

2011 NHIS Questionnaire - Sample Child  
Child Identification

Document Version Date: 21-Oct-10

Question ID: CID.001\_00.000 Instrument Variable Name: CURRES QuestionnaireFileName: Sample Child

QuestionText: \* Enter the line number of the person to whom you are speaking.

01-25 Person number of the respondent for Sample Child

UniverseText: Sample child section not started or not completed

SkipInstructions: if CSTAT ne empty and CSTAT ne '2' THEN  
if ASTAT = empty or ASTAT = '2' THEN  
goto adult.aid.SADULT  
elseif recontact.RCIFLAG ne '1' THEN  
goto recontact.RCI\_BEGIN procedure  
else  
goto back.OUTCOMEB1 procedure  
endif  
goto back.OUTCOMEB1 procedure  
endif  
  
<01-25> if this is NOT an allowable line number  
goto ERR\_CURRES  
elseif CURRES = a line number entered in KNOWSC2  
store CURRES in CSPAVAIL and CSRESP  
goto CSRELTIV  
elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)  
goto KNOAVAIL  
else  
goto CSPAVAIL  
endif

## 2011 NHIS Questionnaire - Sample Child Child Identification

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**Question ID:** CID.010\_00.000 **Instrument Variable Name:** CSPAVAIL **QuestionnaireFileName:** Sample Child

**QuestionText:** The next questions are about [fill1: ALIAS of Sample Child].

Is [fill2:KNOWSC2 names] available to answer some questions about [fill3: HISHER] health?

\* Enter line number of available respondent from list or enter '96' if no one is available.

\* If refused enter CTRL\_R.

**01-25** Person # of person available to answer questions about Sample Child

**96** No person available

**UniverseText:** Someone identified as knowledgeable about child's health and knowledgeable person(s) not entered in CURRE

**SkipInstructions:**

```
<01-25> if line number not equal one of the line numbers in KNOWSC2
    goto child.cid.ERR_CSPAVAIL
    else
    store child.cid.CSPAVAIL in child.cid.CSRESP
    goto child.cid.CSRELTIV
    endif
<96> store child.cid.CSPAVAIL in child.cid.CSRESP
    goto cbk.CCALLBK1
<R> store '4' in CSTAT(FAMINT)
    if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
    elseif recontact.RCIFLAG ne '1' THEN
    goto recontact.RCI_BEGIN procedure
    else
    goto back.OUTCOMEB1 procedure
    endif
```

**Question ID:** CID.030\_00.000 **Instrument Variable Name:** CSRELTIV **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C1

[fill1: The next questions are about [fill2: ALIAS of Sample Child].]  
What is your relationship to [fill2: ALIAS of Sample Child]?

- 01** Parent (Biological, adoptive, or step)
- 02** Grandparent
- 03** Aunt/Uncle
- 04** Brother/Sister
- 05** Other relative
- 06** Legal guardian
- 07** Foster parent
- 08** Other non-relative
- 97** Refused
- 99** Don't know

**UniverseText:** Someone identified as knowledgeable about child's health

**SkipInstructions:**

```
<1-8,R,D> If CSRESP = demographics.hhc.RELRESP_A
    goto child.chs.BWGT_LB
    elseif CSRESP = demographics.hhc.HHRESP
    goto child.chs.BWGT_LB
    else]
    goto CSPVERF_S
    endif]
```

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**Question ID:** CID.040\_00.000 **Instrument Variable Name:** CSPVERF\_S **QuestionnaireFileName:** Sample Child**QuestionText:** \* Please verify the following information about the sample child before proceeding:

I have recorded [fill1: ALIAS of Sample Child]'s sex as [fill2: Sex of Sample Child]. Is this correct?

\* If respondent "refuses" or says "don't know", enter "1" for "yes".

- 1 Yes
- 2 No

**UniverseText:** Respondent is not the person entered in HHRESP or RELRESP\_A.**SkipInstructions:** <1> goto CSPVERF\_A  
<2> goto NEWSEX

---

**Question ID:** CID.041\_00.000 **Instrument Variable Name:** NEWSEX **QuestionnaireFileName:** Sample Child**QuestionText:** \* Ask if appropriate; otherwise, enter your best guess of the person's sex.

Is [fill: ALIAS of Sample Child] Male or Female?

- 1 Male
- 2 Female

**UniverseText:** Respondent said child's sex is not correct.**SkipInstructions:** <1,2> store NEWSEX in SEX  
goto ERR\_NEWSEX  
reset CSPVERF\_S  
goto CSPVERF\_S

---

**Question ID:** CID.042\_00.000 **Instrument Variable Name:** CSPVERF\_A **QuestionnaireFileName:** Sample Child**QuestionText:** \* Please verify the following information about the sample child before proceeding:

I have recorded [fill1: ALIAS of Sample Child]'s age as [fill2: Age of Sample Child] old. Is this correct?

\* If respondent "refuses" or says "don't know", enter "1" for "yes".

- 1 Yes
- 2 No

**UniverseText:** Respondent verified child's sex**SkipInstructions:** <1> goto CSPVERF\_D  
<2> goto NEWAGE

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**Question ID:** CID.043\_00.000 **Instrument Variable Name:** NEWAGE **QuestionnaireFileName:** Sample Child**QuestionText:** How old is [fill1: ALIAS of Sample Child]?

\* If age given in months, weeks, or days, convert age to appropriate year. If less than one year old, enter "0".

**000-120** Age in years**UniverseText:** Respondent said child's age is not correct**SkipInstructions:** <0-120, Refused, Don't know>  
if NEWAGE = 'Refused' or NEWAGE = 'Don't know' or NEWAGE = AGE  
reset CSPVERF\_A  
goto ERR\_NEWAGE  
else  
store NEWAGE in AGE  
goto NEWDOB\_M

---

**Question ID:** CID.044\_00.000 **Instrument Variable Name:** CSPVERF\_D **QuestionnaireFileName:** Sample Child**QuestionText:** \* Please verify the following information about the sample child before proceeding:

I have recorded [fill1: ALIAS of Sample Child]'s birthday as [fill2: Birthday of Sample Child]. Is this correct?

