

ICPSR 27201

**National Health Interview Survey,
2007**

*United States Department of Health and
Human Services. National Center for
Health Statistics*

Sample Child Level, Questionnaire, English

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Political and Social Research
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2007 NHIS Questionnaire - Sample Child
Child Identification

Document Version Date: 28-May-08

Question ID: CID.001_00.000 **Instrument Variable Name:** CURRE5 **QuestionnaireFileName:** Sample Child

QuestionText: * Enter the line number of the person to whom you are speaking.

01-25 Person number of the respondent for Sample Child

UniverseText: Sample child section not started or not completed

SkipInstructions:

```
if CSTAT ne empty and CSTAT ne '2' THEN
  if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
  elseif recontact.RCIFLAG ne '1' THEN
    goto recontact.RCI_BEGIN procedure
  else
    goto back.OUTCOMEB1 procedure
  endif
  goto back.OUTCOMEB1 procedure
endif

<01-25> if this is NOT an allowable line number
  goto ERR_CURRE5
elseif CURRE5 = a line number entered in KNOWSC2
  store CURRE5 in CSPAVAIL and CSRESP
  goto CSRELTIV
elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
  goto KNOAVAIL
else
  goto CSPAVAIL
endif
```

2007 NHIS Questionnaire - Sample Child Child Identification

Document Version Date: 28-May-08

Question ID: CID.010_00.000 **Instrument Variable Name:** CSPAVAIL **QuestionnaireFileName:** Sample Child

QuestionText: The next questions are about [fill1: ALIAS of Sample Child].

Is [fill2:KNOWSC2 names] available to answer some questions about [fill3: HISHER] health?

* Enter line number of available respondent from list or enter '96' if no one is available.

* If refused enter CTRL_R.

01-25 Person # of person available to answer questions about Sample Child

96 No person available

UniverseText: Someone identified as knowledgeable about child's health and knowledgeable person(s) not entered in CURRE

SkipInstructions:

```

<01-25> if line number not equal one of the line numbers in KNOWSC2
    goto child.cid.ERR_CSPAVAIL
    else
    store child.cid.CSPAVAIL in child.cid.CSRESP
    goto child.cid.CSRELTIV
    endif
<96> store child.cid.CSPAVAIL in child.cid.CSRESP
    goto cbk.CCALLBK1
<R> store '4' in CSTAT(FAMINT)
    if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
    elseif recontact.RCIFLAG ne '1' THEN
    goto recontact.RCI_BEGIN procedure
    else
    goto back.OUTCOMEB1 procedure
    endif
  
```

Question ID: CID.030_00.000 **Instrument Variable Name:** CSRELTIV **QuestionnaireFileName:** Sample Child

QuestionText: (book) C1

[fill1: The next questions are about [fill2: ALIAS of Sample Child].]
What is your relationship to [fill2: ALIAS of Sample Child]?

01 Parent (Biological, adoptive, or step)

02 Grandparent

03 Aunt/Uncle

UniverseText: Someone identified as knowledgeable about child's health

SkipInstructions:

```

<1-8,R,D> If CSRESP = demographics.hhc.RELRESP_A
    goto child.chs.BWGT_LB
    elseif CSRESP = demographics.hhc.HHRESP
    goto child.chs.BWGT_LB
    else]
    goto CSPVERF_S
    endif]
  
```

2007 NHIS Questionnaire - Sample Child
Child IdentificationDocument Version Date: 28-May-08

Question ID: CID.040_00.000 **Instrument Variable Name:** CSPVERF_S **QuestionnaireFileName:** Sample Child**QuestionText:** * Please verify the following information about the sample child before proceeding:

I have recorded [fill1: ALIAS of Sample Child]'s sex as [fill2: Sex of Sample Child]. Is this correct?

* If respondent "refuses" or says "don't know", enter "1" for "yes".

1 Yes

2 No

UniverseText: Respondent is not the person entered in HHRESP or RELRESP_A.**SkipInstructions:** <1> goto CSPVERF_A
<2> goto NEWSEX

Question ID: CID.041_00.000 **Instrument Variable Name:** NEWSEX **QuestionnaireFileName:** Sample Child**QuestionText:** * Ask if appropriate; otherwise, enter your best guess of the person's sex.

Is [fill: ALIAS of Sample Child] Male or Female?

1 Male

2 Female

UniverseText: Respondent said child's sex is not correct.**SkipInstructions:** <1,2> store NEWSEX in SEX
goto ERR_NEWSEX
reset CSPVERF_S
goto CSPVERF_S

Question ID: CID.042_00.000 **Instrument Variable Name:** CSPVERF_A **QuestionnaireFileName:** Sample Child**QuestionText:** * Please verify the following information about the sample child before proceeding:

I have recorded [fill1: ALIAS of Sample Child]'s age as [fill2: Age of Sample Child] old. Is this correct?

* If respondent "refuses" or says "don't know", enter "1" for "yes".

1 Yes

2 No

UniverseText: Respondent verified child's sex**SkipInstructions:** <1> goto CSPVERF_D
<2> goto NEWAGE

2007 NHIS Questionnaire - Sample Child
Child IdentificationDocument Version Date: 28-May-08

Question ID: CID.043_00.000 **Instrument Variable Name:** NEWAGE **QuestionnaireFileName:** Sample Child**QuestionText:** How old is [fill1: ALIAS of Sample Child]?

* If age given in months, weeks, or days, convert age to appropriate year. If less than one year old, enter "0".

