHCDLYR1_3 getting medical care. Have y IONTHS	ou delayed getting care for [fill	-
7 9 UniverseText: SkipInstructio Question ID: QuestionText: 1 2 7	No Refused Don't know Sample children <18 ms: <1,2,R,D> [goto CHCDLYR1_ CAU.080_03.000 Instrument Variable Na * Read if necessary. There are many reasons people delay g following reasons IN THE PAST 12 M Once you get there, [fill: alias] has to v Yes No Refused Don't know	me: CHCDLYR1_3 getting medical care. Have y IONTHS	ou delayed getting care for [fill	-

	Document V CAU.080_04.000 Instrument Variable Name: * Read if necessary. There are many reasons people delay getting	Version Date: 12-Apr-1 CHCDLYR1_4	0 QuestionnaireFileName:	Secolo Child
Question ID: QuestionText:	* Read if necessary.	CHCDLYR1_4	QuestionnaireFileName:	Samula Child
QuestionText:	-			Sample Child
	There are many reasons people delay getting			
	following reasons IN THE PAST 12 MONT		ou delayed getting care for [fill	: alias] for any of the
	The (clinic/doctor's office) wasn't open when	n you could get there.		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children <18			
SkipInstruction	ns: <1,2,R,D> [goto CHCDLYR1_5]			
Question ID:	CAU.080_05.000 Instrument Variable Name:	CHCDLYR1_5	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	There are many reasons people delay getting following reasons IN THE PAST 12 MONT		ou delayed getting care for [fill	: alias] for any of the
	You didn't have transportation.			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children <18			
SkipInstruction	ns: <1,2,R,D> [if AGE GE <2> goto CH0	CAFYR1_1; else goto	CHCAFYR]	
Question ID:	CAU.130_00.000 Instrument Variable Name:	CHCAFYR	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, was the because you couldn't afford it	ere any time when [fill:	alias] NEEDED any of the foll	lowing, but didn't get it
	Prescription medicines?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children <2			
SkipInstruction	ns: <1,2,R,D>[if AGE <1 goto CHCSYR	21 2. also goto CDENI	I ONGI	

2009 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 12-Apr-10				
Question ID: (CAU.135_01.000 Instrument Variable Name: CHCAI	FYR1_1 QuestionnaireF	ileName: Sample Child	
QuestionText:				
	DURING THE PAST 12 MONTHS, was there any tim because you couldn't afford it	e when [fill: alias] NEEDED an	y of the following, but didn't get it	
	Prescription medicines?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children GE 2			
SkipInstruction	as: <1,2,R,D> [goto CHCAFYR1_2]			
Question ID: (CAU.135_02.000 Instrument Variable Name: CHCAI	FYR1_2 QuestionnaireF	TileName: Sample Child	
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, was there any tim because you couldn't afford it	e when [fill: alias] NEEDED an	y of the following, but didn't get it	
	because you couldn't arrora it			
	Mental health care or counseling?			
1				
1 2	Mental health care or counseling?			
2 7	Mental health care or counseling? Yes No Refused			
2	Mental health care or counseling? Yes No			
2 7	Mental health care or counseling? Yes No Refused			
2 7 9	Mental health care or counseling? Yes No Refused Don't know Sample children GE 2			
2 7 9 UniverseText: SkipInstruction	Mental health care or counseling? Yes No Refused Don't know Sample children GE 2 ss: <1,2,R,D> [goto CHCAFYR1_3]	FYR1_3 QuestionnaireF	`ileName: Sample Child	
2 7 9 UniverseText: SkipInstruction Question ID: (Mental health care or counseling? Yes No Refused Don't know Sample children GE 2 ss: <1,2,R,D> [goto CHCAFYR1_3]	FYR1_3 QuestionnaireF	`ileName: Sample Child	
2 7 9 UniverseText: SkipInstruction Question ID: (Mental health care or counseling? Yes No Refused Don't know Sample children GE 2 MS: <1,2,R,D> [goto CHCAFYR1_3] CAU.135_03.000 Instrument Variable Name: CHCAI		·	
2 7 9 UniverseText: SkipInstruction Question ID: (Mental health care or counseling? Yes No Refused Don't know Sample children GE 2 IS: <1,2,R,D> [goto CHCAFYR1_3] CAU.135_03.000 Instrument Variable Name: CHCAI * Read if necessary. DURING THE PAST 12 MONTHS, was there any tim		·	
2 7 9 UniverseText: SkipInstruction Question ID: (Mental health care or counseling? Yes No Refused Don't know Sample children GE 2 IS: <1,2,R,D> [goto CHCAFYR1_3] CAU.135_03.000 Instrument Variable Name: CHCAI * Read if necessary. DURING THE PAST 12 MONTHS, was there any time because you couldn't afford it		·	
2 7 9 UniverseText: SkipInstruction Question ID: (QuestionText:	Mental health care or counseling? Yes No Refused Don't know Sample children GE 2 ns: <1,2,R,D> [goto CHCAFYR1_3] CAU.135_03.000 Instrument Variable Name: CHCAI * Read if necessary. DURING THE PAST 12 MONTHS, was there any time because you couldn't afford it Dental care (including check-ups)? Yes No		·	
2 7 9 UniverseText: SkipInstruction Question ID: QuestionText:	Mental health care or counseling? Yes No Refused Don't know Sample children GE 2 MS: <1,2,R,D> [goto CHCAFYR1_3] CAU.135_03.000 Instrument Variable Name: CHCAI * Read if necessary. DURING THE PAST 12 MONTHS, was there any time because you couldn't afford it Dental care (including check-ups)? Yes No Refused		·	
2 7 9 UniverseText: SkipInstruction Question ID: Question Text:	Mental health care or counseling? Yes No Refused Don't know Sample children GE 2 ns: <1,2,R,D> [goto CHCAFYR1_3] CAU.135_03.000 Instrument Variable Name: CHCAI * Read if necessary. DURING THE PAST 12 MONTHS, was there any time because you couldn't afford it Dental care (including check-ups)? Yes No		·	
2 7 9 UniverseText: SkipInstruction Question ID: QuestionText:	Mental health care or counseling? Yes No Refused Don't know Sample children GE 2 MS: <1,2,R,D> [goto CHCAFYR1_3] CAU.135_03.000 Instrument Variable Name: CHCAI * Read if necessary. DURING THE PAST 12 MONTHS, was there any time because you couldn't afford it Dental care (including check-ups)? Yes No Refused		·	