\* If respondent "refuses" or says "don't know", enter "1" for "yes".

**1** Yes**2** No**UniverseText:** Respondent verified child's sex**SkipInstructions:** <1> if AGE of Sample Child ge '18'  
goto CNO\_MORE  
else  
goto child.chs.BWGT\_LB  
endif  
<2> goto NEWDOB\_M

---

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**Question ID:** CID.046\_01.000 **Instrument Variable Name:** NEWDOB\_M **QuestionnaireFileName:** Sample Child

**QuestionText:** 1 of 3

What is [fill: ALIAS of Sample Child]'s birthday?

\*Enter month of birth.

- 1 January
- 10 October
- 11 November
- 12 December
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September

**UniverseText:** Respondent said child's date of birth is not correct or child's age is not correct

**SkipInstructions:** <01-12, Refused, Don't know> goto NEWDOB\_D

---

**Question ID:** CID.046\_02.000 **Instrument Variable Name:** NEWDOB\_D **QuestionnaireFileName:** Sample Child

**QuestionText:** 2 of 3

\* Enter day of birth.

01-31 Day of the month

**UniverseText:** Respondent said child's date of birth is not correct or child's age is not correct

**SkipInstructions:** <01-31,Refused,Don't know> goto NEWDOB\_Y

If days not valid, goto ERR\_NEWDOB\_D

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**Question ID:** CID.046\_03.000 **Instrument Variable Name:** NEWDOB\_Y **QuestionnaireFileName:** Sample Child**QuestionText:** 3 of 3

\* Enter year of birth.

**1880-2020** Year of birth**UniverseText:** Respondent said child's date of birth is not correct or child's age is not correct**SkipInstructions:** <1880-2020, Refused, Don't know> if CSPVERF\_A = '2' (No) then reset CSPVERF\_A to empty  
goto CSPVERF\_A  
elseif CSPVERF\_D = '2' (No) then reset CSPVERF\_D to empty  
goto CSPVERF\_D  
endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)

goto ERR1\_NEWDOB\_Y  
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)

goto ERR2\_NEWDOB\_Y  
endif

(if NEWDOB\_M = 'Ref' or 'DK') or (if NEWDOB\_D = 'Ref' or 'DK') or (if NEWDOB\_Y = 'Ref' or 'DK')

goto ERR3\_NEWDOB\_Y  
else

store NEWDOB\_M in DOBM

store NEWDOB\_D in DOBD

store NEWDOB\_Y in DOBY

if CSPVERF\_A = '2' (No) then reset CSPVERF\_A to empty

goto CSPVERF\_A

elseif CSPVERF\_D = '2' (No) then reset CSPVERF\_D to empty

goto CSPVERF\_D

endif

endif

Calculate age from NEWDOB\_M, NEWDOB\_D, and NEWDOB\_Y.

if age from NEWDOB items is ne AGE and age from NEWDOB items is valid

reset CSPVERF\_A or CSPVERF\_D

goto ERR4\_NEWDOB\_Y

endif

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**2011 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.010\_01.000 **Instrument Variable Name:** BWGT\_LB **QuestionnaireFileName:** Sample Child**QuestionText:** What was [fill: S.C. name]'s birth weight?

\* Enter 'M' to record metric measurements.

**01-15** 1-15 pounds  
**97** Refused  
**99** Don't know  
**M** Metric

**UniverseText:** Sample children <18**SkipInstructions:** <1-12> [goto BWGT\_OZ]  
<13-15> [goto ERR1\_BWGT\_LB]  
<R,D> [goto CHGT\_FT]  
<M> [goto BWGT\_GR]  
[If NE <1-15, M, R, D> goto ERR2\_BWGT\_LB]

---

**Question ID:** CHS.010\_02.000 **Instrument Variable Name:** BWGT\_OZ **QuestionnaireFileName:** Sample Child**QuestionText:** \* Enter ounces.

**00-15** 0-15 ounces  
**97** Refused  
**99** Don't know  
**Blank** Blank

**UniverseText:** Sample children <18 who have a value entered for weight in pounds.**SkipInstructions:** <0-15,R,D> [goto CHGT\_FT]  
[if BWGT\_LB = <0-15, R, D> and BWGT\_OZ = <empty> go to CHGT\_FT]

---

**Question ID:** CHS.011\_00.000 **Instrument Variable Name:** BWGT\_GR **QuestionnaireFileName:** Sample Child**QuestionText:** \* Enter weight in grams.

**0500-5485** 500-5485 grams  
**9997** Refused  
**9999** Don't know

**UniverseText:** Sample children <18 whose birth weight will be entered in metric.**SkipInstructions:** <500-5485,R,D> [goto CHGT\_FT]  
<5486-6900> [goto ERR\_BWGT\_GR]

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**2011 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.020\_01.000 **Instrument Variable Name:** CHGT\_FT **QuestionnaireFileName:** Sample Child

**QuestionText:** How tall is [fill: S.C. name] now (without shoes)?

\* If the child's height is given in inches, press 'ENTER' at feet and enter the measure in inches (36 inches maximum).

\* Enter 'M' to record metric measurements.

**00-07** 0-7 feet  
**97** Refused  
**99** Don't know  
**M** Metric

**UniverseText:** Sample children 12+

**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]

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**Question ID:** CHS.021\_02.000 **Instrument Variable Name:** CHGT\_CM **QuestionnaireFileName:** Sample Child**QuestionText:** \* Enter centimeters.**000-241** 0-241 centimeters  
**Blank** Blank**UniverseText:** Sample children 12+ 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]

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**Question ID:** CHS.031\_02.000 **Instrument Variable Name:** ADD1\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** Has a doctor or health professional ever told you that [fill: S.C. name] had...