000-120 Age in years**UniverseText:** Respondent said child's age is not correct**SkipInstructions:** <0-120, Refused, Don't know>
if NEWAGE = 'Refused' or NEWAGE = 'Don't know' or NEWAGE = AGE
reset CSPVERF_A
goto ERR_NEWAGE
else
store NEWAGE in AGE
goto NEWDOB_M

Question ID: CID.044_00.000 **Instrument Variable Name:** CSPVERF_D **QuestionnaireFileName:** Sample Child**QuestionText:** * Please verify the following information about the sample child before proceeding:

I have recorded [fill1: ALIAS of Sample Child]'s birthday as [fill2: Birthday of Sample Child]. Is this correct?

* If respondent "refuses" or says "don't know", enter "1" for "yes".

1 Yes**2** No**UniverseText:** Respondent verified child's sex**SkipInstructions:** <1> if AGE of Sample Child ge '18'
goto CNO_MORE
else
goto child.chs.BWGT_LB
endif
<2> goto NEWDOB_M

2007 NHIS Questionnaire - Sample Child
Child Identification

Document Version Date: 28-May-08

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

QuestionText: 1 of 3

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

*Enter month of birth.

- 1 January
- 10 October
- 11 November
- 12 December
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September

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

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

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

QuestionText: 2 of 3

* Enter day of birth.

01-31 Day of the month

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

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

If days not valid, goto ERR_NEWDOB_D

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.010_01.000 **Instrument Variable Name:** BWGT_LB **QuestionnaireFileName:** Sample Child

QuestionText: What was [fill: S.C. name]'s birth weight?

* Enter 'M' to record metric measurements.

01-15 1-15 pounds
97 Refused
99 Don't know
M Metric

UniverseText: Sample children <18

SkipInstructions: <1-12> [goto BWGT_OZ]
<13-15> [goto ERR1_BWGT_LB]
<R,D> [goto CHGT_FT]
<M> [goto BWGT_GR]
[If NE <1-15, M, R, D> goto ERR2_BWGT_LB]

Question ID: CHS.010_02.000 **Instrument Variable Name:** BWGT_OZ **QuestionnaireFileName:** Sample Child

QuestionText: * Enter ounces.

00-15 0-15 ounces
97 Refused
99 Don't know
Blank Blank

UniverseText: Sample children <18 who have a value entered for weight in pounds.

SkipInstructions: <0-15,R,D> [goto CHGT_FT]
[if BWGT_LB = <0-15, R, D> and BWGT_OZ = <empty> go to CHGT_FT]

Question ID: CHS.011_00.000 **Instrument Variable Name:** BWGT_GR **QuestionnaireFileName:** Sample Child

QuestionText: * Enter weight in grams.

0500-5485 500-5485 grams
9997 Refused
9999 Don't know

UniverseText: Sample children <18 whose birth weight will be entered in metric.

SkipInstructions: <500-5485,R,D> [goto CHGT_FT]
<5486-6900> [goto ERR_BWGT_GR]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.020_01.000 **Instrument Variable Name:** CHGT_FT **QuestionnaireFileName:** Sample Child

QuestionText: How tall is [fill: S.C. name] now (without shoes)?

* If the child's height is given in inches, press 'ENTER' at feet and enter the measure in inches (36 inches maximum).

* Enter 'M' to record metric measurements.

00-07 0-7 feet
97 Refused
99 Don't know
M Metric

UniverseText: Sample children <18

SkipInstructions: <empty> [goto CHGT_IN]
 <0-7> [goto CHGT_IN]
 <R,D> [goto CWGT_LB]
 <M> [goto CHGT_M]
 [If NE <0-7, M, R, D> go to ERR_CHGT_FT]

Question ID: CHS.020_02.000 **Instrument Variable Name:** CHGT_IN **QuestionnaireFileName:** Sample Child

QuestionText: * Enter inches.

00-36 0-36 inches
97 Refused
99 Don't know

UniverseText: Sample children <18 whose height in feet is 0-7 or is left empty.

SkipInstructions: <0-36> [goto CWGT_LB]
 [If both CHGT_FT and CHGT_IN are either <empty> or <0>, display ERR1_CHGT_IN]
 [If CHGT_FT = <0-7> and CHGT_IN is GE <12> display ERR2_CHGT_IN]

Question ID: CHS.021_01.000 **Instrument Variable Name:** CHGT_M **QuestionnaireFileName:** Sample Child

QuestionText: * Enter height in metric.

* If the child's height is given in centimeters, press 'ENTER' at meters and enter the measure in centimeters (241 centimeters maximum).

0-2 0-2 meters
7 Refused
9 Don't know
Blank Blank

UniverseText: Sample children <18 whose current height will be entered in metric.

SkipInstructions: <0-2> [goto CHGT_CM]
 <R,D> [goto CWGT_LB]
 <empty> [go to CHGT_CM]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
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Question ID: CHS.021_02.000 **Instrument Variable Name:** CHGT_CM **QuestionnaireFileName:** Sample Child

QuestionText: * Enter centimeters.

000-241 0-241 centimeters
Blank Blank

UniverseText: Sample children <18 whose weight will be entered in metric, and who entered "0-2" for height in meters or left it empty.

SkipInstructions: <0-241> [goto CWGT_LB]
 [if CHGT_M = <empty, 0> and CHGT_CM = <empty, 0> go to ERR1_CHGT_CM]
 [if CHGT_M = 2 and CHGT_CM > 41 goto ERR2_CHGT_CM]
 [if CHGT_M = 1 and CHGT_CM >141 goto ERR2_CHGT_CM]

Question ID: CHS.022_00.000 **Instrument Variable Name:** CWGT_LB **QuestionnaireFileName:** Sample Child

QuestionText: How much does [fill: S.C. name] weigh now (without shoes)?

