Child Identification

Question ID:	CID.001_00	.000 Instrument Variable Na	me: CURRES	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter th	ne line number of the person t	o whom you are speaking	y.	
01-25	Person n	number of the respondent for S	Sample Child		
UniverseTex	xt: Sa	mple child section not started	or not completed		
SkipInstruc	i e e g ene	store CURRES in CS goto CSRELTIV	Y = '2' THEN YI' THEN procedure ocedure able line number e number entered in KNC PAVAIL and CSRESP	OWSC2 • empty (no line numbers in KNO	WSC2)
Hard Edit:	EF	RR_CURRES			
	* `	You have selected a non-selected a n	etable person.		
	*]	Please correct.			

_	Page 2 of 9					
2013 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 29-May-14						
Question ID:	CID.010_00.000 Instrument Variable Name: CSPAVAIL QuestionnaireFileName: Sample Child					
QuestionText:	The next questions are about [fill1: ALIAS of Sample Child].					
	Is [fill2:KNOWSC2 names] available to answer some questions about [fill3: HISHER] health?					
	* Enter line number of available respondent from list or enter '96' if no one is available.					
	* If refused enter CTRL_R.					
01-25 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					
SkipInstructi	<pre>ons: <01-25> if line number not equal one of the line numbers in KNOWSC2 goto child.cid.ERR_CSPAVAIL else store child.cid.CSPAVAIL in child.cid.CSRESP goto child.cid.CSRELTIV endif <96> store child.cid.CSPAVAIL in child.cid.CSRESP goto cbk.CCALLBK1 <r>> store '4' in CSTAT(FAMINT) if ASTAT = empty or ASTAT = '2' THEN goto adult.aid.SADULT elseif recontact.RCIFLAG ne '1' THEN goto recontact.RCI_BEGIN procedure else goto back.OUTCOMEB1 procedure endif</r></pre>					
Hard Edit:	ERR_CSPAVAIL					
	* You have selected a non-selectable person.					
	* Please correct.					

	Page 3 of 9									
		-	estionnaire - S	•						
	Child Identification									
Document Version Date: 29-May-14										
Question ID:	CID.030_00.000	Instrument Variable Name:	CSRELTIV	QuestionnaireFileName:	Sample Child					
QuestionText:	(book) C1									
		kt questions are about [fill2: Al relationship to [fill2: ALIAS o		ld].]						
01	Parent (Biolo	gical, adoptive, or step)								
02	Grandparent									
03	Aunt/Uncle									
04	Brother/Siste	er								
05	Other relative	e								
06	Legal guardia	an								
07	Foster parent									
08	Other non-re	lative								
97	Refused									
99	Don't know									
UniverseTe	xt: Someon	ne identified as knowledgeable	e about child's health							
SkipInstruc	tions: <1-8,R	,D> If CSRESP = demographic goto child.chs.BWGT_L elseif CSRESP = demograp goto child.chs.BWGT_L else] goto CSPVERF_S endif]	B phics.hhc.HHRESP							

Question ID:	CID.040	_00.000	Instrument Variable Name:	CSPVERF_S	QuestionnaireFileName:	Sample Child
QuestionText:	* Ple	ase verify	the following information ab	out the sample child befo	ore proceeding:	
	I hav	e recorde	d [fill1: ALIAS of Sample Ch	ild]'s sex as [fill2: Sex of	Sample Child]. Is this corre	ct?
	* If r	esponden	t "refuses" or says "don't know	v", enter "1" for "yes".		
1	Yes					
2	No					
UniverseText	:	Respon	dent is not the person entered	in HHRESP or RELRES	P_A.	
SkipInstructio	ons:	\mathcal{O}	to CSPVERF_A to NEWSEX			

Page 4 of 9									
	2013 NHIS Questionnaire - Sample Child								
			Chi	ild Identifica	tion				
Document Version Date: 29-May-14									
Question ID:	CID.041	_00.000	Instrument Variable Name:	NEWSEX	QuestionnaireFileNa	me: Sample Child			
QuestionText:	Is [fil	l: ALIAS	S of Sample Child] Male or Fe	emale?					
	* If d	on't knov	w or refused enter your best g	uess of the child	s sex.				
1 2	Male Fem								
UniverseText	:	Respon	dent said child's sex is not con	rrect.					
SkipInstructio	ons:	g	tore NEWSEX in SEX oto ERR_NEWSEX eset CSPVERF_S oto CSPVERF_S						
Hard Edit:		ERR_N	JEWSEX						
		* The g	ender will now be changed to	o [fill: NEWSEX].				
		goto CS	SPVERF_S (as the default go	to)					
Question ID: (CID.042	_00.000	Instrument Variable Name:	CSPVERF_A	QuestionnaireFileNa	me: Sample Child			
QuestionText:	* Plea	ase verify	the following information at	pout the sample of	hild before proceeding:				
	I have	e recorde	d [fill1: ALIAS of Sample Ch	nild]'s age as [fill	2: Age of Sample Child] old. Is	s this correct?			
	* If re	esponden	t "refuses" or says "don't kno	w", enter "1" for	"yes".				
1 2	Yes No								
UniverseText	:	Respon	dent verified child's sex						
SkipInstructio	ons:		TO CSPVERF_D						

<2> goto NEWAGE

	Page 5 of 9							
	2013 NHIS Questionnaire - Sample Child							
	Child Identification							
Document Version Date: 29-May-14								
Question ID: C	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							
SkipInstruction	ons: <0-120, Refused, Don't know> if NEWAGE = 'Refused' or NEWAGE = 'Don't know' or NEWAGE = AGE reset CSPVERF_A goto ERR_NEWAGE else store NEWAGE in AGE goto NEWDOB_M							
Hard Edit:	ERR_NEWAGE							
	*Age of [fill1: ALIAS of Sample Child] remains [fill2: Age of Sample Child] years old.							
	goto CSPVERF_A (whether suppressed or not)							
Question ID: C	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							
SkipInstruction	goto CNO_MORE else goto child.chs.BWGT_LB endif							
	<2> goto NEWDOB_M							

Page 6 of 9 2013 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 29-May-14						
Question ID:	CID.046_01.000	Instrument Variable Name:	NEWDOB_M	QuestionnaireFileName:	Sample Child	
QuestionText:	1 of 3					
	What is [fill: A	ALIAS of Sample Child]'s birt	hday?			
	*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 UniverseTex	September	dent said child's date of birth i	is not correct or child's	age is not correct		
9	September ct: Respond	dent said child's date of birth i Refused, Don't know> goto N		age is not correct		
9 UniverseTex SkipInstruct	September at: Respond tions: <01-12,			age is not correct QuestionnaireFileName:	Sample Child	
9 UniverseTex SkipInstruct Question ID:	September at: Respond tions: <01-12,	Refused, Don't know≻ goto №	NEWDOB_D		Sample Child	
9 UniverseTex SkipInstruct Question ID:	September at: Respond tions: <01-12, CID.046_02.000	Refused, Don't know> goto N Instrument Variable Name:	NEWDOB_D		Sample Child	
9 UniverseTex	September at: Respond tions: <01-12, CID.046_02.000 2 of 3	Refused, Don't know> goto M Instrument Variable Name: `birth.	NEWDOB_D		Sample Child	
9 UniverseTex SkipInstruct Question ID: QuestionText:	September at: Respond tions: <01-12, CID.046_02.000 2 of 3 * Enter day of Day of the mo	Refused, Don't know> goto M Instrument Variable Name: `birth.	NEWDOB_D NEWDOB_D	QuestionnaireFileName:	Sample Child	
9 UniverseTex SkipInstruct Question ID: QuestionText: 01-31	September at: Respond tions: <01-12, CID.046_02.000 2 of 3 * Enter day of Day of the mo at: Respond	Refused, Don't know> goto N Instrument Variable Name: `birth. onth	NEWDOB_D NEWDOB_D	QuestionnaireFileName:	Sample Child	
9 UniverseTex SkipInstruct Question ID: QuestionText: 01-31 UniverseTex	September at: Respond tions: <01-12, CID.046_02.000 2 of 3 * Enter day of Day of the mo at: Respond tions: <01-31,	Refused, Don't know> goto M Instrument Variable Name: `birth. onth dent said child's date of birth i Refused,Don't know> goto N	NEWDOB_D NEWDOB_D is not correct or child's EWDOB_Y	QuestionnaireFileName:	Sample Child	
9 UniverseTex SkipInstruct Question ID: QuestionText: 01-31 UniverseTex	September at: Respond tions: <01-12, CID.046_02.000 2 of 3 * Enter day of Day of the mo at: Respond tions: <01-31,	Refused, Don't know> goto M Instrument Variable Name: `birth. onth dent said child's date of birth i	NEWDOB_D NEWDOB_D is not correct or child's EWDOB_Y	QuestionnaireFileName:	Sample Child	
9 UniverseTex SkipInstruct Question ID: QuestionText: 01-31 UniverseTex	September at: Respond tions: <01-12, CID.046_02.000 2 of 3 * Enter day of Day of the mo at: Respond tions: <01-31, If days f	Refused, Don't know> goto M Instrument Variable Name: `birth. onth dent said child's date of birth i Refused,Don't know> goto N	NEWDOB_D NEWDOB_D is not correct or child's EWDOB_Y	QuestionnaireFileName:	Sample Child	
9 UniverseTex SkipInstruct Question ID: QuestionText: 01-31 UniverseTex SkipInstruct	September at: Respond tions: <01-12, CID.046_02.000 2 of 3 * Enter day of Day of the mo at: Respond tions: <01-31, If days the ERR_N	Refused, Don't know> goto N Instrument Variable Name: `birth. onth dent said child's date of birth i Refused,Don't know> goto N not valid, goto ERR_NEWDO NEWDOB_D	NEWDOB_D NEWDOB_D is not correct or child's EWDOB_Y DB_D	QuestionnaireFileName: age is not correct	Sample Child	
9 UniverseTex SkipInstruct Question ID: QuestionText: 01-31 UniverseTex SkipInstruct	September at: Respond tions: <01-12, CID.046_02.000 2 of 3 * Enter day of Day of the mo at: Respond tions: <01-31, If days the ERR_N * [fill2:	Refused, Don't know> goto N Instrument Variable Name: 'birth. onth dent said child's date of birth i Refused,Don't know> goto N not valid, goto ERR_NEWDC	NEWDOB_D NEWDOB_D is not correct or child's EWDOB_Y DB_D	QuestionnaireFileName: age is not correct	Sample Child	

Page 7 of 9

2013 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 29-May-14

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

QuestionText: 3 of 3

* Enter year of birth.

1880-2020 Year of birth

Child Identification

UniverseText:	Respondent said child's date of birth is not correct or child's age is not correct
SkipInstructions:	<1880-2020, Refused, Don't know> if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty goto CSPVERF_A elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty goto CSPVERF_D endif
	(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day) goto ERR1_NEWDOB_Y endif
	(if birth month = '02' and birth day = '29' and this is not a leap year) goto ERR2_NEWDOB_Y endif
	<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 </pre>
	store NEWDOB_D in DOBD store NEWDOB_Y in DOBY if CSPVERF_A = '2' (No) then reset CSPVERF_A to empty goto CSPVERF_A elseif CSPVERF_D = '2' (No) then reset CSPVERF_D to empty goto CSPVERF_D endif
	endif
	Calculate age from NEWDOB_M, NEWDOB_D, and NEWDOB_Y.
	if age from NEWDOB items is ne AGE and age from NEWDOB items is valid reset CSPVERF_A or CSPVERF_D goto ERR4_NEWDOB_Y endif
Hard Edit:	ERR1_NEWDOB_Y
	*Future date invalid: [fill2: <newdob_m> <newdob_d>, <newdob_y>] *Please correct.</newdob_y></newdob_d></newdob_m>
	goto NEWDOB_M (whether suppressed or not)
	ERR2_NEWDOB_Y
	*Not a valid day: [fill2: <newdob_m> <newdob_d>, <newdob_y>] *Please correct.</newdob_y></newdob_d></newdob_m>
	goto NEWDOB_M (whether suppressed or not)
	ERR3_NEWDOB_Y
	*DOB of [fill1: ALIAS of Sample Child] remains [fill3: <dobm> <dobd>, <doby>]</doby></dobd></dobm>
	goto CSPVERF_A
	ERR4_NEWDOB_Y
	*Data mismatched. Please fix Age or Birthday.

Child Identification

Document Version Date: 29-May-14

goto CSPVERF_A (whether suppressed or not)

Child Health Status & Limitations

Question ID:	CHS.010_	_01.000	Instrument Variable Name:	BWGT_LB	QuestionnaireFileName :	Sample Child
QuestionText:	?[F1]					
	What	was [fill:	S.C.name]'s birth weight?			
	* Ente	r 'M' to i	record metric measurements.			
01-15	1 - 15 j	oounds				
97	Refus	ed				
99	Don't	know				
Μ	Metri	c				
UniverseTex	t:	Sample	children <18			
SkipInstruct		<13-15> <r,d> [<m> [ge</m></r,d>	[goto BWGT_OZ] > [goto ERR1_BWGT_LB] [goto CHGT_FT] oto BWGT_GR] <1-15, M, D, R> goto ERR2_F	BWGT_LB]		
Hard Edit:		ERR2_	BWGT_LB			
			"1-15" or "M" or "Don't know e correct.	v/Refused" allowed	d in this field.	
Soft Edit:		ERR1_I	BWGT_LB			
		* [fill: * Please	BWGT_LB] is an unusually h e verify.	nigh number.		
Question ID:	CHS.010_	_02.000	Instrument Variable Name:	BWGT_OZ	QuestionnaireFileName:	Sample Child
QuestionText:	* Ente	r ounces				
00-15	0-15	ounces				
97	Refus	ed				
99	Don't	know				
Blank	Blank	:				
UniverseTex	t:	Sample	children <18 who have a valu	e entered for weig	ht in pounds.	
SkipInstruct			.,D> [goto CHGT_FT] GT_LB = <0-15, D, R> and B	WGT_OZ = <emp< td=""><td>ty> go to CHGT_FT]</td><td></td></emp<>	ty> go to CHGT_FT]	

Child Health Status & Limitations

Question ID:	CHS.011_00.)00 Instrumer	nt Variable Name:	BWGT_GR	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter we	ight in grams.				
0500 0501-6899 6900 9997 9999	500 gram 501-6899 6900+ gra Refused Don't kno	grams ims				
UniverseText	: Sam	ple children <	18 whose birth weig	ght will be entered i	n metric.	
SkipInstructi			[goto CHGT_FT] o ERR_BWGT_GR	.]		
Soft Edit:	* [f	R_BWGT_GR ill1: BWGT_C ease verify.		high number (equal	to [fill2] pounds, [fill3] ounces).	
Question ID:	CHS.020_01.)00 Instrumer	ıt Variable Name:	CHGT_FT	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]					
	How tall is	[fill: S.C. nat	me] now (without sh	noes)?		
	* If the chi	ld's height is g	iven in inches, pres	s 'ENTER' at feet a	nd enter the measure in inches (36	inches maximum).
	* Enter 'M	' to record met	ric measurements.			
00-07 97 99 M	0-7 feet Refused Don't kno Metric	W				
UniverseText	: Sam	ple children 1	2+			
UniverseText SkipInstructi	ons: <em <0-' <r, <m< td=""><td>npty> [goto CH 7> [goto CHG D> [goto CWC > [goto CHGT]</td><td>IGT_IN] F_IN] FT_LB]</td><td>IGT_FT]</td><td></td><td></td></m<></r, </em 	npty> [goto CH 7> [goto CHG D> [goto CWC > [goto CHGT]	IGT_IN] F_IN] FT_LB]	IGT_FT]		
	ons: <en <0-' <r, <m: [If]</m: </r, </en 	npty> [goto CH 7> [goto CHG D> [goto CWC > [goto CHGT]	IGT_IN] [_IN] JT_LB] _M]	IGT_FT]		

Child Health Status & Limitations

Question ID:	CHS.020_	02.000	Instrument Variable Name:	CHGT_IN	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter	inches.				
00-36 97 99	0-36 ir Refuse Don't l	ed				
UniverseTex	xt: S	Sample	children 12+ whose height in f	feet is 0-7 or is left	empty.	
SkipInstruc	tions: <	<0-36,R	,D> If (CHGT_FT = '0', 'emp goto ERR1_CHGT_IN elseif CHGT_FT = '1-7' a goto ERR2_CHGT_IN elseif (SEX = '1' and AGE = '12' and (CHT AGE = '13' and (CHT AGE = '14' and (CHT AGE = '16' and (CHT AGE = '16' and (CHT AGE = '12' and (CHT AGE = '12' and (CHT AGE = '14' and (CHT AGE = '14' and (CHT AGE = '16' and (CHT AGE = '16' and (CHT AGE = '17' and (CHT goto ERR3_CHGT_IN else goto CWGT_LB	nd CHGT_IN ge ' INCH lt '53' or Cl INCH lt '55' or Cl INCH lt '55' or Cl INCH lt '60' or Cl INCH lt '61' or Cl INCH lt '61' or Cl INCH lt '54' or Cl INCH lt '55' or Cl INCH lt '57' or Cl INCH lt '57' or Cl INCH lt '57' or Cl INCH lt '57' or Cl	12' HTINCH gt '68')) or HTINCH gt '72')) or HTINCH gt '72')) or HTINCH gt '74')) or HTINCH gt '74')) or HTINCH gt '74')) or HTINCH gt '68')) or HTINCH gt '69')) or HTINCH gt '70')) or	
Hard Edit:	:	* Must o	CHGT_IN enter an answer in at least the	inches item.		
			correct.			
]	ERR2_0	CHGT_IN			
			er of inches exceeds maximun correct.	n allowed.		
Soft Edit:	I	ERR3_C	CHGT_IN			
	*	* Please	verify that the height was enter	ered correctly. Pro	be only if necessary.	

Page 4	of 38
--------	-------

Child Health Status & Limitations

Question ID:	CHS.021_01.000 Instrument Variable Name:	CHGT_M	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter height in metric.			
	* If the child's height is given in centimete centimeters maximum).	ers, press 'ENTER' a	t meters and enter the measure in cer	ntimeters (241
0-2	0-2 meters			
7	Refused			
9	Don't know			
Blank	Blank			
UniverseTex	Sample children 12+ whose current	height will be ente	red in metric.	
SkipInstruct	tions: <0-2,empty> [goto CHGT_CM] <r,d> [goto CWGT_LB]</r,d>			

Child Health Status & Limitations

Question ID:	CHS.021	_02.000	Instrument Variable Name:	CHGT_CM	QuestionnaireFileName:	Sample Child
QuestionText:	* Ente	er centim	eters.			
000-241 Blank	0-241 Blank	centime	ters			
UniverseTex	:t:	Sample empty.	children 12+ whose weight w	vill be entered in met	ric, and who entered "0-2" for he	ight in meters or left it
UniverseText:Sample children 12+ whose weight will be entered in metric, and who entered "0-2" for height in metric empty.SkipInstructions:<0-241,R,D> If (CHGT_M = '0', 'empty') and (CHGT_CM = '0', 'empty') goto ERR1_CHGT_CM elseif (CHGT_M eq '2' and CHGT_CM gt '41') or (CHGT_M eq '1' and CHGT_CM gt goto ERR2_CHGT_CM elseif (SEX = '1' and AGE = '12' and (CHTCM It '137' or CHTCM gt '174')) or 			GT_CM gt '141')			
Hard Edit:		* Must	CHGT_CM enter an answer at least in the correct.	centimeters item.		
			CHGT_CM			
			height exceeds maximum allo e correct.	wed.		
Soft Edit:		ERR3_0	CHGT_CM			
		* Please	e verify that the height was ent	tered correctly. Prob	e only if necessary.	

