2010 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 24-Jul-09

Question ID:	CMB.010_00.000 **Instrument Variable Name:**	CMHCOPY	**QuestionnaireFileName:**	Sample Child

QuestionText: * The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.

* The next 6 items contained in CMHMF_1 through CMHDIFF are included in this survey with permission as indicated below.

* The SDQ questions are copyrighted by Robert Goodman, Ph.D., FRCPSYCH, MRCP. State and local agencies may use these questions without charge and without seeking separate permission provided the wording is not modified, all the questions are retained, and Dr. Goodman's copyright is acknowledged.

* Enter 1 to Continue.

1   Enter 1 to continue

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto CMHMF_1]

_____

Question ID:	CMB.020_01.000 **Instrument Variable Name:**	CMHMF_1	**QuestionnaireFileName:**	Sample Child

QuestionText: (book) C7

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is generally well behaved, usually does what adults request.

1   Not true
2   Somewhat true
3   Certainly true
7   Refused
9   Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [goto CMHMF_2]

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Question ID: CMB.020_02.000 **Instrument Variable Name:**   CMHMF_2   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...has many worries, or often seems worried.

1	Not true
2	Somewhat true
3	Certainly true
7	Refused
9	Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [goto CMHMF_3]

Question ID: CMB.020_03.000 **Instrument Variable Name:**   CMHMF_3   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...is often unhappy, depressed, or tearful.

1	Not true
2	Somewhat true
3	Certainly true
7	Refused
9	Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [goto CMHMF_4]

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Question ID: CMB.020_04.000 **Instrument Variable Name:**   CMHMF_4   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...gets along better with adults than with other [fill3: children/youth].

1	Not true
2	Somewhat true
3	Certainly true
7	Refused
9	Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,D,R> [goto CMHMF_5]

Question ID: CMB.020_05.000 **Instrument Variable Name:**   CMHMF_5   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C7

* Read if necessary.

I am going to read a list of items that describe children. For each item, please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [fill1: SC name] DURING THE PAST SIX MONTHS.

[fill2: He/She...]

...has good attention span, sees chores or homework through to the end.

1	Not true
2	Somewhat true
3	Certainly true
7	Refused
9	Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-3,R,D> [goto CMHDIFF]

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Question ID: CMB.030_00.000 **Instrument Variable Name:**   CMHDIFF   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C8

Overall, do you think that [fill1: SC name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

1	No
2	Yes, minor difficulties
3	Yes, definite difficulties
4	Yes, severe difficulties
7	Refused
9	Don't know

UniverseText: Sample children GE 4

SkipInstructions: <1-4,R,D> [goto SEEDIFF]

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Question ID: CMS.001_00.000 **Instrument Variable Name:** DIFF6M **QuestionnaireFileName:** Sample Child

QuestionText: Has [fill: SC name] had any of these difficulties DURING THE PAST 6 MONTHS, that is since [fill month and year of 6 month reference period]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17

SkipInstructions: <1> [goto DIFFINTF] <2,R,D> [goto PRESCP6M]

Question ID: CMS.005_00.000 **Instrument Variable Name:** DIFFINTF **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did the difficulties interfere with or limit [fill1: SC name] being able to get along in your family, in school, or in daily activities?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who have at least minor difficulties with emotions, concentration, behavior, or being able to get along with others

SkipInstructions: <1> [goto DIFFDEG] <2,R,D> [goto PRESCP6M]

Question ID: CMS.007_00.000 **Instrument Variable Name:** DIFFDEG **QuestionnaireFileName:** Sample Child

QuestionText: How much did these difficulties interfere with [fill: S.C. name] being able to get along in your family, in school, or in daily activities? Would you say...

*Read categories below.

