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

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

<u>CS01</u>

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
{PERSON'S FIRST MIDDLE AND L	AST NAME}	
SHOW CARD CS-1. {Now I'd like to talk about (PE	ERSON).}	
The following are statements	about (PERSON)'s gen	eral health status.
How true or false is each of t	hese statements for (PE	RSON)?
1 = DEFINITELY TRU 2 = MOSTLY TRUE 3 = DON'T KNOW		OSTLY FALSE EFINITELY FALSE
DISPLAY INSTRUCTIONS: DISPLAY "Now I'd like to CYCLE THROUGH LOOP_01. O' CYCLE THROUGH LOOP_01), U	THERWISE (THAT IS, IF	IF NOT FIRST

CS01_01

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
Variable Name PRND.LESSHLTH LE	Label ESS HEALTHY THAN OTHER CHILD	Size
a. (PERSON) s	eems to be less healthy than other ch	ildren that I know.
<u>01_02</u>		
☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled
Variable Name	Label	Size
PRND.NEVERILL N	EVER BEEN SERIOUSLY ILL	2
b. (PERSON) h	as never been seriously ill.	

CS01_03

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
Variable Name PRND.BADHLTH	Label CHILD GETS SICK EASILY	Size
c. When the	ere is something going around, (PERSON)) usually catches it.
<u>01_04</u>		
_		
<mark>01_04</mark> □ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
□ Help Enabled		✓ Jump Back Enabled

CS01_05

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
Variable Name PRND.WORYHLTH WORR	Label Y MORE ABOUT HEALTH	Size 2
e. I worry more abo	out (PERSON)'s health than other	people worry about their
PROGRAMMER NOTES:		
<u>502</u>		
☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled
{PERSON'S FIRST MIDDI	_E AND LAST NAME}	
(PERSON) has a h	are about (PERSON)'s health ned ealth condition. A health condition al. Health conditions may affect need for services.	on can be physical,
PRESS ENTER OF	R SELECT NEXT PAGE TO CON	TINUE.

<u>CS03</u>

\square Help Enabled	✓ Comment Enabled	⊻ Jum _l	o Back Enable	ed
Variable Name PRND.PRESMED	Label MEDICINE PRESCRIBED BY A DOCTOR			Size 2
{PERSON'S FIRST	MIDDLE AND LAST NAME}			
Does (PERS other than vi	SON) currently need or use medicine pre tamins?	escribed	by a doctor,	
YES NO		1 2	{CS03OV1} {CS04}	
Refu Don	ised It Know	RF DK	{CS04} {CS04}	

CS03OV1

\square Help Enabled	✓ Comment Enabled	☑ Jum	p Back Enabl	ed
Variable Name PRND.ANYCOND	Label ANY MEDICAL OR OTHER CONDITION			Size 2
Is this becau	se of any medical, behavioral or other he	ealth cor	ndition?	
YES	•	1	{CS03OV2	ι
NO		2	{CS04}	ſ
Refu	sed	RF	{CS04}	
Don'	t Know	DK	{CS04}	

CS03OV2

☐ Help Enabled	✓ Comment Enabled	☑ Jum	np Back Enabl	ed
Variable Name PRND.CONDLAST	CONDITION LAST FOR 12 MONTHS			Size 2
Is this a cond	dition that has lasted or is expected to la	st for at	least 12 mont	ths?
YES		1	{CS04}	
NO		2	{CS04}	
Refu	sed	RF	{CS04}	
Don'	t Know	DK	{CS04}	

<u>CS04</u>

☐ Help Enabled		✓ J	lump Back Enabled
Variable Name PRND.MOREMDCR	Label USE MORE MEDICAL CARE		Size 2
{PERSON'S FIRST	MIDDLE AND LAST NAME}		
•	SON) need or use more medical care, i I services than is usual for most childre		
YES		1	{CS04OV1}
NO		2	{CS05}
Refu	used	RF	{CS05}
Don	't Know	DK	{CS05}

CS040V1

☐ Help Enabled	✓ Comment Enabled	☑ Jum	p Back Enabled	
Variable Name PRND.ANYCOND1	Label ANY MEDICAL OR OTHER CONDITION		Siz	
Is this becau	se of any medical, behavioral or other he	ealth con	dition?	_
YES		1	{CS04OV2}	
NO		2	(CS05)	
Refu		RF	{CS05}	
Don	t Know	DK	{CS05}	