Intellectual disability, also known as mental retardation?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto ADD1\_3]

---

**Question ID:** CHS.031\_03.000 **Instrument Variable Name:** ADD1\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

Has a doctor or health professional ever told you that [fill: S.C. name] had...

Any other developmental delay?

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

**UniverseText:** Sample children <2

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

---

**Question ID:** CHS.032\_01.000 **Instrument Variable Name:** ADD\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** Has a doctor or health professional ever told you that [fill: S.C. name] had...

Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?

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

**UniverseText:** Sample children 2-17

**SkipInstructions:** <1,2,R,D> [go to ADD\_2]

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**Question ID:** CHS.032\_02.000 **Instrument Variable Name:** ADD\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

Has a doctor or health professional ever told you that [fill: S.C. name] had...

Intellectual disability, also known as mental retardation?

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

**UniverseText:** Sample children 2-17

**SkipInstructions:** <1,2,R,D> [go to ADD\_3]

---

**Question ID:** CHS.032\_03.000 **Instrument Variable Name:** ADD\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

Has a doctor or health professional ever told you that [fill: S.C. name] had...

Any other developmental delay?

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

**UniverseText:** Sample children 2-17

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

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

**QuestionText:** (book) C2 ?[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/Autism spectrum disorder  
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/Autism spectrum disorder |
| 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]

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**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]

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

---

**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 and doctor has informed that child had asthma**SkipInstructions:** <1,2,R,D> [if AGE LE 2 go to CCONDT1\_1,  
else go to CCONDT\_1]

---

**Question ID:** CHS.111\_01.000 **Instrument Variable Name:** CCONDT1\_1 **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 12 MONTHS, has [fill: S.C. name] had any of the following conditions...

Hay fever?

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

**UniverseText:** Sample children LE 2**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_2]

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**Question ID:** CHS.111\_02.000 **Instrument Variable Name:** CCONDT1\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Any kind of respiratory allergy?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_3]

---

**Question ID:** CHS.111\_03.000 **Instrument Variable Name:** CCONDT1\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Any kind of food or digestive allergy?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_4]

---

**Question ID:** CHS.111\_04.000 **Instrument Variable Name:** CCONDT1\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Eczema or any kind of skin allergy?

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

**UniverseText:** Sample children LE 2

**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_5]

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**Question ID:** CHS.111\_05.000 **Instrument Variable Name:** CCONDT1\_5 **QuestionnaireFileName:** Sample Child**QuestionText:** \* Read if necessary.

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

Frequent or repeated diarrhea or colitis?

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

**UniverseText:** Sample children LE 2**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_6]

---

**Question ID:** CHS.111\_06.000 **Instrument Variable Name:** CCONDT1\_6 **QuestionnaireFileName:** Sample Child**QuestionText:** \* Read if necessary.

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

Anemia?

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

**UniverseText:** Sample children LE 2**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_8]

---

**Question ID:** CHS.111\_08.000 **Instrument Variable Name:** CCONDT1\_8 **QuestionnaireFileName:** Sample Child**QuestionText:** \* Read if necessary.

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

Three or more ear infections?

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

**UniverseText:** Sample children LE 2**SkipInstructions:** <1,2,R,D> [go to CCONDT1\_9]



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**Question ID:** CHS.111\_09.000 **Instrument Variable Name:** CCONDT1\_9 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Seizures?

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

**UniverseText:** Sample children LE 2

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

---

**Question ID:** CHS.115\_01.000 **Instrument Variable Name:** CCONDT\_1 **QuestionnaireFileName:** Sample Child

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

Hay fever?

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

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_2]

---

**Question ID:** CHS.115\_02.000 **Instrument Variable Name:** CCONDT\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Any kind of respiratory allergy?

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

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_3]

---

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**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**

Document Version Date: 21-Oct-10

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**Question ID:** CHS.115\_03.000 **Instrument Variable Name:** CCONDT\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Any kind of food or digestive allergy?

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

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_4]

---

**Question ID:** CHS.115\_04.000 **Instrument Variable Name:** CCONDT\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Eczema or any kind of skin allergy?

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

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_5]

---

**Question ID:** CHS.115\_05.000 **Instrument Variable Name:** CCONDT\_5 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Frequent or repeated diarrhea or colitis?

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

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_6]

---

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 21-Oct-10

---

**Question ID:** CHS.115\_06.000 **Instrument Variable Name:** CCONDT\_6 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Anemia?

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

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_7]

---

**Question ID:** CHS.115\_07.000 **Instrument Variable Name:** CCONDT\_7 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Frequent or severe headaches, including migraines?

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

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_8]

---

**Question ID:** CHS.115\_08.000 **Instrument Variable Name:** CCONDT\_8 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

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

Three or more ear infections?

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

**UniverseText:** Sample children = 3-17

**SkipInstructions:** <1,2,R,D> [go to CCONDT\_9]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 21-Oct-10

---

**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]

---

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**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**Document Version Date: 21-Oct-10

---

**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.

<b>000</b>	None
<b>001-240</b>	1-240 days
<b>996</b>	Did not go to school
<b>997</b>	Refused
<b>999</b>	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:** These next questions are about [fill: S.C name]'s recent health during the past 2 weeks.

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

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	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 the past two weeks?

<b>1</b>	Yes
<b>2</b>	No
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample children <18**SkipInstructions:** <1,2,R,D> [goto CHEARST1]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**Document Version Date: 21-Oct-10

---

**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]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**Document Version Date: 21-Oct-10

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**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]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**Document Version Date: 21-Oct-10

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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 LEARNL;  
if AGE = <2> and SEX = <1> go to CMHAGM11\_1;  
if AGE = <2> and SEX = <2> go to CMHAGF11\_1]

---

**Question ID:** CHS.312\_00.000 **Instrument Variable Name:** LEARNL **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]

---

**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]



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**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**

Document Version Date: 21-Oct-10

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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]

---

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**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**

Document Version Date: 21-Oct-10

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**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]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**

Document Version Date: 21-Oct-10

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**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]

---

**2011 NHIS Questionnaire - Sample Child  
Child Health Status & Limitations**

Document Version Date: 21-Oct-10

---

**Question ID:** CHS.361\_04.000 **Instrument Variable Name:** CMHAGF11\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

\* Read if necessary.

