

## Child Preventive Health (CS) Section

Beta

### BOX 01

IF ANY RU MEMBERS < OR = 17 YEARS OF AGE OR IN AGE CATEGORIES 1 THROUGH 4,  
CONTINUE WITH LOOP\_01

OTHERWISE, GO TO BOX\_08

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### LOOP 01

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK CS01-END\_LP01

LOOP DEFINITION: LOOP\_01 COLLECTS INFORMATION ABOUT A CHILD'S RESISTANCE TO ILLNESS, HEALTH NEEDS A CHILD MAY HAVE BECAUSE OF A HEALTH CONDITION (LWIM), RATINGS ON THE CHILD'S BEHAVIOR AND RELATIONSHIPS (CIS), HEALTH CARE THE CHILD RECEIVED IN THE LAST YEAR (CAHPS), AND INFORMATION ABOUT THE CHILD'S USE OF CLINICAL PREVENTIVE SERVICES. THIS LOOP CYCLES ON EACH PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT OR INSTITUTIONALIZED RU MEMBER  
AND
- PERSON IS NOT DECEASED  
AND
- PERSON IS < OR = 17 YEARS OF AGE OR IN AGE CATEGORIES 1 THROUGH 4

**CS01**

Help Enabled                       Comment Enabled     Jump Back Enabled

-----  
{PERSON'S FIRST MIDDLE AND LAST NAME}  
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**SHOW CARD CS-1.**

{Now I'd like to talk about (PERSON).}

The following are statements about (PERSON)'s general health status.

How true or false is each of these statements for (PERSON)?

**1 = DEFINITELY TRUE**  
**2 = MOSTLY TRUE**  
**3 = DON'T KNOW**

**4 = MOSTLY FALSE**  
**5 = DEFINITELY FALSE**

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| DISPLAY INSTRUCTIONS:  
| DISPLAY "Now I'd like to talk about (PERSON)." IF NOT FIRST  
| CYCLE THROUGH LOOP_01. OTHERWISE (THAT IS, IF IT IS THE FIRST  
| CYCLE THROUGH LOOP_01), USE A NULL DISPLAY.  
|-----
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**CS01\_01**

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Variable Name	Label	Size
PRND.LESSHLTH	LESS HEALTHY THAN OTHER CHILD	2

a. (PERSON) seems to be less healthy than other children that I know.

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**CS01\_02**

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Variable Name	Label	Size
PRND.NEVERILL	NEVER BEEN SERIOUSLY ILL	2

b. (PERSON) has never been seriously ill.

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**CS01\_03**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.BADHLTH	CHILD GETS SICK EASILY	2

c. When there is something going around, (PERSON) usually catches it.

---

**CS01\_04**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.HLTHYLIF	CHILD WILL HAVE VERY HEALTHY LIFE	2

d. I expect (PERSON) will have a very healthy life.

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**CS01\_05**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.WORYHLTH	WORRY MORE ABOUT HEALTH	2

e. I worry more about (PERSON)'s health than other people worry about their children's health.

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PROGRAMMER NOTES:
REFUSED (RF) ALLOWED ON ALL ENTRY FIELDS.

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**CS02**

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{PERSON'S FIRST MIDDLE AND LAST NAME}

The next questions are about (PERSON)'s health needs and whether (PERSON) has a health condition. A **health condition** can be physical, mental or behavioral. **Health conditions** may affect a child's development, daily functioning or need for services.

**PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.**

**CS03**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PRESMED	MEDICINE PRESCRIBED BY A DOCTOR	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does (PERSON) currently need or use **medicine prescribed by a doctor**, other than vitamins?

- |            |    |           |
|------------|----|-----------|
| YES        | 1  | {CS03OV1} |
| NO         | 2  | {CS04}    |
| -----      |    |           |
| Refused    | RF | {CS04}    |
| Don't Know | DK | {CS04}    |

**CS03OV1**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.ANYCOND	ANY MEDICAL OR OTHER CONDITION	2

Is this because of **any** medical, behavioral or other health condition?

YES	1	{CS03OV2}
NO	2	{CS04}
-----		
Refused	RF	{CS04}
Don't Know	DK	{CS04}

**CS03OV2**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.CONDLAST	CONDITION LAST FOR 12 MONTHS	2

Is this a condition that has lasted or is expected to last for **at least** 12 months?