CS04OV2

☐ Help Enabled	✓ Comment Enabled	✓ Ju	mp Back Enab	led
Variable Name PRND.CONDLAS1	Label CONDITION LAST FOR 12 MONTHS			Size 2
Is this a cond	dition that has lasted or is expected to la	st for a	t least 12 mon	ths?
YES		1	{CS05}	
NO		2	(CS05)	
Refu Don'	 ised t Know	RF DK	{CS05} {CS05}	

<u>CS05</u>

\square Help Enabled	✓ Comment Enabled	☑ Jump	o Back Enabl	ed
Variable Name PRND.LIMABIL	Label LIMITED ABILITY TO DO THINGS			Size 2
{PERSON'S FIRST I	MIDDLE AND LAST NAME}			
,	limited or prevented in any way in (his hildren of the same age can do?	s/her) abi	ility to do the	
YES		1	{CS05OV1]	}
NO		2	{CS06}	
Refus		RF	{CS06}	
Don't	Know	DK	{CS06}	

CS050V1

\Box Help Enabled	✓ Comment Enabled	☑ Jump	o Back Enabl	ed
Variable Name PRND.ANYCOND2	Label ANY MEDICAL OR OTHER CONDITION			Size 2
Is this becau	se of any medical, behavioral or other ho	ealth con	dition?	
YES		1	{CS05OV2}	}
NO		2	{CS06}	
Refu	sed	RF	{CS06}	
Don'	t Know	DK	{CS06}	

CS05OV2

\square Help Enabled	✓ Comment Enabled	✓ Jur	mp Back Enabl	ed
Variable Name PRND.CONDLAS2	Label CONDITION LAST AT LEAST 12 MONTHS			Size 2
Is this a cond	dition that has lasted or is expected to la	 st for a t	 t least 12 mon	ths?
YES	·	1	{CS06}	
NO		2	(CS06)	
Refu Don'	t Know	RF DK	{CS06} {CS06}	

<u>CS06</u>

\square Help Enabled	✓ Comment Enabled	☑ Jum	p Back Enabled
Variable Name PRND.SPCLTHRP CI	Label HILD GET SPECIAL THERAPY		Size 2
{PERSON'S FIRST MI	DDLE AND LAST NAME}		
Does (PERSON or speech there	N) need or get special therapy such a py?	as physic	cal, occupational
YES		1	{CS06OV1}
NO		2	{CS07}
Refuse	d	RF	{CS07}
Don't K	now	DK	{CS07}

<u>CS06OV1</u>

☐ Help Enabled	✓ Comment Enabled	✓ Jump	p Back Enabl	ed
Variable Name PRND.ANYCOND3	ANY MEDICAL OR OTHER CONDITION			Size
Is this becau	se of any medical, behavioral or other h	ealth con	dition?	- — —
YES		1	{CS06OV2}	}
NO		2	{CS07}	
Refu	sed	RF	{CS07}	
Don	t Know	DK	{CS07}	

CS06OV2

☐ Help Enabled	✓ Comment Enabled	⊻ Jur	np Back Enabl	led
Variable Name PRND.CONDLAS3	CONDITION LAST AT LEAST 12 MONTHS			Size 2
Is this a cond	dition that has lasted or is expected to la	st for at	least 12 mon	ths?
YES		1	{CS07}	
NO		2	{CS07}	
Refu	sed	RF	{CS07}	
Don'	t Know	DK	{CS07}	

<u>CS07</u>

☐ Help Enabled	✓ Comment Enabled	⊻ Jum _l	p Back Enabl	ed
Variable Name PRND.GTTRTMNT	Label CHILD GETS TREATMENT OR COUNSELING			Size 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	3	1	{CS07OV}	
NO		2	{BOX_02}	
Ref	used	RF	{BOX_02}	
Dor	't Know	DK	{BOX_02}	

CS070V

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
		✓ Jump Dack 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 L	AST NAME}	
SHOW CAPD CS-2		

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.

	☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
	Variable Name PRND.MOTHPROB	Label PROBLEMS GETTING ALONG W/MOTHER	Size 2
	a. Getting a	along with (his/her) mother?	
<u>C:</u>	<u>508_02</u>		
	☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
	Variable Name PRND.FATHPROB	PROBLEM GETTING ALONG W/FATHER	Size 2
	b. Getting a	along with (his/her) father?	