2009 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 12-Apr-10				
Question ID:	CAU.135_04.000 Instrument Variable Na	ame: CHCAFYR1_4	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, we because you couldn't afford it	was there any time when [fil	l: alias] NEEDED any of the fol	lowing, but didn't get it
	Eyeglasses?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText	Sample children GE 2			
SkipInstructio		j]		
Question ID:	CAU.160_00.000 Instrument Variable Na	ame: CDENLONG	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C4			
	About how long has it been since [fill surgeons, and all other dental specialis			as orthodontists, oral
0	Never			
1	6 months or less			
2	More than 6 months, but not more that			
3	More than 1 year, but not more than 2			
4	More than 2 years, but not more than	5 years ago		
5	More than 5 years ago			
7	Refused			
9	Don't know			
UniverseText	: Sample children GE 1			
SkipInstructi	ons: <0-5,R,D> [if AGE GE <2> go	to CHCSYR_1; else go to C	CHCSYR1_2]	
	CAU.170_01.000 Instrument Variable Na	ame: CHCSYR1_2	QuestionnaireFileName:	Sample Child
Question ID:				
Question ID: QuestionText:				
-	DURING THE PAST 12 MONTHS, t to any of the following health care pro			he family seen or talked
-		oviders about [fill2: alias]'s h	nealth?	he family seen or talked
-	to any of the following health care pro	oviders about [fill2: alias]'s h	nealth?	he family seen or talked
QuestionText:	to any of the following health care pro An optometrist, ophthalmologist, or e	oviders about [fill2: alias]'s h	nealth?	he family seen or talked
QuestionText:	to any of the following health care pro An optometrist, ophthalmologist, or en Yes	oviders about [fill2: alias]'s h	nealth?	he family seen or talked
QuestionText: 1 2	to any of the following health care pro An optometrist, ophthalmologist, or ey Yes No	oviders about [fill2: alias]'s h	nealth?	he family seen or talked
QuestionText: 1 2 7	to any of the following health care pro An optometrist, ophthalmologist, or en Yes No Refused Don't know	oviders about [fill2: alias]'s h	nealth?	he family seen or talked