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

SHE:

Has been unhappy, sad, or depressed?

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

**UniverseText:** Female sample children 2-3

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

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**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
Document Version Date: 13-Aug-10

---

**Question ID:** CAU.020\_00.000 **Instrument Variable Name:** CUSUALPL **QuestionnaireFileName:** Sample Child

**QuestionText:** The next questions are about health care.

Is there a place that [fill1: alias] USUALLY goes when [fill2: he/she] is sick or you need advice about [fill3: his/her] health?

- 1 Yes
- 2 There is NO place
- 3 There is MORE THAN ONE place
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <1,3> [go to CPLKIND]  
<2,R,D> [go to CHCPLKND]

---

**Question ID:** CAU.030\_00.000 **Instrument Variable Name:** CPLKIND **QuestionnaireFileName:** Sample Child

**QuestionText:** [fill1: What kind of place is it / What kind of place does [fill2: alias] go to most often] - a clinic, doctor's office, emergency room, or some other place?

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18 with one or more usual places to go when sick or need health advice

**SkipInstructions:** <1-5> [go to CHCPLROU]  
<6,R,D> [go to CHCPLKND]

---

**Question ID:** CAU.035\_00.000 **Instrument Variable Name:** CHCPLROU **QuestionnaireFileName:** Sample Child

**QuestionText:** Is that [fill1: CPLKIND/CAU.030] the same place [fill2: alias] USUALLY goes when [fill3: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

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

**UniverseText:** Sample children <18 with one or more usual places to go when sick or need health advice who reported that place as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place

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

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
Document Version Date: 13-Aug-10

---

**Question ID:** CAU.037\_00.000 **Instrument Variable Name:** CHCPLKND **QuestionnaireFileName:** Sample Child

**QuestionText:** What kind of place does [fill1: alias] USUALLY go to when [fill2: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children <18 who do not have a usual source of sick care; who Ref/NA/DK if have a usual source of sick care; who have a usual source of sick care but does not go to one place most often; who have a usual source of sick care but Ref/NA/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/NA/DK if it is same place as usual source of routine/preventive care.

**SkipInstructions:** <0-6,R,D> if CUSUALPL=2 [goto CNOUSLPL]; else if CUSUALPL=,R,D [goto CPRVTRYR]; else [goto CHCCHGYR]

---

**Question ID:** CAU.040\_00.000 **Instrument Variable Name:** CHCCHGYR **QuestionnaireFileName:** Sample Child

**QuestionText:** At any time IN THE PAST 12 MONTHS did you CHANGE the place(s) to which [fill: alias] USUALLY goes for health care?

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

**UniverseText:** Sample children <18 with one or more place to go when sick/need advice [or who reported same place as usual source of routine/preventive care]

**SkipInstructions:** <1> [go to CHCCHGHI]  
<2,R,D> [goto to CPRVTRYR]

---

**Question ID:** CAU.050\_00.000 **Instrument Variable Name:** CHCCHGHI **QuestionnaireFileName:** Sample Child

**QuestionText:** Was this change for a reason related to health insurance?

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

**UniverseText:** Sample children <18 that have changed their usual place of health care in the past 12 months

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

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
Document Version Date: 13-Aug-10

---

**Question ID:** CAU.050\_00.010    **Instrument Variable Name:** CNOUSLPL    **QuestionnaireFileName:** Sample Child

**QuestionText:** Why doesn't [fill: alias] have a usual source of medical care?

\*Enter all that apply, separate with commas.

- 01 Doesn't need a doctor/Haven't had any problems
- 02 Doesn't like/trust/believe in doctors
- 03 Doesn't know where to go
- 04 Previous doctor is not available/moved
- 05 Too expensive/no insurance/cost
- 06 Speak a different language
- 07 No care available/Care too far away, not convenient
- 08 Put it off/Didn't get around to it
- 09 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children 18+ without a place of usual care

**SkipInstructions:** <1-9,R,D>[goto CPRVTRYR]

---

**Question ID:** CAU.052\_00.010    **Instrument Variable Name:** CPRVTRYR    **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see [fill: alias]?

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

**UniverseText:** Sample children <18

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

---

**Question ID:** CAU.053\_00.010    **Instrument Variable Name:** CPRVTRFD    **QuestionnaireFileName:** Sample Child

**QuestionText:** Were you able to find a general doctor or provider who could see [fill: alias]?

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

**UniverseText:** Sample children <18 who had trouble finding a provider in the last year

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

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
Document Version Date: 13-Aug-10

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**Question ID:** CAU.055\_00.010    **Instrument Variable Name:** CDRNANP    **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept [fill: alias] as a new patient?

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

**UniverseText:**            Sample children <18

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

---

**Question ID:** CAU.056\_00.010    **Instrument Variable Name:** CDRNAI                    **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept [fill: alias]'s health care coverage?

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

**UniverseText:**        Sample children <18

**SkipInstructions:**       <1,2,R,D>[goto CHCDLYR\_1]

---

**Question ID:** CAU.080\_01.000    **Instrument Variable Name:** CHCDLYR1\_1                    **QuestionnaireFileName:** Sample Child

**QuestionText:**

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

You couldn't get through on the telephone.

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

**UniverseText:**            Sample children <18

**SkipInstructions:**       <1,2,R,D> [goto CHCDLYR1\_2]



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**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
Document Version Date: 13-Aug-10

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**Question ID:** CAU.080\_02.000 **Instrument Variable Name:** CHCDLYR1\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

You couldn't get an appointment for [fill: alias] soon enough.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_3]

---

**Question ID:** CAU.080\_03.000 **Instrument Variable Name:** CHCDLYR1\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

Once you get there, [fill: alias] has to wait too long to see the doctor.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_4]

---

**Question ID:** CAU.080\_04.000 **Instrument Variable Name:** CHCDLYR1\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS...