1	A lot
2	Some
3	A little
4	None
7	Refused
9	Don't know

UniverseText: Sample children 4-17 whose difficulties interfere with child being able to get along in the family, school, or daily activities

SkipInstructions: <1-4,R,D> [goto PRESCP6M]

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Question ID: CMS.010_00.000   **Instrument Variable Name:**   PRESCP6M   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 6 MONTHS, was [fill1: S.C. name] prescribed medication or taking prescription medication for difficulties with emotions, concentrations, behavior, or being able to get along with others?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17

SkipInstructions: <1> [goto PMEDPED] <2,R,D> if CMHDIFF=1 and DIFF6M=2 then [goto next section]; else [goto NSDUH1]

Question ID: CMS.012_01.000   **Instrument Variable Name:**   PMEDPED   **QuestionnaireFileName:**   Sample Child

QuestionText: Who FIRST prescribed the medication? Was it

...A pediatrician or other family doctor?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who have been prescribed or have taken prescription medication in the past 6 months

SkipInstructions: <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]; <2,R,D> [goto PMEDPSY]

Question ID: CMS.012_02.000   **Instrument Variable Name:**   PMEDPSY   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary.

Who FIRST prescribed the medication? Was it

...A psychiatrist, psychologist or other mental health professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician or other family doctor

SkipInstructions: <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]; <2,R,D> [goto PMEDOTH]

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Question ID:	CMS.012_03.000	**Instrument Variable Name:**	PMEDOTH	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read if necessary.

Who FIRST prescribed the medication? Was it

...Someone else?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician, family doctor, or mental health professional

SkipInstructions: <1> [goto PMEDSP]; <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]

Question ID:	CMS.012_04.000	**Instrument Variable Name:**	PMEDSP	**QuestionnaireFileName:**	Sample Child

QuestionText: *Enter the person who prescribed the medication.

7	Refused
9	Don't know
verbatim	verbatim

UniverseText: Sample children 4-17 who were prescribed medication in the past 6 months by someone other than a pediatrician, family doctor, or mental health professional

SkipInstructions: <allow 20,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]

Question ID:	CMS.013_00.000	**Instrument Variable Name:**	NSDUH1	**QuestionnaireFileName:**	Sample Child

QuestionText: Sometimes students get treatment or counseling through the school system for DIFFICULTIES WITH emotions, concentration, behavior, or being able to get along with others. This counseling is often provided by school social workers, school psychologists, school nurse, school counselors, or school speech, occupational or physical therapists.

1	Continue

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto NSDUH2]

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Question ID: CMS.014_00.000 **Instrument Variable Name:**   NSDUH2   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill: S.C. name] receive any treatment or counseling FROM A SCHOOL SOCIAL WORKER, PSYCHOLOGIST, NURSE, COUNSELOR, OR SPEECH, OCCUPATIONAL OR PHYSICAL THERAPIST?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <12,R,D> [goto NSDUH3]

Question ID: CMS.015_00.000 **Instrument Variable Name:**   NSDUH3   **QuestionnaireFileName:**   Sample Child

QuestionText: At any time DURING THE PAST 6 MONTHS did [fill1: S.C. name] attend a school for students with difficulties with emotions, concentration, behavior, or being able to get along with others?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who did not receive treatment from a school representative

SkipInstructions: <1,2,R,D> [goto NSDUH4]

Question ID: CMS.016_00.000 **Instrument Variable Name:**   NSDUH4   **QuestionnaireFileName:**   Sample Child

QuestionText: Regular schools sometimes provide programs for students with difficulties with emotions, concentration, behavior, or being able to get along with others.

DURING THE PAST 6 MONTHS, did [fill1: S.C. name] participate in a school program that was just for students with these kinds of difficulties?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who did not receive treatment from a school representative

SkipInstructions: <1> [goto NSDUH5] <2,R,D> if age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]

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Question ID: CMS.017_00.000 **Instrument Variable Name:** NSDUH5 **QuestionnaireFileName:** Sample Child

QuestionText: Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

1	School teacher
2	Special Ed teacher
3	School counselor, psychologists, nurse or social worker
4	School speech, occupational or physical therapist
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who participated in a special school program for these difficulties

SkipInstructions: <1-4,R,D> age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]

Question ID: CMS.020_01.000 **Instrument Variable Name:** TRETWHR1 **QuestionnaireFileName:** Sample Child

QuestionText: Now I'd like to ask about places where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.

DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

At daycare, child care, or play group?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-6 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO1] <2,R,D> [goto TRETWHR2]

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Question ID: CMS.020_02.000 **Instrument Variable Name:** TRETWHO1 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01	School counselor, school nurse or school social worker
02	Speech, occupational or physical therapist
03	Psychiatrist, psychologist, social worker, psychiatric nurse
04	Pediatrician or family doctor
05	Acupuncturist, massage therapist, chiropractor
06	Religious or spiritual counselor
07	Probation or juvenile corrections officer or court counselor
08	Other
97	Refused
99	Don't know

UniverseText: Sample children 4-6 who received counseling at daycare, child care, or play group

SkipInstructions: <1-7,R,D> [goto TRETWHR2] <8> [goto TRTWHRS1]

Question ID: CMS.020_03.000 **Instrument Variable Name:** TRTWHRS1 **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling at daycare, child care, or play group.

97	Refused
99	Don't know
verbatim	verbatim

UniverseText: Sample children 4-6 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR2]

Question ID: CMS.021_01.000 **Instrument Variable Name:** TRETWHR2 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In an office, clinic or center in your community?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO2] <2,R,D> [goto TRETWHR3]

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Question ID: CMS.021_02.000 **Instrument Variable Name:**   TRETWHO2   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01	School counselor, school nurse or school social worker
02	Speech, occupational or physical therapist
03	Psychiatrist, psychologist, social worker, psychiatric nurse
04	Pediatrician or family doctor
05	Acupuncturist, massage therapist, chiropractor
06	Religious or spiritual counselor
07	Probation or juvenile corrections officer or court counselor
08	Other

UniverseText: Sample children 4-17 who received counseling at an office, clinic or community center

SkipInstructions: <1-7,R,D> [goto TRETWHR3] <8> [goto TRTWHRS2]

Question ID: CMS.021_03.000 **Instrument Variable Name:**   TRTWHRS2   **QuestionnaireFileName:**   Sample Child

QuestionText: *Specify the other source of treatment or counseling provided at an office, clinic of community center.

97	Refused
99	Don't know
verbatim	verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR3]

Question ID: CMS.022_01.000 **Instrument Variable Name:**   TRETWHR3   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In your home, for example, from a visiting teacher or counselor?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO3] <2,R,D> [goto TRETWHR4]

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Question ID: CMS.022_02.000 **Instrument Variable Name:**   TRETWHO3   **QuestionnaireFileName:**   Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01	School counselor, school nurse or school social worker
02	Speech, occupational or physical therapist
03	Psychiatrist, psychologist, social worker, psychiatric nurse
04	Pediatrician or family doctor
05	Acupuncturist, massage therapist, chiropractor
06	Religious or spiritual counselor
07	Probation or juvenile corrections officer or court counselor
08	Other

UniverseText: Sample children 4-17 who received counseling at home from visiting teacher or counselor

SkipInstructions: <1-7,R,D> [goto TRETWHR4] <8> [goto TRTWHRS3]

Question ID: CMS.022_03.000 **Instrument Variable Name:**   TRTWHRS3   **QuestionnaireFileName:**   Sample Child

QuestionText: *Specify the other source of treatment or counseling provided in the home.

7	Refused
9	Don't know
verbatim	verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR4]

Question ID: CMS.023_01.000 **Instrument Variable Name:**   TRETWHR4   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

In a hospital emergency room, crisis center, or emergency shelter?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO4] <2,R,D> [goto TRETWHR5]

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Question ID: CMS.023_02.000 **Instrument Variable Name:** TRETWHO4 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01	School counselor, school nurse or school social worker
02	Speech, occupational or physical therapist
03	Psychiatrist, psychologist, social worker, psychiatric nurse
04	Pediatrician or family doctor
05	Acupuncturist, massage therapist, chiropractor
06	Religious or spiritual counselor
07	Probation or juvenile corrections officer or court counselor
08	Other

UniverseText: Sample children 4-17 who received counseling at hospital/ER/crisis center/shelter

SkipInstructions: <1-7,R,D> [goto TRETWHR5] <8> [goto TRTWHRS4]

Question ID: CMS.023_03.000 **Instrument Variable Name:** TRTWHRS4 **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling provided in in hospital/ER/shelter.