2013 NHIS Questionnaire - Sample Child **Child Health Status & Limitations** Document Version Date: 29-May-14 **Question ID:** CHS.022 00.000 Instrument Variable Name: CWGT LB **QuestionnaireFileName:** Sample Child **QuestionText:** How much does [fill: S.C. name] weigh now (without shoes)? * Enter 'M' to record metric measurements. * Enter '500' if 500 pounds or more. 001-500 1-500 pounds 997 Refused 999 Don't know М Metric UniverseText: Sample children 12+ **SkipInstructions:** <1-500> if CWGT LB lt '1' or CWGT LB gt '500' goto ERR1 CWGT LB elseif (SEX = '1' and AGE = '12' and (CWGT_LB lt '62' or CWGT_LB gt '209')) or AGE = '13' and (CWGT_LB lt '70' or CWGT_LB gt '247')) or AGE = '14' and (CWGT_LB lt '83' or CWGT_LB gt '266')) or AGE = '15' and (CWGT_LB lt '94' or CWGT_LB gt '267')) or AGE = '16' and (CWGT LB lt '98' or CWGT LB gt '306')) or AGE = '17' and (CWGT LB lt '106' or CWGT LB gt '317')) or (SEX = '2' andAGE = '12' and (CWGT LB lt '62' or CWGT LB gt '212')) or AGE = '13' and (CWGT LB lt '73' or CWGT LB gt '238')) or AGE = '14' and (CWGT LB lt '84' or CWGT LB gt '252')) or AGE = '15' and (CWGT_LB lt '84' or CWGT_LB gt '238')) or AGE = '16' and (CWGT_LB lt '87' or CWGT_LB gt '257')) or AGE = '17' and (CWGT_LB lt '90' or CWGT_LB gt '292')) goto ERR2 CWGT LB elseif CHGT FLG = '1' and CWGT FLG = '1' and AGE ge '2' goto ADD 1 elseif CHGT FLG = '1' and CWGT FLG = '1' and AGE lt '2' goto ADD1_2 else calculate the BMI (Body Mass Index) <R,D> if AGE ge '2' goto ADD 1 else goto ADD1 2 <M> goto CWGT KG ERR1_CWGT_LB Hard Edit: * Weight is out of range (1-500). * Please correct.

Soft Edit: ERR2_CWGT_LB

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

2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations

Question ID:	CHS.023_	00.000 In	nstrument Variable Name:	CWGT_KG	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter	weight in	kilograms.			
002-226	2-226	kilograms				
UniverseTex	xt: S	Sample ch	ildren 12+ whose weight w	vill be entered in me	tric.	
SkipInstruc		el el el «R,D> if / ge else	AGE = '13' and (CW AGE = '14' and (CW AGE = '14' and (CW AGE = '15' and (CW AGE = '16' and (CW AGE = '17' and (CW AGE = '12' and (CW AGE = '12' and (CW AGE = '13' and (CW AGE = '14' and (CW AGE = '16' and (CW AGE = '16' and (CW AGE = '17' and (CW Goto ERR2_CWGT_KG seif CHGT_FLG = '1' and goto ADD_1 seif CHGT_FLG = '1' and goto ADD1_2 se calculate the BMI (Body M AGE ge '2' pto ADD_1	$GT_KG = '28' \text{ or } (GT_KG = '32') \text{ or } (GT_KG = '32') \text{ or } (GT_KG = '42') \text{ or } (GT_KG = '44') \text{ or } (GT_KG = '44') \text{ or } (GT_KG = '48') \text{ or } (GT_KG = '38') \text{ or } (GT_KG = '33') \text{ or } (GT_KG = '38') \text{ or } (GT_KG = '41') \text{ or } (GT_KG = '41') \text{ or } (GT_KG = '11') \text{ CWGT_FLG = '1'}$	-	
Hard Edit:		ERR1_CV	—			
		* Weight * Please c	is out of range (2-226). orrect.			
Soft Edit:	I	ERR2_CV	VGT_KG			
	×	* Please v	erify that the weight was en	ntered correctly. Pro	obe only if necessary.	

			Page 8 of 38		
		2013 NHIS Qu	estionnaire -	Sample Child	
		Child Heal	th Status & Li	mitations	
Document Version Date: 29-May-14					
Question ID:	CHS.031_02.000	Instrument Variable Name:	ADD1_2	QuestionnaireFileName:	Sample Child
QuestionText:	Has a doctor or	r health professional ever told	l you that [fill: S.C.	name] had	
	an intellectual	disability, also known as men	ntal retardation?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: Sample	children <2			
SkipInstruct	1011 5. 1,2,1 ,1	D> [goto ADD1_3]			
Question ID:	CHS.031_03.000	Instrument Variable Name:	ADD1_3	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]				
	* Read if neces	ssary.			
	Has a doctor or	r health professional ever told	l you that [fill: S.C.	name] had	
	Any other deve	elopmental delay?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: Sample	children <2			
SkipInstruct	tions: <1,2,R,I	D> [goto CONDL]			

			Page 9 of 38		
		2013 NHIS Qu	estionnaire -	Sample Child	
Child Health Status & Limitations Document Version Date: 29-May-14					
					Question ID:
QuestionText:	?[F1]				
	Has a doctor of	health professional ever told	you that [fill: S.C	. name] had	
	Attention Defi	eit Hyperactivity Disorder (A	DHD) or Attention	n Deficit Disorder (ADD)?	
1 2 7 9	Yes No Refused Don't know				
UniverseTex	t: Sample	children 2-17			
SkipInstruct	ions: <1,2,R,I	D> [go to ADD_2]			
Question ID:	CHS.032_02.000	Instrument Variable Name:	ADD_2	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if neces	sary.			
	Has a doctor of	health professional ever told	you that [fill: S.C	. name] had	
	an intellectual	disability, also known as men	tal retardation?		
1 2 7	Yes No				
7 9	Refused Don't know				

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

SkipInstructions:

UniverseText:

Sample children 2-17

Child Health Status & Limitations

Document Version Date: 29-May-14

usstion ID.	CHE 022 02 000 I	mont Voniable Nem-		QuestionnaineFileNa	Commits C1:11
Duestion ID:	CHS.032_03.000 Instru	iment variable Name:	ADD_3	QuestionnaireFileName:	Sample Child
uestionText:	?[F1]				
	* Read if necessary.				
	Has a doctor or healt	h professional ever told	you that [fill: S.C.	name] had	
	Any other developme	ental delay?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	: Sample childre	en 2-17			
SkipInstructi	ons: <1,2,R,D>[go	to CONDL1			
Duestion ID:	CHS 060 00 000 Instru	ıment Variable Name:	CONDL	OuestionnaireFileName:	Sample Child
Question ID:	CHS.060_00.000 Instru (book) C2 ?[F1]	ıment Variable Name:	CONDL	QuestionnaireFileName:	Sample Child
	(book) C2 ?[F1]			QuestionnaireFileName: d you that [fill: SC name] had any o	
	(book) C2 ?[F1]				
	(book) C2 ?[F1] Looking at this list, h				
	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy				
	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy Muscular dystrophy				
	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis				
	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia	as a doctor or health pr			
	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism/Autism spect Diabetes	as a doctor or health pr			
	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism/Autism spect Diabetes Arthritis	as a doctor or health pr			
	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism/Autism spect Diabetes	as a doctor or health pr rum disorder ase			
	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism/Autism spect Diabetes Arthritis Congenital heart dise	as a doctor or health pr rum disorder ase			
QuestionText: 1 2	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism/Autism spect Diabetes Arthritis Congenital heart dise Other heart condition Yes No	as a doctor or health pr rum disorder ase			
QuestionText:	(book) C2 ?[F1] Looking at this list, h *Read if necessary. Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism/Autism spect Diabetes Arthritis Congenital heart dise Other heart condition Yes	as a doctor or health pr rum disorder ase			

UniverseText: Sample children <18

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

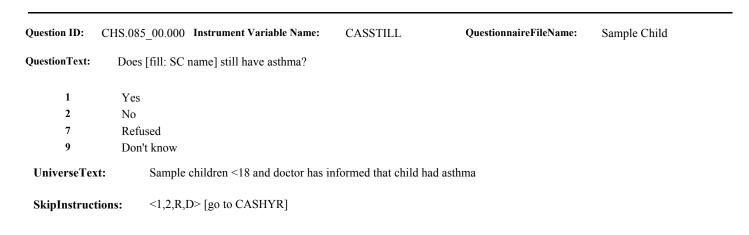
Child Health Status & Limitations

Question ID:	CHS.061_00.000 Instrument Variable Name:	CONDL1	QuestionnaireFileName:	Sample Child	
QuestionText:	(book) C2 ?[F1]				
	Which ones?				
	* Enter all that apply, separate with commas				
01	Down syndrome				
02	Cerebral palsy	-			
03	Muscular dystrophy				
04	Cystic fibrosis				
05	Sickle cell anemia				
06	Autism/Autism spectrum disorder				
07	Diabetes				
08	Arthritis				
09	Congenital heart disease				
10	Other heart condition				
UniverseTex	Sample children <18 and CONDL=1				
SkipInstruct	tions: <1-10, R,D> [go to CPOX]				

Question ID:	CHS.070_00.000 Instrument Variable Name:	СРОХ	QuestionnaireFileName:	Sample Child
QuestionText:	Has [fill: SC Name] EVER had chickenpox?			
1 2 7 9	Yes No Refused Don't know			
UniverseTex SkipInstruct	: Sample children <18			

			Page 12 of 38		
2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 29-May-14					
Question ID:	CHS.072_00.000	Instrument Variable Name:	CPOX12MO	QuestionnaireFileName:	Sample Child
QuestionText:	Has [fill: SC 1	name] had chickenpox DURIN	G THE PAST 12 M	ONTHS?	
1 2 7 9	Yes No Refused Don't know				
	UniverseText:Sample children <18 who have had chickenpox				
Question ID: QuestionText:	CHS.080_00.000 ? [F1]	Instrument Variable Name:	CASHMEV	QuestionnaireFileName:	Sample Child
	Has a doctor of	or other health professional EV	ER told you that [fil	l: SC name] had asthma?	
1 2 7 9	Yes No Refused Don't know				

UniverseText:	Sample children <18
SkipInstructions:	<1> [go to CASSTILL] <2,R,D> if AGE LE 2 [go to CCONDT1_1]; else [go to CCONDT_1]



Page	13	of 38
------	----	-------

Child Health Status & Limitations

Document Version Date: 29-May-14

Question ID:	CHS.090_00.00)() Instrument Variable Name:	CASHYR	QuestionnaireFileName:	Sample Child
QuestionText:	The following	ng questions are about [fill: SC	name]'s asthma DU	RING THE PAST 12 MONTHS.	
	DURING TI	HE PAST 12 MONTHS, has [f	fill: SC name] had an	episode of asthma or an asthma at	tack?
1	Yes				
2	No				
7	Refused				
9	Don't know	,			
UniverseTex	xt: Samp	le children <18 and doctor has	informed that child	had asthma	
SkipInstruc	tions: <1,2,1	R,D> [goto CASMERYR]			
Question ID:	CHS.100_00.00)() Instrument Variable Name:	CASMERYR	QuestionnaireFileName:	Sample Child
QuestionText:		HE PAST 12 MONTHS, did [f /her] asthma?	ill1: SC name] have	to visit an emergency room or urge	ent care center because

1

2

7

9

UniverseText:

SkipInstructions:

Yes

No

Refused

Don't know

else [go to CCONDT_1]

Question ID:	CHS.100_00.010 Ins	trument Variable Name:	CASMHSP	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PA	ST 12 MONTHS, has [fill	: S.C. name] stay	ed overnight in a hospital because of	f asthma?
	*If in hospital for a	asthma AND other reasons	s, enter '1'.		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: Sample child	d <18 who still have asthm	na or who had astl	nma episode/attack in past 12 month	IS
SkipInstruct	ions: <1,2,R,D>[go to CWZMSWK]			

<1,2,R,D> if CASSTILL=1 or CASHYR=1 [go to CASMHSP]; else if CASSTILL=2,R,D and CASHYR=2,R,D and AGE LE 2 [go to CCONDT1_1];

Sample children <18 and doctor has informed that child had asthma

Child Health Status & Limitations

	-
Question ID:	CHS.100_00.030 Instrument Variable Name: CWZMSWK QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, HOW MANY DAYS of [fill1: daycare or preschool/fill2: school/fill3: school or work] did [fill: S.C. name] miss because of [fill: his/her] asthma?
	*Enter '0' for none.
	*Enter 995 if child home schooled.
	*Enter 996 if child did not go to [fill1: daycare or preschool/fill2: school/fill3: school or work].
000	None
001-365	1-365 days
995	Child is home schooled
996	Child does not go to school
997	Refused
999	Don't know
UniverseTex	t: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
SkipInstruct	ions: <0-100,995,996,R,D> [go to CASMPMED] <101-365> [go to ERR1_CWZMSWK] <366-994> [go to ERR2_CWZMSWK]
Hard Edit:	if CWZMSWK = 366-994 then display ERR2_CWZMSWK: "366-994 days not allowed in this field. * Please correct."
Soft Edit:	if CWZMSWK >100 and ne 996 then display ERR1_CWZMSWK: "CWZMSWK is an unusually large number; Did [fill: S.C. name] miss CWZMSWK days of [fill1/fill2/fill3] due to asthma?" 1 correct proceed to CASMPMED; 2 incorrect, change answer
Question ID:	CHS.100_00.060 Instrument Variable Name: CASMPMED QuestionnaireFileName: Sample Child
QuestionText:	Now I'm going to ask you about two different kinds of ASTHMA medicine. One prevents symptoms over the long term. The other is for quick relief of symptoms during an attack or episode. This quick relief medicine is breathed in through your mouth using a canister inhaler or a disk inhaler.
	DURING THE PAST 3 MONTHS, has [fill: S.C. name] used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? Include only medications prescribed by a health care professional.
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	t: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
SkipInstruct	ions: <1> [goto CASMTYP] <2,R,D> [go to CASMDTP2]

	Page 15 of 38	
	2013 NHIS Questionnaire - Sample Child	
	Child Health Status & Limitations	
	Document Version Date: 29-May-14	
Question ID:	CHS.100_00.065 Instrument Variable Name: CASMTYP QuestionnaireFileName: Sample Child	
QuestionText:	When [fill: S.C. name] takes [his/her]rescue prescription asthma medication, would you say that [he/she] most often uses an inhaler and/or disk, or does [he/she] most often use a nebulizer?	
	*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes.	
1	Inhaler or disk	
2	Nebulizer	
7	Refused	
9	Don't know	
UniverseTex	Sample child <18 who have used a quick relief prescription asthma inhaler in the past three months	
SkipInstruc	ctions: <1> [go to CASMCAN] <2,R,D> [go to CASMDTP2]	

Question ID:	CHS.100_00.070 Instrument Variable Name: CASMCAN QuestionnaireFileName: Sample Child	
QuestionText:	DURING THE PAST 3 MONTHS, did [fill: S.C. name] use more than three canisters or disks of this type of quick relief inhaler?	
1	Yes	
2	No	
7	Refused	
9	Don't Know	
UniverseTex	Sample child <18 who have used a prescription asthma inhaler/disk most often in the past three months	
SkipInstruct	ns: $<1,2,R,D>$ [go to CASMDTP2]	

	Page 16 of 38
	2013 NHIS Questionnaire - Sample Child
	Child Health Status & Limitations
	Document Version Date: 29-May-14
Question ID:	CHS.100_00.090 Instrument Variable Name: CASMDTP2 QuestionnaireFileName: Sample Child
QuestionText:	The second kind of asthma medication is different from inhalers used for quick relief. It is the preventive kind that is used to protect your lungs and keep you from having attacks. It can be either a pill or an inhaler.
	Is [fill: S.C. name] NOW taking a preventive asthma medication every day or almost every day, less often, or never?
1	Every day or almost every day
2	Less often
3	Never
7	Refused
9	Don't know
UniverseTex	Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
SkipInstruct	tions: <1-3,R,D> [go to CASWMP]
Question ID:	CHS.100_00.100 Instrument Variable Name: CASWMP QuestionnaireFileName: Sample Child

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

1 Yes 2 No

7 Refused

9 Don't know

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

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

Child Health Status & Limitations

QuestionText: Has [fill: S.C. name] ever taken a course or class on how to manage [fill: his/her] asthma? *Include adult(s) who took a course for the child's asthma. 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAS_REC] Question ID: CHS.100_00.116 Instrument Variable Name: CAS_REC QuestionnaireFileName: Sample Child Question ID: CHS.100_0.0.116 Instrument Variable Name: CAS_REC QuestionnaireFileName: Sample Child Question ID: CHS.100_0.0.116 Instrument Variable Name: CAS_REC QuestionaireFileName: Sample Child Question ID: CHS.100_0.0.116 Instrument Variable Name: CAS_REC QuestionaireFileName: Sample Child Question ID: CHS.100_0.0.116 Instrument Variable Name: CAS_REC Question ID: his/her] parent or guardian how to recognize early signs or symptoms of an asthma episode/ 1 Yes No 3 Don't know UniverseText: Sample child <18 who still have asthm		
 *Include aduit(s) who took a course for the child's asthma. Yes No Don't know UniverseTest: Sample child <18 who still have asthma or who had asthma episod/attack in past 12 months StipInstruction: 		-
1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	QuestionText:	Has [fill: S.C. name] ever taken a course or class on how to manage [fill: his/her] asthma?
2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		*Include adult(s) who took a course for the child's asthma.
7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
Question ID: CHS.100_00.116 Instrument Variable Name: CAS_REC QuestionnaireFileName: Sample Child QuestionText: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian how to recognize early signs or symptoms of an asthma episode? 1 Yes 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	UniverseText:	
Question Tex: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian how to recognize early signs or symptoms of an asthma episode? 1 Yes 2 No 7 Refused 9 Don't know 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	SkipInstructio	ns: <1,2,R,D> [go to CAS_REC]
Question Tex: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian how to recognize early signs or symptoms of an asthma episode? 1 Yes 2 No 7 Refused 9 Don't know 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
how to recognize early signs or symptoms of an asthma episode? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	QuestionText:	Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian
2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		how to recognize early signs or symptoms of an asthma episode?
7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: still.com/doi/www.still.com/doi/10.1171/ [go to CAS_RES] Question ID: CHS.100_00.117 Instrument Variable Name: CAS_RES QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardianhow to respond to episodes of asthma? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	1	Yes
9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	2	
UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
SkipInstructions: <1,2,R,D> [go to CAS_RES] Question ID: CHS.100_00.117 Instrument Variable Name: CAS_RES QuestionnaireFileName: Sample Child QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian how to respond to episodes of asthma? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	9	Don't know
Question ID: CHS.100_00.117 Instrument Variable Name: CAS_RES QuestionnaireFileName: Sample Child QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian how to respond to episodes of asthma? 1 Yes Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	UniverseText:	Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
Question ID: CHS.100_00.117 Instrument Variable Name: CAS_RES QuestionnaireFileName: Sample Child QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian how to respond to episodes of asthma? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	SkinInstructio	$\sim <1.2 \text{ R D} > [\text{go to CAS RES}]$
QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian how to respond to episodes of asthma? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
guardian how to respond to episodes of asthma? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	Question ID: (CHS.100_00.117 Instrument Variable Name: CAS_RES QuestionnaireFileName: Sample Child
1 Yes 2 No 7 Refused 9 Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	QuestionText:	
2 No 7 Refused 9 Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		how to respond to episodes of asthma?
7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	1	Yes
9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
SkipInstructions: <1,2,R,D> [go to CAS_MON]		
	SkipInstructio	ns: $<1,2,R,D>$ [go to CAS_MON]

Child Health Status & Limitations

Question ID:	CHS.100_00.118 Instrument Variable Name:	CAS_MON	QuestionnaireFileName:	Sample Child
QuestionText:	*Read if necessary: Has a doctor or other hear guardian	alth professional	EVER taught [fill: S.C. name] or [fill	: his/her] parent or
	how to monitor peak flow for daily therapy	y?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	Sample child <18 who still have asthmetic	na or who had ast	hma episode/attack in past 12 months	3
SkipInstruct	tions: <1,2,R,D> [go to CAPENVLN]			