The (clinic/doctor's office) wasn't open when you could get there.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCDLYR1\_5]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
Document Version Date: 13-Aug-10

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**Question ID:** CAU.080\_05.000 **Instrument Variable Name:** CHCDLYR1\_5 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS..

You didn't have transportation.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> if age LT 2 [goto CHCAFYR]; else [goto CHCAFYR1\_1]

---

**Question ID:** CAU.130\_00.000 **Instrument Variable Name:** CHCAFYR **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Prescription medicines?

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

**UniverseText:** Sample children <2

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

---

**Question ID:** CAU.133\_00.010 **Instrument Variable Name:** CHCAFYRN **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

To see a specialist?

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

**UniverseText:** Sample children <2

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

---

**2011 NHIS Questionnaire - Sample Child**  
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**Question ID:** CAU.133\_00.020    **Instrument Variable Name:** CHCAFYRF    **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Follow-up care?

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

**UniverseText:**        Sample children <2

**SkipInstructions:**    <1,2,R,D> [if AGE <1 goto CHCSYR1\_2; else goto CDENLONG]

---

**Question ID:** CAU.135\_01.000    **Instrument Variable Name:**    CHCAFYR1\_1        **QuestionnaireFileName:**    Sample Child

**QuestionText:**

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Prescription medicines?

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

**UniverseText:**        Sample children GE 2

**SkipInstructions:**    <1,2,R,D> [goto CHCAFYR1\_2]

---

**Question ID:** CAU.135\_02.000    **Instrument Variable Name:**    CHCAFYR1\_2        **QuestionnaireFileName:**    Sample Child

**QuestionText:**        \* Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Mental health care or counseling?

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

**UniverseText:**        Sample children GE 2

**SkipInstructions:**    <1,2,R,D> [goto CHCAFYR1\_3]

---

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**Question ID:** CAU.135\_03.000 **Instrument Variable Name:** CHCAFYR1\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Dental care (including check-ups)?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_4]

---

**Question ID:** CAU.135\_04.000 **Instrument Variable Name:** CHCAFYR1\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Eyeglasses?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_6]

---

**Question ID:** CAU.135\_05.010 **Instrument Variable Name:** CHCAFYR1\_6 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

To see a specialist?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_7]

---

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**Question ID:** CAU.135\_06.010 **Instrument Variable Name:** CHCAFYR1\_7 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Follow-up care?

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

**UniverseText:** Sample children GE 2

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

---

**Question ID:** CAU.160\_00.000 **Instrument Variable Name:** CDENLONG **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C4

About how long has it been since [fill: alias] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 0 Never
- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 2 years ago
- 4 More than 2 years, but not more than 5 years ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children GE 1

**SkipInstructions:** <0-5,R,D> [if AGE GE <2> goto CHCSYR\_1; else go to CHCSYR1\_2]

---

**Question ID:** CAU.170\_01.000 **Instrument Variable Name:** CHCSYR1\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:**

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?

An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1\_3]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
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---

**Question ID:** CAU.170\_02.000 **Instrument Variable Name:** CHCSYR1\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?

A foot doctor?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1\_5]

---

**Question ID:** CAU.170\_03.000 **Instrument Variable Name:** CHCSYR1\_5 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?

A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR1\_6]

---

**Question ID:** CAU.170\_04.000 **Instrument Variable Name:** CHCSYR1\_6 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?

A nurse practitioner, physician assistant or midwife?

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

**UniverseText:** Sample children <2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR8]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
Document Version Date: 13-Aug-10

---

**Question ID:** CAU.175\_01.000 **Instrument Variable Name:** CHCSYR\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:**

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: alias]'s health?

A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR\_2]

---

**Question ID:** CAU.175\_02.000 **Instrument Variable Name:** CHCSYR\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: alias]'s health?

An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR\_3]

---

**Question ID:** CAU.175\_03.000 **Instrument Variable Name:** CHCSYR\_3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: alias]'s health?

A foot doctor?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR\_4]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
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---

**Question ID:** CAU.175\_04.000 **Instrument Variable Name:** CHCSYR\_4 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: alias]'s health?

A chiropractor?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR\_5]

---

**Question ID:** CAU.175\_05.000 **Instrument Variable Name:** CHCSYR\_5 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: alias]'s health?

A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [goto CHCSYR\_6]

---

**Question ID:** CAU.175\_06.000 **Instrument Variable Name:** CHCSYR\_6 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to any of the following health care providers about [fill2: alias]'s health?

A nurse practitioner, physician assistant or midwife?

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

**UniverseText:** Sample children GE 2

**SkipInstructions:** <1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8]



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**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
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---

**Question ID:** CAU.230\_00.000 **Instrument Variable Name:** CHCSYR7 **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about [fill2: alias]'s health?

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

**UniverseText:** Sample children GE 15 who are female

**SkipInstructions:** <1,2,R,D> [goto CHCSYR8\_1]

---

**Question ID:** CAU.240\_01.000 **Instrument Variable Name:** CHCSYR8\_1 **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: alias]'s health?  
A medical doctor who specializes in a particular medical disease or problem (fill3:other than obstetrician/ gynecologist, psychiatrist or ophthalmologist? /fill4: other than psychiatrist or ophthalmologist)?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [goto CHCSYR8\_2]

---

**Question ID:** CAU.240\_02.000 **Instrument Variable Name:** CHCSYR8\_2 **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Read if necessary.

DURING THE PAST 12 MONTHS, that is since [fill1: 12 month reference date], have you seen or talked to the following about [fill2: alias]'s health?

A general doctor who treats a variety of illnesses (a doctor in general practice, pediatrics, family medicine, or internal medicine)?