7	Refused
9	Don't know
verbatim	verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR5]

Question ID: CMS.024_01.000 **Instrument Variable Name:** TRETWHR5 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

At a day treatment program in a hospital or community?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO5] <2,R,D> [goto TRETWHR6]

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Question ID: CMS.024_02.000 **Instrument Variable Name:** TRETWHO5 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01	School counselor, school nurse or school social worker
02	Speech, occupational or physical therapist
03	Psychiatrist, psychologist, social worker, psychiatric nurse
04	Pediatrician or family doctor
05	Acupuncturist, massage therapist, chiropractor
06	Religious or spiritual counselor
07	Probation or juvenile corrections officer or court counselor
08	Other

UniverseText: Sample children 4-17 who received counseling at day treatment program in a hospital or community

SkipInstructions: <1-7,R,D> [goto TRETWHR6] <8> [goto TRTWHRS5]

Question ID: CMS.024_03.000 **Instrument Variable Name:** TRTWHRS5 **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling provided at day treatment program.

7	Refused
9	Don't know
verbatim	verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto TRETWHR6]

Question ID: CMS.025_01.000 **Instrument Variable Name:** TRETWHR6 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties...

Any other place?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who had at least minor difficulties

SkipInstructions: <1> [goto TRETWHO6] <2,R,D> [goto OVERNT6M]

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Question ID: CMS.025_02.000 **Instrument Variable Name:** TRETWHO6 **QuestionnaireFileName:** Sample Child

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

01	School counselor, school nurse or school social worker
02	Speech, occupational or physical therapist
03	Psychiatrist, psychologist, social worker, psychiatric nurse
04	Pediatrician or family doctor
05	Acupuncturist, massage therapist, chiropractor
06	Religious or spiritual counselor
07	Probation or juvenile corrections officer or court counselor
08	Other

UniverseText: Sample children 4-17 who received counseling at another place

SkipInstructions: <1-7,R,D> [goto OVERNT6M] <8> [goto TRTWHRS6]

Question ID: CMS.025_03.000 **Instrument Variable Name:** TRTWHRS6 **QuestionnaireFileName:** Sample Child

QuestionText: *Specify the other source of treatment or counseling provided at other place.

7	Refused
9	Don't know
verbatim	verbatim

UniverseText: Sample children 4-17 who received counseling or treatment from other source

SkipInstructions: <allow 20,R,D> [goto OVERNT6M]

Question ID: CMS.050_00.000 **Instrument Variable Name:** OVERNT6M **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill: S.C. name] stay overnight or longer in a hospital, any type of group home, anytype of juvenile detention center, sometimes called juvie, or juvenile hall, youth prisons, training school or jail, foster care home, or another special type of school to receive counseling or treatment for these difficulties?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have have at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto OVERWHCH] <2,R,D> [goto SH1]

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Question ID: CMS.060_00.000   **Instrument Variable Name:**   OVERWHCH   **QuestionnaireFileName:**   Sample Child

QuestionText: Which one?

*Read list if necessary.

*Enter all that apply, separate with commas.