Question ID:	CHS.100_00.130 Instrument Variable Name:	CAPENVLN	QuestionnaireFileName:	Sample Child
QuestionText:	Has a doctor or other health professional EV environment to improve [fill: his/her] asthm	2	ange things in [fill: S.C. name]'s	home, school, or work
1	Yes			
2	No			
3	Was told no changes needed			
7	Refused			
9	Don't know			
UniverseText	t: Sample child <18 who still have asth	ma or who had asthma	episode/attack in past 12 month	S
SkipInstructi	ions: <1-3,R,D> [go to CAROUTIN]			

	Page 19 of 38
	2013 NHIS Questionnaire - Sample Child
	Child Health Status & Limitations
	Document Version Date: 29-May-14
Question ID:	CHS.100_00.135 Instrument Variable Name: CAROUTIN QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, how many times did [fill: S.C. name] see a doctor or other health professional for a routine checkup for [fill: his/her] asthma? Please do not include emergency room visits, visits to urgent care centers, or other visits for acute care for an asthma episode or attack.
	*Enter '0' for none.
000	None
001-365	1-365 times
997	Refused
999	Don't know
UniverseTex	xt: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
SkipInstruct	tions: <0-50,R,D> [go to CASYMPT] <51-365> [goto ERR_CAROUTIN]
Soft Edit:	ERR_CAROUTIN
	[fill4: CAROUTIN] is an unusually large number.
	* Please verify.
Question ID:	
	* Please verify.
	* Please verify. CHS.100_00.140 Instrument Variable Name: CASYMPT QuestionnaireFileName: Sample Child The next three questions are about the last time [S.C. name] saw a doctor or other health care professional for routine care
	 * Please verify. CHS.100_00.140 Instrument Variable Name: CASYMPT QuestionnaireFileName: Sample Child The next three questions are about the last time [S.C. name] saw a doctor or other health care professional for routine care or for any reason.
	 * Please verify. CHS.100_00.140 Instrument Variable Name: CASYMPT QuestionnaireFileName: Sample Child The next three questions are about the last time [S.C. name] saw a doctor or other health care professional for routine care or for any reason. At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN
QuestionText:	 * Please verify. CHS.100_00.140 Instrument Variable Name: CASYMPT QuestionnaireFileName: Sample Child The next three questions are about the last time [S.C. name] saw a doctor or other health care professional for routine care or for any reason. At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] had asthma symptoms?
QuestionText: 1	 * Please verify. CHS.100_00.140 Instrument Variable Name: CASYMPT QuestionnaireFileName: Sample Child The next three questions are about the last time [S.C. name] saw a doctor or other health care professional for routine care or for any reason. At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] had asthma symptoms? Yes
QuestionText: 1 2	 * Please verify. CHS.100_00.140 Instrument Variable Name: CASYMPT QuestionnaireFileName: Sample Child The next three questions are about the last time [S.C. name] saw a doctor or other health care professional for routine care or for any reason. At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] had asthma symptoms? Yes No
2 7	 * Please verify. CHS.100_00.140 Instrument Variable Name: CASYMPT QuestionnaireFileName: Sample Child The next three questions are about the last time [S.C. name] saw a doctor or other health care professional for routine care or for any reason. At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] had asthma symptoms? Yes No Refused Don't know

QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] used a quick relief inhaler 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Child	Document Version Date: 29-May-14 Question ID: CHS.100_00.145 Instrument Variable Name: CARESCUE QuestionnaireFileName: Sample Question Text: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] used a quick relief inhaler 1 Yes Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample	mple Child
Question ID: CHS.100_00.145 Instrument Variable Name: CARESCUE QuestionnaireFileName: Sample Child QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] used a quick relief inhaler	Question ID: CHS.100_00.145 Instrument Variable Name: CARESCUE QuestionnaireFileName: Sample QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] used a quick relief inhaler 1 Yes 2 No 7 Refused 9 Don't know 0 0 0 18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Question Text: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN Sample	mple Child
QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] used a quick relief inhaler 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question TD: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN asthma symptoms limited [fill: his/her] daily activities? 1 Yes No asthma symptoms limited [fill: his/her] daily activities? 1 Yes 2 No asthma episode/attack in past 12 months asthma symptoms limited [fill: his/her] daily activities? 1 Yes asthma symptoms limited [fill: his/her] daily activities? asthma symptoms limited [fill: his/her] daily activities? 2 No asthma episode/attack in past 12 months 3 Don't know asthma episode/attack in past 12 months	QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN [fill: he/she] used a quick relief inhaler 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN Sample	mple Child
[fill: he/she] used a quick relief inhaler 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Child QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN asthma symptoms limited [fill: his/her] daily activities? 1 Yes No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	[fill: he/she] used a quick relief inhaler 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Question Text: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN Sample	
1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	
2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	
 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Child QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN asthma symptoms limited [fill: his/her] daily activities? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months 	7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	
 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS,100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Child QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN	9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	
UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	
SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Child QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN asthma symptoms limited [fill: his/her] daily activities? 1 Yes 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	SkipInstructions: <1,2,R,D> [go to CAACTLIM] Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN	
Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Child QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN asthma symptoms limited [fill: his/her] daily activities? 1 Yes 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months 12 No	Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN	
QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN asthma symptoms limited [fill: his/her] daily activities? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN	mple Child
1 Yes 2 No 7 Refused 9 Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	asthma symptoms limited [fill: his/her] daily activities?	-
2 No 7 Refused 9 Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
7 Refused 9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	1 Yes	
9 Don't know UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	2 No	
UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months		
	9 Don't know	
SkipInstructions: <1,2,R,D> [if AGE LE 2 go to CCONDT1_1; else go to CCONDT_1]	UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	
	SkipInstructions: <1,2,R,D> [if AGE LE 2 go to CCONDT1_1; else go to CCONDT_1]	

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

Hay fever?

1Yes2No7Refused

9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_2]

		4014 NILLO O			
			uestionnaire - Sa	-	
			Ith Status & Limit		
		Document	Version Date: 29-May-	-14	
Question ID:	CHS.111_02.000	Instrument Variable Name:	CCONDT1_2	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if neces	sary.			
	DURING THE	PAST 12 MONTHS, has [fi	ill: SC name] had any o	of the following conditions	
	Any kind of res	spiratory allergy?			
1	Yes				
2	No				
7 9	Refused				
	Don't know				
UniverseText	: Sample c	children LE 2			
SkipInstructi	ons: <1.2.R.I	D> [go to CCONDT1 3]			
SkipInstructi	ons: <1,2,R,I	D> [go to CCONDT1_3]			
SkipInstructi	ons: <1,2,R,I	D> [go to CCONDT1_3]			
SkipInstructi	ons: <1,2,R,I	D> [go to CCONDT1_3]			
_		D> [go to CCONDT1_3] Instrument Variable Name:	CCONDT1_3	QuestionnaireFileName:	Sample Child
Question ID:		Instrument Variable Name:	CCONDT1_3	QuestionnaireFileName:	Sample Child
Question ID:	CHS.111_03.000 * Read if neces	Instrument Variable Name: sary.	_	QuestionnaireFileName:	Sample Child
Question ID:	CHS.111_03.000 * Read if neces DURING THE	Instrument Variable Name: sary.	_		Sample Child
Question ID:	CHS.111_03.000 * Read if neces DURING THE	Instrument Variable Name: sary. PAST 12 MONTHS, has [fi	_		Sample Child
Question ID: QuestionText: 1 2	CHS.111_03.000 * Read if neces DURING THE Any kind of foo Yes No	Instrument Variable Name: sary. PAST 12 MONTHS, has [fi	_		Sample Child
Question ID: QuestionText: 1 2 7	CHS.111_03.000 * Read if neces DURING THE Any kind of foo Yes No Refused	Instrument Variable Name: sary. PAST 12 MONTHS, has [fi	_		Sample Child
Question ID: QuestionText: 1 2	CHS.111_03.000 * Read if neces DURING THE Any kind of foo Yes No	Instrument Variable Name: sary. PAST 12 MONTHS, has [fi	_		Sample Child
Question ID: QuestionText: 1 2 7	CHS.111_03.000 * Read if neces DURING THE Any kind of foo Yes No Refused Don't know	Instrument Variable Name: sary. PAST 12 MONTHS, has [fi	_		Sample Child
Question ID: QuestionText: 1 2 7 9	CHS.111_03.000 * Read if neces DURING THE Any kind of foc Yes No Refused Don't know : Sample c	Instrument Variable Name: sary. PAST 12 MONTHS, has [fi od or digestive allergy?	_		Sample Child

		Page 22 of 38				
	2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 29-May-14					
Question ID:	CHS.111_04.000 Instrument Variable Name:	CCONDT1_4	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [fi	ill: SC name] had any o	f the following conditions			
	Eczema or any kind of skin allergy?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	At: Sample children LE 2					
SkipInstruct	tions: <1,2,R,D> [go to CCONDT1_5]					
Question ID:	CHS.111_05.000 Instrument Variable Name:	CCONDT1_5	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [fi	ill: SC name] had any o	f the following conditions			
	Frequent or repeated diarrhea or colitis?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	t: Sample children LE 2					
SkipInstruct	tions: <1,2,R,D> [go to CCONDT1_6]					

	Page 23 of 38				
2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 29-May-14					
Question ID:	CHS.111_06.000 Instrument Variable Name: CCONDT1_6 QuestionnaireFileName: Sample Child				
QuestionText:	* Read if necessary.				
	DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions				
	Anemia?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: Sample children LE 2				
Question ID:	CHS.111_08.000 Instrument Variable Name: CCONDT1_8 QuestionnaireFileName: Sample Child				
QuestionText:	* Read if necessary.				
	DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions				
	Three or more ear infections?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: Sample children LE 2				
SkipInstruct	tions: <1,2,R,D> [go to CCONDT1_9]				

			Page 24 of 38		
		2013 NHIS Qu	estionnaire - Sa	mple Child	
		Child Heal	th Status & Limi	tations	
		Document	Version Date: 29-May	-14	
Question ID:	CHS.111_09.000	Instrument Variable Name:	CCONDT1_9	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if nece	essary.			
	DURING THI	E PAST 12 MONTHS, has [fil	ll: SC name] had any o	of the following conditions	
	Seizures?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	: Sample	e children LE 2			
SkipInstructi	ons: <1,2,R	"D> [go to CHSTATYR]			
Question ID:	CHS.115_01.000	Instrument Variable Name:	CCONDT_1	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THI	E PAST 12 MONTHS, has [fil	ll: SC name] had any o	of the following conditions	
	Hay fever?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	: Sample	e children = $3-17$			
SkipInstructi	ons: <1,2,R,	D> [go to CCONDT_2]			

		Page 25 of 38				
	2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 29-May-14					
Question ID:	CHS.115_02.000 Instrument Variable Name:	CCONDT_2	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [fill	: SC name] had any	of the following conditions			
	Any kind of respiratory allergy?					
1	Yes					
2	No					
7 9	Refused Don't know					
UniverseTex						
SkipInstruct	tions: <1,2,R,D> [go to CCONDT_3]					
Question ID:	CHS.115_03.000 Instrument Variable Name:	CCONDT_3	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, has [fill	: SC name] had any	of the following conditions			
	Any kind of food or digestive allergy?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	Sample children = $3-17$					
SkipInstruct	tions: <1,2,R,D> [go to CCONDT_4]					

			Page 26 of 38		
2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 29-May-14					
Question ID: (CHS.115_04.000 Instrume	t Variable Name:	CCONDT_4	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.				
	DURING THE PAST 12	MONTHS, has [fil	ll: SC name] had any o	of the following conditions	
	Eczema or any kind of sk	in allergy?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	Sample children =	3-17			
SkipInstructio	ons: <1,2,R,D> [go to 0	_	CCONDT_5	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			-	r r
-		MONTHS, has [fil	l: SC name] had any o	of the following conditions	
	Frequent or repeated diar	rhea or colitis?			
1	Yes				
2	No				
7 9	Refused Don't know				
UniverseText	Sample children =	3-17			
SkipInstructio	ons: <1,2,R,D> [go to 0	CCONDT_6]			

	Page 27 of 38				
2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 29-May-14					
Question ID:	CHS.115_06.000 Instrument Variable Name: CCONDT_6 QuestionnaireFileName: Sample Child				
QuestionText:	* Read if necessary.				
	DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions				
	Anemia?				
1	Yes				
2	No				
7 9	Refused Don't know				
UniverseText					
SkipInstructi	etions: <1,2,R,D> [go to CCONDT_7]				
Question ID:	CHS.115_07.000 Instrument Variable Name: CCONDT_7 QuestionnaireFileName: Sample Child				
QuestionText:	* Read if necessary.				
	DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions				
	Frequent or severe headaches, including migraines?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	xt: Sample children = 3-17				
SkipInstructi	etions: $<1,2,R,D>$ [go to CCONDT_8]				

Page 28 of 38								
2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 29-May-14								
Question ID: CHS.115_08.000 Instrument Variable Name: CCONDT_8 QuestionnaireFileName: Sample Child								
QuestionText:	* Read if necessary.							
	DURING THE PAST 12 MONTHS, has [fill: S	SC name] had any	of the following conditions					
	Three or more ear infections?							
1	Yes							
2	No							
7	Refused							
9	Don't know							
UniverseTex	xt: Sample children = 3-17							
Question ID:	CHS.115 09.000 Instrument Variable Name:	CCONDT_9	QuestionnaireFileName:	Sample Child				
QuestionText:	* Read if necessary.		Questionnan et ne. (unie.	Sample Child				
Z	-	C nomel hed one	of the following conditions					
	DURING THE PAST 12 MONTHS, has [fill: S	se namej nad any	of the following conditions					
	Seizures?							
1	Yes							
2	No							
7	Refused							
9	Don't know							
UniverseTex	xt: Sample children = 3-17							
SkipInstructions: <1,2,R,D> [go to CCONDT_10]								

Page 29 of 38 2013 NHIS Questionnaire - Sample Child							
							Child Health Status & Limitations
	Document Version Date: 29-May-14						
Question ID:	CHS.115_10.000 Instrument Variable Name: CCONDT_10 QuestionnaireFileName: Sample Child						
QuestionText:	* Read if necessary.						
	DURING THE PAST 12 MONTHS, has [fill: SC name] had any of the following conditions						
	Stuttering or stammering?						
1	Yes						
2	No						
7 9	Refused Don't know						
UniverseTex	xt: Sample children = 3-17						
SkipInstruct	ctions: <1,2,R,D> [goto CHSTATYR]						
Question ID:	CHS.210 00.000 Instrument Variable Name: CHSTATYR QuestionnaireFileName: Sample Child						
QuestionText:	-						
1	Better						
2	Worse						
3	About the same						
7	Refused						
9	Don't know						
UniverseTex	xt:Sample children < 18						
SkipInstruct	ctions: <1-3,R,D> [if AGE le <4> goto CCOLD2W; else goto SCHDAYR]						

Page 30 of 38								
	2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 29-May-14							
Question ID:	CHS.220_	00.000	Instrument Variable Name:	SCHDAYR	QuestionnaireFileName:	Sample Child		
QuestionText:	DURI	NG THE	PAST 12 MONTHS about h	now many days did	[fill2: SC name] miss school becau	se of illness or injury?		
000 001-240 996 997 999	-2401-240 days96Did not go to school97Refused							
UniverseTex			children 5-17					
SkipInstructions: Hard Edit:		<100-24 <241-99 ERR2_1 * "241-1	96,R,D> [goto CCOLD2W] 0> [go to ERR1_SCHDAYR 5> [goto ERR2_SCHDAYR SCHDAYR 995" days not allowed in this e correct.]				
Soft Edit: ERR1_SCHDAYR [fill4: SCHDAYR] is an unusually large number. Did [fill2: SC name] miss [fill: SCHDAYR] days of school because of illness or injury? * Please verify.					'R] days of school			
Question ID:	CHS.230_	00.000	Instrument Variable Name:	CCOLD2W	QuestionnaireFileName:	Sample Child		
QuestionText:	These next questions are about [fill: SC name]'s recent health DURING THE LAST 2 WEEKS.							
Did [fill: SC name] have a head cold or chest cold that started DURING THE LAST 2 WEEKS? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18								
SkipInstruct		-	D> [goto CINTIL2W]					

Child Health Status & Limitations

Question ID:	CHS.240_00.000	Instrument Variable Name:	CINTIL2W	QuestionnaireFileName:	Sample Child
QuestionText:	Did [fill: SC n WEEKS?	ame] have a stomach or intest	inal illness with vo	miting or diarrhea that started DUR	ING THE LAST 2
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: Sample	children <18			
SkipInstruct	ions: <1,2,R,	D> [goto CHEARST1]			

Question ID:	CHS.250_00.000 Instrument Variable Name:	CHEARST1	QuestionnaireFileName:	Sample Child					
QuestionText:	Which statement best describes [fill: SC na moderate trouble, a lot of trouble, or is [fill		a hearing aid: Excellent, good, a	little trouble hearing,					
1	Excellent								
2	Good	Good							
3	A little trouble hearing								
4	Moderate trouble								
5	A lot of trouble								
6	Deaf								
7	Refused								
9	Don't know								
UniverseTex	t: Sample children <18								
SkipInstruct	tions: <1-6,R,D>[go to CVISION]								

Page 32 of 38							
	2013 NHIS Questionnaire - Sample Child						
Child Health Status & Limitations							
	Document Version Date: 29-May-14						
Question ID:	CHS.260_00.000 Instrument Variable Name: CVISION QuestionnaireFileName: Sample Child						
QuestionText:	Does [fill1: SC name] have any trouble seeing [fill2: , even when wearing glasses or contact lenses]?						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	xt: Sample children <18						
SkipInstruc	tions: <1> [goto CBLIND] <2,R,D> [goto IHSPEQ]						
Question ID:	CHS.270_00.000 Instrument Variable Name: CBLIND QuestionnaireFileName: Sample Child						
QuestionText:	Is [fill: SC name] blind or unable to see at all?						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	xt:Sample children <18 having trouble seeing						
SkipInstruc	tions: <1,2,R,D> [goto IHSPEQ]						

Question ID:	CHS.290_0	0.000	Inst	trument	Variable	e Name:	IHSPEQ	Que	stionnairel	FileName:	Sa	mple Chi	ild
QuestionText:	-			-	-	•	or health probl cluding ordina		-	-	specia	al equipn	nent, such
1	Yes												
2	No												
7	Refused												
9	Don't k	ow											
UniverseTex	t: Sa	mple	child	dren <1	8								
SkipInstruct	ions: <	,2,R,	D> [§	goto IH	MOB]								

Child Health Status & Limitations

Document Version Date: 29-May-14

Question ID:	CHS.300_	00.000	Instrument Variable Name:	IHMOB	QuestionnaireFileName:	Sample Child
QuestionText:	Does [play?	fill1: SC	name] have an impairment of	or health problem t	hat limits [fill2: his/her] ability to (c	rawl), walk, run, or
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex	t:	Sample	children <18			
SkipInstruct			oto IHMOBYR] > [goto PROBRX]			
Question ID:	CHS.310_	00.000	Instrument Variable Name:	IHMOBYR	QuestionnaireFileName:	Sample Child
QuestionText:	Is this	an impa	irment or health problem that	t has lasted, or is ex	xpected to last, 12 months or longer?	
1	Yes					
2	No					
7	Refus	ed				

UniverseText: Sample children <18 that have limited ability to crawl, walk, run, or play

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

2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 29-May-14 CHS.311_00.000 Instrument Variable Name: PROBRX QuestionnaireFileName: Sample Child

QuestionText: ?[F	1]
-------------------	----

Question ID:

Does [fill1: SC name] NOW have a problem for which [fill2: he/she] has regularly taken prescription medication for at least three months?