* Enter 'M' to record metric measurements.

* Enter '500' if 500 pounds or more.

001-500 1-500 pounds
997 Refused
999 Don't know
M Metric

UniverseText: Sample children <18

SkipInstructions: <1-500,R,D> [if age ge <2> goto ADD_1, else, goto ADD1_2]
 <M> [goto CWGT_KG]
 [if = <501-999> goto ERR1_CWGT_LB]
 [if NE <1-999, M, R, D> goto ERR2_CWGT_KG]

Question ID: CHS.023_00.000 **Instrument Variable Name:** CWGT_KG **QuestionnaireFileName:** Sample Child

QuestionText: * Enter weight in kilograms.

002-226 2-226 kilograms

UniverseText: Sample children <18 whose weight will be entered in metric.

SkipInstructions: <2-226> [if AGE ge <2> goto ADD_1; else goto ADD1_2]
 [if CWGT_KG > 226 goto ERR_CWGT_KG]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.031_02.000 **Instrument Variable Name:** ADD1_2 **QuestionnaireFileName:** Sample Child

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

Mental Retardation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto ADD1_3]

Question ID: CHS.031_03.000 **Instrument Variable Name:** ADD1_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any other developmental delay?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <2

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

Question ID: CHS.032_01.000 **Instrument Variable Name:** ADD_1 **QuestionnaireFileName:** Sample Child

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

Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 2-17

SkipInstructions: <1,2,R,D> [go to ADD_2]

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Question ID: CHS.032_02.000 **Instrument Variable Name:** ADD_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Mental Retardation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 2-17

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

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

QuestionText: * Read if necessary.

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

Any other developmental delay?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 2-17

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

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
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Question ID: CHS.060_00.000 **Instrument Variable Name:** CONDL **QuestionnaireFileName:** Sample Child

QuestionText: (book) C2

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

Which ones?

* Enter all that apply, separate with commas.

- 00 None
- 01 Down syndrome
- 02 Cerebral palsy
- 03 Muscular dystrophy
- 04 Cystic fibrosis
- 05 Sickle cell anemia
- 06 Autism
- 07 Diabetes
- 08 Arthritis
- 09 Congenital heart disease
- 10 Other heart condition
- 97 Refused
- 99 Don't know

UniverseText: Sample children <18

SkipInstructions: <0-10,R,D> [go to CPOX]
[If <0> and <1-10> go to ERR_CONDL]

Question ID: CHS.070_00.000 **Instrument Variable Name:** CPOX **QuestionnaireFileName:** Sample Child

QuestionText: Has [fill: S.C. Name] EVER had chickenpox?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [go to CPOX12MO]
<2,R,D> [go to CASHMEV]

Question ID: CHS.072_00.000 **Instrument Variable Name:** CPOX12MO **QuestionnaireFileName:** Sample Child

QuestionText: Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 who have had chickenpox

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

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.080_00.000 **Instrument Variable Name:** CASHMEV **QuestionnaireFileName:** Sample Child

QuestionText: Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [go to CASSTILL]
<2,R,D> [goto LUNGYR]

Question ID: CHS.085_00.000 **Instrument Variable Name:** CASSTILL **QuestionnaireFileName:** Sample Child

QuestionText: Does [fill: S.C. name] still have asthma?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

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

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

Question ID: CHS.090_00.000 **Instrument Variable Name:** CASHYR **QuestionnaireFileName:** Sample Child

QuestionText: The following questions are about [fill: S.C. name]'s asthma DURING THE PAST 12 MONTHS.

DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

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

SkipInstructions: <1> [go to CASMERYR]
<2,R,D> [goto LUNGYR]

Question ID: CHS.100_00.000 **Instrument Variable Name:** CASMERYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] have to visit an emergency room or urgent care center because of [fill2: his/her] asthma?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 who has had an episode of asthma or an asthma attack in the past 12 months

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

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Question ID: CHS.110_01.010 **Instrument Variable Name:** LUNGYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had
...Lung or breathing problems, other than asthma?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

Question ID: CHS.110_02.020 **Instrument Variable Name:** CANCERYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had
...Cancer?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

Question ID: CHS.110_03.030 **Instrument Variable Name:** NEUROYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had
...Neurological problems?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
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Question ID: CHS.110_04.040 **Instrument Variable Name:** URINYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Urinary problems, including urinary tract infection?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

Question ID: CHS.110_05.050 **Instrument Variable Name:** GUMYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Gum disease?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

Question ID: CHS.110_06.060 **Instrument Variable Name:** FLUYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Influenza or pneumonia?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

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Question ID: CHS.110_07.070 **Instrument Variable Name:** SINUSYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Sinusitis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

Question ID: CHS.110_08.080 **Instrument Variable Name:** STREPYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had

...Strep throat or tonsillitis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [if AGE LE 2 go to CCONDT1_1; if AGE >2 go to CCONDT_1]

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

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

Hay fever?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

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

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Question ID: CHS.111_02.000 **Instrument Variable Name:** CCONDT1_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of respiratory allergy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_3]

Question ID: CHS.111_03.000 **Instrument Variable Name:** CCONDT1_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_4]

Question ID: CHS.111_04.000 **Instrument Variable Name:** CCONDT1_4 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_5]

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

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_6]

Question ID: CHS.111_06.000 **Instrument Variable Name:** CCONDT1_6 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Anemia?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_8]

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: S.C. name] had any of the following conditions...

