2007 NHIS Questionnaire - Sample Child
Child Health Status & Limitations
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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 centimenters.

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]

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]

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

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

1	Yes
2	No
7	Refused
9	Don't know

   UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

1	Yes
2	No
7	Refused
9	Don't know

   UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

1	Yes
2	No
7	Refused
9	Don't know

   UniverseText: Sample children = 3-17

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

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Question ID: CHS.115_06.000   **Instrument Variable Name:** CCONDT_6   **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Anemia?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

Question ID: CHS.115_07.000   **Instrument Variable Name:** CCONDT_7   **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Frequent or severe headaches, including migraines?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Three or more ear infections?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Seizures?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

QuestionText: * Read if necessary.

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

Stuttering or stammering?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children = 3-17

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

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

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

QuestionText: 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]

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

QuestionText: *Read if necessary.

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

...Other chronic pain?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 3-17

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

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

QuestionText: *Read if necessary.

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

...Fatigue or lack of energy?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample children 3-17

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

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

QuestionText: *Read if necessary.

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

...Head or chest cold?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

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

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

QuestionText: *Read if necessary.

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

...Sore throat other than strep or tonsillitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

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

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

QuestionText: *Read if necessary.

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

...Problems with acid reflux or heartburn?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

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

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

QuestionText: *Read if necessary.

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

...Nausea and/or vomiting?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

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

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

QuestionText: 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]

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

QuestionText: *Read if necessary.

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

...Problems with being overweight?

1   Yes
2   No
7   Refused
9   Don't know

 UniverseText: Sample children 3-17

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

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

QuestionText: *Read if necessary.

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

...Severe acne?

1   Yes
2   No
7   Refused
9   Don't know

 UniverseText: Sample children 3-17

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

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

QuestionText: *Read if necessary.

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

...Warts?

1   Yes
2   No
7   Refused
9   Don't know

 UniverseText: Sample children 3-17

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

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

QuestionText: *Read if necessary.

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

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

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

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

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

UniverseText: Sample children <18

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

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

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

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

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

UniverseText: Sample children 5-17

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

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

QuestionText: * Hand calendar card.

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

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

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

UniverseText: Sample children <18

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18 having trouble seeing

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [if AGE LE <1> go to CUSUALPL;
if AGE GE <3> go to LEARND;
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:** LEARND **QuestionnaireFileName:** Sample Child

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 3-17

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

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

QuestionText: (book) C3

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

HE:

Has been uncooperative?

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

UniverseText: Male sample children 2-3

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

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

QuestionText: (book) C3

* Read if necessary.

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

HE:

Has trouble getting to sleep?

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

UniverseText: Male sample children 2-3

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

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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]

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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]

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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]

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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
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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]