1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	Sample children <18

else if AGE GE 3 go to LEARND;
else if AGE = 2 and SEX = 1 go to CMHAGM11_1;
if AGE = 2 and SEX = 2 go to CMHAGF11_1]

Question ID:	CHS.312_00.0	00 Instrument Variable Name:	LEARND	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]				
	Has a repre	sentative from a school or a hea	alth professional eve	r told you that [fill: SC name] had a	learning disability?
1	Yes				
2	No				
7	Refused				
9	Don't kno	N			
UniverseTex	xt: Sam	ple children 3-17			
SkipInstruct	if A	R,D> [if AGE > 3 go to CUSU GE = 3 and SEX = 1 go to CME GE = 3 and SEX = 2 go to CME	IAGM11_1;		

	Page 35 of 38					
	2013 NHIS Questionnaire - Sample Child					
	Child Health Status & Limitations					
	Document Version Date: 29-May-14					
Question ID:	CHS.321_01.000 Instrument Variable Name: CMHAGM11_1 QuestionnaireFileName: Sample Child					
QuestionText:	(book) C3 ?[F1]					
	I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: SC name] DURING THE PAST TWO MONTHS.					
	He:					
	Has been uncooperative?					
0	Not true					
1	Sometimes true					
2	Often true					
7	Refused					
9	Don't know					
UniverseTex	xt: Male sample children 2-3					
SkipInstruc	tions: <0-2,R,D> [go to CMHAGM11_2]					

Question ID:	CHS.321_02.000 Instrument Variable Name: C	MHAGM11_2	QuestionnaireFileName:	Sample Child	
QuestionText:	(book) C3 ?[F1]				
	* Read if necessary.				
	I am going to read a list of items that describe ch TRUE, or OFTEN TRUE, of [fill: SC name] DU			IRUE, SOMETIMES	
	He:				
	Has trouble getting to sleep?				
0	Not true				
1	Sometimes true				
2	Often true				
7	Refused				
9	Don't know				
UniverseTex	xt: Male sample children 2-3				
SkipInstruct	ctions: <0-2,R,D> [go to CMHAGM11_3]				

		Page 36 of 38			
	2013 NHIS Qu	iestionnaire - San	nple Child		
Child Health Status & Limitations					
	Document	Version Date: 29-May-	4		
uestion ID:	CHS.321_03.000 Instrument Variable Name:	CMHAGM11_3	QuestionnaireFileName:	Sample Child	
JuestionText:	(book) C3 ?[F1]				
	* Read if necessary.				
	I am going to read a list of items that describ TRUE, or OFTEN TRUE, of [fill: SC name			TRUE, SOMETIMES	
	He:				
	Has speech problems?				
0	Not true				
1	Sometimes true				
2	Often true				
7	Refused				
9	Don't know				
SkipInstruct	tions: <0-2,R,D> [go to CMHAGM11_4]				
_	tions: <0-2,R,D> [go to CMHAGM11_4] CHS.321_04.000 Instrument Variable Name:	CMHAGM11_4	QuestionnaireFileName:	Sample Child	
Question ID:		CMHAGM11_4	QuestionnaireFileName:	Sample Child	
Question ID:	CHS.321_04.000 Instrument Variable Name:	CMHAGM11_4	QuestionnaireFileName:	Sample Child	
Duestion ID:	CHS.321_04.000 Instrument Variable Name: (book) C3 ?[F1]	be children. For each o	ne, tell me if it has been NOT		
Duestion ID:	CHS.321_04.000 Instrument Variable Name: (book) C3 ?[F1] * Read if necessary. I am going to read a list of items that describ	be children. For each o	ne, tell me if it has been NOT		
uestion ID:	CHS.321_04.000 Instrument Variable Name: (book) C3 ?[F1] * Read if necessary. I am going to read a list of items that describ TRUE, or OFTEN TRUE, of [fill: SC name)	be children. For each o	ne, tell me if it has been NOT		
uestion ID:	CHS.321_04.000 Instrument Variable Name: (book) C3 ?[F1] * Read if necessary. I am going to read a list of items that describ TRUE, or OFTEN TRUE, of [fill: SC name] He:	be children. For each o	ne, tell me if it has been NOT		
uestion ID: uestionText:	CHS.321_04.000 Instrument Variable Name: (book) C3 ?[F1] * Read if necessary. I am going to read a list of items that describ TRUE, or OFTEN TRUE, of [fill: SC name] He: Has been unhappy, sad, or depressed?	be children. For each o	ne, tell me if it has been NOT		
uestion ID: JuestionText:	CHS.321_04.000 Instrument Variable Name: (book) C3 ?[F1] * Read if necessary. I am going to read a list of items that descrift TRUE, or OFTEN TRUE, of [fill: SC name] He: Has been unhappy, sad, or depressed? Not true Sometimes true Often true	be children. For each o	ne, tell me if it has been NOT		
uestion ID: uestionText: 0 1	CHS.321_04.000 Instrument Variable Name: (book) C3 ?[F1] * Read if necessary. I am going to read a list of items that describ TRUE, or OFTEN TRUE, of [fill: SC name] He: Has been unhappy, sad, or depressed? Not true Sometimes true Often true Refused	be children. For each o	ne, tell me if it has been NOT		
Question ID: QuestionText: 0 1 2	CHS.321_04.000 Instrument Variable Name: (book) C3 ?[F1] * Read if necessary. I am going to read a list of items that descrift TRUE, or OFTEN TRUE, of [fill: SC name] He: Has been unhappy, sad, or depressed? Not true Sometimes true Often true	be children. For each o	ne, tell me if it has been NOT		
Question ID: QuestionText: 0 1 2 7	CHS.321_04.000 Instrument Variable Name: (book) C3 ?[F1] * Read if necessary. I am going to read a list of items that describ TRUE, or OFTEN TRUE, of [fill: SC name] He: Has been unhappy, sad, or depressed? Not true Sometimes true Often true Refused Don't know	be children. For each o	ne, tell me if it has been NOT		

Page 37 of 38						
2013 NHIS Questionnaire - Sample Child						
	Child Health Status & Limitations					
	Document Version Date: 29-May-14					
Question ID:	CHS.361_01.000 Instrument Variable Name: CMHAGF11_1 QuestionnaireFileName: Sample Child					
QuestionText:	(book) C3 ?[F1]					
	I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.					
	She:					
	Has temper tantrums or a hot temper?					
0	Not true					
1	Sometimes true					
2	Often true					
7	Refused					
9	Don't know					
UniverseTex	t: Female sample children 2-3					
SkipInstruc	ions: <0-2,R,D> [go to CMHAGF11_2]					

Question ID:	CHS.361_02.000 Instru	ment Variable Name:	CMHAGF11_2	QuestionnaireFileName:	Sample Child	
QuestionText:	(book) C3 ?[F1]					
	* Read if necessary.					
	I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.					
	She:					
	Has speech problems?	,				
0	Not true					
1	Sometimes true					
2	Often true					
7	Refused					
9	Don't know					
UniverseTex	t: Female sample	children 2-3				
SkipInstruct	cions: <0-2,R,D>[go	to CMHAGF11_3]				

		Page 38 of 38		
	2013 NHIS Qu	estionnaire - Sai	nple Child	
	Child Heal	th Status & Limit	ations	
	Document V	Version Date: 29-May-	14	
Question ID:	CHS.361_03.000 Instrument Variable Name:	CMHAGF11_3	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3 ?[F1]			
	* Read if necessary.			
	I am going to read a list of items that describ 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			
SkipInstruct	ions: <0-2,R,D> [go to CMHAGF11_4]			
Question ID:	CHS.361_04.000 Instrument Variable Name:	CMHAGF11_4	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3 ?[F1]			
	* Read if necessary.			
	I am going to read a list of items that describ TRUE, or OFTEN TRUE, of [fill: S.C. name			TRUE, SOMETIMES
	She:			
	Has been unhappy, sad, or depressed?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9	Don't know			
UniverseTex	t: Female sample children 2-3			
SkipInstruct	ions: <0-2,R,D> [go to CAU.CUSUALPL]			

2013 NHIS Questionnaire - Sample Child						
Child Access to Health Care & Utilization						
Document Version Date: 29-May-14						
Question ID:	CAU.020_00.000 Instrument Variable Name: CUSUALPL QuestionnaireFileName: Sample Child					
QuestionText:	The next questions are about health care.					
	Is there a place that [fill1: alias] USUALLY goes when [fill2: he/she] is sick or you need advice about [fill3: his/her] health?					
1	Yes					
2	There is NO place					
3	There is MORE THAN ONE place					
7	Refused					
9	Don't know					
UniverseTex	xt: Sample children <18					
SkipInstruct	tions: <1,3> [go to CPLKIND] <2,R,D> [go to CHCPLKND]					

Question ID:	CAU.030_00.000 Instrument Variable Name:	CPLKIND	QuestionnaireFileName:	Sample Child	
QuestionText:	[fill1: What kind of place is it / What kind of emergency room, or some other place?	f place does [fill2: a	alias] go to most often] - a clinic, de	octor's office,	
1	Clinic or health center				
2	Doctor's office or HMO				
3	Hospital emergency room				
4	Hospital outpatient department	Hospital outpatient department			
5	Some other place				
6	Doesn't go to one place most often				
7	Refused				
9	Don't know				
UniverseTex	Sample children <18 with one or more	e usual places to go	when sick or need health advice		
SkipInstruct	tions: <1-5> [go to CHCPLROU] <6,R,D> [go to CHCPLKND]				

Child Access to Health Care & Utilization

Question ID:	CAU.035	5_00.000 Instrument Variable N	ame: CHCPLROU	QuestionnaireFileName:	Sample Child
QuestionText:		[fill1: CPLKIND/CAU.030] th ntive care, such as a physical ex		s] USUALLY goes when [fill3: he/s //child) check-up?	he] needs routine or
1	Yes				
2	No				
7	Refu	sed			
9	Don't	know			
UniverseTex	xt:			go when sick or need health advice spital emergency room, hospital out	
SkipInstruc	tions:	<1> [go to CHCCHGYR] <2,R,D> [go to CHCPLKND]			
Question ID:	CAU.037	2_00.000 Instrument Variable N	ame: CHCPLKND	QuestionnaireFileName:	Sample Child
QuestionText:		kind of place does [fill1: alias] cal examination or (well baby/c		[fill2: he/she] needs routine or preve	entive care, such as a
0	Does	n't get preventive care anywher	e		
1	Clini	c or health center			
2	Doct	or's office or HMO			
3	Hosp	ital emergency room			
4	Hosp	ital outpatient department			
5	Some	e other place			
6	Does	n't go to one place most often			
7	Refu	sed			
9	Don't	t know			
UniverseTex	xt:	care; who have a usual source care but Ref/NA/DK what kind	of sick care but does no d of place; who have a u ure; who have a usual so	of sick care; who Ref/NA/DK if have t go to one place most often; who ha sual source of sick care, but it is not urce of sick care but Ref/NA/DK if i	ve a usual source of sick same place as usual
SkipInstruct	tions:	<0-6,R,D> if CUSUALPL=2 [CHCCHGYR]	goto CNOUSLPL]; else	if CUSUALPL=,R,D [goto CPRVT	RYR]; else [goto

Child Access to Health Care & Utilization

Question ID:	CAU.040	_00.000	Instrument	Variable Name:	CHCCHGYR	QuestionnaireFileName:	Sample Child
QuestionText:	At any care?	time IN	THE PAST	T 12 MONTHS	did you CHANGE the	place(s) to which [fill: alias] U	SUALLY goes for health
1	Yes						
2	No						
7	Refu	sed					
9	Don't	know					
UniverseTex	:t:			8 with one or m eventive care]	ore place to go when s	ick/need advice [or who report	ed same place as usual
SkipInstruct	•						
Skipinstruct	lions:		to CHCCH ⁴ [goto to Cl	GHI] PRVTRYR]			
		<2,R,D>	[goto to Cl		СНССНGНІ	QuestionnaireFileName:	Sample Child
Question ID:	CAU.050	<2,R,D>	[goto to Cl	PRVTRYR]		QuestionnaireFileName:	Sample Child
Question ID:	CAU.050	<2,R,D>	[goto to Cl	PRVTRYR] Variable Name:		QuestionnaireFileName:	Sample Child
Question ID: QuestionText:	CAU.050 Was t	<2,R,D>	[goto to Cl	PRVTRYR] Variable Name:		QuestionnaireFileName:	Sample Child
Question ID: QuestionText: 1	CAU.050 Was t Yes	<2,R,D> _00.000	[goto to Cl	PRVTRYR] Variable Name:		QuestionnaireFileName:	Sample Child
Question ID: QuestionText: 1 2	CAU.050 Was t Yes No Refu:	<2,R,D> _00.000	[goto to Cl	PRVTRYR] Variable Name:		QuestionnaireFileName:	Sample Child
Question ID: QuestionText: 1 2 7	CAU.050 Was t Yes No Refus Don't	<2,R,D> _00.000 his chang sed know	[goto to Cl Instrument e for a rease	PRVTRYR] Variable Name: on related to he	alth insurance?	QuestionnaireFileName: f health care in the past 12 mo	·

Child Access to Health Care & Utilization

Question ID:	CAU.050_00.010 Instrument Variable Name:	CNOUSLPL	QuestionnaireFileName:	Sample Child		
QuestionText:	Why doesn't [fill: alias] have a usual source	of medical care?				
	*Enter all that apply, separate with commas.					
01	Doesn't need a doctor/Haven't had any prob	lems				
02	Doesn't like/trust/believe in doctors					
03	Doesn't know where to go					
04	Previous doctor is not available/moved					
05	Too expensive/no insurance/cost					
06	Speak a different language					
07	No care available/Care too far away, not con	nvenient				
08	Put it off/Didn't get around to it					
09	Other					
97	Refused					
99	Don't know					
UniverseTex	t: Sample children <18 who don't have a	a usual place of car	e			
SkipInstruct	ions: <1-9,R,D>[goto CPRVTRYR]					

Question ID:	CAU.052_00.010) Instrument Variable Name:	CPRVTRYR	QuestionnaireFileName:	Sample Child
QuestionText:	DURING TH alias]?	E PAST 12 MONTHS, did you	a have any trouble finding	g a general doctor or provider	who would see [fill:
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: Sample	e children <18			
SkipInstruct	ions: <1> [go	oto CPRVTRFD] <2,R,D> [go	oto CDRNANP]		

Child Access to Health Care & Utilization

QuestionText: Were you able to find a general doctor or provider who could see [fill: alias]? 1 Yes 2 No 7 Refused 0 Desired	
2 No 7 Refused	
7 Refused	
9 Don't know	
UniverseText: Sample children <18 who had trouble finding a provider in the last year	
SkipInstructions: <1,2,R,D> [goto CDRNANP]	

Question ID:	CAU.05	55_00.010	Instrument V	ariable Name:	CDRNANP	QuestionnaireFileName:	Sample Child
QuestionText:		RING THE patient?	E PAST 12 MO	ONTHS, were you	u told by a doctor's office	e or clinic that they would no	ot accept [fill: alias] as a
1	Yes						
2	No						
7	Refi	used					
9	Don	n't know					
UniverseTex	xt:	Sample	children <18				
SkipInstruct	tions:	<1,2,R,I	D>[goto CDR]	NAI]			

Question ID:	CAU.056_00.010 Instrument	Variable Name: CDRNA	I QuestionnaireFileNam	e: Sample Child
QuestionText:	DURING THE PAST 12 Mealth care coverage?	MONTHS, were you told by a	doctor's office or clinic that they did	not accept [fill: alias]'s
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children <1	8		
SkipInstruct	ions: <1,2,R,D>[goto CH	CDLYR_1]		

	Page 6 of 29					
	2013 NHIS Questionnaire - Sample Child					
Child Access to Health Care & Utilization						
Document Version Date: 29-May-14						
Question ID:	CAU.080_01.000 Instrument Variable Name: CHCDLYR1_1 QuestionnaireFileName: Sample Child					
QuestionText:						
	There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS					
	You couldn't get through on the telephone.					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	xt: Sample children <18					
SkipInstruc	tions: <1,2,R,D> [goto CHCDLYR1_2]					
Question ID:	CAU.080_02.000 Instrument Variable Name: CHCDLYR1_2 QuestionnaireFileName: Sample Child					
QuestionText:	* Read if necessary.					
	There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS					

You couldn't get an appointment for [fill: alias] soon enough.

1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_3]

	Page 7 of 29
	2013 NHIS Questionnaire - Sample Child
	Child Access to Health Care & Utilization
	Document Version Date: 29-May-14
Question ID:	CAU.080_03.000 Instrument Variable Name: CHCDLYR1_3 QuestionnaireFileName: Sample Child
QuestionText:	* Read if necessary.
	There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS
	Once you get there, [fill: alias] has to wait too long to see the doctor.
1 2 7 9	Yes No Refused Don't know
UniverseTex	tt: Sample children <18
SkipInstruct	tions: <1,2,R,D> [goto CHCDLYR1_4]
Question ID:	CAU.080_04.000 Instrument Variable Name: CHCDLYR1_4 QuestionnaireFileName: Sample Child
QuestionText:	* Read if necessary.
	There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS
	The (clinic/doctor's office) wasn't open when you could get there.
	Yes
1	
2	No
2 7	Refused
2	

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_5]

	Page 8 of 29				
2013 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 29-May-14					
Question ID:	CAU.080_05.000 Instrument Variable Name: CHCDLYR1_5 QuestionnaireFileName: Sample Child				
QuestionText:	* Read if necessary.				
	There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS You didn't have transportation.				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: Sample children <18				
SkipInstruc	tions: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR]				

Question ID:	CAU.130_	_00.000 Instrument Variable Name:	CHCAFYR	QuestionnaireFileName:	Sample Child	
QuestionText:	t: DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but obecause you couldn't afford it					
	Prescri	ption medicines?				
1	Yes					
2	No					
7	Refused					
9	Don't	Don't know				
UniverseTex	xt:	Sample children <2				
SkipInstruct	tions:	<1,2,R,D> [goto CHCAFYRN]				

	Page 9 of 29		
	2013 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 29-May-14		
Question ID:	CAU.133_00.010 Instrument Variable Name: CHCAFYRN QuestionnaireFileName: Sample Child		
QuestionText:	* Read if necessary.		
	DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it		
	To see a specialist?		
1 2 7 9	Yes No Refused Don't know		
UniverseText			
SkipInstructi	ons: <1,2,R,D> [goto CHCAFYRF]		
Question ID:	CAU.133_00.020 Instrument Variable Name: CHCAFYRF QuestionnaireFileName: Sample Child		
QuestionText:	* Read if necessary.		
	DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it		
	Follow-up care?		
1 2 7 9	Yes No Refused Don't know		
UniverseText	Sample children <2		

SkipInstructions: <1,2,R,D> [if AGE <1 goto CHCSYR1_2; else goto CDENLONG]

	Pa	ge 10 of 29		
	2013 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 29-May-14			
Question ID:	CAU.135_01.000 Instrument Variable Name:	CHCAFYR1_1	QuestionnaireFileName:	Sample Child
QuestionText:				
	DURING THE PAST 12 MONTHS, was there because you couldn't afford it	any time when [fill:	alias] NEEDED any of the fol	lowing, but didn't get it
	Prescription medicines?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children GE 2			
SkipInstruc	ctions: <1,2,R,D> [goto CHCAFYR1_2]			
Question ID:	CAU.135_02.000 Instrument Variable Name:	CHCAFYR1_2	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Mental health care or counseling?

- 1 Yes 2 No
- 7 Refused
- 9 Don't know
- **UniverseText:** Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_3]

	Page 11 of 29		
	2013 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 29-May-14		
Question ID:	CAU.135_03.000 Instrument Variable Name: CHCAFYR1_3 QuestionnaireFileName: Sample Child		
QuestionText:	* Read if necessary.		
	DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it		
	Dental care (including check-ups)?		
1	Yes		
2	No		
7	Refused		
9	Don't know		
UniverseTex	xt: Sample children GE 2		
SkipInstruc	tions: <1,2,R,D> [goto CHCAFYR1_4]		
Question ID:	CAU.135_04.000 Instrument Variable Name: CHCAFYR1_4 QuestionnaireFileName: Sample Child		
QuestionText:	* Read if necessary.		

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Eyeglasses?