☐ Help Enabled		✓ Comment Enabled	☑ Jump Back Enabl	ed
Variable Name PRND.UNHAPSAD	PROBLEMS FEELING	Label GUNHAPPY OR SAD		Size 2
c. Feeling u	nhappy or sad?			
CS08 04				
☐ Help Enabled		✓ Comment Enabled	☑ Jump Back Enabl	ed
Variable Name PRND.BEHVSCHL	PROBLEMS W/BEHA	Label VIOR AT SCHOOL		Size 2
d. (His/Her)	behavior at scho	 ool?		

Т	☐ Help Enabled		✓ Comment Enabled	☑ Jump Back Enab	led
	Variable Name PRND.HAVFUNPR	PROBLEMS W/HAVIN	Label G FUN		Size 2
-	e. Having fu	un?			
<u>CS</u>	<u>08_06</u>				
г	☐ Help Enabled		✓ Comment Enabled	☑ Jump Back Enab	led
	Variable Name PRND.ADULPROB	PROBLEMS GETTING	Label ALONG W/OTHER ADULTS		Size
-	f. Getting a	long with other ad	lults?		

☐ Help Enabled		☑ Jump Back Enabled
Variable Name PRND.NERVAFRD	Label PROBLEMS FEELING NERVOUS OR AFRAID	Size 2
g. Feeling r	nervous or afraid?	
	·	
608_08		
□ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled
☐ Help Enabled Variable Name PRND.SIBSPROB	✓ Comment Enabled Label PROBLEMS GETTING ALONG W/SIBLINGS	✓ Jump Back Enabled Size
Variable Name PRND.SIBSPROB	Label	Size
Variable Name PRND.SIBSPROB	Label PROBLEMS GETTING ALONG W/SIBLINGS	Size

☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled
Variable Name PRND.KIDSPROB	Label PROBLEMS GETTING ALONG W/OTHER KIDS	Size 2
i. Getting al	ong with other kids?	
<u>CS08_10</u>		
☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled
Variable Name PRND.SPORTHOB	Label PROB GETTING INVOLVED W/SPORT, HOBBIES	Size 2
j. Getting in	volved in activities like sports or hobbies	?

	☐ Help Enabled		✓ Comment Enabled	☑ Jump Back Enab	led
	Variable Name PRND.SCHLWORK	PROBLEMS W/SCHO	Label OLWORK		Size 2
	k. (His/Her)	schoolwork?			
<u>Cs</u>	<u>608_12</u>				
	☐ Help Enabled		✓ Comment Enabled	☑ Jump Back Enab	led
	Variable Name PRND.BEHVHOME	PROBLEMS W/BEHA	Label VIOR AT HOME		Size
	I. (His/Her)	behavior at home	 e?		_ — —

☐ Help Enabled	Comment Enabled	✓ Jump Back Enabled
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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
2 = SOME PROBLEM
| 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	☑ Jun	np Back Enabl	ed
Variable Name PRND.ILLCARE	Label ILLNESS OR INJURY THAT NEEDED CARE			Size 2
{PERSON'S FIRST	MIDDLE AND LAST NAME}	- — — — -		
The following last 12 mont	g questions are about the health care (P hs.	ERSON) received in th	ne
	2 months, did (PERSON) have an illness e right away in a clinic, emergency roon			at
YES		1	{CS10A}	
NO		2	(CS11A)	
Refu	 ised	RF	{CS11A}	
Don	t Know	DK	{CS11A}	

CS10A

\square 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
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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

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

\Box Help Enabled	✓ Comment Enabled	☑ Jum	p Back Enabl	ed
Variable Name PRND.NEEDCATE	Label BELIEVE NEEDED ANY CARE, TESTS			Size 2
{PERSON'S FIRST	MIDDLE AND LAST NAME}			- — —
In the last 12 tests or treat	2 months, did you or a doctor believe (PE ment?	ERSON) I	needed any c	are,
YES		1	{CS14}	
NO		2	{CS15}	
Refu	sed	RF	{CS15}	
Don	t Know	DK	{CS15}	