YES	1	{CS04}
NO	2	{CS04}
-----		
Refused	RF	{CS04}
Don't Know	DK	{CS04}



**CS04**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.MOREMDCR	USE MORE MEDICAL CARE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does (PERSON) need or use more **medical care, mental health or educational services** than is usual for most children of the same age?

YES	1	{CS04OV1}
NO	2	{CS05}
-----		
Refused	RF	{CS05}
Don't Know	DK	{CS05}

**CS04OV1**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.ANYCOND1	ANY MEDICAL OR OTHER CONDITION	2

Is this because of **any** medical, behavioral or other health condition?

YES	1	{CS04OV2}
NO	2	{CS05}
-----		
Refused	RF	{CS05}
Don't Know	DK	{CS05}

**CS04OV2**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.CONDLAS1	CONDITION LAST FOR 12 MONTHS	2

Is this a condition that has lasted or is expected to last for **at least** 12 months?

YES	1	{CS05}
NO	2	{CS05}
-----		
Refused	RF	{CS05}
Don't Know	DK	{CS05}

**CS05**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.LIMABIL	LIMITED ABILITY TO DO THINGS	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON) **limited or prevented** in any way in (his/her) ability to do the things most children of the same age can do?

YES	1	{CS05OV1}
NO	2	{CS06}
-----		
Refused	RF	{CS06}
Don't Know	DK	{CS06}

**CS05OV1**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.ANYCOND2	ANY MEDICAL OR OTHER CONDITION	2

Is this because of **any** medical, behavioral or other health condition?

YES	1	{CS05OV2}
NO	2	{CS06}
-----		
Refused	RF	{CS06}
Don't Know	DK	{CS06}

**CS05OV2**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.CONDLAS2	CONDITION LAST AT LEAST 12 MONTHS	2

Is this a condition that has lasted or is expected to last for **at least** 12 months?

YES	1	{CS06}
NO	2	{CS06}
-----		
Refused	RF	{CS06}
Don't Know	DK	{CS06}

**CS06**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.SPCLTHRP	CHILD GET SPECIAL THERAPY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does (PERSON) need or get **special therapy** such as physical, occupational or speech therapy?

YES	1	{CS06OV1}
NO	2	{CS07}
-----		
Refused	RF	{CS07}
Don't Know	DK	{CS07}

**CS06OV1**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.ANYCOND3	ANY MEDICAL OR OTHER CONDITION	2

Is this because of **any** medical, behavioral or other health condition?

YES	1	{CS06OV2}
NO	2	{CS07}
-----		
Refused	RF	{CS07}
Don't Know	DK	{CS07}



**CS06OV2**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.CONDLAS3	CONDITION LAST AT LEAST 12 MONTHS	2

Is this a condition that has lasted or is expected to last for **at least** 12 months?

- |            |    |        |
|------------|----|--------|
| YES        | 1  | {CS07} |
| NO         | 2  | {CS07} |
| -----      |    |        |
| Refused    | RF | {CS07} |
| Don't Know | DK | {CS07} |

**CS07**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.GTTRTMNT	CHILD GETS TREATMENT OR COUNSELING	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does (PERSON) have any kind of emotional, developmental or behavioral problem for which (he/she) needs or gets **treatment or counseling**?

YES	1	{CS07OV}
NO	2	{BOX_02}
-----		
Refused	RF	{BOX_02}
Don't Know	DK	{BOX_02}

**CS070V**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.CONDLAS4	CONDITION LAST AT LEAST 12 MONTHS	2

Is this a condition that has lasted or is expected to last for **at least** 12 months?

- |            |    |          |
|------------|----|----------|
| YES        | 1  | {BOX_02} |
| NO         | 2  | {BOX_02} |
| -----      |    |          |
| Refused    | RF | {BOX_02} |
| Don't Know | DK | {BOX_02} |

**BOX\_02**

IF RU MEMBER BEING ASKED ABOUT IS AGED 5-17 YEARS, INCLUSIVE, OR IN AGE CATEGORIES 3 OR 4, CONTINUE WITH CS08

OTHERWISE, GO TO CS09A

**CS08**

Help Enabled                       Comment Enabled     Jump Back Enabled

-----  
{PERSON'S FIRST MIDDLE AND LAST NAME}  
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**SHOW CARD CS-2.**

The following questions are about some aspects of (PERSON)'s health.