Three or more ear infections?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_9]

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Question ID: CHS.111_09.000 **Instrument Variable Name:** CCOND1_9 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Seizures?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to ALOTHYR1]

Question ID: CHS.112_01.010 **Instrument Variable Name:** ALOTHYR1 **QuestionnaireFileName:** Sample Child

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

...Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to ABDOMYR1]

Question ID: CHS.112_02.020 **Instrument Variable Name:** ABDOMYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Abdominal pain?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to BACKYR1]

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Question ID: CHS.112_03.030 **Instrument Variable Name:** BACKYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Back or neck pain?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to PNOTHYR1]

Question ID: CHS.112_04.040 **Instrument Variable Name:** PNOTHYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Other chronic pain?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to FATIGYR1]

Question ID: CHS.112_05.050 **Instrument Variable Name:** FATIGYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fatigue or lack of energy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to FEVRYR1]

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Question ID: CHS.112_06.060 **Instrument Variable Name:** FEVRYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fever?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to COLDYR1]

Question ID: CHS.112_07.070 **Instrument Variable Name:** COLDYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Head or chest cold?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to THOTHYR1]

Question ID: CHS.112_08.080 **Instrument Variable Name:** THOTHYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Sore throat other than strep or tonsillitis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to ACIDYR1]

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.112_09.090 **Instrument Variable Name:** ACIDYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with acid reflux or heartburn?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to NAUSYR1]

Question ID: CHS.112_10.100 **Instrument Variable Name:** NAUSYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Nausea and/or vomiting?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CONSPYR1]

Question ID: CHS.112_11.110 **Instrument Variable Name:** CONSPYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Recurring constipation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to OVRWTYR1]

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.112_12.120 **Instrument Variable Name:** OVRWTYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with being overweight?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to ACNEYR1]

Question ID: CHS.112_13.130 **Instrument Variable Name:** ACNEYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Severe acne?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to WARTSYR1]

Question ID: CHS.112_14.140 **Instrument Variable Name:** WARTSYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Warts?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to SKOTHYR1]

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.112_15.150 **Instrument Variable Name:** SKOTHYR1 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Skin problems other than eczema, acne, or warts?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children LE 2

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

Question ID: CHS.115_01.000 **Instrument Variable Name:** CCONDT_1 **QuestionnaireFileName:** Sample Child

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

Hay fever?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_2]

Question ID: CHS.115_02.000 **Instrument Variable Name:** CCONDT_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of respiratory allergy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_3]

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.115_03.000 **Instrument Variable Name:** CCONDT_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_4]

Question ID: CHS.115_04.000 **Instrument Variable Name:** CCONDT_4 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_5]

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

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_6]

2007 NHIS Questionnaire - Sample Child
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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: S.C. name] had any of the following conditions...

Anemia?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_7]

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: S.C. name] had any of the following conditions...

Frequent or severe headaches, including migraines?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_8]

Question ID: CHS.115_08.000 **Instrument Variable Name:** CCONDT_8 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Three or more ear infections?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_9]

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

QuestionText: * Read if necessary.

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

Seizures?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_10]

Question ID: CHS.115_10.000 **Instrument Variable Name:** CCONDT_10 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Stuttering or stammering?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to ALOTHYR2]

Question ID: CHS.120_01.010 **Instrument Variable Name:** ALOTHYR2 **QuestionnaireFileName:** Sample Child

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

...Allergies other than hay fever, respiratory allergies, food or digestive allergies, or skin allergies?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to HEADYR2]

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Question ID: CHS.120_02.020 **Instrument Variable Name:** HEADYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Recurring headache, other than migraine?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17 who had frequent or severe headaches, including migraines

SkipInstructions: <1,2,R,D> [go to ABDOMYR2]

Question ID: CHS.120_03.030 **Instrument Variable Name:** ABDOMYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Abdominal pain?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to BACKYR2]

Question ID: CHS.120_04.040 **Instrument Variable Name:** BACKYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Back or neck pain?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to PNOTHYR2]

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Question ID: CHS.120_05.050 **Instrument Variable Name:** PNOTHYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Other chronic pain?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to FATIGYR2]

Question ID: CHS.120_06.060 **Instrument Variable Name:** FATIGYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fatigue or lack of energy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to FEVYR2]

Question ID: CHS.120_07.070 **Instrument Variable Name:** FEVYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Fever?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to COLDYR2]

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Question ID: CHS.120_08.080 **Instrument Variable Name:** COLDYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Head or chest cold?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to THOTHYR2]

Question ID: CHS.120_09.090 **Instrument Variable Name:** THOTHYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Sore throat other than strep or tonsillitis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to ACIDYR2]

Question ID: CHS.120_10.100 **Instrument Variable Name:** ACIDYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with acid reflux or heartburn?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to NAUSYR2]

2007 NHIS Questionnaire - Sample Child
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Question ID: CHS.120_11.110 **Instrument Variable Name:** NAUSYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Nausea and/or vomiting?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to CONSPYR2]

Question ID: CHS.120_12.120 **Instrument Variable Name:** CONSPYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Recurring constipation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to INSOMYR2]

Question ID: CHS.120_13.130 **Instrument Variable Name:** INSOMYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Insomnia or trouble sleeping?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to OVRWTYR2]

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Question ID: CHS.120_14.140 **Instrument Variable Name:** OVRWTYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Problems with being overweight?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to ACNEYR2]

Question ID: CHS.120_15.150 **Instrument Variable Name:** ACNEYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Severe acne?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to WARTSYR2]

Question ID: CHS.120_16.160 **Instrument Variable Name:** WARTSYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Warts?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [go to SKOTHYR2]

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Question ID: CHS.120_17.170 **Instrument Variable Name:** SKOTHYR2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Skin problems other than eczema, acne, or warts?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

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

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

QuestionText: Compared with 12 months ago, would you say [fill: S.C. name]'s health is now better, worse, or about the same?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1-3,R,D> [if AGE le <4> goto CCOLD2W; else goto SCHDAYR]

Question ID: CHS.220_00.000 **Instrument Variable Name:** SCHDAYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, that is, since [fill1: 12-month ref. date], about how many days did [fill2: S.C. name] miss school because of illness or injury?