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	Child Access	Questionnaire - Sa s to Health Care & nt Version Date: 12-Apr-	Utilization	
Question ID:	CAU.170_02.000 Instrument Variable Name	CHCSYR1_3	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, that to any of the following health care provide			ne family seen or talked
	A foot doctor?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText	: Sample children <2			
SkipInstructio	ons: <1,2,R,D> [goto CHCSYR1_5]			
Question ID:	CAU.170_03.000 Instrument Variable Name	: CHCSYR1_5	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, that to any of the following health care provide			ne family seen or talked
	A physical therapist, speech therapist, res	spiratory therapist, audiol	ogist, or occupational therapist?	
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText	: Sample children <2			
SkipInstructio	ons: <1,2,R,D> [goto CHCSYR1_6]			
Question ID:	CAU.170_04.000 Instrument Variable Name	CHCSYR1_6	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, that to any of the following health care provide			ne family seen or talked
	A nurse practitioner, physician assistant of	or midwife?		
1	Yes			
	No			
2				
2 7	Refused			
2 7 9	Don't know			
2 7	Don't know			

	Child Acc	S Questionnaire - S ess to Health Care & ment Version Date: 12-Ap	Utilization	
Question ID:	CAU.175_01.000 Instrument Variable Na	ame: CHCSYR_1	QuestionnaireFileName:	Sample Child
QuestionText:				
	DURING THE PAST 12 MONTHS, t following health care providers about		th reference date], have you seen	or talked to any of the
	A mental health professional such as a	a psychiatrist, psychologist	, psychiatric nurse, or clinical soc	ial worker?
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children GE 2			
SkipInstruction	ns: <1,2,R,D> [goto CHCSYR_2]			
Question ID:	CAU.175_02.000 Instrument Variable Na	ame: CHCSYR_2	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, t following health care providers about		th reference date], have you seen	or talked to any of the
	An optometrist, ophthalmologist, or e	ye doctor (someone who pr	rescribes eyeglasses)?	
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children GE 2			
SkipInstruction	ns: <1,2,R,D>[goto CHCSYR_3]			
Question ID:	CAU.175_03.000 Instrument Variable Na	ame: CHCSYR_3	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, t following health care providers about		th reference date], have you seen	or talked to any of the
	A foot doctor?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children GE 2			

		Page 9 of 14		
	Child Access	uestionnaire - Sa to Health Care & Version Date: 12-Apr	Utilization	
Question ID:	CAU.175_04.000 Instrument Variable Name:	CHCSYR_4	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, that is following health care providers about [fill2		h reference date], have you seen o	or talked to any of the
	A chiropractor?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children GE 2			
SkipInstructio	ons: <1,2,R,D>[goto CHCSYR_5]			
Question ID:	CAU.175_05.000 Instrument Variable Name:	CHCSYR_5	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, that is following health care providers about [fill2		h reference date], have you seen o	or talked to any of the
	A physical therapist, speech therapist, resp	iratory therapist, audio	logist, or occupational therapist?	
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children GE 2			
SkipInstructio	ons: <1,2,R,D>[goto CHCSYR_6]			
Question ID:	CAU.175_06.000 Instrument Variable Name:	CHCSYR_6	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, that is following health care providers about [fill2		h reference date], have you seen o	or talked to any of the
	A nurse practitioner, physician assistant or	midwife?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText:	Sample children GE 2			
SkipInstructio	ons: $<1,2,R,D>$ [if SEX eq $<2>$ and AGE	GE 15 goto CHCSYR	R7; else goto CHCSYR8]	

	2009 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 12-Apr-10
Question ID:	CAU.230_00.000 Instrument Variable Name: CHCSYR7 QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about [fill2: alias]'s health?
1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	Sample children GE 15 who are female
SkipInstructio	ons: <1,2,R,D> [goto CHCSYR8_1]
Question ID:	CAU.240_01.000 Instrument Variable Name: CHCSYR8_1 QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: alias]'s health? A medical doctor who specializes in a particular medical disease or problem (fill3:other than obstetrician/ gynecologist, psychiatrist or ophthalmologist? /fill4: other than psychiatrist or ophthalmologist)?
1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	Sample children <18
SkipInstructio	ons: <1,2,R,D> [goto CHCSYR8_2]
Question ID:	CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child
QuestionText:	* Read if necessary.
	DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: alias]'s health?
	A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?
1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	Sample children <18
	-

