

**2007 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 12-Jul-06**

**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**  
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**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: 12-Jul-06

**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 TRETWHER]

**Question ID:** CMS.080\_00.000    **Instrument Variable Name:** TRETWHER    **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]