

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
 Document Version Date: 12-Jul-06

**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]

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**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]

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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]

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**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]

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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's 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]

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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]



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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

...Sinusitus?

- 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:** CCONDT1\_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:** 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]

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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:** 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]



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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]

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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**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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]

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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]

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

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

**QuestionText:** 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

**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]

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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 FEVRYR2]

**Question ID:** CHS.120\_07.070    **Instrument Variable Name:** FEVRYR2    **QuestionnaireFileName:** Sample Child

**QuestionText:** 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]

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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:** 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:** 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]

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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]

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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]

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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]



**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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]

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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]

**2007 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Jul-06

**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: 12-Jul-06

**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: 12-Jul-06

**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: 12-Jul-06

**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?

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

**UniverseText:** Sample children GE 4

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

**Question ID:** CHS.375\_01.010    **Instrument Variable Name:** 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: 12-Jul-06

**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 next section]

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

**QuestionText:** 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 next section]