<u>CS14</u>

☐ Help Enabled		☑ Jur	np Back Enab	led
Variable Name PRND.PROBCARE	Label HOW MUCH OF A PROBLEM TO GET CARE FOR			Size 2
{PERSON'S FIRS	T MIDDLE AND LAST NAME}		— — — — — —	
SHOW CA	RD CS-4.			
	12 months, how much of a problem, if an atments you or a doctor believed necess	•	to get the care	€,
ΑI	BIG PROBLEM	1	{CS15}	
AS	SMALL PROBLEM	2	{CS15}	
NC	OT A PROBLEM	3	{CS15}	
Re	fused	RF	{CS15}	
Do	n't Know	DK	{CS15}	

<u>CS15</u>

☐ Help Enabled		✓ Comment Enabled	☑ Jur	mp Back Enab	led
Variable Name PRND.LSNCRFLY	DOCTORS OR OTHE	Label R LISTEN CAREFULLY			Size 2
{PERSON'S FIRST	MIDDLE AND L	AST NAME}			
SHOW CAR	D CS-3.				
	months, how of ten carefully to	ten did (PERSON)'s do you?	ctors or	other health	
NEV	ER		1	{CS16}	
SOM	IETIMES		2	{CS16}	
USU	ALLY		3	{CS16}	
ALW	'AYS		4	{CS16}	
Refu	sed		RF	{CS16}	
Don'	t Know		DK	{CS16}	

CS16

☐ Help Enabled	Comment Enabled	✓ Jump Back Enable	ed
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}

\square Help Enabled	Comment Enabled	✓ Jump Back Enabled
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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}

<u>CS18</u>

☐ Help Enabled	✓ Comment Enabled	∠ Ju	mp Back Enabled
Variable Name PRND.SPNDTIME SPEND ENOUGH	Label GH TIME WITH YOU		Size
{PERSON'S FIRST MIDDLE AI	ND LAST NAME}		
SHOW CARD CS-3.	6 811		
enough time with (PER	ow often did doctors or other RSON) ?	health	providers spend
NEVER		1	{CS19}
SOMETIMES		2	{CS19}
USUALLY		3	{CS19}
ALWAYS		4	{CS19}
Refused		RF	{CS19}
Don't Know		DK	{CS19}

<u>CS19</u>

\square Help Enabled	✓ Comment Enabled	d ☑ Jur	mp Back Enal	oled
Variable Name PRND.RATEHLTH RATI	Label NG ALL CHILD'S HEALTH CARE			Size
{PERSON'S FIRST MIDI	DLE AND LAST NAME}			
SHOW CARD CS	S-5.			
and 10 is the bes	er from 0 to 10, where 0 is the wo t health care possible, what numb th care in the last 12 months? FROM 0 - 10:		•	
	RATING:		{CS20}	
Refused		RF	{CS20}	
Don't Kno	DW	DK	{CS20}	
Hard CHECK:				
RANGE CHECK: 0-10				

☐ 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}

<u>CS21</u>

☐ Help Enabled		✓ Jum	o Back Enabled	
Variable Name PRND.PROBSPRF	Label PROBLEM TO GET REFERRAL TO A SPLST			ize
{PERSON'S FIRS	Γ MIDDLE AND LAST NAME}	- — — — —		- —
	RD CS-4. 2 months, how much of a problem, if any ON) needed to see?	, was it to	see a specialis	st
A S	SIG PROBLEM SMALL PROBLEM T A PROBLEM	1 2 3	{CS22} {CS22} {CS22}	
	used n't Know	RF DK	{CS22} {CS22}	

<u>CS22</u>

☐ Help Enabled		☑ Jum _l	o Back Enable	ed
Variable Name PRND.MSURHGHT	Label HAS A DOCTOR EVER MEASURED HEIGHT			Size 2
{PERSON'S FIRST	MIDDLE AND LAST NAME}			
	g questions are about amounts and type may receive when (he/she) goes to see a			
Has a docto	r or other health provider ever measured	(PERSO	N)'s height?	
YES NO	5	1 2	{CS22OV} {CS23}	
_	used 't Know	RF DK	{CS23} {CS23}	

<u>CS22OV</u>

Variable Name PRND.WHENTHAT	WHEN WAS THAT?	Label			Siz 2
When v	vas that?				
	WITHIN PAST YEAR		1	{CS23}	
	WITHIN PAST 2 YEAR	RS	2	{CS23}	
	MORE THAN 2 YEAR	S	3	{CS23}	
	Refused		RF	{CS23}	
	Don't Know		DK	{CS23}	
				, ,	
<u>23</u>					
<mark>23</mark> □ Help Enable	ed	✓ Comment Enabled	☑ Jur		bled
□ Help Enable	ed RST MIDDLE AND LA		☑ Jur		bled
□ Help Enable		ST NAME}	✓ Jur		bled