	Child Access	Questionnaire - S s to Health Care & nt Version Date: 12-Ap	Utilization	
Question ID:	CAU.260_00.000 Instrument Variable Name	CHCSYR10	QuestionnaireFileName:	Sample Child
QuestionText:	Does that doctor treat children and adults	(a doctor in general pra	actice or family medicine)?	
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText	: Sample children <18 who have see	en or talked to a genera	l doctor during the past 12 months	3
SkipInstructio	ons: <1,2,R,D> [goto CHCSYREM]			
Question ID:	CAU.265_00.000 Instrument Variable Name	CHCSYREM	QuestionnaireFileName:	Sample Child
QuestionText:	Did you see or talk to this general doctor	because of an emotiona	al or behavioral problem that [fill]	: alias] may have?
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText	: Sample children <18 who have see	en a general doctor in th	e past 12 months	
SkipInstructio	ons: <1,2,R,D>[goto CHPEXYR]			
Question ID:	CAU.270_00.000 Instrument Variable Name	: CHPEXYR	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, did [fill2: he/she] was not sick or injured?	[fill1: alias] receive a w	vell-child check-up, that is a gener	al check-up, when
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseText	: Sample children <18			
SkipInstructio	ons: <1,2,R,D> [goto CHERNOYR]			

QuestionText: (boold of the product of th	2 5 r more	ncludes emergency ro		
DUF ROC 00 Nor 01 1 02 2-3 03 4-5 04 6-7 05 8-9 06 10- 07 13- 08 16 0 97 Ref 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 Question Text: DUF profe 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	ING THE PAST 12 MONTHS, HOW M about [fill2: his/her] health? (This in e 2 5 r more ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi	ncludes emergency ro	bom visits that resulted in a hospi	tal admission.)
ROC 00 Nor 01 1 02 2-3 03 4-5 04 6-7 05 8-9 06 10- 07 13- 08 16 dege 97 Reff 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 Question Text: DUF profe 1 Yes 2 No 7 Reff 9 Dor UniverseText: SkipInstructions:	M about [fill2: his/her] health? (This in e 2 5 r more used 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi	ncludes emergency ro	bom visits that resulted in a hospi	tal admission.)
01 1 02 2-3 03 4-5 04 6-7 05 8-9 06 10- 07 13- 08 16 0 97 Ref 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 Question Text: DUF profi 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	2 5 r more used 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
02 2-3 03 4-5 04 6-7 05 8-9 06 10- 07 13- 08 16 0 97 Ref 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 Question Text: DUF profe 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	5 r more ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
03 4-5 04 6-7 05 8-9 06 10- 07 13- 08 16 6 97 Ref 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 QuestionText: DUF profi 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	5 r more ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
04 6-7 05 8-9 06 10- 07 13- 08 16 of 97 Reff 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 QuestionText: DUF 1 Yes 2 No 7 Reff 9 Dor UniverseText: SkipInstructions:	5 r more ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
05 8-9 06 10- 07 13- 08 166 97 Ref 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 Question Text: DUF profi 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	5 r more ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
05 8-9 06 10- 07 13- 08 166 97 Ref 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 Question Text: DUF profi 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	5 r more ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
06 10- 07 13- 08 16 d 97 Ref 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 QuestionText: DUF 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	5 r more ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
07 13- 08 16 0 97 Ref 99 Dor UniverseText: SkipInstructions: Question ID: CAU.29 QuestionText: DUF profe 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	5 r more ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
0816 d97Reff99DorUniverseText:SkipInstructions:Question ID:CAU.29Question Text:DUF profit1Yes2No7Reff9DorUniverseText:SkipInstructions:	r more ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
97Ref99DorUniverseText:SkipInstructions:Question ID:CAU.29QuestionText:DUFprofilYes2No7Ref9DorUniverseText:SkipInstructions:	ised 't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
99DorUniverseText:SkipInstructions:Question ID:CAU.29QuestionText:DUF profit1Yes2No7Ref9DorUniverseText:SkipInstructions:	't know Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
UniverseText: SkipInstructions: Question ID: CAU.29 QuestionText: DUF profe 1 Yes 2 No 7 Ref 9 Doi UniverseText: SkipInstructions:	Sample children <18 <0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
SkipInstructions: Question ID: CAU.29 QuestionText: DUF profi 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	<0-8,R,D> [goto CHCHYR] 0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
Question ID: CAU.29 QuestionText: DUF profi 1 Yes 2 No 7 Ref 9 Dor UniverseText: SkipInstructions:	0_00.000 Instrument Variable Name: ING THE PAST 12 MONTHS, did [fi		QuestionnaireFileName:	Sample Child
profile 1 Yes 2 No 7 Ref 9 Don UniverseText: SkipInstructions:		ill1: alias] receive care		
2 No 7 Ref 9 Dor UniverseText: SkipInstructions:			e AT HOME from a nurse or oth	er health care
7 Ref 9 Dor UniverseText: SkipInstructions:				
9 Dor UniverseText: SkipInstructions:				
9 Dor UniverseText: SkipInstructions:	ised			
UniverseText: SkipInstructions:	't know			
SkipInstructions:				
-	Sample children <18			
Question ID: CAU.30	<1> [goto CHCHMOYR] <2,R,D> [goto CHCNOYR]			
	0_00.000 Instrument Variable Name:	CHCHMOYR	QuestionnaireFileName:	Sample Child
	ING THE PAST 12 MONTHS, how n ssional?	nany months did [fill:	alias] receive care AT HOME fr	om a health care
01-12 1-12	months			
97 Ref				
	't know			
UniverseText:		ved home care from h	ealth professional during the past	t 12 months
SkipInstructions:	\rightarrow sample children ≤ 18 that have received		r and public	

