

**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]

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

**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]

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

**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]

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

**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]

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
 Document Version Date: 24-Jul-09

**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]

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---



---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
 Document Version Date: 24-Jul-09

**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 TRTWHR51]

**Question ID:** CMS.020\_03.000 **Instrument Variable Name:** TRTWHR51 **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]

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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 TRTWHR52]

---

**Question ID:** CMS.021\_03.000 **Instrument Variable Name:** TRTWHR52 **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]

---

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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 TRTWHR5]

---

**Question ID:** CMS.022\_03.000 **Instrument Variable Name:** TRTWHR5 **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]

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
 Document Version Date: 24-Jul-09

**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 TRTWHR54]

**Question ID:** CMS.023\_03.000 **Instrument Variable Name:** TRTWHR54 **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]

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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 TRTWHR5]

---

**Question ID:** CMS.024\_03.000 **Instrument Variable Name:** TRTWHR5 **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]

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
 Document Version Date: 24-Jul-09

**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 TRTWHR6M]

**Question ID:** CMS.025\_03.000 **Instrument Variable Name:** TRTWHR6M **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]

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---



---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

---

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---

---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 24-Jul-09

---

**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]

---



---

**DRAFT 2010 NHIS Questionnaire - Sample Child**  
**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]

---