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CHCSYR10]  
<2,R,D> [goto CHPEXYR]

---

**2011 NHIS Questionnaire - Sample Child**  
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---

**Question ID:** CAU.260\_00.000 **Instrument Variable Name:** CHCSYR10 **QuestionnaireFileName:** Sample Child

**QuestionText:** Does that doctor treat children and adults (a doctor in general practice or family medicine)?

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

**UniverseText:** Sample children <18 who have seen or talked to a general doctor during the past 12 months

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

---

**Question ID:** CAU.265\_00.000 **Instrument Variable Name:** CHCSYREM **QuestionnaireFileName:** Sample Child

**QuestionText:** Did you see or talk to this general doctor because of an emotional or behavioral problem that [fill1: alias] may have?

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

**UniverseText:** Sample children <18 who have seen a general doctor in the past 12 months

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

---

**Question ID:** CAU.270\_00.000 **Instrument Variable Name:** CHPEXYR **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill1: alias] receive a well-child check-up, that is a general check-up, when [fill2: he/she] was not sick or injured?

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

**UniverseText:** Sample children <18

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

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
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---

**Question ID:** CAU.280\_00.000 **Instrument Variable Name:** CHERNOYR **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C5

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: alias] gone to a HOSPITAL EMERGENCY ROOM about [fill2: his/her] health? (This includes emergency room visits that resulted in a hospital admission.)

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <0,R,D> [goto CHCHYR] <1-8> [goto CERVISND]

---

**Question ID:** CAU.281\_00.010 **Instrument Variable Name:** CERVISND **QuestionnaireFileName:** Sample Child

**QuestionText:** Thinking about [fill: S.C. name]'s most recent emergency room visit, did [fill: he/she] go to the emergency room at night or on the weekend?

1	Yes
2	No
7	Refused
9	Don't know

**UniverseText:** Sample children <18 who had at least one ER visit in the past year

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

---

**Question ID:** CAU.282\_00.010 **Instrument Variable Name:** CERHOS **QuestionnaireFileName:** Sample Child

**QuestionText:** Did this emergency room visit result in a hospital admission?

1	Yes
2	No
7	Refused
9	Don't know

**UniverseText:** Sample children <18 who had at least one ER visit in the past year

**SkipInstructions:** <1,R,D> [goto CHCHYR] <2> [go to CERREAS1]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
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---

**Question ID:** CAU.283\_01.010 **Instrument Variable Name:** CERREAS1 **QuestionnaireFileName:** Sample Child

**QuestionText:** Tell me which of these apply to [fill: alias] last emergency room visit?

... [fill: alias] didn't have another place to go

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS2]

---

**Question ID:** CAU.283\_02.020 **Instrument Variable Name:** CERREAS2 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... [fill: alias] doctor's office or clinic was not open

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS3]

---

**Question ID:** CAU.283\_03.030 **Instrument Variable Name:** CERREAS3 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... [fill: alias] health provider advised that [fill: he/she] go

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS4]

---

**2011 NHIS Questionnaire - Sample Child**  
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---

**Question ID:** CAU.283\_04.040 **Instrument Variable Name:** CERREAS4 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... The problem was too serious for the doctor's office or clinic

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS5]

---

**Question ID:** CAU.283\_05.050 **Instrument Variable Name:** CERREAS5 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... Only a hospital could help [fill: alias]

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS6]

---

**Question ID:** CAU.283\_06.060 **Instrument Variable Name:** CERREAS6 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... the emergency room is [fill: alias]'s closest provider

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS7]

---

**2011 NHIS Questionnaire - Sample Child**  
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---

**Question ID:** CAU.283\_07.070 **Instrument Variable Name:** CERREAS7 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

...[fill: alias] gets most of [fill: his/her] care at the emergency room

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

**SkipInstructions:** <1,2,R,D> [goto CERREAS8]

---

**Question ID:** CAU.283\_08.080 **Instrument Variable Name:** CERREAS8 **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

...[fill: alias] arrived by ambulance or other emergency vehicle

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

**UniverseText:** Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

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

---

**Question ID:** CAU.290\_00.000 **Instrument Variable Name:** CHCHYR **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, did [fill1: alias] receive care AT HOME from a nurse or other health care professional?

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

**UniverseText:** Sample children <18

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

---

**Question ID:** CAU.300\_00.000 **Instrument Variable Name:** CHCHMOYR **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, how many months did [fill: alias] receive care AT HOME from a health care professional?

- 01-12 1-12 months
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 that have received home care from health professional during the past 12 months

**SkipInstructions:** <01-12,R,D> [goto CHCHNOYR]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
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---

**Question ID:** CAU.310\_00.000 **Instrument Variable Name:** CHCHNOYR **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C6

What was the total number of home visits received for [fill1: alias] during [fill2: that month/those months]?

- 01 1
- 02 2-3
- 03 4-5
- 04 6-7
- 05 8-9
- 06 10-12
- 07 13-15
- 08 16 or more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 that have received home care from health professional during the past 12 months

**SkipInstructions:** <1-8,R,D> [goto CHCNOYR]

---

**Question ID:** CAU.320\_00.000 **Instrument Variable Name:** CHCNOYR **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C5

DURING THE PAST 12 MONTHS, HOW MANY TIMES has [fill1: alias] seen a doctor or other health care professional about [fill2: his/her] health at A DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times [fill1: alias] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits or telephone calls.

- 00 None
- 01 1
- 02 2-3
- 03 4-5
- 04 6-7
- 05 8-9
- 06 10-12
- 07 13-15
- 08 16 or more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children <18 **SkipInstructions:** <1-8,R,D> [goto CSRGYR]

---

**Question ID:** CAU.330\_00.000 **Instrument Variable Name:** CSRGYR **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS has [fill1: alias] had SURGERY or other surgical procedures either as an inpatient or outpatient?

\* Read if necessary.

This includes both major surgery and minor procedures such as setting bones or removing growths.

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

**UniverseText:** Sample children <18

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

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization (Including Health Care Reform Questions)**  
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---

**Question ID:** CAU.340\_00.000 **Instrument Variable Name:** CSRGNOYR **QuestionnaireFileName:** Sample Child

**QuestionText:** Including any times you may have already told me about, HOW MANY DIFFERENT TIMES has [fill1: alias] had surgery DURING THE PAST 12 MONTHS?