In this series of questions, please rate (PERSON) on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem.

In general, how much of a problem do you think (PERSON) has with:

**PROBE:** Please rate on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem, how much of a problem you think (PERSON) has with (ACTIVITY).

**CODE 99 IF RESPONDENT INDICATES THE QUESTION IS INAPPLICABLE.**

**CS08\_01**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.MOTHPROB	PROBLEMS GETTING ALONG W/MOTHER	2

a. Getting along with (his/her) mother?

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**CS08\_02**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.FATHPROB	PROBLEM GETTING ALONG W/FATHER	2

b. Getting along with (his/her) father?

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**CS08\_03**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.UNHAPSAD	PROBLEMS FEELING UNHAPPY OR SAD	2

c. Feeling unhappy or sad?

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**CS08\_04**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.BEHVSCHL	PROBLEMS W/BEHAVIOR AT SCHOOL	2

d. (His/Her) behavior at school?

\_\_\_\_\_

**CS08\_05**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.HAVFUNPR	PROBLEMS W/HAVING FUN	2

e. Having fun?

\_\_\_\_\_

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**CS08\_06**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.ADULPROB	PROBLEMS GETTING ALONG W/OTHER ADULTS	2

f. Getting along with other adults?

\_\_\_\_\_

**CS08\_07**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.NERVAFRD	PROBLEMS FEELING NERVOUS OR AFRAID	2

g. Feeling nervous or afraid?

\_\_\_\_\_

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**CS08\_08**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.SIBSPROB	PROBLEMS GETTING ALONG W/SIBLINGS	2

h. Getting along with brothers and sisters?

\_\_\_\_\_



**CS08\_09**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.KIDSPROB	PROBLEMS GETTING ALONG W/OTHER KIDS	2

i. Getting along with other kids?

\_\_\_\_\_

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**CS08\_10**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.SPORTHOB	PROB GETTING INVOLVED W/SPORT, HOBBIES	2

j. Getting involved in activities like sports or hobbies?

\_\_\_\_\_

**CS08\_11**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.SCHLWORK	PROBLEMS W/SCHOOLWORK	2

k. (His/Her) schoolwork?

\_\_\_\_\_

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**CS08\_12**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.BEHVHOME	PROBLEMS W/BEHAVIOR AT HOME	2

l. (His/Her) behavior at home?

\_\_\_\_\_

**CS08\_13**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.TROUBLE	PROBLEMS STAYING OUT OF TROUBLE	2

m. Staying out of trouble?

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PROGRAMMER NOTES:
ONLY THE VALUES OF 0 AND 4 WILL BE DEFINED IN THE TEXT OF THE
QUESTION. HOWEVER, THE VALUES OF ALL THE ANSWER CATEGORIES ARE:

0 = NO PROBLEM
1
2 = SOME PROBLEM
3
4 = VERY BIG PROBLEM
RF = REF
DK = DK
99 = INAPPLICABLE

NOTE: THIS SCREEN WILL BE SPLIT INTO TWO SCREENS IN CAPI.
THE FIRST SCREEN (CS08A) WILL CONTAIN THE FOLLOWING PARTS OF
THE QUESTION AS SPECIFIED BELOW:
- THE SHOW CARD LINE
- THE FIRST THREE BLOCKS OF TEXT
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- CS08_01 (a.) THROUGH CS08_08 (h.) DISPLAYED IN TWO COLUMNS,
WITH CS08_01, CS08_02, CS08_03, CS08_04 IN THE FIRST COLUMN
AND CS08_05, CS08_06, CS08_07, AND CS08_08 IN THE SECOND COLUMN

THE SECOND SCREEN (CS08B) WILL CONTAIN THE FOLLOWING PARTS OF
THE QUESTION AS SPECIFIED BELOW:
- THE SHOW CARD LINE
- THE PROBE
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- CS08_09 (i.) THROUGH CS08_13 (m.) DISPLAYED IN TWO COLUMNS,
WITH CS08_09 AND CS08_10 IN THE FIRST COLUMN AND CS08_11,
CS08_12, AND CS08_13 IN THE SECOND COLUMN

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**CS09A**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.ILLCARE	ILLNESS OR INJURY THAT NEEDED CARE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

The following questions are about the health care (PERSON) received in the last 12 months.