* Enter '996' if child did not go to school in the past 12 months.

- 000 None
- 001-240 1-240 days
- 996 Did not go to school
- 997 Refused
- 999 Don't know

UniverseText: Sample children 5-17

SkipInstructions: <0-99,996,R,D> [goto CCOLD2W]
<100-240> [go to ERR1_SCHDAYR]
<241-995> [goto ERR2_SCHDAYR]

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Question ID: CHS.230_00.000 **Instrument Variable Name:** CCOLD2W **QuestionnaireFileName:** Sample Child

QuestionText: * Hand calendar card.

These next questions are about [fill: S.C name]'s recent health during the 2 weeks outlined on that calendar.

Did [fill: SC name] have a head cold or chest cold that started during those two weeks?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CINTIL2W]

Question ID: CHS.240_00.000 **Instrument Variable Name:** CINTIL2W **QuestionnaireFileName:** Sample Child

QuestionText: Did [fill: S.C. name] have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

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

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

- 1 Good
- 2 A little trouble
- 3 A lot of trouble
- 4 Deaf
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

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

QuestionText: Does [fill1: S.C. name] have any trouble seeing [fill2: , even when wearing glasses or contact lenses]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

Question ID: CHS.270_00.000 **Instrument Variable Name:** CBLIND **QuestionnaireFileName:** Sample Child

QuestionText: Is [fill: S.C. name] blind or unable to see at all?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 having trouble seeing

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

Question ID: CHS.290_00.000 **Instrument Variable Name:** IHSPEQ **QuestionnaireFileName:** Sample Child

QuestionText: Does [fill1: S.C. name] have any impairment or health problem that requires [fill2: him/her] to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

Question ID: CHS.300_00.000 **Instrument Variable Name:** IHMOB **QuestionnaireFileName:** Sample Child

QuestionText: Does [fill1: S.C. name] have an impairment or health problem that limits [fill2: his/her] ability to (crawl), walk, run, or play?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

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Question ID: CHS.310_00.000 **Instrument Variable Name:** IHMOBYR **QuestionnaireFileName:** Sample Child

QuestionText: Is this an impairment or health problem that has lasted, or is expected to last, 12 months or longer?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

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

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

Question ID: CHS.311_00.000 **Instrument Variable Name:** PROBRX **QuestionnaireFileName:** Sample Child

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

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [if AGE LE <1> go to CUSUALPL;
if AGE GE <3> go to LEARNND;
if AGE = <2> and SEX = <1> go to CMHAGM11_1;
if AGE = <2> and SEX = <2> go to CMHAGF11_1]

Question ID: CHS.312_00.000 **Instrument Variable Name:** LEARNND **QuestionnaireFileName:** Sample Child

QuestionText: Has a representative from a school or a health professional ever told you that [fill: S.C. name] had a learning disability?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3-17

SkipInstructions: <1,2,R,D> [if AGE > 3 go to DEPRSYR;
if AGE = 3 and SEX = 1 go to CMHAGM11_1;
if AGE = 3 and SEX = 2 go to CMHAGF11_1]

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Question ID: CHS.321_01.000 **Instrument Variable Name:** CMHAGM11_1 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3

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.

HE:

Has been uncooperative?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_2]

Question ID: CHS.321_02.000 **Instrument Variable Name:** CMHAGM11_2 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3

* 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.

HE:

Has trouble getting to sleep?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_3]

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Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.321_03.000 **Instrument Variable Name:** CMHAGM11_3 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3

* Read if necessary.

I am going to read a list of items that describe 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.

HE:

Has speech problems?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_4]

Question ID: CHS.321_04.000 **Instrument Variable Name:** CMHAGM11_4 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3

* 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.

HE:

Has been unhappy, sad, or depressed?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CUSUALPL]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.361_01.000 **Instrument Variable Name:** CMHAGF11_1 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3

I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

SHE:

Has temper tantrums or a hot temper?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGF11_2]

Question ID: CHS.361_02.000 **Instrument Variable Name:** CMHAGF11_2 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3

* Read if necessary.

I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

SHE:

Has speech problems?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGF11_3]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.361_03.000 **Instrument Variable Name:** CMHAGF11_3 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3

* Read if necessary.

I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

SHE:

Has been nervous or high-strung?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGF11_4]

Question ID: CHS.361_04.000 **Instrument Variable Name:** CMHAGF11_4 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C3

* Read if necessary.

I am going to read a list of items that describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

SHE:

Has been unhappy, sad, or depressed?

- 0 Not true
- 1 Sometimes true
- 2 Often true
- 7 Refused
- 9 Don't know

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CUSUALPL]

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.370_01.010 **Instrument Variable Name:** DEPRSYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had
...Depression?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

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

Question ID: CHS.370_02.020 **Instrument Variable Name:** PHOBYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill: SC name] had
...Phobia or fears?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

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

Question ID: CHS.375_01.010 **Instrument Variable Name:** C_ANXYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill: SC name] had
...Anxiety or stress?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

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

2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
Document Version Date: 28-May-08

Question ID: CHS.375_02.020 **Instrument Variable Name:** INCONTYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Incontinence, including bed wetting?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1,2,R,D> if age GE 10 and SEX=2 [goto MENSTYR]; else [goto CUSUALPL]

Question ID: CHS.380_00.010 **Instrument Variable Name:** MENSTYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill: SC name] had

...Menstrual problems such as heavy bleeding, bothersome cramping, or premenstrual syndrome (also called PMS)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Female sample children GE 10

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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: S.C. name] USUALLY goes when [fill2: he/she] is sick or you need advice about [fill3: his/her] health?