\* Enter '95' for 95 or more times.

**01-94** 1-94 times  
**95** 95+ times  
**97** Refused  
**99** Don't know

**UniverseText:** Sample children <18 that have undergone surgery during the past 12 months

**SkipInstructions:** <1-10,R,D> [goto CMDLONG]  
<11-95> [goto ERR\_CMDLONG]

---

**Question ID:** CAU.345\_00.000 **Instrument Variable Name:** CMDLONG **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C4

About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about [fill1: alias]'s health? Include doctors seen while [fill2: he/she] was a patient in a hospital.

**0** Never  
**1** 6 months or less  
**2** More than 6 months, but not more than 1 year ago  
**3** More than 1 year, but not more than 2 years ago  
**4** More than 2 years, but not more than 5 years ago  
**5** More than 5 years ago  
**7** Refused  
**9** Don't know

**UniverseText:** Sample children <18

**SkipInstructions:** <0-5, D, R> [goto next section]



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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**

Document Version Date: 22-Oct-10

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**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,D,R> [goto CMHMF\_2]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**

Document Version Date: 22-Oct-10

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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,D,R> [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,D,R> [goto CMHMF\_4]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**

Document Version Date: 22-Oct-10

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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,D,R> [goto CMHDIFF]

---

**2011 NHIS Questionnaire - Sample Child  
Child Mental Health Brief Questionnaire**

Document Version Date: 22-Oct-10

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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 next section]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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

**QuestionText:** Has [fill: SC name] had any difficulties with emotions, concentration, behavior, or getting along with others DURING THE PAST 6 MONTHS?

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

**UniverseText:** Sample children 4-17

**SkipInstructions:** <1> [goto DIFFINTF] <2,R,D> [if CMHDIFF IN ('2','3','4') [goto DIFFINTF]; else [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 DIFFLNG]

---

**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
- 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:** <1-3,R,D> [goto DIFFLNG]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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**Question ID:** CMS.008\_00.000 **Instrument Variable Name:** DIFFLNG **QuestionnaireFileName:** Sample Child

**QuestionText:** How long have these difficulties been present?

- 1 Less than a month
- 2 1-5 months
- 3 6 to 12 months
- 4 Over a year
- 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:** <1-4,R,D> [goto PRESCP6M]

---

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

**QuestionText:** DURING THE PAST 6 MONTHS, was [fill: S.C. name] prescribed medication or taking prescription medication for 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

**SkipInstructions:** <1> [goto PRESHELP] <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [end]; else [goto NSDUH21]

---

**Question ID:** CMS.011\_04.000 **Instrument Variable Name:** PRESHELP **QuestionnaireFileName:** Sample Child

**QuestionText:** During the past 6 months, how much has this prescription medication helped [fill: S.C. name]? Would you say...\*Read categories below.

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 4-17 have taken prescription medicine in the past 6 mos

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

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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**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 NSDUH21]; <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 NSDUH21];  
 <2,R,D> [goto PMEDNEU]

---

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

**QuestionText:** \*Read if necessary.

Who FIRST prescribed the medication? Was it  
...A neurologist?

- 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, psychiatrist/ or other family doctor

**SkipInstructions:** <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH21];  
 <1> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH21];  
 <2,R,D> [goto PMEDOTH]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

**Question ID:** CMS.012\_04.000 **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, psychiatrist or neurologist

**SkipInstructions:** <1> [goto PMEDSP]; <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH21]

**Question ID:** CMS.012\_05.000 **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 NSDUH21]

**Question ID:** CMS.014\_00.000 **Instrument Variable Name:** NSDUH21 **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.

DURING THE PAST 6 MONTHS, did [fill: S.C. name] receive any treatment or counseling FROM A SCHOOL SOCIAL WORKER, SCHOOL PSYCHOLOGIST, SCHOOL NURSE, SCHOOL COUNSELOR, SPECIAL ED TEACHER, OR SCHOOL 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:** <1,2,R,D> [goto NSDUH3]



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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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**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 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,> [go to NSDUH31 <2,R,D> [go to NSDUH4]

---

**Question ID:** CMS.015\_00.010 **Instrument Variable Name:** NSDUH31 **QuestionnaireFileName:** Sample Child

**QuestionText:** Was it a day school or school where {S.C. name} stayed overnight or longer?

- 1 Day School
- 2 Overnight School
- 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, and attend a special school

**SkipInstructions:** <1> [goto NSDUH32] <2,R,D [got to NSDUH4]

---

**Question ID:** CMS.015\_00.020 **Instrument Variable Name:** NSDUH32 **QuestionnaireFileName:** Sample Child

**QuestionText:** Who provided the treatment or counseling?

\*Enter all that apply, separate with commas.

- 1 Special Ed teacher
- 2 Other school teacher
- 3 School counselor, psychologist, nurse or social worker
- 4 School speech, occupational or physical therapist
- 5 Other school official
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** <1-5,R,D> [goto NSDUH4];

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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

**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 Special Ed teacher
- 2 Other school teacher
- 3 School counselor, psychologist, nurse or social worker
- 4 School speech, occupational or physical therapist
- 5 Other school official
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** <1-5,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 other than {S.C.name}'s school 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]

**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
 Document Version Date: 25-Oct-10

**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.

- 1 Pediatrician or family doctor
- 2 Psychiatrist, psychologist, clinical social worker or psychiatric nurse
- 3 Speech, occupational or physical therapist
- 4 Religious or spiritual counselor or advisor
- 5 Probation of juvenile corrections officer or court counselor
- 6 Other
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** <1,3-6,R,D> [goto TRETWHR2] <2> [goto TRTMHP1]

**Question ID:** CMS.020\_03.000 **Instrument Variable Name:** TRTMHP1 **QuestionnaireFileName:** Sample Child

**QuestionText:** You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

\*Enter all that apply, separate with commas

- 1 Psychiatrist
- 2 Psychologist
- 3 Clinical social worker
- 4 Psychiatric nurse
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 4-6 who received counseling or treatment from mental health provider

**SkipInstructions:** <1-4,R,D> [goto TRETWHR2]

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

**QuestionText:** [fill2: Now I'd like to ask about places other than {S.C. name}'s school 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...