In the last 12 months, did (PERSON) have an illness, injury or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

YES	1	{CS10A}
NO	2	{CS11A}
-----		
Refused	RF	{CS11A}
Don't Know	DK	{CS11A}

**CS10A**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.CARRTWAY	CARE RIGHT AWAY FOR AN ILLNESS	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-3.**

In the last 12 months, when (PERSON) **needed care right away** for an illness, injury or condition, how often did (PERSON) get care as soon as you wanted?

NEVER	1	{CS11A}
SOMETIMES	2	{CS11A}
USUALLY	3	{CS11A}
ALWAYS	4	{CS11A}
-----		
Refused	RF	{CS11A}
Don't Know	DK	{CS11A}

**CS11A**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.SEEHLTHC	SEE HEALTH CARE PROVIDER	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

A **health provider** could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else (PERSON) would see for health care.

In the last 12 months, not counting the times (PERSON) needed health care right away, did you make any **appointments** for (PERSON) with a doctor or other health provider for health care?

YES	1	{CS12A}
NO	2	{CS13}
-----		
Refused	RF	{CS13}
Don't Know	DK	{CS13}

**CS12A**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.APNTHLCR	APPOINTMENT FOR ROUTINE HEALTH CARE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-3.**

In the last 12 months, not counting times (PERSON) needed health care right away, how often did (PERSON) get an appointment for health care as soon as you wanted?

NEVER	1	{CS13}
SOMETIMES	2	{CS13}
USUALLY	3	{CS13}
ALWAYS	4	{CS13}
-----		
Refused	RF	{CS13}
Don't Know	DK	{CS13}

**CS13**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.VISTDROF	TIMES VISIT DOCTOR'S OFFICE OR CLINIC	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-3A.**

In the last 12 months, not counting times (PERSON) went to an emergency room, how many times did (PERSON) go to a **doctor's office or clinic**?

NONE	0	{CS20}
1 TIME	1	{CS14A}
2 TIMES	2	{CS14A}
3 TIMES	3	{CS14A}
4 TIMES	4	{CS14A}
5 TO 9 TIMES	5	{CS14A}
10 OR MORE TIMES	6	{CS14A}
-----		
Refused	RF	{CS20}
Don't Know	DK	{CS20}



**CS14A**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.NEEDCATE	BELIEVE NEEDED ANY CARE, TESTS	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

In the last 12 months, did you or a doctor believe (PERSON) needed any care, tests or treatment?

- |            |    |        |
|------------|----|--------|
| YES        | 1  | {CS14} |
| NO         | 2  | {CS15} |
| -----      |    |        |
| Refused    | RF | {CS15} |
| Don't Know | DK | {CS15} |

**CS14**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PROBCARE	HOW MUCH OF A PROBLEM TO GET CARE FOR	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-4.**

In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatments you or a doctor believed necessary?

A BIG PROBLEM	1	{CS15}
A SMALL PROBLEM	2	{CS15}
NOT A PROBLEM	3	{CS15}
-----		
Refused	RF	{CS15}
Don't Know	DK	{CS15}

**CS15**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.LSNCRFLY	DOCTORS OR OTHER LISTEN CAREFULLY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-3.**

In the last 12 months, how often did (PERSON)'s doctors or other health providers **listen carefully to you?**

NEVER	1	{CS16}
SOMETIMES	2	{CS16}
USUALLY	3	{CS16}
ALWAYS	4	{CS16}
-----		
Refused	RF	{CS16}
Don't Know	DK	{CS16}

**CS16**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.UNDTHING	EXPLAIN THINGS YOU COULD UNDERSTAND	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-3.**

In the last 12 months, how often did (PERSON)'s doctors or other health providers **explain things** in a way you could understand?

NEVER	1	{CS17}
SOMETIMES	2	{CS17}
USUALLY	3	{CS17}
ALWAYS	4	{CS17}
-----		
Refused	RF	{CS17}
Don't Know	DK	{CS17}

**CS17**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.SHOWRESP	SHOW RESPECT FOR WHAT YOU HAD TO SAY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-3.**

In the last 12 months, how often did (PERSON)'s doctors or other health providers show **respect for what you had to say**?