1	Hospital
2	Residential treatment center
3	Foster care or therapeutic foster care home
4	In any type of juvenile detention center, sometimes called "juvie", prison or jail
5	In another place
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who stayed overnight in a hospital or other overnight location for difficulties

SkipInstructions: <1-5,R,D> [goto SH1]

Question ID: CMS.070_00.000   **Instrument Variable Name:**   SH1   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: S.C. name] take part in a self-help group for children and youth with these difficulties?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1,2,R,D> [goto SH2]

Question ID: CMS.080_00.000   **Instrument Variable Name:**   SH2   **QuestionnaireFileName:**   Sample Child

QuestionText: DURING THE PAST 6 MONTHS, did [fill1: S.C. name] use the Internet to seek treatment or counseling for these difficulties?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1,2,R,D> [goto CASEM6M]

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Question ID: CMS.100_00.000   **Instrument Variable Name:**   CASEM6M   **QuestionnaireFileName:**   Sample Child

QuestionText: Parents and caregivers sometimes get help from people sometimes called case managers or care coordinators who help to find or organize treatment for children's difficulties with emotions, etc.

*Read if necessary: This type of help is sometimes called care coordination or case management. People or agencies that do this work might also help you develop a service plan, contact providers for you, and provide support to you in getting the help your child or adolescent needs.

DURING THE PAST 6 MONTHS, did you or [fill1: S.C. name] receive this type of help from any individual or agency?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

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

Question ID: CMS.110_00.000   **Instrument Variable Name:**   CASEMWHO   **QuestionnaireFileName:**   Sample Child

QuestionText: Who provides help arranging or coordinating [fill1: S.C. name] care?

*Enter the MAIN answer.

01	Child welfare/social services/family and child services agency
02	School or educational system
03	Mental health agency
04	Private mental health professional
05	Juvenile justice agency or court system
06	Private insurance service
07	Family or friend
08	Pediatrician or other family doctor
09	Family or youth advocacy groups
10	Other
97	Refused
99	Don't know

UniverseText: Sample children 4-17 who received help from case managers/care coordinators in the past 6 months

SkipInstructions: <1-10,R,D> [goto TRPAYPHI]

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Question ID: CMS.120_01.000   **Instrument Variable Name:**   TRPAYPHI   **QuestionnaireFileName:**   Sample Child

QuestionText: I'm going to read a list of ways that treatment and counseling get paid for. Please tell me who pays for [fill1: S.C. name] treatment or counseling.

Private health insurance, such as insurance that comes with a job?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

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

Question ID: CMS.120_02.000   **Instrument Variable Name:**   TRPAYSCH   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name] treatment or counseling.

School system?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

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

Question ID: CMS.120_03.000   **Instrument Variable Name:**   TRPAYSLF   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name] treatment or counseling.

You or your family (sometimes called out of pocket or co-payment)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

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

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Question ID: CMS.120_04.000   **Instrument Variable Name:**   TRPAYMED   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name] treatment or counseling.

[fill2: fill with name of state Medicaid program]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

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

Question ID: CMS.120_05.000   **Instrument Variable Name:**   TRPAYCHP   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name] treatment or counseling.

[fill2: fill with name of state SCHIP/CHIP program]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

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

Question ID: CMS.120_06.000   **Instrument Variable Name:**   TRPAYMIL   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name] treatment or counseling.

Military health care?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

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

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Question ID: CMS.120_07.000 **Instrument Variable Name:** TRPAYSHP **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name] treatment or counseling.

Some other state or county sponsored health plan, Medicare or other government program?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

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

Question ID: CMS.120_08.000 **Instrument Variable Name:** TRPAYSP **QuestionnaireFileName:** Sample Child

QuestionText: *Enter the name of the state sponsored health plan, Medicare, or other government program.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who paid for treatment with a state sponsored health plan, etc.

SkipInstructions: <allow 20> [goto TRPAYIHS]

Question ID: CMS.120_09.000 **Instrument Variable Name:** TRPAYIHS **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name] treatment or counseling.

Indian Health Service?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

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

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Question ID: CMS.120_10.000   **Instrument Variable Name:**   TRPAYOTH   **QuestionnaireFileName:**   Sample Child

QuestionText: *Read if necessary: Please tell me who pays for [fill1: S.C. name] treatment or counseling.