CS23_01

\square Help Enabled		✓ Comment Enabled	☑ Jum	p Back Enabl	ed
Variable Name		Label			Size
PRND.HGHTFEET	HEIGHT OF CHILD - F	<u>EE I</u>			2
	FEE	T:		{CS23_02}	
Re	fused		RF	{CS24}	
Do	n't Know		DK	{CS24}	
Soft CHECK:					
SOFT RANGE CHECK	: 0 TO 7				

CS23_02

\square Help Enabled		✓ Comment Enabled	☑ Jui	mp Back Enat	oled
Variable Name	HEIGHT OF CHILD-IN	Label			Size
PRND.HGHTINCH	HEIGHT OF CHILD-IIV				
		_			
	INCHE	S:		{CS24}	
Ref	used		RF	{CS24}	
Dor	n't Know		DK	{CS24}	

Soft CHECK:

SOFT RANGE CHECK: 0-12

EDIT: IF FEET (CS23_01) = 0, INCHES (CS23_02) MUST BE 1-30. IF FEET (CS23_01) > 0, INCHES (CS23_02) MUST BE 0-12.

<u>CS24</u>

\Box Help Enabled	✓ Comment Enabled	☑ Jum _l	o Back Enabl	ed
Variable Name PRND.MESURWGT	Label HAS DOCTOR EVER MEASURED CHILDS WEIGHT			Size 2
{PERSON'S FIRST	MIDDLE AND LAST NAME}			
Has a docto	r or other health provider ever measured	(PERSO	N)'s weight?	
YES	;	1	{CS24OV}	
NO		2	{CS25}	
Ref	used	RF	{CS25}	
Don	't Know	DK	{CS25}	

<u>CS24OV</u>

☐ Help Enabled		led ☑ Jur	mp Back Enat	oled
Variable Name PRND.WHNTHAT1 W	Label HEN WAS THAT?			Size 2
When was that	?			
WITHIN		1 2 3 RF DK	{CS25} {CS25} {CS25} 	
CS25 ☐ Help Enabled	⊻ Comment Enabl	led ☑ Jui	mp Back Enal	oled
· 	DDLE AND LAST NAME}			
	h does (PERSON) weigh without	shoes?		
	JCTIONS: E FOR OUNCES IF NOT REPORTED' OTHERWISE, USE A NULL DISPLAY.			

CS25_01

☐ Help Enabled	✓ Comment Enabled	✓ Jump	Back Enab	led
Variable Name PRND.WGHTLBS CHILDS WEIGHT - L	Label _BS			Size 3
POUN	DS:			
Refused		RF	{BOX_03}	
Don't Know		DK	{BOX_03}	
ROUTING INSTRUCTION: IF CS25_01 IS < OR = 20 I CS25_01 IS > 20 POUNDS, (CS25_02. 	IF	
Soft CHECK: SOFT RANGE CHECK: 1 TO 300				

CS25_02

☐ Help Enabled		✓ Comment Enabled		mp Back Enab	oled	
Variable Name		Label			Size	
PRND.WGHTOZS	WEIGHT OF CHILD - OZ	<u> </u>			2	
	OUNCES	:		{BOX_03}		
Re	efused		RF	{BOX_03}		
Do	on't Know		DK	{BOX_03}		
Soft CHECK:						
SOFT RANGE CHECK						
EDIT: IF POUNDS	$S(CS25_01) = 0, T$	HEN OUNCES MUST BE 1	-16.			
DY 00	3 (3225_31) = 0, 11	MEN CONCES MOST BE I	10.			

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

Variable Nar PRND.VISONCHK		Label HECKED CHILDS VISION			Size 2
PERSON'S I	FIRST MIDDLE AND LA	ST NAME}			
Has a	doctor or other health p	rovider ever checked (I	PERSO	N)'s vision?	
SELE	CT 'TRIED, BUT (PERS	ON) WAS UNCOOPE	RATIVE	' IF	
RESP	ONDENT VOLUNTEER N, BUT (PERSON) WA	S THAT DOCTOR TRI			
VISIO	N, BOT (FERSON) WA	S UNCOUPERATIVE.			
	YES		1	{BOX_04}	
	NO		2	{BOX_04}	
	TRIED, BUT (PERSO UNCOOPERATIVE	N) WAS	3	{BOX_04}	
	Refused		 RF		
	Don't Know		DK	{BOX_04}	
	AY INSTRUCTIONS:				
· ·			IN PURP	T.E.	