- 1 Yes 2
 - No
- 7 Refused
- 9 Don't know
- UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_5]

	Page 12 of 29
	2013 NHIS Questionnaire - Sample Child
	Child Access to Health Care & Utilization
	Document Version Date: 29-May-14
Question ID:	CAU.135_05.010 Instrument Variable Name: CHCAFYR1_5 QuestionnaireFileName: Sample Child
QuestionText:	* Read if necessary.
	DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it
	To see a specialist?
1 2 7 9	Yes No Refused Don't know
UniverseTex	
Universerex	
SkipInstruc	tions: <1,2,R,D> [goto CHCAFYR1_6]
Question ID:	CAU.135_06.010 Instrument Variable Name: CHCAFYR1_6 QuestionnaireFileName: Sample Child
QuestionText:	* Read if necessary.
	DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it
	Follow-up care?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	t: Sample children GE 2

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

Page 13 of 29			
	2013 NHIS Questionnaire - Sample Child		
	Child Access to Health Care & Utilization		
	Document Version Date: 29-May-14		
Question ID:	CAU.160_00.000 Instrument Variable Name: CDENLONG QuestionnaireFileName: Sample Child		
QuestionText:	(book) C4		
	About how long has it been since [fill: alias] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.		
0	Never		
1	6 months or less		
2	More than 6 months, but not more than 1 year ago		
3	More than 1 year, but not more than 2 years ago		
4	More than 2 years, but not more than 5 years ago		
5	More than 5 years ago		
7	Refused		
9	Don't know		
UniverseTex	t: Sample children GE 1		
SkipInstruc	ions: <0-5,R,D> [if AGE GE <2> goto CHCSYR_1; else go to CHCSYR1_2]		

Question ID:	CAU.170_01.000 Instrument Variable Name: CHCSYR1_2 QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?
	An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	xt: Sample children <2
SkipInstruct	tions: <1,2,R,D> [goto CHCSYR1_3]

	Page 14 of 29	
	2013 NHIS Questionnaire - Sample Child	
	Child Access to Health Care & Utilization	
	Document Version Date: 29-May-14	
Question ID:	CAU.170_02.000 Instrument Variable Name: CHCSYR1_3 QuestionnaireFileName: Sample Child	
QuestionText:	?[F1]	
	* Read if necessary.	
	DURING THE PAST 12 MONTHS, has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?	
	A foot doctor?	
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseTe	xt: Sample children <2	
SkipInstruc	etions: <1,2,R,D> [goto CHCSYR1 5]	
Question ID:	CAU.170_03.000 Instrument Variable Name: CHCSYR1_5 QuestionnaireFileName: Sample Child	
JuestionText:	?[F1]	
	* Read if necessary.	
	DURING THE PAST 12 MONTHS, has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?	
	A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?	
1	Yes	
2	No	
7	Refused	
0	Dan't know	

9 Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_6]

	Page 15 of 29
	2013 NHIS Questionnaire - Sample Child
	Child Access to Health Care & Utilization
	Document Version Date: 29-May-14
Question ID:	CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Sample Child
QuestionText:	* Read if necessary.
	DURING THE PAST 12 MONTHS, has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?
	A nurse practitioner, physician assistant or midwife?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	t: Sample children <2
SkipInstruc	tions: <1,2,R,D> [goto CHCSYR8_1]

Question ID:	CAU.175_01.000 Instrument Variable Name: CHCSYR_1 QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health?
	A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	t: Sample children GE 2
SkipInstruct	ions: <1,2,R,D> [goto CHCSYR_2]

	2013 NHIS Questionnaire - Sample Child
	Child Access to Health Care & Utilization
	Document Version Date: 29-May-14
Question ID:	CAU.175_02.000 Instrument Variable Name: CHCSYR_2 QuestionnaireFileName: Sample Child
QuestionText:	* Read if necessary.
	DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health?
	An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex SkipInstruct	ions: <1,2,R,D> [goto CHCSYR_3]
SkipInstruct	ions: <1,2,R,D> [goto CHCSYR_3] CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child
SkipInstruct	ions: <1,2,R,D> [goto CHCSYR_3]
SkipInstruct	ions: <1,2,R,D> [goto CHCSYR_3] CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child
SkipInstruct	ions: <1,2,R,D> [goto CHCSYR_3] CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child ?[F1]
SkipInstruct	<pre>ions: <1,2,R,D> [goto CHCSYR_3] CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child ?[F1] * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2:</pre>
SkipInstruct	ions: <1,2,R,D> [goto CHCSYR_3] CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child ?[F1] * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health?
SkipInstruct Question ID: QuestionText:	ions: <1,2,R,D> [goto CHCSYR_3] CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child ?[F1] * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health? A foot doctor?
SkipInstruct Question ID: QuestionText: 1 2 7	ions: <1,2,R,D> [goto CHCSYR_3] CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child ?[F1] * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health? A foot doctor? Yes No Refused
SkipInstruct Question ID: QuestionText: 1 2	ions: <1,2,R,D> [goto CHCSYR_3] CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child ?[F1] * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health? A foot doctor? Yes No
SkipInstruct Question ID: QuestionText: 1 2 7	ions: <1,2,R,D> [goto CHCSYR_3] CAU.175_03.000 Instrument Variable Name: CHCSYR_3 QuestionnaireFileName: Sample Child ?[F1] * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health? A foot doctor? Yes No Refused Don't know

	Page 17 of 29
	2013 NHIS Questionnaire - Sample Child
	Child Access to Health Care & Utilization
	Document Version Date: 29-May-14
Question ID: (CAU.175_04.000 Instrument Variable Name: CHCSYR_4 QuestionnaireFileName: Sample Child
QuestionText:	?[F1]
	Read if necessary.
	DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health?
	A chiropractor?
1 2 7 9	Yes No Refused Don't know
UniverseText	: Sample children GE 2
SkipInstructio	ons: <1,2,R,D> [goto CHCSYR_5]
Skipinstructio	
uestion ID:	CAU.175_05.000 Instrument Variable Name: CHCSYR_5 QuestionnaireFileName: Sample Child
uestionText:	?[F1]
	* Read if necessary.
	DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health?
	A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?
1	Yes
2	No
7	Refused

- 9 Don't know
- **UniverseText:** Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_6]

	Page 18 of 29	
2013 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 29-May-14		
Question ID:	CAU.175_06.000 Instrument Variable Name: CHCSYR_6 QuestionnaireFileName: Sample Child	
QuestionText:	?[F1]	
	* Read if necessary.	
	DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about [fill2: alias]'s health?	
	A nurse practitioner, physician assistant or midwife?	
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseTex	xt: Sample children GE 2	
SkipInstruct	tions: <1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8_1]	

Question ID:	CAU.230_00.000 Instrument Variable Name:	CHCSYR7	QuestionnaireFileName:	Sample Child		
QuestionText:	?[F1]					
	DURING THE PAST 12 MONTHS, have y obstetrician/gynecologist) about [fill2: alias		a doctor who specializes in wome	n's health (an		
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTe	xt: Sample children GE 15 who are fema	ıle				
SkipInstruc	tions: <1,2,R,D> [goto CHCSYR8_1]					

	2013 NHIS Questionnaire - Sample Child						
Child Access to Health Care & Utilization							
	Document Version Date: 29-May-14						
Question ID:	CAU.240_01.000 Instrument Variable Name: CHCSYR8_1 QuestionnaireFileName: Sample Child						
QuestionText: DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]'s health? A medical doctor who specializes in a particular medical disease or problem (fill3:other than obstetrician/ gynecologist, psychiatrist or ophthalmologist? /fill4: other than psychiatrist or ophthalmologist)?							
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	t: Sample children <18						
SkipInstruct	ions: <1,2,R,D> [goto CHCSYR8_2]						
-							
	ions: <1,2,R,D> [goto CHCSYR8_2] CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child						
Question ID:							
Question ID:	CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child						
Question ID:	CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child * Read if necessary.						
Question ID:	CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]'s health? A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal						
Question ID: QuestionText:	CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]'s health? A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?						
Question ID: QuestionText:	CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]'s health? A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)? Yes						
Question ID: QuestionText: 1 2	CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]'s health? A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)? Yes No						
Question ID: QuestionText: 1 2 7	CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child * Read if necessary. DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]'s health? A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)? Yes No Refused Don't know						

1 age 20 01 27								
	2013 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization							
			Document	Version Date: 29-Ma	ay-14			
Question ID:	CAU.260	_00.000 Inst	rument Variable Name:	CHCSYR10	QuestionnaireFileName:	Sample Child		
QuestionText:	Does t	hat doctor tre	at children and adults (a	doctor in general pra	actice or family medicine)?			
1	Yes							
2	No							
7	Refus	ed						
9	Don't	know						
UniverseTex	xt:	Sample child	ren <18 who have seen	or talked to a genera	l doctor during the past 12 months	3		
CI • I · · · ·		<1.2 D D> [-	THE CHEEVEEN					
SkipInstruc	tions:	<1,2,K,D>[§	goto CHCSYREM]					
Question ID:	CAU.265	_00.000 Inst	rument Variable Name:	CHCSYREM	QuestionnaireFileName:	Sample Child		
QuestionText:	Did yo	u see or talk	to this general doctor be	cause of an emotiona	al or behavioral problem that [fill]	: alias] may have?		
1	Yes							
2	No							
7 Refu		ed						
9	Don't	know						
UniverseTex	xt:	Sample child	ren <18 who have seen a	a general doctor in th	e past 12 months			
SkipInstructions:		<1,2,R,D>[g	goto CHPEXYR]					

Question ID:	CAU.27	0_00.000	Instrument	Variable Name:	CHPEXYR		QuestionnaireFileName:	Sample Child	
QuestionText:			E PAST 12 M was not sick		1: alias] receive a	well-ch	ild check-up, that is a gener	al check-up, when	
1	Yes								
2	No								
7	Refu	Refused							
9	Don	Don't know							
UniverseTex	xt:	Sample	children <18						
SkipInstruct	tions:	<1,2,R,I	D> [goto CH	ERNOYR]					
~ r		-,-,-,-	18000 000]					

		Page 21 of 29							
	2013 NHIS Questionnaire - Sample Child								
	Child Access to Health Care & Utilization								
	Document Version Date: 29-May-14								
Question ID:	CAU.280_00.000 Instrument Variable	Name: CHERNOYR	QuestionnaireFileName:	Sample Child					
QuestionText:	(book) C5								
	DURING THE PAST 12 MONTHS ROOM about [fill2: his/her] health								
00	None								
01	1								
02	2-3								
03	4-5								
04	6-7								
05	8-9								
06	10-12								
07	13-15								
08	16 or more								
97	Refused								
99	Don't know								
UniverseTex	xt: Sample children <18								
SkipInstruc	kipInstructions: <0,R,D> [goto CHCHYR] <1-8> [goto CERVISND]								

Question ID:	CAU.281_00.010 Instrument Variable Name:	CERVISND	QuestionnaireFileName:	Sample Child		
QuestionText:	Thinking about [fill: S.C. name]'s most recent night or on the weekend?	emergency room visit,	did [fill: he/she] go to the em	nergency room either at		
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	Sample children <18 who had at least of	one ER visit in the past	year			
SkipInstruc	tions: <1,2,R,D> [go to CERHOS]					

Child Access to Health Care & Utilization

Question ID: C	AU.282_00.010 Instrument Variable Name: CERHOS	QuestionnaireFileName:	Sample Child						
QuestionText:	Did this emergency room visit result in a hospital admission?								
1	Yes								
2	No								
7									
9									
UniverseText:	Sample children <18 who had at least one ER visit in t	he past year							
SkipInstruction	ns: $<1,2,R,D>$ [go to CERREAS1]								
Question ID: C	AU.283_01.010 Instrument Variable Name: CERREAS1	QuestionnaireFileName:	Sample Child						
QuestionText:	Tell me which of these apply to [fill: alias]'s last emergency r	oom visit?							
	[fill: He/She] didn't have another place to go								
1	Yes								
2	No								
7	Refused								
9	Don't know								
UniverseText:	Sample children <18 who had at least one ER visit in t	he past year							
SkipInstruction	as: <1,2,R,D> [goto CERREAS2]								
Question ID: C	AU.283 02.020 Instrument Variable Name: CERREAS2	QuestionnaireFileName:	Sample Child						
QuestionText:	*Read if necessary.								
	Tell me which of these apply to [fill: alias]'s last emergency room visit?								
	[fill: alias]'s doctor's office or clinic was not open								
1	Yes								
2									
7	7 Refused								
9	Don't know								
UniverseText:	Sample children <18 who had at least one ER visit in t	he past year							
SkipInstructions: <1,2,R,D> [goto CERREAS3]									

				1 age 25 01 27				
			_	iestionnaire - S	•			
	Child Access to Health Care & Utilization							
			Document	Version Date: 29-Ma	ay-14			
Question ID:	CAU.28	83_03.030 Instrun	ent Variable Name:	CERREAS3	QuestionnaireFileName:	Sample Child		
QuestionText:	QuestionText: *Read if necessary.							
	Tell	me which of these	apply to [fill: alias]'s	last emergency room	n visit?			
	[1	fill: alias]'s health j	provider advised that	[fill: he/she] go				
1	Yes	3						
2	No							
7	Ref	used						
9	Doi	n't know						
UniverseTe	xt:	Sample children	<18 who had at least	t one ER visit in the	past year			
SkipInstruc	tions:	<1,2,R,D>[goto	CERREAS4]					
Question ID:	CAU.28	83_04.040 Instrun	ent Variable Name:	CERREAS4	QuestionnaireFileName:	Sample Child		
QuestionText:	*Rea	ad if necessary.						
	Tell me which of these apply to [fill: alias]'s last emergency room visit?							

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

1 Yes

2 No

7 Refused

9 Don't' know

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

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

Page	24	of	29
------	----	----	----

QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year	Page 24 of 29							
Question ID: CAU_283_05.050 Instrument Variable Name: CERREASS QuestionnaireFileName: Sample Child Question Text: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? Only a hospital could help [fill: alias] 1 Yes 1 Yes 2 No 7 Refused 9 Don't know Point know Point know UniverseText: Sample children <18 who had at least one ER visit in the past year Sample Child Question ID: CAU_283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child Question ID: CAU_283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child Question ID: CAU_283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child Question ID: CAU_283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child Question ID: CAU_283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child Question ID: CAU_283_06.060 Instrument Variabl		2013 NHIS Que	stionnaire - Sa	ample Child				
Question ID: CAU.283_05.050 Instrument Variable Name: CERREAS5 QuestionnaireFileName: Sample Child Question Text: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? Only a hospital could help [fill: alias] 1 Yes Only a hospital could help [fill: alias] Only a hospital could help [fill: alias] 2 No Only a hospital could help [fill: alias] Only a hospital could help [fill: alias] 3 Don't know Only a hospital could help [fill: alias] Only a hospital could help [fill: alias] 4 Yes Only a hospital could help [fill: alias] Only a hospital could help [fill: alias] 5 Don't know Only a hospital could help [fill: alias] Only a hospital could help [fill: alias] 6 Don't know Only a hospital could help [fill: alias]'s last emergency room visit? Only a hospital could help [fill: alias]'s last emergency room visit? 9 CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child Question Text: * Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider The emergency room is [fi		Child Access to 1	Health Care &	Utilization				
QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? Only a hospital could help [fill: alias] 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year SkipInstructions: <1,2,R,D> [goto CERREAS6] Question ID: CAU 283_06.060 Instrument Variable Name: CERREAS6 Question Text: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year								
QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? Only a hospital could help [fill: alias] 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year SkipInstructions: <1,2,R,D> [goto CERREAS6] Question ID: CAU 283_06.060 Instrument Variable Name: CERREAS6 Question Text: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know Don't know								
Tell me which of these apply to [fill: alias]'s last emergency room visit?Only a hospital could help [fill: alias] 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year SkipInstructions: <1,2,R,D> [goto CERREAS6] Question ID: CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit?The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year	Question ID:	CAU.283_05.050 Instrument Variable Name:	CERREAS5	QuestionnaireFileName:	Sample Child			
 Only a hospital could help [fill: alias] Yes No Refused Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year SkipInstructions: <1,2,R,D> [goto CERREAS6] Question ID: CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child Question ID: CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child Question Text: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year	QuestionText:	QuestionText: *Read if necessary.						
1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year		Tell me which of these apply to [fill: alias]'s la	ast emergency room	ı visit?				
 No Refused Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year SkipInstructions: <1,2,R,D> [goto CERREAS6] Question ID: CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child Question Text: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider Yes No Refused Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year		Only a hospital could help [fill: alias]						
 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year SkipInstructions: <1,2,R,D> [goto CERREAS6] Question ID: CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year 	1	Yes						
 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year SkipInstructions: <1,2,R,D> [goto CERREAS6] Question ID: CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year	2	No						
UniverseText: Sample children <18 who had at least one ER visit in the past year	7	Refused						
SkipInstructions: <1,2,R,D> [goto CERREAS6] Question ID: CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year	9	Don't know						
Question ID: CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes Yes No 7 Refused Thow UniverseText: Sample children <18 who had at least one ER visit in the past year	UniverseText: Sample children <18 who had at least one ER visit in the past year							
Question ID: CAU.283_06.060 Instrument Variable Name: CERREAS6 QuestionnaireFileName: Sample Child QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes Yes The emergency room is [fill: alias]'s closest provider 7 Refused Thow 9 Don't know Sample children <18 who had at least one ER visit in the past year	SkinInstruc	tions: <1.2 R D> [goto CERREAS6]						
QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year	Simpriserue							
QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year								
QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year								
QuestionText: *Read if necessary. Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year								
 Tell me which of these apply to [fill: alias]'s last emergency room visit? The emergency room is [fill: alias]'s closest provider 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year	Question ID:	CAU.283_06.060 Instrument Variable Name:	CERREAS6	QuestionnaireFileName:	Sample Child			
 The emergency room is [fill: alias]'s closest provider Yes No Refused Don't know UniverseText: Sample children <18 who had at least one ER visit in the past year 	QuestionText:	*Read if necessary.						
1Yes2No7Refused9Don't knowUniverseText:Sample children <18 who had at least one ER visit in the past year		Tell me which of these apply to [fill: alias]'s la	ast emergency room	ı visit?				
2No7Refused9Don't knowSample children <18 who had at least one ER visit in the past year	The emergency room is [fill: alias]'s closest provider							
7Refused9Don't knowUniverseText:Sample children <18 who had at least one ER visit in the past year	1	Yes						
9Don't knowUniverseText:Sample children <18 who had at least one ER visit in the past year	2	No						
UniverseText: Sample children <18 who had at least one ER visit in the past year	7	7 Refused						
	9	Don't know						
SkipInstructions: <1.2 R.D> [goto CERREAS7]	UniverseTe	At: Sample children <18 who had at least o	ne ER visit in the p	ast year				
	SkipInstruc	tions: <1,2,R,D> [goto CERREAS7]						

				Page 25 of 29		
			2013 NHIS Qu	estionnaire - S	Sample Child	
			Child Access to) Health Care &	t Utilization	
			Document V	Version Date: 29-Ma	ay-14	
Question ID:	CAU.28	33_07.070 Instrum	ent Variable Name:	CERREAS7	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea	ad if necessary.				
	Tell	me which of these	apply to [fill: alias]'s	last emergency room	m visit?	
	[fi	ill: alias] gets most	of [fill: his/her] care	at the emergency ro	om	
1	Yes					
2	No					
7	Ref	used				
9	Dor	n't know				
UniverseTe	xt:	Sample children	<18 who had at least	one ER visit in the	past year	
SkipInstruc	tions:	<1,2,R,D>[goto	CERREAS8]			
Question ID:	CAU.28	33_08.080 Instrum	ent Variable Name:	CERREAS8	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea	ad if necessary.				
	Tell	me which of these	apply to [fill: alias]'s	last emergency room	m visit?	
	[fi	ill: alias] arrived by	y ambulance or other	emergency vehicle		

...[fill: alias] arrived by ambulance or other emergency vehicle
 Yes
 No
 Refused