Some other source?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto TRPAYOTS]; <2,R,D> if TRPAYPHI=2,R,D and TRPAYSCH-=2,R,D and TRPAYSLF=2,R,D and TRPAYMED=2,R,D and TRPAYCHP=2,R,D and TRPAYMIL=2,R,D and TRPAYSHP=2,R,D and TRPAYIHS=2,R,D and TRPAYOTH=2,R,D [goto TRETFREE]; else [goto TRETNEED]

Question ID: CMS.120_11.000   **Instrument Variable Name:**   TRPAYOTS   **QuestionnaireFileName:**   Sample Child

QuestionText: *Enter the name of the other source.

7	Refused
9	Don't know
verbatim	verbatim

UniverseText: Sample children 4-17 who paid for treatment with some other source

SkipInstructions: <allow 20> [goto TRETNEED]

Question ID: CMS.120_12.000   **Instrument Variable Name:**   TRETFREE   **QuestionnaireFileName:**   Sample Child

QuestionText: Was ALL OF THE treatment or counseling [fill1: S.C. name] RECEIVED free?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who did not pay for treatment

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

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Question ID:	CMS.150_00.000	**Instrument Variable Name:**	TRETNEED	**QuestionnaireFileName:**	Sample Child

QuestionText: I'm going to read a statement. Tell me if it is NOT TRUE, SOMEWHAT TRUE, OR CERTAINLY TRUE. DURING THE PAST 6 MONTHS, has [fill1: S.C. name] needed treatment or counseling for difficulties with emotions, concentration, behavior or being able to get along WITH OTHERS but didn't get it?

1	Not true
2	Somewhat true
3	Certainly true
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months

SkipInstructions: <1> [goto NTRTCOST] <2,R,D> [goto next section]

Question ID:	CMS.150_01.000	**Instrument Variable Name:**	NTRTCOST	**QuestionnaireFileName:**	Sample Child

QuestionText: Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Help was too expensive?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID:	CMS.150_02.000	**Instrument Variable Name:**	NTRTLOC	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You didn't know where to go?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

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Question ID: CMS.150_03.000 **Instrument Variable Name:** NTRTNEXP **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You had a negative experience with professionals?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_04.000 **Instrument Variable Name:** NTRTFEAR **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You are afraid or don't like professionals?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_05.000 **Instrument Variable Name:** NTRTLOSE **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You were afraid [fill1: S.C. name] would be taken from your home or that you would lose your parental rights or custody?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

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Question ID:	CMS.150_06.000	**Instrument Variable Name:**	NTRTSAY	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You were afraid of what your family or friends would say?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID:	CMS.150_07.000	**Instrument Variable Name:**	NTRTWAIT	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You had to wait a long time for an appointment?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID:	CMS.150_08.000	**Instrument Variable Name:**	NTRTTRAN	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

You had no way to get there?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

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Child Mental Health Services

Document Version Date: 24-Jul-09

Question ID: CMS.150_09.000 **Instrument Variable Name:** NTRTINCV **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Services were too inconvenient to use?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_10.000 **Instrument Variable Name:** NTRTFAR **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Services were too far away?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

Question ID: CMS.150_11.000 **Instrument Variable Name:** NTRTCHNO **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

[fill1: S.C. name] did not want to go?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

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

DRAFT 2010 NHIS Questionnaire -   Sample Child

Child Mental Health Services

Document Version Date: 24-Jul-09

Question ID:	CMS.150_12.000	**Instrument Variable Name:**	NTRTOTH	**QuestionnaireFileName:**	Sample Child

QuestionText: *Read lead-in if necessary:

Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatment or counseling.

Some other reason?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

SkipInstructions: <1> [goto NTRTSPEC] <2,R,D> [goto next section]

Question ID:	CMS.150_13.000	**Instrument Variable Name:**	NTRTSPEC	**QuestionnaireFileName:**	Sample Child

QuestionText: *Specify the other reason.

1	Verbatim
7	Refused
9	Don't know

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties and who needed treatment but didn't get it in the past 6 months

SkipInstructions: <allow 20,R,D> [goto next section]