			Page 13 of 14		
		2009 NHIS Qu Child Access to Document V		& Utilization	
Question ID:	CAU.310_00.000 I	Instrument Variable Name:	CHCHNOYR	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C6				
	What was the tot	tal number of home visits re	ceived for [fill1: a	lias] during [fill2: that month/thos	e months]?
01	1				
02	2-3				
03	4-5				
04	6-7				
05	8-9				
06	10-12				
07	13-15				
08	16 or more				
97	Refused				
99	Don't know				
UniverseText	Sample ch	hildren <18 that have receiv	ed home care from	health professional during the part	st 12 months
G1 • T · · ·					
SkipInstructio	ons: <1-8,R,D	> [goto CHCNOYR]			
		> [goto CHCNOYR]	CHCNOYR	QuestionnaireFileName:	Sample Child
SkipInstructio Question ID: QuestionText:			CHCNOYR	QuestionnaireFileName:	Sample Child
Question ID:	CAU.320_00.000 I (book) C5 DURING THE I professional abo	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	QuestionnaireFileName: s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH hospital emergency rooms, home	er health care IER PLACE? Do not
Juestion ID:	CAU.320_00.000 I (book) C5 DURING THE I professional abo include times [fi	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: QuestionText:	CAU.320_00.000 I (book) C5 DURING THE H professional abo include times [fi telephone calls.	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: QuestionText: 00	CAU.320_00.000 I (book) C5 DURING THE I professional abo include times [fi telephone calls. None	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: QuestionText: 00 01	CAU.320_00.000 I (book) C5 DURING THE I professional abo include times [fi telephone calls. None 1	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: QuestionText: 00 01 02	CAU.320_00.000 I (book) C5 DURING THE H professional abo include times [fi telephone calls. None 1 2-3	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: QuestionText: 00 01 02 03	CAU.320_00.000 I (book) C5 DURING THE I professional abo include times [fi telephone calls. None 1 2-3 4-5	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: QuestionText: 00 01 02 03 04	CAU.320_00.000 I (book) C5 DURING THE F professional abo include times [fi telephone calls. None 1 2-3 4-5 6-7 8-9	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: QuestionText: 00 01 02 03 04 05 06	CAU.320_00.000 I (book) C5 DURING THE I professional abo include times [fi telephone calls. None 1 2-3 4-5 6-7 8-9 10-12	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: QuestionText: 00 01 02 03 04 05 06 07	CAU.320_00.000 I (book) C5 DURING THE I professional abo include times [fi telephone calls. None 1 2-3 4-5 6-7 8-9 10-12 13-15	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: QuestionText: 00 01 02 03 04 05 06 07 08	CAU.320_00.000 I (book) C5 DURING THE I professional abo include times [fi telephone calls. None 1 2-3 4-5 6-7 8-9 10-12 13-15 16 or more	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not
Question ID: Question Text: 00 01 02 03 04 05 06 07	CAU.320_00.000 I (book) C5 DURING THE I professional abo include times [fi telephone calls. None 1 2-3 4-5 6-7 8-9 10-12 13-15	Instrument Variable Name: PAST 12 MONTHS, HOW ut [fill2: his/her] health at A	MANY TIMES ha \ DOCTOR'S OFF	s [fill1: alias] seen a doctor or oth ICE, A CLINIC, OR SOME OTH	er health care IER PLACE? Do not