9 Don't know

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

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

Page	26	of	29
------	----	----	----

Child Access to Health Care & Utilization

Document Version Date: 29-May-14

Question ID:	CAU.290_	00.000 Instrument Variable Name:	CHCHYR	QuestionnaireFileName:	Sample Child
QuestionText:	DURIN professi	G THE PAST 12 MONTHS, did [fil onal?	ll1: alias] receive ca	re AT HOME from a nurse or othe	r health care
1	Yes				
2	No				
7	Refuse	d			
9	Don't l	now			
UniverseTex	t: S	ample children <18			
SkipInstruct		1> [goto CHCHMOYR] 2,R,D> [goto CHCNOYR]			
Question ID:	CAU.300_	00.000 Instrument Variable Name:	CHCHMOYR	QuestionnaireFileName:	Sample Child
QuestionText:	DURIN profess	G THE PAST 12 MONTHS, how m onal?	any months did [fill	: alias] receive care AT HOME fro	om a health care
01-12	1-12 m	onths			
97	Refuse	d			

99 Don't know

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

SkipInstructions: <01-12,R,D> [goto CHCHNOYR]

	2013 NHIS Q	uestionnaire - Sa	mple Child	
	Child Access	to Health Care &	Utilization	
	Document	t Version Date: 29-May	-14	
Question ID:	CAU.310_00.000 Instrument Variable Name:	CHCHNOYR	QuestionnaireFileName:	Sample Child
JuestionText:	(book) C6 ?[F1]			
	What was the total number of home visits	received for [fill1: alias]	during [fill2: that month/those	months]?
01	1			
02	2-3			
03	4-5			
04	6-7			
05	8-9			
06	10-12			
07	13-15			
08	16 or more			
97	Refused			
99	Don't know			
	-			
UniverseTe: SkipInstruc	tions: <1-8,R,D> [goto CHCNOYR]			
SkipInstruc	tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name:	CHCNOYR	QuestionnaireFileName:	Sample Child
SkipInstruc	tions: <1-8,R,D> [goto CHCNOYR]			
SkipInstruc	tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name:	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc	tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc	tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls.	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc uestion ID: uestionText: 00	tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls. None	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc uestion ID: uestionText: 00 01	tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls. None 1	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc uestion ID: uestionText: 00 01 02	<pre>tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls. None 1 2-3</pre>	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc Puestion ID: PuestionText: 00 01 02 03	tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls. None 1 2-3 4-5	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc Duestion ID: DuestionText: DuestionText: 00 01 02 03 04	tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls. None 1 2-3 4-5 6-7 8-9	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc Question ID: QuestionText: QuestionText: 00 01 02 03 04 05 06	<pre>tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls. None 1 2-3 4-5 6-7 8-9 10-12</pre>	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc Question ID: QuestionText: QuestionText: 00 01 02 03 04 05	<pre>tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls. None 1 2-3 4-5 6-7 8-9 10-12 13-15</pre>	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc Question ID: QuestionText: QuestionText: 00 01 02 03 04 05 06 07	<pre>tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls. None 1 2-3 4-5 6-7 8-9 10-12 13-15 16 or more</pre>	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not
SkipInstruc Question ID: QuestionText: QuestionText: 00 01 02 03 04 05 06 07 08	<pre>tions: <1-8,R,D> [goto CHCNOYR] CAU.320_00.000 Instrument Variable Name: (book) C5 ?[F1] DURING THE PAST 12 MONTHS, HOW professional about [fill2: his/her] health at include times [fill1: alias] was hospitalized telephone calls. None 1 2-3 4-5 6-7 8-9 10-12 13-15</pre>	CHCNOYR V MANY TIMES has [f A DOCTOR'S OFFICE	QuestionnaireFileName: ill1: alias] seen a doctor or other 5, A CLINIC, OR SOME OTHE	Sample Child r health care ER PLACE? Do not

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

	Page 28 of 29	
	2013 NHIS Questionnaire - Sample Child	
	Child Access to Health Care & Utilization	
	Document Version Date: 29-May-14	
Question ID:	CAU.330_00.000 Instrument Variable Name: CSRGYR QuestionnaireFileName: Sample Child	
QuestionText:	DURING THE PAST 12 MONTHS has [fill1: alias] had SURGERY or other surgical procedures either as an inpatier outpatient?	nt or
	* 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	
UniverseTex	xt: Sample children <18	
SkipInstruc	tions: <1> [goto CSRGNOYR] <2,R,D> [goto CMDLONG]	

Question ID:	CAU.340	00.000	Instrument Variable Name:	CSRGNOYR	QuestionnaireFileName:	Sample Child
QuestionText:			times you may have already to NG THE PAST 12 MONTHS?		Y DIFFERENT TIMES has	[fill1: alias] had
	* Ente	er '95' for	95 or more times.			
01-94	1-94	times				
95	95+ t	imes				
97	Refu	sed				
99	Don'	t know				
UniverseTex	xt:	Sample	children <18 that have undergo	one surgery during the pas	st 12 months	
SkipInstruc	tions:	,	,D> [goto CMDLONG] · [goto ERR_CMDLONG]			
Soft Edit:		_	MDLONG SRGNOYR] is an unusually la verify.	rge number. Did [fill1: a	lias] have [fill2: CSRGNOY	R] surgical procedures?

2013 NHIS Questionnair	e - Sample Child
Child Access to Health C	are & Utilization
Document Version Date:	29-May-14

Question ID:	CAU.345_00.000 Instrument Variable Name:	CMDLONG	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C4			
	About how long has it been since anyone in the about [fill1: alias]'s health? Include doctors s	2		n care professional
0	Never			
1	6 months or less			
2	More than 6 months, but not more than 1 year	ar ago		
3	More than 1 year, but not more than 2 years	ago		
4	More than 2 years, but not more than 5 years	s ago		
5	More than 5 years ago			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children <18			
SkipInstruct	tions: <0-5, D, R> [if AGE=4-17 goto CMH0	COPY; else goto	CH1N1_1]	

	Page 1 of 4			
	2013 NHIS Questionnaire - Sample Child			
	Child Mental Health Brief Questionnaire			
Document Version Date: 29-May-14				
Question ID:	CMB.010_00.000 Instrument Variable Name: CMHCOPY QuestionnaireFileName: Sample Child			
QuestionText:	* The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.			
	* The next 6 items contained in CMHMF_1 through CMHDIFF are included in this survey with permission as indicated below.			
	* 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			
UniverseTex	tt: Sample children GE 4			
Question ID:	CMB.020_01.000 Instrument Variable Name: CMHMF_1 QuestionnaireFileName: Sample Child			
QuestionText:	(book) C7			
	I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS			
	[fill2: He/She]			
	is generally well behaved, usually does what adults request.			
0	Not true			
1	Somewhat true			
2	Certainly true			
7	Refused			
9	Don't know			
UniverseTex	At: Sample children GE 4			
SkipInstruct	tions: <1-3,D,R> [goto CMHMF_2]			

Page	2	of	4
------	---	----	---

	Child Mental Health Brief Questionnaire			
Document Version Date: 29-May-14				
Question ID: (CMB.020_02.000 Instrument Variable Name: CMHMF_2 QuestionnaireFileName: Sample Child			
QuestionText:	(book) C7			
	* Read if necessary.			
	I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS			
	[fill2: He/She]			
	has many worries, or often seems worried.			
0	Not true			
1	Somewhat true			
2	Certainly true			
7	Refused			
9	Don't know			
UniverseText	t: Sample children GE 4			
SkipInstructio	ions: <1-3,D,R> [goto CMHMF_3]			
Question ID:	CMB.020_03.000 Instrument Variable Name: CMHMF_3 QuestionnaireFileName: Sample Child			

QuestionText: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS...

[fill2: He/She]

... is often unhappy, depressed or tearful.

- 0 Not true
- 1 Somewhat true
- 2 Certainly true
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_4]

Question ID: C	CMB.020_04.000 Instrument Variable Name: CMHMF_4 Question	onnaireFileName: Sample Child
QuestionText:	(book) C7	
	* Read if necessary.	
	I am going to read a list of items that describe children. For each item, please te SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING T	
	[fill2: He/She]	
	gets along better with adults than with other [fill3: children/youth].	
0	Not true	
1	Somewhat true	
2	Certainly true	
7	Refused	
9	Don't know	
UniverseText:	Sample children GE 4	
SkipInstruction	ons: <1-3,D,R> [goto CMHMF_5]	
Question ID: C	CMB.020_05.000 Instrument Variable Name: CMHMF_5 Question	onnaireFileName: Sample Chil
QuestionText:	(head) C7	
Zucstion Lext.	(book) C7	
	* Read if necessary.	

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS...

[fill2: He/She]

...has good attention span, sees chores or homework through to the end.

- 0 Not true
- 1 Somewhat true
- 2 Certainly true
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

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

Page 4	of 4
--------	------

Child Mental Health Brief Questionnaire

Question ID:	CMB.030_00.000 Instrument Variable Name:	CMHDIFF	QuestionnaireFileName:	Sample Child	
QuestionText:	(book) C8				
	Overall, do you think that [fill1: SC name] hat behavior, or being able to get along with othe	•	y of the following areas: emotions	, concentration,	
1	No				
2	Yes, minor difficulties				
3	Yes, definite difficulties				
4	Yes, severe difficulties				
7	Refused				
9	Don't know				
UniverseTex	t: Sample children GE 4				
SkipInstruct	ions: <1-4,R,D> [goto next section]				

	Page 1 of 32					
	2013 NHIS Questionnaire - Sample Child					
	Child Mental Health Services					
	Document Version Date: 29-May-14					
Question ID:	CMS.001_00.000 Instrument Variable Name: DIFF6M QuestionnaireFileName: Sample Child					
QuestionText:	Has [fill: SC name] had any difficulties with emotions, concentration, behavior, or getting along with others DURING THE PAST 6 MONTHS, that is since [fill month and year of 6 month reference period]?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	Ext: Sample children 4-17					
SkipInstruc	<pre>ctions: <1> [goto DIFFINTF] <2,R,D> [if CMHDIFF (variable name in layouts is RSCL6) IN ('2',3','4') [goto DIFFINTF]; else [goto PRESCP6M]</pre>					
Question ID:	CMS.005_00.000 Instrument Variable Name: DIFFINTF QuestionnaireFileName: Sample Child					
QuestionText:	DURING THE PAST 6 MONTHS, did the difficulties interfere with or limit [fill1: SC name] being able to get along in your family, in school, or in daily activities?					
1	Yes					
2	No					
7	Refused					
9	Don't know					

Sample children 4-17 who have at least minor difficulties with emotions, concentration, behavior, or being able to UniverseText: get along with others

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

Child Mental Health Services

Ouestion ID:	CMS.007 00.000 Instrument Variable Name: DIFFDEG QuestionnaireFileName: Sample Child
QuestionText:	How much did these difficulties interfere with [fill: S.C. name] being able to get along in your family, in school, or in daily activities? Would you say
	*Read categories below.
1	A lot
2	Some
3	A little
7	Refused
9	Don't know
UniverseTex	Sample children 4-17 whose difficulties interfere with child being able to get along in the family, school, or daily activities
SkipInstruc	tions: <1-3,R,D> [goto DIFFLNG]

Question ID:	CMS.008_0).000 Instrument Variable Name:	DIFFLNG	QuestionnaireFileName:	Sample Child		
QuestionText:	How long	g have these difficulties been presen	t?				
1	Less tha	n a month					
2	1-5 mon	ths					
3	6 to 12 r	nonths					
4	Over a y	ear					
7	Refused	Refused					
9	Don't kr	low					
UniverseTex		mple children 4-17 who have at leas havior, or being able to get along wi		emotions, concentration,			
SkipInstruct	tions: <1	-4,R,D> [goto PRESCP6M]					

Page 3 of 32								
2013 NHIS Questionnaire - Sample Child								
	Child Mental Health Services							
	Document Version Date: 29-May-14							
Question ID:	CMS.010_00.000	Instrument Variable Name:	PRESCP6M	QuestionnaireFileName:	Sample Child			
QuestionText:		E PAST 6 MONTHS, was [fill h emotions, concentration, be		ibed medication or taking prescription to get along with others?	ption medication for			
1	Yes							
2	No							
7	Refused							
9	Don't know							
UniverseTex	t: Sample	children 4-17						
SkipInstructions: <1> [goto PRESHELP] <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [end]; else [goto NSDUH21]					[goto NSDUH21]			

Question ID:	CMS.011_00.000 Instrument Variable Name:	PRESHELP	QuestionnaireFileName:	Sample Child
QuestionText:	During the past 6 months, how much has thi	s prescription medic	ation helped [fill: S.C. name]? W	ould you say
	*Read categories below.			
1	Not at all			
2	A little			
3	Some			
4	A lot			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 have taken pres	cription medicine in	the past 6 mos	
SkipInstruc	ions: <1-4,R,D> [goto PMEDPED]			

Child Mental Health Services

Document Version Date: 29-May-14

Question ID:	CMS.012_	01.000 Instru	ment Variable Name:	PMEDPED	QuestionnaireFileName:	Sample Child
QuestionText:	Who F	IRST prescribe	ed the medication? Wa	ıs it		
	A pe	liatrician or ot	her family doctor?			
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex	xt:	Sample childre	en 4-17 who have been	prescribed or have	e taken prescription medication in th	e past 6 months
SkipInstruc		<1> if CMHD PMEDPSY]	IFF=1,R,D and DIFF6N	M=2,R,D then [go	to TRETHELP]; else [goto NSDUH	21]; <2,R,D> [goto
Question ID:	CMS 012	02 000 Inst ru	ment Variable Name:	PMEDPSY	QuestionnaireFileName:	Sample Child
Question ID.	CIVI5.012_	<u>02.000</u> Instru	intent variable ivanic.	I MEDI 51	Questionnan et nervanie.	Sample Clina
QuestionText:	*Read	if necessary.				
	Who F	IRST prescribe	ed the medication? Wa	ıs it		
	A psy	chiatrist, psyc	chologist or other menta	al health professio	onal?	
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				

9 Don't know

UniverseText: Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician or other family doctor

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

Child Mental Health Services

Question ID:	CMS.01	2_03.000 Instrument Variable Name:	PMEDNEU	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea	d if necessary.			
	Who	FIRST prescribed the medication? Wa	s it		
	A r	neurologist?			
1	Yes				
2	No				
7	Refi	ised			
9	Don	't know			
UniverseTex	xt:	Sample children 4-17 who were presc psychiatrist/ or other family doctor	ribed medication i	n the past 6 months by someone oth	er than a pediatrician,
SkipInstruct	tions:	<1> if CMHDIFF=1,R,D and DIFF6M PMEDOTH]	A=2,R,D then [got	o TRETHELP]; else [goto NSDUH2	21]; <2,R,D> [goto

Question ID:	CMS.012_04.000 Instrument Variable	Name: PMEDOTH	QuestionnaireFileName:	Sample Child
QuestionText:	*Read if necessary.			
	Who FIRST prescribed the medicat	tion? Was it		
	Someone else?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who w family doctor, psychiatrist o		the past 6 months by someone oth	er than a pediatrician,
SkipInstruct	ions: <1,2,R,D> if CMHDIFF=1,I	R,D and DIFF6M=2,R,D the	n [goto TRETHELP]; else [goto NS	SDUH21]

	Page 6 of 32						
	2013 NHIS Questionnaire - Sample Child						
	Child Mental Health Services						
	Document Version Date: 29-May-14						
Question ID:	CMS.014_00.000 Instrument Variable Name: NSDUH21 QuestionnaireFileName: Sample Child						
QuestionText:	Sometimes students get treatment or counseling through the school system for DIFFICULTIES WITH emotions, concentration, behavior, or being able to get along with others.						
	DURING THE PAST 6 MONTHS, did [fill: S.C. name] receive any treatment or counseling FROM A SCHOOL SOCIAL WORKER, SCHOOL PSYCHOLOGIST, SCHOOL NURSE, SCHOOL COUNSELOR, SPECIAL ED TEACHER, OR SCHOOL SPEECH, OCCUPATIONAL OR PHYSICAL THERAPIST?						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	xt: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months						
SkipInstruc	tions: <1,2,R,D> [goto NSDUH3]						
Question ID:	CMS.015_00.000 Instrument Variable Name: NSDUH3 QuestionnaireFileName: Sample Child						
QuestionText:	At any time DURING THE PAST 6 MONTHS did [fill1: S.C. name] attend a school for students with difficulties with emotions, concentration, behavior, or being able to get along with others?						

Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration,

behavior, or being able to get along in the past 6 months

<1> [go to NSDUH31 <2,R,D> [go to NSDUH4]

1

2

7

9

UniverseText:

SkipInstructions:

Yes

No

Refused

Don't know

Child Mental Health Services

Question ID:	CMS 015	00.010 Instrument Variable Na	me: NSDUH31	QuestionnaireFileName:	Sample Child
-				-	Sample Child
QuestionText:	Was it :	a day school or school where {	S.C. name} stayed overni	ght or longer?	
1	Day S	chool			
2	-	ght School			
7	Refuse	d			
9	Don't l	know			
UniverseTex	6	Sample children 4-17 who curre motions, concentration, behavi chool		least minor difficulties with ong in the past 6 months, and atter	nd a special needs
SkipInstruct	tions: <	<1> [goto NSDUH32] <2,R,D [got to NSDUH4]		
Question ID: QuestionText:		00.020 Instrument Variable Na ovided the treatment or counse		QuestionnaireFileName:	Sample Child
	*Enter	all that apply, separate with cor	nmas.		
1	Specia	l Ed teacher			
2	Other	school teacher			
3	School	counselor, psychologist, nurse	or social worker		
4	School	speech, occupational or physic	cal therapist		
5					
7	Refuse	:d			
9	Don't l	know			
UniverseTex	xt: S	Sample children 4-17 who partie	cipated in a special needs	day school with program for these	e difficulties
SkipInstruc	tions: <	<1-5,R,D> [goto NSDUH4];			

Page 8 of 32					
	2013 NHIS Questionnaire - Sample Child				
	Child Mental Health Services				
	Document Version Date: 29-May-14				
Question ID:	CMS.016_00.000 Instrument Variable Name: NSDUH4 QuestionnaireFileName: Sample Child				
QuestionText:	Regular schools sometimes provide programs for students with difficulties with emotions, concentration, behavior, or being able to get along with others.				
	DURING THE PAST 6 MONTHS, did [fill1: S.C. name] participate in a school program that was just for students with these kinds of difficulties?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months				
SkipInstruc	<pre>ctions: <1> [goto NSDUH5] <2,R,D> if age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]</pre>				

Question ID:	CMS.017_00.000 Instrument Variable Name: NSDUH5 QuestionnaireFileName: Sample Child
QuestionText:	Who provided the treatment or counseling?
	*Enter all that apply, separate with commas.
1	Special Ed teacher
2	Other school teacher
3	School counselor, psychologist, nurse or social worker
4	School speech, occupational or physical therapist
5	Other school official
7	Refused
9	Don't know
UniverseTex	Sample children 4-17 who participated in a school program for difficulties with emotions, concentration, behavior
SkipInstruc	ions: <1-5,R,D> age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]

Page 9 of 32							
	2013 NHIS Questionnaire - Sample Child						
Child Mental Health Services							
	Document Version Date: 29-May-14						
Question ID:	CMS.020_01.000 Instrument Variable Name: TRETWHR1 QuestionnaireFileName: Sample Child						
QuestionText:	Now I'd like to ask about places other than {S.C.name}'s school where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.						
	DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties						
	At daycare, child care, or play group?						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	Sample children 4-6 who had at least minor difficulties						
SkipInstruc	tions: <1> [goto TRETWHO1] <2,R,D> [goto TRETWHR2]						

Question ID:	CMS.020_02.000 Instrument Variable Name: TRETW	HO1 QuestionnaireFileName:	Sample Child
QuestionText:	: (book) C9		
	Who provided the treatment or counseling?		
	*Enter all that apply, separate with commas.		
1	Pediatrician or family doctor		
2	Psychiatrist, psychologist, clinical social worker or psy	chiatric nurse	
3	Speech, occupational or physical therapist		
4	Religious or spiritual counselor or advisor		
5	Probation of juvenile corrections officer or court counse	lor	
6	Other		
7	Refused		
9	Don't know		
UniverseTex	ext: Sample children 4-6 who received counseling at c	aycare, child care, or play group	
SkipInstruc	ctions: <1,3-6,R,D> [goto TRETWHR2] <2> [goto TRT	MHP1]	

Child Mental Health Services

Document Version Date: 29-May-14

Question ID:	CMS.020_03.000 Instrument Variable Nar	ne: TRTMHP1	QuestionnaireFileName:	Sample Child
QuestionText:	You just told me [S.C. name] received nurse. Who was this?	treatment from a psychia	trist, psychologist, clinical social	worker or psychiatric
	*Enter all that apply, separate with con	nmas		
1	Psychiatrist			
2	Psychologist			
3	Clinical social worker			
4	Psychiatric nurse			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-6 who receive provider	ed counseling or treatment	t at daycare, child care, or play gr	oup from mental health
SkipInstruct	tions: <1-4,R,D> [goto TRETWHR2]			
Question ID:	CMS.021 01.000 Instrument Variable Nar	ne: TRETWHR2	OuestionnaireFileName:	Sample Child

QuestionText: [fill2: Now I'd like to ask about places other than {S.C. name}'s school where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.]

DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In an office, clinic or center in your community?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO2] <2,R,D> [goto TRETWHR3]

Child Mental Health Services

Question ID:	CMS.021_02.000 Instrument Variable Name:	TRETWHO2	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C9			
	Who provided the treatment or counseling?			
	*Enter all that apply, separate with comma	5.		
1	Pediatrician or family doctor			
2	Psychiatrist, psychologist, clinical social v	vorker or psychiatric nurs	se	
3	Speech, occupational or physical therapist			
4	Religious or spiritual counselor or advisor			
5	Probation or juvenile corrections officer of	r court counselor		
6	Other			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who received of	counseling at an office, cl	linic or community center	
SkipInstruct	ions: <1,3-6,R,D> [goto TRETWHR3] <2	> [goto TRTMHP2]		

Question ID:	CMS.021_03.000 Instrument Variable Name: TRTMHP2 QuestionnaireFileName: Sample Child
QuestionText:	You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?
	*Enter all that apply, separate with commas
1	Psychiatrist
2	Psychologist
3	Clinical social worker
4	Psychiatric nurse
7	Refused
9	Don't know
UniverseTex	Sample children 4-17 who received counseling or treatment at an office, clinic or community center from mental health provider
SkipInstruct	tions: <1-4,R,D> [goto TRETWHR3]

Child Mental Health Services

Question ID:	CMS.022_01.000 Instrument Variable Name:	TRETWHR3	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PAST 6 MONTHS, did [fil	11: SC name] receive	treatment or counseling for these	difficulties
	In your home, for example, from a visiting	teacher or counselor?	2	
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	Sample children 4-17 who had at lea	st minor difficulties		
SkipInstruc	tions: <1> [goto TRETWHO3] <2,R,D> [g	goto TRETWHR4]		
Question ID:	CMS.022_02.000 Instrument Variable Name:	TRETWHO3	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C9			
	Who provided the treatment or counseling?)		
	*Enter all that apply, separate with comma	S.		
1	Pediatrician or family doctor			
2	Psychiatrist, psychologist, clinical social v	worker or psychiatric	nurse	
3	Speech, occupational or physical therapist			
4	Religious or spiritual counselor or advisor			
5	Probation or juvenile corrections officer of			
6	Other			
7	Refused			
9	Don't know			
UniverseTex	Sample children 4-17 who received o	counseling at home fi	rom visiting teacher or counselor	
SkipInstruc	tions: <1,3-6,R,D> [goto TRETWHR4] <2	2> [goto TRTMHP3]		

Child Mental Health Services

Question ID:	CMS.022_03.000 Instrument Variable Name:	TRTMHP3	QuestionnaireFileName:	Sample Child		
QuestionText:	You just told me [S.C. name] received treat nurse. Who was this?	ment from a psychiat	rist, psychologist, clinical social v	worker or psychiatric		
	*Enter all that apply, separate with commas	3				
1	Psychiatrist					
2	Psychologist					
3	Clinical social worker					
4	Psychiatric nurse					
7	Refused					
9	Don't know					
UniverseTex	t: Sample children 4-17 who received c	counseling or treatment	nt at home from mental health pro	ovider		
SkipInstruct	ions: <1-4,R,D> [goto TRETWHR4]					

Question ID:	CMS.023_01.000 Instrument Variable Name:	TRETWHR4	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PAST 6 MONTHS, did [fil	11: SC name] receive t	reatment or counseling for these	difficulties
	In a hospital emergency room, crisis center	, or emergency shelter	?	
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children 4-17 who had at lea	ast minor difficulties		
SkipInstruc	tions: <1> [goto TRETWHO4] <2,R,D> [§	goto TRETWHR5]		

Child Mental Health Services

Question ID:	CMS.023_02.000 Instrument Variable Name:	TRETWHO4	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C9			
	Who provided the treatment or counseling?			
	*Enter all that apply, separate with commas.			
1	Pediatrician or family doctor			
2	Psychiatrist, psychologist, clinical social wo	orker or psychiatric nurse	e	
3	Speech, occupational or physical therapist			
4	Religious or spiritual counselor or advisor			
5	Probation or juvenile corrections officer or of	court counselor		
6	Other			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who received co	ounseling at hospital/ER/	crisis center/shelter	
SkipInstruct	cions: <1,3-6,R,D> [goto TRETWHR5] <2>	[goto TRTMHP4]		

Question ID:	CMS.023_03.000 Instrument Variable Name: TRTMHP4 QuestionnaireFileName: Sample Child
QuestionText:	You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?
	*Enter all that apply, separate with commas
1	Psychiatrist
2	Psychologist
3	Clinical social worker
4	Psychiatric nurse
7	Refused
9	Don't know
UniverseTex	t: Sample children 4-17 who received counseling or treatment at hospital/ER/crisis center/shelter from mental health provider
SkipInstruct	ions: <1-4,R,D> [goto TRETWHR5]

Child Mental Health Services

Document Version Date: 29-May-14

Question ID:	CMS.024_01.000 Instrument Variable Name:	TRETWHR5	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PAST 6 MONTHS, did [fill	1: SC name] receive tr	eatment or counseling for these	difficulties
	At a day treatment program in a hospital or	in your community?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children 4-17 who had at leas	st minor difficulties		
SkipInstruc	tions: <1> [goto TRETWHO5] <2,R,D> [g	oto TRETWHR6]		
Question ID:	CMS.024 02.000 Instrument Variable Name:	TRETWHO5	QuestionnaireFileName:	Sample Child
Question ID: QuestionText:	CMS.024_02.000 Instrument Variable Name: (book) C9	TRETWHO5	QuestionnaireFileName:	Sample Child
-	_	TRETWHO5	QuestionnaireFileName:	Sample Child
-	(book) C9		QuestionnaireFileName:	Sample Child
-	(book) C9 Who provided the treatment or counseling?		QuestionnaireFileName:	Sample Child
QuestionText:	(book) C9 Who provided the treatment or counseling? *Enter all that apply, separate with commas	L		Sample Child
QuestionText:	 (book) C9 Who provided the treatment or counseling? *Enter all that apply, separate with commas Pediatrician or family doctor 	L		Sample Child
QuestionText: 1 2	 (book) C9 Who provided the treatment or counseling? *Enter all that apply, separate with commas Pediatrician or family doctor Psychiatrist, psychologist, clinical social w 	L		Sample Child
QuestionText: 1 2 3	 (book) C9 Who provided the treatment or counseling? *Enter all that apply, separate with commas Pediatrician or family doctor Psychiatrist, psychologist, clinical social w Speech, occupational or physical therapist 	orker or psychiatric nu		Sample Child
QuestionText: 1 2 3 4	 (book) C9 Who provided the treatment or counseling? *Enter all that apply, separate with commas Pediatrician or family doctor Psychiatrist, psychologist, clinical social w Speech, occupational or physical therapist Religious or spiritual counselor or advisor 	orker or psychiatric nu		Sample Child
QuestionText: 1 2 3 4 5	 (book) C9 Who provided the treatment or counseling? *Enter all that apply, separate with commas Pediatrician or family doctor Psychiatrist, psychologist, clinical social w Speech, occupational or physical therapist Religious or spiritual counselor or advisor Probation or juvenile corrections officer or 	orker or psychiatric nu		Sample Chilo

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

Child Mental Health Services

Document Version Date: 29-May-14

Question ID: (CMS.024_03.000 Instrument Variable Name: TRTMHP5 QuestionnaireFileName: Sample Child
QuestionText:	You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?
	*Enter all that apply, separate with commas
1	Psychiatrist
2	Psychologist
3	Clinical social worker
4	Psychiatric nurse
7	Refused
9	Don't know
UniverseText	Sample children 4-17 who received counseling or treatment at day treatment program in a hospital or community from mental health provider
SkipInstructio	ons: <1-4,R,D> [goto TRETWHR6]

Question ID:	CMS.025_01.000 Instrument Variable Name:	TRETWHR6	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PAST 6 MONTHS, did [fill1	SC name] receive tr	eatment or counseling for these	difficulties
	Any other place?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who had at least	minor difficulties		

SkipInstructions: <1> [goto TRETWHO6] <2,R,D> [goto OVERNT6M]

Child Mental Health Services

Question ID:	CMS.025_02.000 Instrument Variable Name:	TRETWHO6	QuestionnaireFileName:	Sample Chile
QuestionText:	(book) C9			
	Who provided the treatment or counseling?			
	*Enter all that apply, separate with commas			
1	Pediatrician or family doctor			
2	Psychiatrist, psychologist, clinical social w	orker or psychiatric n	urse	
3	Speech, occupational or physical therapist			
4	Religious or spiritual counselor or advisor			
5	Probation or juvenile corrections or court co	ounselor		
6	Other			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children 4-17 who received c	ounseling at another p	lace	
SkipInstruc	tions: <1,3-6,R,D> [goto OVERNT6M] <2	> [goto TRTMHP6]		

Question ID:	CMS.025_03.000 Instrument Variable Name:	TRTMHP6	QuestionnaireFileName:	Sample Child
QuestionText:	You just told me [S.C. name] received treatm nurse. Who was this?	ent from a psychia	trist, psychologist, clinical social v	worker or psychiatric
	*Enter all that apply, separate with commas			
1	Psychiatrist			
2	Psychologist			
3	Clinical social worker			
4	Psychiatric nurse			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who received con	unseling or treatme	nt at another place from mental he	alth provider
SkipInstruct	ions: <1-4,R,D>[goto OVERNT6M]			

	2013 NHIS Questionnaire - Sample Child
	Child Mental Health Services
	Document Version Date: 29-May-14
Question ID: (CMS.050_00.000 Instrument Variable Name: OVERNT6M QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 6 MONTHS, in addition to a school you may have told me about, did [fill: S.C. name] stay overnight or longer in a hospital, any type of group home, any type of juvenile detention center, sometimes called juvie, or juvenile hall, youth prison, training school or jail, foster care home, or another special type of center or shelter to receive counseling or treatment for these difficulties?
1	Yes
2	No
7	Refused
9	Don't know
UniverseText	: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months
SkipInstructio	ons: <1> [goto OVERWHCH] <2,R,D> [goto SH1]
SkipInstructio	ons: <1> [goto OVERWHCH] <2,R,D> [goto SH1]
_	ons: <1> [goto OVERWHCH] <2,R,D> [goto SH1] CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child
Question ID: (
Question ID: (CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child
Question ID: (CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones?
Question ID: (CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary.
Question ID: (CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary. *Enter all that apply, separate with commas. Hospital Residential treatment center
Question ID: (QuestionText:	CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary. *Enter all that apply, separate with commas. Hospital Residential treatment center Foster care or therapeutic foster care home
Question ID: (QuestionText: 01 02 03 04	CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary. *Enter all that apply, separate with commas. Hospital Residential treatment center Foster care or therapeutic foster care home In any type of juvenile detention center, sometimes called "juvie", prison, or jail
Question ID: Question Text: 01 02 03 04 05	CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary. *Enter all that apply, separate with commas. Hospital Residential treatment center Foster care or therapeutic foster care home In any type of juvenile detention center, sometimes called "juvie", prison, or jail Group home
Question ID: Question Text: Question Text: 01 02 03 04 05 06	CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary. *Enter all that apply, separate with commas. Hospital Residential treatment center Foster care or therapeutic foster care home In any type of juvenile detention center, sometimes called "juvie", prison, or jail Group home Homeless shelter
Question ID: Question Text: Question Text: 01 02 03 04 05 06 07	CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary. *Enter all that apply, separate with commas. Hospital Residential treatment center Foster care or therapeutic foster care home In any type of juvenile detention center, sometimes called "juvie", prison, or jail Group home Homeless shelter In another place
Question ID: (Question Text: 01 02 03 04 05 06 07 97	CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary. *Enter all that apply, separate with commas. Hospital Residential treatment center Foster care or therapeutic foster care home In any type of juvenile detention center, sometimes called "juvie", prison, or jail Group home Homeless shelter In another place Refused Kefused
Question ID: Question Text: Question Text: 01 02 03 04 05 06 07	CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary. *Enter all that apply, separate with commas. Hospital Residential treatment center Foster care or therapeutic foster care home In any type of juvenile detention center, sometimes called "juvie", prison, or jail Group home Homeless shelter In another place
Question ID: 0 Question Text: 01 02 03 04 05 06 07 97	CMS.060_00.000 Instrument Variable Name: OVERWHCH QuestionnaireFileName: Sample Child Which ones? *Read list if necessary. *Enter all that apply, separate with commas. Hospital Residential treatment center Foster care or therapeutic foster care home In any type of juvenile detention center, sometimes called "juvie", prison, or jail Group home Homeless shelter In another place Refused Don't know

Child Mental Health Services

Question ID:	CMS.070_00.0)00 Instrument	t Variable Name:	SH1	QuestionnaireFileName:	Sample Child
QuestionText:	DURING T difficulties		IONTHS, did [fill	1: S.C. name] ta	ke part in a self-help group for childro	en and youth with these
1	Yes					
2	No					
7	Refused					
9	Don't know	V				
UniverseTex			17 who currently hable to get along in		l at least minor difficulties with emoti ths	ons, concentration,
SkipInstruct	tions: <1.2	,R,D>[goto SI	12]			
	_		t Variable Name:	SH2	QuestionnaireFileName:	Sample Child
	_	THE PAST 6 M			QuestionnaireFileName:	*
	DURING T	THE PAST 6 M				*
QuestionText:	DURING T difficulties	THE PAST 6 M				*
QuestionText: 1	DURING T difficulties Yes	THE PAST 6 M				*
QuestionText: 1 2	DURING T difficulties Yes No	THE PAST 6 M				*
2 7	DURING T difficulties Yes No Refused Don't know	THE PAST 6 M ? v ple children 4-	IONTHS, did [fill	1: S.C. name] us nave or have had	e the Internet to seek treatment or con	unseling for these

	Page 20 of 32					
	2013 NHIS Questionnaire - Sample Child					
Child Mental Health Services						
Document Version Date: 29-May-14						
Question ID:	CMS.100_00.000 Instrument Variable Name: CASEM6M QuestionnaireFileName: Sample Child					
QuestionText:	Parents and caregivers sometimes get help from people sometimes called case managers or care coordinators who help to find or organize treatment for children's difficulties with emotions, concentration, behavior, or being able to get along wit others.					
	*Read if necessary: This type of help is sometimes called care coordination or case management. People or agencies tha do this work might also help you develop a service plan, contact providers for you, and provide support to you in getting the help your child or adolescent needs.	ıt				
	DURING THE PAST 6 MONTHS, did you or [fill1: S.C. name] receive this type of help from any individual or agency?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTe	Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months					
SkipInstruc	etions: <1> [goto CASEMWHO]; <2,R,D> IF PRESCP6M=1 or NSDUH21=1 or NSDUH3=1 or NSDUH4=1 or TRETWHR1=1 or TRETWHR2=1 or TRETWHR3=1 or TRETWHR4=1 or TRETWHR5=1 or TRETWHR6=1 or OVERNT6M=1 or SH1=1 or SH2=1 or CASEM6M=1 [goto TRETHELP]; else [goto TRTNEED1]					

Question ID:	CMS.110_00.000 Instrument Variable Name: CASEMWHO QuestionnaireFileName: Sample Child					
QuestionText:	Who provides help arranging or coordinating [fill1: S.C. name]'s care?					
	*Enter the MAIN answer.					
01	Child welfare/social services/family and child services agency					
02	School or educational system					
03	Mental health agency					
04	Private mental health professional					
05	Juvenile justice agency or court system					
06	Private insurance service					
07	Family or friend					
08	Pediatrician or other family doctor					
09	Family or youth advocacy groups					
10	Other					
97	Refused					
99	Don't know					
UniverseTex	Sample children 4-17 who received help from case managers/care coordinators in the past 6 months					
SkipInstruct	tions: <1-10,R,D> [goto TRETHELP]					

			Page 21 of 32				
		2013 NHIS Q	uestionnaire - Sa	mple Child			
		Child M	Iental Health Serv	vices			
		Document	Version Date: 29-May	<i>v</i> -14			
Question ID:	CMS.115_00.000 Inst	rument Variable Name:	TRETHELP	QuestionnaireFileName:	Sample Child		
QuestionText:	PuestionText: You told us that [S.C. child] has received treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others. During the past 6 months, how much has this treatment or counseling helped [S.C. child]? Would you say						
	* Read answer cate	gories below.					
1	Not at all						
2	A little						
3	Some						
4	A lot						
7	Refused						
9	Don't know						
UniverseTex	t: Sample child	ren 4-17 who received t	reatment in the past 6	months			
SkipInstruc	ions: <1-4,R,D> if else [goto ne	CMHDIFF=2-4 and DI xt section]	FF6M=1 [goto TRPA]	YPHI];			
	CMS.120_01.000 Inst		TRPAYPHI	QuestionnaireFileName:	Sample Child		
	Next I'm going to re		eatment and counseling	QuestionnaireFileName: g get paid for. Please tell me wh			
	Next I'm going to re S.C. name]'s treatm	ead a list of ways that tre	eatment and counseling g the past 6 months.	g get paid for. Please tell me wh			
	Next I'm going to re S.C. name]'s treatm	ead a list of ways that tro ent or counseling during	eatment and counseling g the past 6 months.	g get paid for. Please tell me wh			
uestionText:	Next I'm going to re S.C. name]'s treatm Private health insur	ead a list of ways that tro ent or counseling during	eatment and counseling g the past 6 months.	g get paid for. Please tell me wh			
QuestionText:	Next I'm going to re S.C. name]'s treatm Private health insur Yes	ead a list of ways that tro ent or counseling during	eatment and counseling g the past 6 months.	g get paid for. Please tell me wh			
QuestionText: 1 2	Next I'm going to re S.C. name]'s treatm Private health insur Yes No	ead a list of ways that tro ent or counseling during	eatment and counseling g the past 6 months.	g get paid for. Please tell me wh			
2 7	Next I'm going to ro S.C. name]'s treatm Private health insur Yes No Refused Don't know tt: Sample child	ead a list of ways that tro ent or counseling during ance, such as insurance ren 4-17 who currently being able to get along i	eatment and counseling g the past 6 months. that comes with a job? have or have had at lea	g get paid for. Please tell me wh	to pays or paid for [fill1:		

Child Mental Health Services

Document Version Date: 29-May-14

Question ID:	CMS.120_02.000 Instrument Variable Name: TRPAYSCH QuestionnaireFileName: Sample Child
QuestionText:	*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.
	School system?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTe	xt: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months
SkipInstruc	tions: <1,2,R,D> [goto TRPAYSLF]
Question ID:	CMS.120_03.000 Instrument Variable Name: TRPAYSLF QuestionnaireFileName: Sample Child
QuestionText:	*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.
	You or your family (sometimes called out of pocket or co-payment)?
1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months