- 1 Yes
- 2 There is NO place
- 3 There is MORE THAN ONE place
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1,3> [go to CPLKIND]
<2,R,D> [go to CHCPLKND]

Question ID: CAU.030_00.000 **Instrument Variable Name:** CPLKIND **QuestionnaireFileName:** Sample Child

QuestionText: [fill1: What kind of place is it / What kind of place does [fill2: S.C. name] go to most often] - a clinic, doctor's office, emergency room, or some other place?

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 with one or more usual places to go when sick or need health advice

SkipInstructions: <1-5> [go to CHCPLROU]
<6,R,D> [go to CHCPLKND]

Question ID: CAU.035_00.000 **Instrument Variable Name:** CHCPLROU **QuestionnaireFileName:** Sample Child

QuestionText: Is that [fill1: CPLKIND/CAU.030] the same place [fill2: S.C. name] USUALLY goes when [fill3: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 with one or more usual places to go when sick or need health advice who reported that place as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.037_00.000 **Instrument Variable Name:** CHCPLKND **QuestionnaireFileName:** Sample Child

QuestionText: What kind of place does [fill1: S.C. name] USUALLY go to when [fill2: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.

SkipInstructions: <0-6,R,D> [if CUSUALPL=2,R,D goto CHCDLYR_1; else goto CHCCHGYR]

Question ID: CAU.040_00.000 **Instrument Variable Name:** CHCCHGYR **QuestionnaireFileName:** Sample Child

QuestionText: At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: S.C. name] USUALLY goes for health care?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 with one or more place to go when sick/need advice [or who reported same place as usual source of routine/preventive care]

SkipInstructions: <1> [go to CHCCHGHI]
<2,R,D> [goto to CHCDLYR1_1]

Question ID: CAU.050_00.000 **Instrument Variable Name:** CHCCHGHI **QuestionnaireFileName:** Sample Child

QuestionText: Was this change for a reason related to health insurance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 that have changed their usual place of health care in the past 12 months

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_1]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

You couldn't get through on the telephone.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_2]

Question ID: CAU.080_02.000 **Instrument Variable Name:** CHCDLYR1_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

You couldn't get an appointment for [fill: S.C. name] soon enough.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

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: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

Once you get there, [fill: S.C. name] has to wait too long to see the doctor.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_4]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

The (clinic/doctor's office) wasn't open when you could get there.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

Question ID: CAU.080_05.000 **Instrument Variable Name:** CHCDLYR1_5 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: S.C. name] for any of the following reasons IN THE PAST 12 MONTHS...

You didn't have transportation.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR]

Question ID: CAU.130_00.000 **Instrument Variable Name:** CHCAFYR **QuestionnaireFileName:** Sample Child

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

Prescription medicines?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <2

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.135_01.000 **Instrument Variable Name:** CHCAFYR1_1 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, was there any time when {S.C. name} NEEDED any of the following, but didn't get it because you couldn't afford it?

... Prescription medicines?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_2]

Question ID: CAU.135_02.000 **Instrument Variable Name:** CHCAFYR1_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: S.C. name] 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]

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: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it...

Dental care (including check-ups)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_4]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

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: S.C. name] NEEDED any of the following, but didn't get it because you couldn't afford it...

Eyeglasses?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 2

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

Question ID: CAU.160_00.000 **Instrument Variable Name:** CDENLONG **QuestionnaireFileName:** Sample Child

QuestionText: (book) C4

About how long has it been since [fill: S.C. name] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 0 Never
- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 2 years ago
- 4 More than 2 years, but not more than 5 years ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 1

SkipInstructions: <0-5,R,D> [if AGE GE <2> goto CHCSYR_1; else go to CHCSYR1_2]

Question ID: CAU.170_01.000 **Instrument Variable Name:** CHCSYR1_2 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, that is since {12-month ref. date}, has anyone in the family seen or talked to any of the following health care providers about {S.C. name}'s health?

... An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_3]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.170_02.000 **Instrument Variable Name:** CHCSYR1_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A foot doctor?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_5]

Question ID: CAU.170_03.000 **Instrument Variable Name:** CHCSYR1_5 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <2

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

Question ID: CAU.170_04.000 **Instrument Variable Name:** CHCSYR1_6 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A nurse practitioner, physician assistant or midwife?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR8]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.175_01.000 **Instrument Variable Name:** CHCSYR_1 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_2]

Question ID: CAU.175_02.000 **Instrument Variable Name:** CHCSYR_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_3]

Question ID: CAU.175_03.000 **Instrument Variable Name:** CHCSYR_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A foot doctor?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_4]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.175_04.000 **Instrument Variable Name:** CHCSYR_4 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A chiropractor?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_5]

Question ID: CAU.175_05.000 **Instrument Variable Name:** CHCSYR_5 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A 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]

Question ID: CAU.175_06.000 **Instrument Variable Name:** CHCSYR_6 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: S.C. name]'s health?