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

<u>CS27</u>

☐ Help Enabled	✓ Comment Enabled	✓ Jun	np Back Enabl	ed	
Variable Name PRND.BLDPRSCK HAS DOCTOR E	Label EVER MEASURED BLOOD PRESSURE			Size 2	
{PERSON'S FIRST MIDDLE AN	D LAST NAME}				
Has a doctor or other hea	alth provider ever measured	(PERS	ON)'s blood		
SELECT 'TRIED, BUT (PERSON) WAS UNCOOPERATIVE' IF RESPONDENT VOLUNTEERS THAT DOCTOR TRIED TO MEASURE BLOOD PRESSURE, BUT (PERSON) WAS UNCOOPERATIVE.					
YES		1	{CS270V}		
NO		2	{CS28}		
TRIED, BUT (PE UNCOOPERATI)		3	{CS27OV}		
Refused		RF	{CS28}		
Don't Know		DK	{CS28}		
DISPLAY INSTRUCTIONS:	FOR CATEGORY 3 SHOULD BE	E IN PU	RPLE.		

<u>CS270V</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jun	np Back Enab	oled
Variable Name PRND.WHNTHAT2 WHEN WAS THAT	Label			Size 2
When was that?	- — — — — — — — — —			
WITHIN PAST YEA	AR.	1	{CS28}	
WITHIN PAST 2 YI	EARS	2	{CS28}	
MORE THAN 2 YE	ARS	3	{CS28}	
Refused		RF	{CS28}	
Don't Know		DK	{CS28}	

✓ Help Enabled	(ADVICEYOU)	Comment Enabled	✓ Jump Back Enabled
- Help Ellabled	(ADVICE LOC)		

Variable Name	Label	Size
PRND.RGDNTLCK	HAVING REGULAR DENTAL CHECK-UPS	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) having regular dental check-ups?

YES	1	(CS28OV)
NO	2	{CS29}
Refused	RF	{CS29}
Don't Know	DK	{CS29}

{CS29} {CS29}

CS280V

✓ Help Enabled (AL	OVICEYOU)	✓ Comment Enabled	✓ Ju	mp Back Enab	led
Variable Name PRND.WHNTHAT3	WHEN WAS THAT?	Label			Size 2
When was th	nat?				
WITI	HIN PAST YEA HIN PAST 2 YE RE THAN 2 YEA	ARS	1 2 3	{CS29} {CS29} {CS29}	

Refused

Don't Know

HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."

RF

DK

✓ Help Enabled (ADVICEYOU)	Comment Enabled	✓ Jump Back Enabled
= Help Ellabled (ADVICETOD)		- Julip Dack Lilabieu

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}

CS290V

✓ Help Enabled (AD)	VICEYOU)	✓ Comment Enabled	☑ Jump Back Enabl	led
Variable Name		Label		Size
PRND.WHNTHAT4	WHEN WAS THAT?			2
When was that	at?			- — -

 WITHIN PAST YEAR
 1 {CS30}

 WITHIN PAST 2 YEARS
 2 {CS30}

 MORE THAN 2 YEARS
 3 {CS30}

 Refused
 RF {CS30}

 Don't Know
 DK {CS30}

✓ Help Enabled (ADVICEYOU)	✓ Comment Enabled	✓ Jump Back Enabled
- Helb Ellabled (ADVICETOD)		U JUITID DACK LITADIEU

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}

CS300V

✓ Help Enabled (ADVICEYOU)	Comment Enabled	✓ Jump Back Enabled
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Variable Name	La	bel 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

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IF RU MEMBER BEING ASKED ABOUT:
- HAS A WEIGHT AT CS25 < OR = 40 POUNDS,
- 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
- IF CS25 IS CODED 'REF' OR 'DK'
- 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,
- IF CS25 IS CODED 'REF' OR 'DK'
- PERSON > 9 YEARS OF AGE (OR IN AGE CATEGORY 4),
GO TO CS33
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✓ Help Enabled	(ADVICEVOLI)	Comment Enabled	✓ Jump Back Enabled
THEIR EHABIEU	(ADVICE YOU)		Julip Dack Eliabled

Variable Name	Label	Size
PRND.SFTYSEAT	USING A CHILD SAFETY SEAT?	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 child safety seat while riding in the car?