NEVER	1	{CS18}
SOMETIMES	2	{CS18}
USUALLY	3	{CS18}
ALWAYS	4	{CS18}
-----		
Refused	RF	{CS18}
Don't Know	DK	{CS18}

**CS18**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.SPNDTIME	SPEND ENOUGH TIME WITH YOU	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-3.**

In the last 12 months, how often did doctors or other health providers **spend enough time with (PERSON)?**

NEVER	1	{CS19}
SOMETIMES	2	{CS19}
USUALLY	3	{CS19}
ALWAYS	4	{CS19}
-----		
Refused	RF	{CS19}
Don't Know	DK	{CS19}

**CS19**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.RATEHLTH	RATING ALL CHILD'S HEALTH CARE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-5.**

Using **any number from 0 to 10**, where 0 is the worst health care possible, and 10 is the best health care possible, what number would you use to rate all (PERSON)'s health care in the last 12 months?

**ENTER RATING FROM 0 - 10:**

RATING: \_\_\_\_\_ {CS20}

---

Refused	RF	{CS20}
Don't Know	DK	{CS20}

Hard CHECK:
RANGE CHECK: 0-10

**CS20**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.SESPLIST	NEED TO SEE A SPECIALIST	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

When you answer the next questions, **do not** include dental visits.

**Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think (PERSON) needed to see a specialist?

YES	1	{CS21}
NO	2	{CS22}
-----		
Refused	RF	{CS22}
Don't Know	DK	{CS22}



**CS21**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.PROBSPRF	PROBLEM TO GET REFERRAL TO A SPLST	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD CS-4.**

In the last 12 months, how much of a problem, if any, was it to see a specialist that (PERSON) needed to see?

A BIG PROBLEM	1	{CS22}
A SMALL PROBLEM	2	{CS22}
NOT A PROBLEM	3	{CS22}
-----		
Refused	RF	{CS22}
Don't Know	DK	{CS22}

**CS22**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.MSURHGHT	HAS A DOCTOR EVER MEASURED HEIGHT	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

The following questions are about amounts and types of preventive care (PERSON) may receive when (he/she) goes to see a doctor or other health provider.

Has a doctor or other health provider ever measured (PERSON)'s height?

YES	1	{CS22OV}
NO	2	{CS23}
-----		
Refused	RF	{CS23}
Don't Know	DK	{CS23}

**CS220V**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.WHENTHAT	WHEN WAS THAT?	2

When was that?

WITHIN PAST YEAR	1	{CS23}
WITHIN PAST 2 YEARS	2	{CS23}
MORE THAN 2 YEARS	3	{CS23}
-----		
Refused	RF	{CS23}
Don't Know	DK	{CS23}

**CS23**

Help Enabled                       Comment Enabled     Jump Back Enabled

-----  
{PERSON'S FIRST MIDDLE AND LAST NAME}  
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About how tall is (PERSON) without shoes?

**PROBE FOR INCHES IF NOT REPORTED.**





**CS24**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.MESURWGT	HAS DOCTOR EVER MEASURED CHILDS WEIGHT	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever measured (PERSON)'s weight?

YES	1	{CS24OV}
NO	2	{CS25}
-----		
Refused	RF	{CS25}
Don't Know	DK	{CS25}

**CS240V**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.WHNTHAT1	WHEN WAS THAT?	2

When was that?

WITHIN PAST YEAR	1	{CS25}
WITHIN PAST 2 YEARS	2	{CS25}
MORE THAN 2 YEARS	3	{CS25}
-----		
Refused	RF	{CS25}
Don't Know	DK	{CS25}

**CS25**

Help Enabled                       Comment Enabled     Jump Back Enabled

-----  
{PERSON'S FIRST MIDDLE AND LAST NAME}  
-----

About how much does (PERSON) weigh without shoes?

**{PROBE FOR OUNCES IF NOT REPORTED.}**

```

-----
DISPLAY INSTRUCTIONS:
DISPLAY 'PROBE FOR OUNCES IF NOT REPORTED' IF CS25_01 IS < OR
= 20 POUNDS. OTHERWISE, USE A NULL DISPLAY.
-----

```





**CS25\_02**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.WGHTOZS	WEIGHT OF CHILD - OZS	2

OUNCES: \_\_\_\_\_ {BOX\_03}

---

Refused	RF	{BOX_03}
Don't Know	DK	{BOX_03}

Soft CHECK:  
 SOFT RANGE CHECK: 0-15  
 EDIT: IF POUNDS (CS25\_01) = 0, THEN OUNCES MUST BE 1-16.