A nurse practitioner, physician assistant or midwife?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.230_00.000 **Instrument Variable Name:** CHCSYR7 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about [fill2: S.C. name]'s health?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 15 who are female

SkipInstructions: <1,2,R,D> [goto CHCSYR8_1]

Question ID: CAU.240_01.000 **Instrument Variable Name:** CHCSYR8_1 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: S.C. name]'s health?
A medical doctor who specializes in a particular medical disease or problem (fill3:other than obstetrician/ gynecologist, psychiatrist or ophthalmologist? /fill4: other than psychiatrist or ophthalmologist)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCSYR8_2]

Question ID: CAU.240_02.000 **Instrument Variable Name:** CHCSYR8_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: S.C. name]'s health?

A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [goto CHCSYR10]
<2,R,D> [goto CHPEXYR]

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.260_00.000 **Instrument Variable Name:** CHCSYR10 **QuestionnaireFileName:** Sample Child

QuestionText: Does that doctor treat children and adults (a doctor in general practice or family medicine)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 who have seen or talked to a general doctor during the past 12 months

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

Question ID: CAU.265_00.000 **Instrument Variable Name:** CHCSYREM **QuestionnaireFileName:** Sample Child

QuestionText: Did you see or talk to this general doctor because of an emotional or behavioral problem that [fill1: S.C. name] may have?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18 who have seen a general doctor in the past 12 months

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

Question ID: CAU.270_00.000 **Instrument Variable Name:** CHPEXYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] receive a well-child check-up, that is a general check-up, when [fill2: he/she] was not sick or injured?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.280_00.000 **Instrument Variable Name:** CHERNOYR **QuestionnaireFileName:** Sample Child

QuestionText: (book) C5

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] gone to a HOSPITAL EMERGENCY ROOM about [fill2: his/her] health? (This includes emergency room visits that resulted in a hospital admission.)

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

UniverseText: Sample children <18

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

Question ID: CAU.290_00.000 **Instrument Variable Name:** CHCHYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: S.C. name] receive care AT HOME from a nurse or other health care professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

Question ID: CAU.300_00.000 **Instrument Variable Name:** CHCHMOYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, how many months did [fill: S.C. name] receive care AT HOME from a health care professional?

01-12	1-12 months
97	Refused
99	Don't know

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

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.310_00.000 **Instrument Variable Name:** CHCHNOYR **QuestionnaireFileName:** Sample Child

QuestionText: (book) C6

What was the total number of home visits received for [fill1: S.C. name] during [fill2: that month/those months]?

01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

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

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

Question ID: CAU.320_00.000 **Instrument Variable Name:** CHCNOYR **QuestionnaireFileName:** Sample Child

QuestionText: (book) C5

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: S.C. name] seen a doctor or other health care professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times [fill1: S.C. name] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits or telephone calls.

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

UniverseText: Sample children <18

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

2007 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 28-May-08

Question ID: CAU.330_00.000 **Instrument Variable Name:** CSRGYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS has [fill1: S.C. name] had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary.

This includes both major surgery and minor procedures such as setting bones or removing growths.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

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

Question ID: CAU.340_00.000 **Instrument Variable Name:** CSRGNOYR **QuestionnaireFileName:** Sample Child

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has [fill1: S.C. name] had surgery DURING THE PAST 12 MONTHS?

* Enter '95' for 95 or more times.

- 01-94 1-94 times
- 95 95+ times
- 97 Refused
- 99 Don't know

UniverseText: Sample children <18 that have undergone surgery during the past 12 months

SkipInstructions: <1-10,R,D> [goto CMDLONG]
<11-95> [goto ERR_CMDLONG]

Question ID: CAU.345_00.000 **Instrument Variable Name:** CMDLONG **QuestionnaireFileName:** Sample Child

QuestionText: (book) C4

About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about [fill1: S.C. name]'s health? Include doctors seen while [fill2: he/she] was a patient in a hospital.

- 0 Never
- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 2 years ago
- 4 More than 2 years, but not more than 5 years ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <0-5,R,D> [if AGE 4-17 goto CMHCOPY; else goto CSHFLUYR]

2007 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 28-May-08

Question ID: CFI.010_00.000 **Instrument Variable Name:** CSHFLUYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

UniverseText: Sample children <18

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

Question ID: CFI.015_01.000 **Instrument Variable Name:** CSHFLU_M **QuestionnaireFileName:** Sample Child

QuestionText: 1 of 2

During what month and year did {fill1: S.C. name} receive {fill2: his/her} most recent flu shot?

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

UniverseText: Sample children <18 who have had a flu shot

SkipInstructions: <1-12,D> [goto CSHFLU_Y] <R> [goto CSPFLUYR]

Question ID: CFI.015_02.000 **Instrument Variable Name:** CSHFLU_Y **QuestionnaireFileName:** Sample Child

QuestionText: 2 of 2

*Enter year of most recent flu shot.

- | | |
|------|------------|
| Year | Year |
| 9997 | Refused |
| 9999 | Don't know |

UniverseText: Sample children <18 who gave a month for their last flu shot or who didn't know the month

SkipInstructions: <valid year,R,D> [goto CSPFLUYR]
[If CSHFLU_M and CSHFLU_Y = a future date] goto ERR1_CSHFLU_Y]
[If CSHFLU_M and CSHFLU_Y = a date prior to birth] goto ERR2_CSHFLU_Y]
[If CSHFLU_M and CSHFLU_Y = a date prior to 12 months ago] goto ERR3_CSHFLU_Y]

2007 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 28-May-08

Question ID: CFI.020_00.000 **Instrument Variable Name:** CSPFLUYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had a flu vaccine sprayed in {fill2: his/her} nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children <18

SkipInstructions: <1> [goto CSPFLU_M] <2,R,D> [goto next section]
[if CSHFLUYR =1 and CSPFLUYR=1] goto ERR_CSPFLUYR

Question ID: CFI.025_01.000 **Instrument Variable Name:** CSPFLU_M **QuestionnaireFileName:** Sample Child

QuestionText: 1 of 2

During what month and year did {fill1: S.C. name} receive {his/her} most recent flu nasal spray?