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

	Page 23 of 32					
	2013 NHIS Questionnaire - Sample Child					
	Child Mental Health Services Document Version Date: 29-May-14					
Question ID:	CMS.120_04.000 Instrument Variable Name: TRPAYMED QuestionnaireFileName: Sample Child					
QuestionText:	(Book) F14					
	*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.					
	Medicaid?					
	*Read if necessary: In this State it is also called *(Refer to flashcard F14 for state Medicaid names).					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	xt: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months					
SkipInstruc	tions: <1,2,R,D> [goto TRPAYCHP]					

Question ID:	CMS.120_05.000 Instrument Variable Name:	TRPAYCHP	QuestionnaireFileName:	Sample Child
QuestionText:	*Read if necessary: Please tell me who pay months.	ys or paid for [fill1: S.C.	name]'s treatment or counselir	ng during the past 6
	[fill2: A state CHIP/SCHIP program?/ [STI	NAME1]]?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTe	xt: Sample children 4-17 who currently behavior, or being able to get along i past 6 months			
SkipInstruc	tions: <1,2,R,D>[goto TRPAYMIL]			

Child Mental Health Services

Document Version Date: 29-May-14

Question ID:	CMS.120_0	06.000 Instrument Variable Name:	TRPAYMIL	QuestionnaireFileName:	Sample Child
QuestionText:	*Read if months.	necessary: Please tell me who pay	vs or paid for [fill1: S.	C. name]'s treatment or counselir	ng during the past 6
	Military	health care?			
1	Yes				
2	No				
7	Refused	1			
9	Don't k	now			
UniverseTex	be	ample children 4-17 who currently ehavior, or being able to get along i ast 6 months			
SkinInstruc	tions: <	1 2 R D> [goto TRPAYSHP]			
SkipInstruc	tions: <	1,2,R,D> [goto TRPAYSHP]			
		1,2,R,D> [goto TRPAYSHP] 07.000 Instrument Variable Name:	TRPAYSHP	QuestionnaireFileName:	Sample Child
SkipInstruc Question ID: QuestionText:	CMS.120_0				•
Question ID:	CMS.120_0 *Read if months.	07.000 Instrument Variable Name:	vs or paid for [fill1: S.	C. name]'s treatment or counselir	*
Question ID:	CMS.120_0 *Read if months.	07.000 Instrument Variable Name: Snecessary: Please tell me who pay	vs or paid for [fill1: S.	C. name]'s treatment or counselir	*
Question ID: QuestionText:	CMS.120_0 *Read if months. Some ot	07.000 Instrument Variable Name: Snecessary: Please tell me who pay	vs or paid for [fill1: S.	C. name]'s treatment or counselir	•

9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months

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

Page	25	of	32
------	----	----	----

Child Mental Health Services

Document Version Date: 29-May-14

Question ID:	CMS.12)_09.000 Instrument Variable Name:	TRPAYIHS	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea mont	d if necessary: Please tell me who pays	s or paid for [fill1: S.C	C. name]'s treatment or counselir	ng during the past 6
	India	n Health Service?			
1	Yes				
2	No				
7	Refu	sed			
9	Don	t know			
UniverseTex	t:	Sample children 4-17 who currently h behavior, or being able to get along in past 6 months			
SkipInstruct	ions:	<1,2,R,D> [goto TRPAYOTH]			
_					
Question ID:	CMS.12)_10.000 Instrument Variable Name:	TRPAYOTH	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea mont	d if necessary: Please tell me who pays	s or paid for [fill1: S.C	C. name]'s treatment or counselir	ng during the past 6

- 1 Yes
- 2 No
- 7 Refused

9 Don't know

UniverseText:	Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration,
	behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the
	past 6 months

SkipInstructions: <1,2,R,D> if TRPAYPHI=2,R,D and TRPAYSCH=2,R,D and TRPAYSLF=2,R,D and TRPAYMED=2,R,D and TRPAYCHP=2,R,D and TRPAYMIL=2,R,D and TRPAYSHP=2,R,D and TRPAYIHS=2,R,D and TRPAYOTH=2,R,D [goto TRETFREE]; else [goto TRTNEED1]

Child Mental Health Services

Question ID:	CMS.120_	_12.000	Instrument Va	riable Name:	TRETFREE		QuestionnaireFileName:	Sample Child
QuestionText:	Was A	LL OF 1	ΓHE treatment	or counseling [1	fill1: S.C. name] R	ECEIV	ED during the past 6 mont	hs free?
1	Yes							
2	No							
7	Refus	ed						
9	Don't	know						
UniverseTex	xt:	Sample	children 4-17 v	vho did not pay	for treatment			
SkipInstruct	tions:	<1,2,R,I	D>[goto TRTN	EED1]				

Question ID:	CMS.150_00.000 Instrument Variable Name: TRTNEED1 QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 6 MONTHS, did [fill1: S.C. name] need treatment or counseling for these difficulties but didn't get it ?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months
SkipInstruct	ns: <1> [goto NTRTCOST] <2,R,D> [goto next section]

Question ID:	CMS.150_01.000 Instrument Variable Name:	NTRTCOST	QuestionnaireFileName:	Sample Child
QuestionText:	Please tell me if any of these reasons kept	[fill1: S.C. name] from	n getting treatment or counseling.	
	Help was too expensive?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children 4-17 who currently didn't get it in the past 6 months	have or have had at l	east minor difficulties and who ne	eded treatment but
SkipInstruc	tions: <1,2,R,D> [goto NTRTLOC]			

Child Mental Health Services

Question ID:	CMS.15	0_02.000 Instrument Variable Name:	NTRTLOC	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea	d lead-in if necessary:			
	Pleas	e tell me if any of these reasons kept [f	ill1: S.C. name] fi	rom getting treatment or counseling.	
	You	didn't know where to go?			
1	Yes				
2	No				
7	Refi	ised			
9	Don	't know			
UniverseTex	xt:	Sample children 4-17 who currently h didn't get it in the past 6 months	ave or have had a	t least minor difficulties and who nee	eded treatment but
SkipInstruc	tions:	<1,2,R,D> [goto NTRTNEXP]			

Question ID:	CMS.150_03.000 Instrument Variable Name:	NTRTNEXP	QuestionnaireFileName:	Sample Child
QuestionText:	*Read lead-in if necessary:			
	Please tell me if any of these reasons kept [fill1: S.C. name] from	n getting treatment or counseling.	
	You had a negative experience with profess	sionals?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children 4-17 who currently didn't get it in the past 6 months	have or have had at l	east minor difficulties and who ne	eded treatment but
SkipInstruct	tions: <1,2,R,D> [goto NTRTFEAR]			

Child Mental Health Services

Question ID:	CMS.150_	_04.000 Instrument Variable Name:	NTRTFEAR	QuestionnaireFileName:	Sample Child
QuestionText:	*Read	lead-in if necessary:			
	Please	tell me if any of these reasons kept [fi	ill1: S.C. name] from	n getting treatment or counseling.	
	You ar	e afraid or you don't like professionals	s?		
1	Yes				
2	No				
7	Refus	ed			
9	Don't	know			
UniverseTex		Sample children 4-17 who currently h didn't get it in the past 6 months	ave or have had at l	east minor difficulties and who nee	eded treatment but
SkipInstruct	tions:	<1,2,R,D> [goto NTRTLOSE]			

Question ID:	CMS.150_05	5.000 Instrument Variable Name:	NTRTLOSE	QuestionnaireFileName:	Sample Child
QuestionText:	*Read lea	ad-in if necessary:			
	Please tel	l me if any of these reasons kept [fill	1: S.C. name] from gettin	ng treatment or counseling.	
	You were	e afraid [fill1: S.C. name] would be ta	aken from your home or t	hat you would lose your par	ental rights or custody?
1	Yes				
2	No				
7	Refused				
9	Don't kn	low			
UniverseTex		mple children 4-17 who currently hav In't get it in the past 6 months	ve or have had at least mi	nor difficulties and who nee	ded treatment but
SkipInstruc	tions: <1,	,2,R,D> [goto NTRTSAY]			

Page 2	9 of 32
--------	---------

Child Mental Health Services

Question ID:	CMS.150	_06.000 Instrument Variable Name:	NTRTSAY	QuestionnaireFileName:	Sample Child
QuestionText:	*Read	lead-in if necessary:			
	Please	tell me if any of these reasons kept [f	ill1: S.C. name] fi	om getting treatment or counseling.	
	You w	ere afraid of what your family or frier	nds would say?		
1	Yes				
2	No				
7	Refus	ed			
9	Don't	know			
UniverseTex		Sample children 4-17 who currently h didn't get it in the past 6 months	nave or have had a	t least minor difficulties and who nee	eded treatment but
SkipInstruct	tions:	<1,2,R,D> [goto NTRTWAIT]			

Question ID:	CMS.150_07.000 Instrument Variable Name	NTRTWAIT	QuestionnaireFileName:	Sample Child
QuestionText:	*Read lead-in if necessary:			
	Please tell me if any of these reasons kep	t [fill1: S.C. name] from	n getting treatment or counseling.	
	You had to wait a long time for an appoint	ntment?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children 4-17 who current didn't get it in the past 6 months	ly have or have had at lo	east minor difficulties and who nee	eded treatment but
SkipInstruc	tions: <1,2,R,D> [goto NTRTTRAN]			

Child Mental Health Services

Question ID:	CMS.150_08.000 Instrument	/ariable Name:	NTRTTRAN	QuestionnaireFileName:	Sample Child
QuestionText:	*Read lead-in if necessary:				
	Please tell me if any of thes	e reasons kept [fill	1: S.C. name] from	a getting treatment or counseling.	
	You had no way to get there	e?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	st: Sample children 4-17 didn't get it in the pa	-	ve or have had at le	east minor difficulties and who nee	eded treatment but
SkipInstruc	tions: <1,2,R,D> [goto NT]	RTINCV]			

Question ID:	CMS.150	0_09.000 Instrument Var	iable Name:	NTRTINCV	QuestionnaireFileName:	Sample Child
QuestionText:	*Read	l lead-in if necessary:				
	Please	e tell me if any of these r	easons kept [fil	11: S.C. name] from ge	ting treatment or counseling.	
	Servio	es were too inconvenier	it to use?			
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseTex	xt:	Sample children 4-17 w didn't get it in the past 6	5	we or have had at least	minor difficulties and who nee	ded treatment but
SkipInstruc	tions:	<1,2,R,D> [goto NTRT	FAR]			

Child Mental Health Services

Question ID:	CMS.150_10.000 Instrument Variable Name	: NTRTFAR	QuestionnaireFileName:	Sample Child
QuestionText:	*Read lead-in if necessary:			
	Please tell me if any of these reasons kept	t [fill1: S.C. name] fr	om getting treatment or counseling.	
	Services were too far away?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children 4-17 who currentl didn't get it in the past 6 months	y have or have had a	t least minor difficulties and who nee	eded treatment but
SkipInstruc	tions: <1,2,R,D> [goto NTRTCHNO]			

Question ID:	CMS.150	0_11.000 Instrument Variable Name:	NTRTCHNO	QuestionnaireFileName:	Sample Child
QuestionText:	*Read	d lead-in if necessary:			
	Please	e tell me if any of these reasons kept [fill	1: S.C. name] from gettin	ng treatment or counseling.	
	[fill1:	S.C. name] did not want to go?			
1	Yes				
2	No				
7	Refu	sed			
9	Don ³	't know			
UniverseTex	xt:	Sample children 4-17 who currently hav didn't get it in the past 6 months	ve or have had at least m	inor difficulties and who nee	ded treatment but
SkipInstruc	tions:	<1,2,R,D> [goto NTRTOTH]			

Child Mental Health Services

Question ID:	CMS.150	0_12.000 Instru	ment Variable Name:	NTRTOTH	QuestionnaireFileName:	Sample Child
QuestionText:	*Read	d lead-in if nece	ssary:			
	Please	e tell me if any o	of these reasons kept [fill1: S.C. name] from	m getting treatment or counseling.	
	Some	other reason?				
1	Yes					
2	No					
7	Refu	sed				
9	Don	't know				
UniverseTex	xt:		n 4-17 who currently the past 6 months	have or have had at l	east minor difficulties and who ne	eded treatment but
SkipInstruct	tions:	<1,2,R,D>[go	to next section]			

	Page 1 of 4				
	2013 NHIS Questionnaire - Sample Child				
	Child Influenza Immunization				
Document Version Date: 29-May-14					
Question ID:	CFI.005_00.010 Instrument Variable Name: CH1N1_1 QuestionnaireFileName: Sample Child				
QuestionText:	?[F1]				
	DURING THE PAST 12 MONTHS, has {SC name} had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: Sample Child LE 17 years				
SkipInstruct	<pre>tions: <1> [goto CH1N1_2] <2,R,D> [goto next section]</pre>				
Question ID:	CFI.005_00.020 Instrument Variable Name: CH1N1_2 QuestionnaireFileName: Sample Child				
QuestionText:	How many vaccinations has {S.C. name} received?				
1	1 vaccination or dose				
2	2 or more vaccination doses				
7	Refused				
9	Don't know				
UniverseTex	xt: Sample Child LE 17 years who have had an vaccine dose				
SkipInstruct	tions: <1,2> [goto CH1N1 3M]				

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

2013 NHIS Questionnaire - Sample Child Child Influenza Immunization Document Version Date: 29-May-14					
Question ID:	CFI.005_00.030) Instrument Variable Name:	CH1N1_3M	QuestionnaireFileName:	Sample Child
uestionText:	1 of 2				
	During what	month and year did {S.C. name	e} receive {fill: his/he	r} most recent flu vaccine?	
01	January				
02	February				
03	March				
04	April				
05	May				
06	June				
07	July				
08	August				
09	September				
10	October				
11	November				
12	December				
97	Refused				
<i>,</i>	Refused				
		le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g</r>		ses	
UniverseText SkipInstructi	t: Samp	le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g</r>		ses QuestionnaireFileName:	Sample Child
UniverseText SkipInstructi Puestion ID:	t: Samp ions: <1-12	le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g</r>	oto CH1N1_5]		Sample Child
UniverseText SkipInstructi	t: Samp ions: <1-12 CFI.005_00.040 2 of 2	le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g</r>	oto CH1N1_5]		Sample Child
UniverseText SkipInstructi Puestion ID:	t: Samp ions: <1-12 CFI.005_00.040 2 of 2	le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g) Instrument Variable Name:</r>	oto CH1N1_5]		Sample Child
UniverseText SkipInstructi uestion ID: uestionText: Year	t: Samp ions: <1-12 CFI.005_00.04(2 of 2 *Enter year Year	le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g) Instrument Variable Name:</r>	oto CH1N1_5]		Sample Child
UniverseText SkipInstructi Puestion ID: PuestionText:	t: Samp ions: <1-12 CFI.005_00.040 2 of 2 *Enter year	le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g) Instrument Variable Name: of most recent flu vaccine.</r>	oto CH1N1_5]		Sample Child
UniverseText SkipInstructi Puestion ID: PuestionText: Year 9997	t: Samp ions: <1-12 CFI.005_00.040 2 of 2 *Enter year Year Refused Don't know	le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g) Instrument Variable Name: of most recent flu vaccine.</r>	oto CH1N1_5] CH1N1_4Y		
UniverseText SkipInstructi Duestion ID: DuestionText: Year 9997 9999	t: Samp ions: <1-12 CFI.005_00.040 2 of 2 *Enter year Year Refused Don't know t: Samp dose ions: <valid [If CF [If CF</valid 	 le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g</r> Instrument Variable Name: of most recent flu vaccine. le Child LE 17 years who have l year,R,D> [goto CH1N1_5] H1N1_3M and CH1N1_4Y = a f H1N1_3M and CH1N1_4Y = a f 	oto CH1N1_5] CH1N1_4Y had one or more vacc	QuestionnaireFileName: ine doses and gave month/don't 1_ CH1N1_4Y]	know month of vaccine
UniverseText SkipInstructi Puestion ID: PuestionText: Year 9997 9999 UniverseText	t: Samp ions: <1-12 CFI.005_00.040 2 of 2 *Enter year Year Refused Don't know t: Samp dose ions: <valid [If CH [If CH [If CH [If CH</valid 	 le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g</r> Instrument Variable Name: of most recent flu vaccine. le Child LE 17 years who have l year,R,D> [goto CH1N1_5] H1N1_3M and CH1N1_4Y = a f H1N1_3M and CH1N1_4Y = a f 	oto CH1N1_5] CH1N1_4Y had one or more vacc	QuestionnaireFileName: ine doses and gave month/don't 1_CH1N1_4Y] o ERR2_CH1N1_4Y]	know month of vaccine
UniverseText SkipInstructi Duestion ID: DuestionText: Year 9997 9999 UniverseText SkipInstructi	t: Samp ions: <1-12 CFI.005_00.040 2 of 2 *Enter year Year Refused Don't know t: Samp dose ions: <valid [If CH [If CH [If CH FRR *Futu ERR2</valid 	le Child LE 17 who have had or ,D> [goto CH1N1_4Y] <r> [g) Instrument Variable Name: of most recent flu vaccine. le Child LE 17 years who have d year,R,D> [goto CH1N1_5] HN1_3M and CH1N1_4Y = a f HN1_3M and CH1N1_4Y = a f</r>	oto CH1N1_5] CH1N1_4Y had one or more vacc	QuestionnaireFileName: ine doses and gave month/don't 1_CH1N1_4Y] o ERR2_CH1N1_4Y]	know month of vaccine

Page	3	of	4
------	---	----	---

Child Influenza Immunization

Question ID:	CFI.005_00.050	Instrument Variable Name:	CH1N1_5	QuestionnaireFileName:	Sample Child		
QuestionText:	Was this a sho	ot, or was it a vaccine sprayed	in the nose?				
	*Read if neces	*Read if necessary: The flu nasal spray is called FluMist(trademark).					
1	Flu shot						
2	Flu nasal spra	Flu nasal spray (spray, mist or drop in nose)					
7	Refused	Refused					
9	Don't know	Don't know					
UniverseTex	xt: Sample	Child LE 17 years who have	had one or more w	raccine doses			
SkipInstructions: <1-2,R,D> IF CH1N1_2=1 [goto next section]; else if CH1N1_2=2 [goto CH1N1_6M]							

Question ID:	CFI.005_00.060	Instrument Variable Name:	CH1N1_6M	QuestionnaireFileName:	Sample Child
QuestionText:	1 of 2				
	During what n	nonth and year did {S.C. name	} receive {fill: his/h	er} next most recent flu vaccine?	
01	January				
02	February				
03	March				
04	April				
05	May				
06	June				
07	July				
08	August				
09	September				
10	October				
11	November				
12	December				
97	Refused				
99	Don't know				
UniverseTex	t: Sample	Child LE 17 years who have h	ad more than one v	accine doses	
SkipInstruc	tions: <1-12,[D> [goto CH1N1_7Y] <r> [go</r>	oto CH1N1_8]		

Child Influenza Immunization

Question ID:	CFI.005_0	0.070	Instrument Variable Name:	CH1N1_7Y	QuestionnaireFileName:	Sample Child	
QuestionText:	2 of 2						
	*Enter	year of	next most recent flu vaccine.				
Year	Year						
9997	Refus	ed					
9999	Don't	know					
UniverseTex		Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose					
SkipInstructions:		<valid year,r,d=""> [goto CH1N1_8] [If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y] [If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_CH1N1_7Y] [If CH1N1_6M and CH1N1_7Y = a date prior to 12 months ago] goto ERR3_CH1N1_7Y]</valid>					
Hard Edit:		ERR1_CH1N1_7Y *Future date invalid.					
			CH1N1_7Y before birth.				
			CH1N1_7Y before 12 months ago.				
Question ID:	CFI.005_0	0.080	Instrument Variable Name:	CH1N1_8	QuestionnaireFileName:	Sample Child	
QuestionText:	QuestionText: Was this a shot, or was it a vaccine sprayed in the nose?						
	*Read	if neces	sary: The flu nasal spray is ca	alled FluMist(trade	mark).		
1	Flu sh	ot					
2		Flu nasal spray (spray, mist or drop in nose)					
7	Refus						
9	Don't	know					
UniverseTex	xt:	Sample	Child LE 17 years who have	more than one vac	cine dose		
SkipInstruc	tions:	<1 - 2,R,	D> [goto next section]				