**BOX 03**

IF RU MEMBER BEING ASKED ABOUT IS AGED 3-6 YEARS, INCLUSIVE, OR IN AGE CATEGORIES 2 OR 3, CONTINUE WITH CS26  
 OTHERWISE, GO TO BOX\_04

**CS26**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.VISONCHK	HAS DOCTOR EVER CHECKED CHILDS VISION	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever checked (PERSON)'s vision?

**SELECT 'TRIED, BUT (PERSON) WAS UNCOOPERATIVE' IF RESPONDENT VOLUNTEERS THAT DOCTOR TRIED TO CHECK VISION, BUT (PERSON) WAS UNCOOPERATIVE.**

YES	1	{BOX_04}
NO	2	{BOX_04}
TRIED, BUT (PERSON) WAS UNCOOPERATIVE	3	{BOX_04}
-----		
Refused	RF	{BOX_04}
Don't Know	DK	{BOX_04}

DISPLAY INSTRUCTIONS:  
'PERSON' IN THE TEXT FOR CATEGORY 3 SHOULD BE IN PURPLE.

**BOX 04**

IF RU MEMBER BEING ASKED ABOUT IS > OR = 2 YEARS OF AGE OR IN AGE CATEGORIES 2 THROUGH 4, CONTINUE WITH CS27  
  
OTHERWISE, GO TO BOX\_05

**CS27**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.BLDPRSCK	HAS DOCTOR EVER MEASURED BLOOD PRESSURE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever measured (PERSON)'s blood pressure?

**SELECT 'TRIED, BUT (PERSON) WAS UNCOOPERATIVE' IF RESPONDENT VOLUNTEERS THAT DOCTOR TRIED TO MEASURE BLOOD PRESSURE, BUT (PERSON) WAS UNCOOPERATIVE.**

YES	1	{CS27OV}
NO	2	{CS28}
TRIED, BUT (PERSON) WAS UNCOOPERATIVE	3	{CS27OV}
-----		
Refused	RF	{CS28}
Don't Know	DK	{CS28}

DISPLAY INSTRUCTIONS:  
'(PERSON)' IN THE TEXT FOR CATEGORY 3 SHOULD BE IN PURPLE.

**CS270V**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.WHNTHAT2	WHEN WAS THAT?	2

When was that?

WITHIN PAST YEAR	1	{CS28}
WITHIN PAST 2 YEARS	2	{CS28}
MORE THAN 2 YEARS	3	{CS28}
-----		
Refused	RF	{CS28}
Don't Know	DK	{CS28}





**CS29**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.EATHLTHY	HAS DOCTOR ADVICE ABOUT EATING HEALTHY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) eating healthy?

- YES 1 {CS29OV}
  - NO 2 {CS30}
- 
- Refused RF {CS30}
  - Don't Know DK {CS30}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**



**CS290V**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.WHNTHTAT4	WHEN WAS THAT?	2

When was that?

- |   |    |        |
|---|----|--------|
| WITHIN PAST YEAR                            | 1  | {CS30} |
| WITHIN PAST 2 YEARS                         | 2  | {CS30} |
| MORE THAN 2 YEARS                           | 3  | {CS30} |
| <hr style="border-top: 1px dashed black;"/> |    |        |
| Refused                                     | RF | {CS30} |
| Don't Know                                  | DK | {CS30} |

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**



**CS30**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PHYSHOBS	HAVE PHYSICALLY ACTIVE HOBBIES?	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about the amount and kind of exercise, sports, or physically active hobbies (PERSON) should have?

YES	1	{CS30OV}
NO	2	{BOX_05}
-----		
Refused	RF	{BOX_05}
Don't Know	DK	{BOX_05}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**

**CS300V**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.WHNTHAT5	WHEN WAS THAT?	2

When was that?

