# DRAFT 2010 NHIS Questionnaire - Sample Child

## Child Health Status & Limitations

**Document Version Date: 05-May-09**

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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 12+ 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 12+ whose current height will be entered in metric.

**SkipInstructions:**
<0-2> [goto CHGT_CM]
<R,D> [goto CWGT_LB]
<empty> [go to CHGT_CM]

# DRAFT 2010 NHIS Questionnaire - Sample Child

## Child Health Status & Limitations

**Document Version Date: 05-May-09**

**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 + 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 12+

**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 12+ 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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child

## Child Health Status & Limitations

**Document Version Date: 05-May-09**

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child

## Child Health Status & Limitations

**Document Version Date: 05-May-09**

**Question ID:** CHS.060_00.000 **Instrument Variable Name:** CONDL **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C2 ?[F1]

Looking at this list, has a doctor or health professional ever told you that [fill: SC name] had any of these conditions?

*Read if necessary.

Down syndrome
Cerebral palsy
Muscular dystrophy
Cystic fibrosis
Sickle cell anemia
Autism
Diabetes
Arthritis
Congenital heart disease
Other heart condition

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CONDL1] <2,R,D> [goto CPOX]

**Question ID:** CHS.061_00.000 **Instrument Variable Name:** CONDL1 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C2 ?[F1]

Which ones?

* Enter all that apply, separate with commas.

| | |
|---|---|
| **01** | Down 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 |

**UniverseText:** Sample children <18 and CONDL=1

**SkipInstructions:** <1-10,R,D> [go to CPOX]
[If <0> and <1-10> go to ERR_CONDL]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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]

**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> [if AGE LE 2 go to CCONDT1_1; if AGE >2 go to CCONDT_1]

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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> [if AGE LE 2 go to CCONDT1; if AGE >2 go to CCONDT]

**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> [if AGE LE 2 go to CCONDT1; if AGE >2 go to CCONDT]

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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 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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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 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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**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]

**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 CHEARST1]

# DRAFT 2010 NHIS Questionnaire - Sample Child
## Child Health Status & Limitations
**Document Version Date: 05-May-09**

**Question ID:** CHS.250_00.000 **Instrument Variable Name:** CHEARST1 **QuestionnaireFileName:** Sample Child

**QuestionText:** Which statement best describes [fill: SC name]'s hearing without a hearing aid: Excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or is [fill: SC's name] deaf?

**1** Excellent
**2** Good
**3** A little trouble hearing
**4** Moderate trouble
**5** A lot of trouble
**6** Deaf
**7** Refused
**9** Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1-6,R,D> [go to CVISION]

**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> [goto 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]

# DRAFT 2010 NHIS Questionnaire - Sample Child

## Child Health Status & Limitations

**Document Version Date: 05-May-09**

**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]

**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]

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**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]

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**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 CUSUALPL;
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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
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**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]

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
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**Document Version Date: 05-May-09**

**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]

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
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**Document Version Date: 05-May-09**

**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]

**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]

# DRAFT 2010 NHIS Questionnaire - Sample Child
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**Document Version Date: 05-May-09**

**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]