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

UniverseText: Sample children <18 who have had a flu nasal vaccine

SkipInstructions: <1-12,D> [goto CSPFLU_Y] <R> [goto next section]

2007 NHIS Questionnaire - Sample Child
Child Influenza Immunization
Document Version Date: 28-May-08

Question ID: CFI.025_02.000 **Instrument Variable Name:** CSPFLU_Y **QuestionnaireFileName:** Sample Child

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample children 18+ who gave a month for their flu nasal vaccine or who didn't know the month

SkipInstructions: <valid year,R,D> [goto next section]
[If CSPFLU_M and CSPFLU_Y = a future date] goto ERR1_CSPFLU_Y]
[If CSPFLU_M and CSPFLU_Y = a date prior to birth] goto ERR2_CSPFLU_Y]
[If CSPFLU_M and CSPFLU_Y = a date prior to 12 months ago] goto ERR3_CSPFLU_Y]

2007 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 28-May-08

Question ID: CMB.010_00.000 **Instrument Variable Name:** CMHCOPY **QuestionnaireFileName:** Sample Child

QuestionText: * The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.

* The next 6 items contained in CMHMF_1 through CMHDIFF are included in this survey with permission as indicated below.

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* Enter 1 to Continue.

1 Enter 1 to continue

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto CMHMF_1]

Question ID: CMB.020_01.000 **Instrument Variable Name:** CMHMF_1 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C7

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

[fill2: He/She...]

...is generally well behaved, usually does what adults request.

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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [goto CMHMF_2]

**2007 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire**

Document Version Date: 28-May-08

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.

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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [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.

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

UniverseText: Sample children GE 4

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

**2007 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire**

Document Version Date: 28-May-08

Question ID: CMB.020_04.000 **Instrument Variable Name:** CMHMF_4 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She...]

...gets along better with adults than with other [fill3: children/youth].

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

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_5]

Question ID: CMB.020_05.000 **Instrument Variable Name:** CMHMF_5 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She...]

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

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

UniverseText: Sample children GE 4

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

2007 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 28-May-08

Question ID: CMB.030_00.000 **Instrument Variable Name:** CMHDIFF **QuestionnaireFileName:** Sample Child

QuestionText: (book) C8

Overall, do you think that [fill1: SC name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- 1 No
- 2 Yes, minor difficulties
- 3 Yes, definite difficulties
- 4 Yes, severe difficulties
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

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

2007 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 28-May-08

Question ID: CMS.010_00.000 **Instrument Variable Name:** SEEDIFF **QuestionnaireFileName:** Sample Child

QuestionText: Did you ever see or talk to any health care provider or school staff/personnel about difficulties [fill1: SC name] has with emotions, concentration, behavior or being able to get along with others?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

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

Question ID: CMS.020_00.000 **Instrument Variable Name:** MRVSEE **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

When was the MOST RECENT conversation or visit?

- 1 In the past 6 months
- 2 7 to 12 months ago
- 3 More than 12 months ago
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4 who have seen or talked to health care provider/school/staff/personnel about child's difficulties

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

Question ID: CMS.030_00.000 **Instrument Variable Name:** MEDDIFF **QuestionnaireFileName:** Sample Child

QuestionText: Was [fill1: SC name] ever prescribed medication for difficulties with [fill2: his/her] emotions, concentration, behavior or being able to get along with others?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

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

2007 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 28-May-08

Question ID: CMS.040_00.000 **Instrument Variable Name:** MRVMED **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

When was the MOST RECENT medication prescribed for these difficulties?

- 1 In the past 6 months
- 2 7 to 12 months ago
- 3 More than 12 months ago
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4 who have had medication prescribed for difficulties with emotion, concentration, behavior, or getting along with others

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

Question ID: CMS.050_00.000 **Instrument Variable Name:** MEDWHY **QuestionnaireFileName:** Sample Child

QuestionText: Was this medication prescribed for difficulties with concentration, hyperactivity, or impulsivity?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4 who have had medication prescribed for difficulties with emotion, concentration, behavior, or getting along with others

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

Question ID: CMS.060_00.000 **Instrument Variable Name:** TRETDIFF **QuestionnaireFileName:** Sample Child

QuestionText: Has [Fill1: SC name] EVER received ANY treatment or help, [Fill2: other than medication,] for difficulties with emotions, concentration, behavior or being able to get along with others?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto MRVTRET] <2,R,D> [goto next section]

2007 NHIS Questionnaire - Sample Child
Child Mental Health Services
Document Version Date: 28-May-08

Question ID: CMS.070_00.000 **Instrument Variable Name:** MRVTRET **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

When was the MOST RECENT help or treatment received?

- 1 In the past 6 months
- 2 7 to 12 months ago
- 3 More than 12 months ago
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4 who have received treatment or help for difficulties with emotions, concentration, behavior, or getting along with others

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

Question ID: CMS.080_00.000 **Instrument Variable Name:** TRETWHERE **QuestionnaireFileName:** Sample Child

QuestionText: (book) C10

Was any of this treatment or help received from any of the following?

*Enter all that apply, separate with commas.

- 1 A pediatric or general medical care practice
- 2 A mental health private practice
- 3 A mental health clinic or center
- 4 The child's school
- 5 Other
- 7 Refused
- 9 Don't know

UniverseText: Sample children GE 4 who have received treatment or help for difficulties with emotions, concentration, behavior, or getting along with others

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