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

	2009 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 12-Apr-10
Question ID:	CAU.330_00.000 Instrument Variable Name: CSRGYR QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS has [fill1: alias] had SURGERY or other surgical procedures either as an inpatient o outpatient?
	* Read if necessary.
	This includes both major surgery and minor procedures such as setting bones or removing growths.
1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	Sample children <18
SkipInstructio	ons: <1> [goto CSRGNOYR] <2,R,D> [goto CMDLONG]
Question ID:	CAU.340_00.000 Instrument Variable Name: CSRGNOYR QuestionnaireFileName: Sample Child
QuestionText:	Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has [fill1: alias] had surgery DURING THE PAST 12 MONTHS?
	* Enter '95' for 95 or more times.
01-94	1-94 times
95	95+ times
97	Refused
99	Don't know
UniverseText:	Sample children <18 that have undergone surgery during the past 12 months
SkipInstructio	ons: <1-10,R,D> [goto CMDLONG] <11-95> [goto ERR_CMDLONG]
Question ID:	CAU.345_00.000 Instrument Variable Name: CMDLONG QuestionnaireFileName: Sample Child
QuestionText:	(book) C4
	About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about [fill1: alias]'s health? Include doctors seen while [fill2: he/she] was a patient in a hospital.
0	Never
1	6 months or less
2	More than 6 months, but not more than 1 year ago
3	More than 1 year, but not more than 2 years ago
	More than 2 years, but not more than 5 years ago
4	More than 5 years ago
4 5	Note that 5 years ago
5 7	Refused
5	
5 7	Refused Don't know

	2009 NHIS Questionnaire - Sample Child Child Mental Health Brief Questionnaire Document Version Date: 12-Apr-10
Question ID:	CMB.010_00.000 Instrument Variable Name: CMHCOPY QuestionnaireFileName: Sample Child
QuestionText:	* The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.
	* The next 6 items contained in CMHMF_1 through CMHDIFF are included in this survey with permission as indicated below.
	* 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
UniverseText:	Sample children GE 4
SkipInstructio	ons: <1> [goto CMHMF_1]
Question ID:	CMB.030_00.000 Instrument Variable Name: CMHDIFF QuestionnaireFileName: Sample Child
QuestionText:	(book) C7
	Overall, do you think that [fill1: SC name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?
1	No
2	Yes, minor difficulties
3	Yes, definite difficulties
4	Yes, severe difficulties
7	Refused
9	Don't know
UniverseText:	Sample children GE 4
SkipInstructio	sins: <1-4,R,D> [goto next section]

		Child In	Page 1 of 3 Jestionnaire - Sa fluenza Immuniz: Version Date: 27-May	ation	
Question ID:	CFI.010_00.000	Instrument Variable Name:	CSHFLUYR	QuestionnaireFileName:	Sample Child
QuestionText:	The next ques	stions are about seasonal or reg	gular flu vaccination. F	Please do not include H1N1 or sv	wine flu vaccination
		E PAST 12 MONTHS, has {finite states of the season.		lu shot? A flu shot is usually giv	ven in the fall and
	* Read if nece	essary: A flu shot is injected i	n the arm. Do not incl	lude an influenza vaccine spraye	d in the nose.
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText:	Sample	e children <18			
SkipInstructio		ata CSHELU MI <2 P D> [a	ete CEDELLIVE 1		
Skipilisti učite	,iis. <1> [g(oto CSHFLU_M] <2,R,D> [g			
Question ID:	CFI.015_01.000	Instrument Variable Name:	CSHFLU_M	QuestionnaireFileName:	Sample Child
Question ID: QuestionText:	CFI.015_01.000 1 of 2	Instrument Variable Name:	CSHFLU_M	QuestionnaireFileName:	Sample Child
	1 of 2	Instrument Variable Name: month and year did {fill1: SC			Sample Child
	1 of 2 During what r				Sample Child
QuestionText:	1 of 2 During what r January				Sample Child
QuestionText: 01	1 of 2 During what r				Sample Child
QuestionText: 01 02	1 of 2 During what r January February March				Sample Child
QuestionText: 01 02 03	1 of 2 During what r January February				Sample Child
QuestionText: 01 02 03 04	1 of 2 During what r January February March April				Sample Child
Question Text: 01 02 03 04 05	l of 2 During what r January February March April May June				Sample Child
QuestionText: 01 02 03 04 05 06	l of 2 During what r January February March April May June July				Sample Child
Question Text: 01 02 03 04 05 06 07 08	1 of 2 During what r January February March April May June July August				Sample Child
Question Text: 01 02 03 04 05 06 07 08 09	1 of 2 During what r January February March April May June July August September				Sample Child
Question Text: 01 02 03 04 05 06 07 08 09 10	1 of 2 During what r January February March April May June July August September October				Sample Child
Question Text: 01 02 03 04 05 06 07 08 09 10 11	l of 2 During what r January February March April May June July August September October November				Sample Child
Question Text: 01 02 03 04 05 06 07 08 09 10 11 12	1 of 2 During what r January February March April May June July August September October November December				Sample Child
Question Text: 01 02 03 04 05 06 07 08 09 10 11 12 97	1 of 2 During what r January February March April May June July August September October November December Refused				Sample Child
Question Text: 01 02 03 04 05 06 07 08 09 10 11 12 97 99	1 of 2 During what r January February March April May June July August September October November December Refused Don't know	month and year did {fill1: SC	name} receive {fill2:		Sample Child
Question Text: 01 02 03 04 05 06 07 08 09 10 11 12 97	1 of 2 During what r January February March April May June July August September October November December Refused Don't know		name} receive {fill2:		Sample Child