WITHIN PAST YEAR	1	{BOX_05}
WITHIN PAST 2 YEARS	2	{BOX_05}
MORE THAN 2 YEARS	3	{BOX_05}
-----		
Refused	RF	{BOX_05}
Don't Know	DK	{BOX_05}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**

**BOX 05**

```

IF RU MEMBER BEING ASKED ABOUT:
- HAS A WEIGHT AT CS25 < OR = 40 POUNDS,
  OR
- IF CS25 IS CODED 'REF' OR 'DK'
  AND
- PERSON < OR = 4 YEARS OF AGE (OR IN AGE CATEGORIES 1 OR 2),
CONTINUE WITH CS31

IF RU MEMBER BEING ASKED ABOUT:
- HAS A WEIGHT AT CS25 > 40 AND < OR = 80 POUNDS
  OR
- IF CS25 IS CODED 'REF' OR 'DK'
  AND
- PERSON > 4 AND < OR = 9 YEARS OF AGE (OR IN AGE CATEGORY 3),
GO TO CS32

IF RU MEMBER BEING ASKED ABOUT:
- HAS A WEIGHT AT CS25 > 80 POUNDS,
  OR
- IF CS25 IS CODED 'REF' OR 'DK'
  AND
- PERSON > 9 YEARS OF AGE (OR IN AGE CATEGORY 4),
GO TO CS33

```



**CS310V**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.WHNTHAT6	WHEN WAS THAT?	2

When was that?

WITHIN PAST YEAR	1	{BOX_06}
WITHIN PAST 2 YEARS	2	{BOX_06}
MORE THAN 2 YEARS	3	{BOX_06}
-----		
Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**

**CS32**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.BOSTRSIT	USING A BOOSTER SEAT WHEN RIDING IN CAR	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using a booster seat when riding in the car?

YES	1	{CS32OV}
NO	2	{BOX_05A}
-----		
Refused	RF	{BOX_05A}
Don't Know	DK	{BOX_05A}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**



**CS33**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.LAPBELTS	USING A LAP AND SHOULDER BELTS?	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using lap and shoulder belts when driving or riding in a car?

YES	1	{CS33OV}
NO	2	{BOX_06}
-----		
Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**

**CS330V**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.WHNTHAT8	WHEN WAS THAT?	2

When was that?

WITHIN PAST YEAR	1	{BOX_06}
WITHIN PAST 2 YEARS	2	{BOX_06}
MORE THAN 2 YEARS	3	{BOX_06}
-----		
Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**

---

**BOX 06**

IF RU MEMBER BEING ASKED ABOUT IS > OR = 2 YEARS OF AGE OR IN AGE  
CATEGORIES 2 THROUGH 4, CONTINUE WITH CS34  
OTHERWISE, GO TO CS35

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**CS34**

Help Enabled (ADVICEHELM)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.BICHELMT	USING A HELMET WHEN RIDING A BICYCLE?	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using a helmet when riding a bicycle or motorcycle?

YES	1	{CS34OV}
NO	2	{CS35}
-----		
Refused	RF	{CS35}
Don't Know	DK	{CS35}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU (ABOUT HELMETS)."**



**CS35**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.BADSMKNG	HAS DOCTOR ADVICE CHILD ABOUT SMOKING?	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

---

Has a doctor or other health provider ever given you advice about how smoking in the house can be bad for (PERSON)'s health?

YES	1	{CS35OV}
NO	2	{BOX_07}
<hr/>		
Refused	RF	{BOX_07}
Don't Know	DK	{BOX_07}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**

**CS350V**

Help Enabled (ADVICEYOU)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.WHNTHT10	WHEN WAS THAT?	2

When was that?

WITHIN PAST YEAR	1	{BOX_07}
WITHIN PAST 2 YEARS	2	{BOX_07}
MORE THAN 2 YEARS	3	{BOX_07}
-----		
Refused	RF	{BOX_07}
Don't Know	DK	{BOX_07}

**HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."**

---

**BOX 07**

```
IF RU MEMBER BEING ASKED ABOUT IS > OR = 12 YEARS OF AGE OR IN AGE
CATEGORY 4, CONTINUE WITH CS36
OTHERWISE, GO TO END_LP01
```

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**CS36**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.TIMSPEND	DID DOCTOR SPEND ANY TIME ALONE?	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

The last time (PERSON) had a health care visit, did a doctor or other health provider spend any time alone with (PERSON) without a parent, relative or guardian in the room?

YES	1	{END_LP01}
NO	2	{END_LP01}
-----		
Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

**END\_LP01**

```

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS
STATED IN THE LOOP DEFINITION

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE
WITH BOX_08

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**BOX\_08**

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GO TO NEXT QUESTIONNAIRE SECTION

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