YES	1	(CS31OV)
NO	2	{BOX_06}
Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}

CS310V

✓ Help Enabled g	(ADVICEYOU)	✓ Comment Enabled	☑ Jur	mp Back Enabl	ed
Variable Name	L MULENI WAS THAT	Label			Size
PRND.WHNTHAT6	WHEN WAS THAT?				2
When was	that?				
WI	THIN PAST YEAR	₹	1	{BOX_06}	
WI	THIN PAST 2 YEA	ARS	2	{BOX_06}	
MC	ORE THAN 2 YEA	RS	3	{BOX_06}	
Re	fused		RF	{BOX_06}	
Do	n't Know		DK	{BOX_06}	
	HELP AVAILABLE	FOR DEFINITION OF	"ADVIC	CE TO YOU."	

✓ Help Enabled (ADVICEYOU)	Comment Enabled	✓ Jump Back Enabled
E HEID EHADIEU (ADVICETOU)		- Julip Dack Lilableu

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}

CS32OV

✓ Help Enabled	(ADVICEYOU)	Comment Enabled	✓ Jump Back Enabled
- Help Ellabled	(ADVICE LOC)		

Variable Name		Label	Size
PRND.WHNTHAT7	WHEN WAS THAT?		2

When was that?

WITHIN PAST YEAR	1	{BOX_05A}
WITHIN PAST 2 YEARS	2	{BOX_05A}
MORE THAN 2 YEARS	3	{BOX_05A}
Refused	RF	{BOX_05A}
Don't Know	DK	{BOX_05A}

HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."

BOX_05A

IF CS25 IS CODED 'REF' OR 'DK' FOR RU MEMBER BEING ASKED ABOUT AND PERSON IS IN AGE CATEGORY 3 (AGE IS UNKNOWN), CONTINUE WITH CS33

OTHERWISE, GO TO BOX_06

✓ Help Enabled	(ADVICEYOU)	Comment Enabled	✓ Jump Back Enabled
- Help Ellabled	(ADVICE LOC)		

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}

CS33OV

✓ Help Enabled	(ADVICEYOU)	Comment Enabled	✓ Jump Back Enabled
- Help Ellabled	(ADVICE LOC)		

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

✓ Help Enabled (ADVICEHELM)	Comment Enabled	✓ Jump Back Enabled
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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)."

CS34OV

✓ Help Enabled (ADVICEHELM)	✓ Comment Enabled	☑ Jum _l	p Back Enabl	ed
Variable Name PRND.WHNTHAT9 WHEN WAS THAT? — — — — — — — — — — — — — — — — — — —	Label			Size 2
When was that?				- — —
WITHIN PAST YEAR	₹	1	{CS35}	
WITHIN PAST 2 YE	ARS	2	{CS35}	
MORE THAN 2 YEA	RS	3	{CS35}	
Refused		RF	{CS35}	
Don't Know		DK	{CS35}	

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

V Hala Enabled (AD)(IOE)(OLI)	V Comment England	V Jump Book Engblod
✓ 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}
Refused	RF	{BOX_07}
Don't Know	DK	{BOX_07}

CS35OV

✓ Help Enabled	(AD)/ICEVOLI)	Comment Enabled	✓ Jump Back Enabled
□ ⊓eip ⊑nabied	(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

☐ Help Enabled		✓ Comment Enabled ✓			ed
Variable Name		Label			Size
PRND.TIMSPEND	DID DOCTOR SPI	END ANY TIME ALONE?			2
(PERSON'S FIRST	MIDDLE AND	D LAST NAME}			
	end any time a	nad a health care visit, die lone with (PERSON) with			l
YES	8		1	{END_LP01	}
NO			2	{END_LP01	}
Refused			RF	{END_LP01	}
Dor	't Know		DK	{END_LP01	}
D_LP01					
		RU-MEMBERS-ROSTER WHO	MEETS TH	E CONDITIONS	
IF NO OTHER PERS	SONS MEET THE	STATED CONDITIONS, EN	ID LOOP_0	1 AND CONTINUE	
X 08					