	Page 2 of 3
	2009 NHIS Questionnaire - Sample Child Child Influenza Immunization Document Version Date: 27-May-10
Question ID:	CFI.015_02.000 Instrument Variable Name: CSHFLU_Y QuestionnaireFileName: Sample Child
QuestionText:	2 of 2
	*Enter year of most recent flu shot.
Year 9997 9999	Year Refused Don't know
UniverseText:	Sample children <18 who gave a month for their last flu shot or who didn't know the month
SkipInstruction	<pre>ns: <valid year,r,d=""> [goto CSPFLUYR] [If CSHFLU_M and CSHFLU_Y = a future date] goto ERR1_CSHFLU_Y] [If CSHFLU_M and CSHFLU_Y = a date prior to birth] goto ERR2_CSHFLU_Y] [If CSHFLU_M and CSHFLU_Y = a date prior to 12 months ago] goto ERR3_CSHFLU_Y]</valid></pre>
Question ID:	CFI.020_00.000 Instrument Variable Name: CSPFLUYR QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, has {fill1: SC name} had a flu vaccine sprayed in {fill2: his/her} nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.
	* Read if necessary: This influenza vaccine is called FluMist (trademark).
1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	Sample children <18
SkipInstruction	<pre>s: <1> [goto CSPFLU_M] <2,R,D> [goto next section] [if CSHFLUYR =1 and CSPFLUYR=1] goto ERR_CSPFLUYR</pre>

							Page 3	of 3								
				2009	Chi	ld Inf	l estion luenza Version D	Immu	nizat	ion	Child					
Question ID:	CFI.025_01	000	Instrun	nent Va	riable N	ame:	CSPF	LU_M		Qu	iestionnai	reFileNan	ne:	Sampl	e Child	
QuestionText:	1 of 2															
	During w	hat m	onth an	d year o	did {fill	1: SC 1	name} re	ceive {l	is/her}	most	recent flu	nasal sp	ray?			
01	January															
02	Februar	/														
03	March															
04	April															
05	May															
06	June															
07	July															
08	August															
09	Septemb	er														
10	October															
11	Novemb	er														
12	Decemb	er														
97	Refused															
99	Don't kr	ow														
UniverseText:	Sa	mple	children	<18 w	ho have	had a	flu nasal	vaccine								
SkipInstructio	ons: <1	-12 ,D)> [goto	CSPFI	LU_Y]·	<r> [g</r>	oto next	section]								
Question ID:	CFI.025_02	000	Instrun	nent Va	riable N	ame:	CSPF	LU_Y		Qu	iestionnai	reFileNan	ne:	Sampl	e Child	
uestionText:	2 of 2															
	*Enter ye	ear of	most ree	cent flu	ı nasal s	pray.										
Year	Year															
9997	Refused															
9999	Don't kr	ow														
UniverseText:	Sa	mple	children	<18 w	ho gave	a mor	th for the	eir flu na	sal vac	cine o	r who did	n't know	the m	onth		
UniverseText: Sample children <18 who gave a month for their flu nasal vaccine or who didn't know the month																