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]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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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.

- 1 Pediatrician or family doctor
- 2 Psychiatrist, psychologist, clinical social worker or psychiatric nurse
- 3 Speech, occupational or physical therapist
- 4 Religious or spiritual counselor or advisor
- 5 Probation or juvenile corrections officer or court counselor
- 6 Other
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** <1,3-6,R,D> [goto TRETWHR3] <2> [goto TRTMHP2]

---

**Question ID:** CMS.021\_03.000 **Instrument Variable Name:** TRTMHP2 **QuestionnaireFileName:** Sample Child

**QuestionText:** You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

\*Enter all that apply, separate with commas

- 1 Psychiatrist
- 2 Psychologist
- 3 Clinical social worker
- 4 Psychiatric nurse
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 4-17 who received counseling or treatment from mental health provider

**SkipInstructions:** <1-4,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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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

---

**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.

- 1 Pediatrician or family doctor
- 2 Psychiatrist, psychologist, clinical social worker or psychiatric nurse
- 3 Speech, occupational or physical therapist
- 4 Religious or spiritual counselor or advisor
- 5 Probation or juvenile corrections officer or court counselor
- 6 Other
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** <1,3-6,R,D> [goto TRETWHR4] <2> [goto TRTMHP3]

---

**Question ID:** CMS.022\_03.000 **Instrument Variable Name:** TRTMHP3 **QuestionnaireFileName:** Sample Child

**QuestionText:** You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

\*Enter all that apply, separate with commas

- 1 Psychiatrist
- 2 Psychologist
- 3 Clinical social worker
- 4 Psychiatric nurse
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 4-17 who received counseling or treatment from mental health provider

**SkipInstructions:** <1-4,R,D> [goto TRETWHR4]

---

**Question ID:** CMS.023\_01.000 **Instrument Variable Name:** TRETWRE4 **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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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

---

**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.

- 1 Pediatrician or family doctor
- 2 Psychiatrist, psychologist, clinical social worker or psychiatric nurse
- 3 Speech, occupational or physical therapist
- 4 Religious or spiritual counselor or advisor
- 5 Probation or juvenile corrections officer or court counselor
- 6 Other
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** <1,3-6,R,D> [goto TRETWHR5] <2> [goto TRTMHP4]

---

**Question ID:** CMS.023\_03.000 **Instrument Variable Name:** TRTMHP4 **QuestionnaireFileName:** Sample Child

**QuestionText:** You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

\*Enter all that apply, separate with commas

- 1 Psychiatrist
- 2 Psychologist
- 3 Clinical social worker
- 4 Psychiatric nurse
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 4-17 who received counseling or treatment from mental health provider

**SkipInstructions:** <1-4,R,D> [goto TRETWHR5]

---

**Question ID:** CMS.024\_01.000 **Instrument Variable Name:** TRETWRE5 **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 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 TRETWHO5] <2,R,D> [goto TRETWHR6]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

---

**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.

- 1 Pediatrician or family doctor
- 2 Psychiatrist, psychologist, clinical social worker or psychiatric nurse
- 3 Speech, occupational or physical therapist
- 4 Religious or spiritual counselor or advisor
- 5 Probation or juvenile corrections officer or court counselor
- 6 Other
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** <1,3-6,R,D> [goto TRETWHR6] <2> [goto TRTMHP5]

---

**Question ID:** CMS.024\_03.000 **Instrument Variable Name:** TRTMHP5 **QuestionnaireFileName:** Sample Child

**QuestionText:** You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

\*Enter all that apply, separate with commas

- 1 Psychiatrist
- 2 Psychologist
- 3 Clinical social worker
- 4 Psychiatric nurse
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 4-17 who received counseling or treatment from mental health provider

**SkipInstructions:** <1-4,R,D> [goto TRETWHR6]

---

**Question ID:** CMS.025\_01.000 **Instrument Variable Name:** TRETWRE6 **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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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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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.

- 1 Pediatrician or family doctor
- 2 Psychiatrist, psychologist, clinical social worker or psychiatric nurse
- 3 Speech, occupational or physical therapist
- 4 Religious or spiritual counselor or advisor
- 5 Probation or juvenile corrections or court counselor
- 6 Other
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** <1,3-6,R,D> [goto OVERNT6M] <2> [goto TRTMHP6]

---

**Question ID:** CMS.025\_03.000 **Instrument Variable Name:** TRTMHP6 **QuestionnaireFileName:** Sample Child

**QuestionText:** You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatric nurse. Who was this?

\*Enter all that apply, separate with commas

- 1 Psychiatrist
- 2 Psychologist
- 3 Clinical social worker
- 4 Psychiatric nurse
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 4-17 who received counseling or treatment from mental health provider

**SkipInstructions:** <1-4,R,D> [goto OVERNT6M]

---

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

**QuestionText:** DURING THE PAST 6 MONTHS, in addition to a school you may have told me about, did [fill: S.C. name] stay overnight or longer in a hospital, any type of group home, any type of juvenile detention center, sometimes called juvie, or juvenile hall, youth prison, training school or jail, foster care home, or another special type of center or shelter 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 had 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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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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

**QuestionText:** Which ones?

\*Read list if necessary.

\*Enter all that apply, separate with commas.

- 01 Hospital
- 02 Residential treatment center
- 03 Foster care or therapeutic foster care home
- 04 In any type of juvenile detention center, sometimes called "juvie", prison, or jail
- 05 Group home
- 06 Homeless shelter
- 07 In another place
- 97 Refused
- 99 Don't know

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

**SkipInstructions:** <1-7,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]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

**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, concentration, behavior, or being able to get along with others.

\*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> IF PRESCP6M=1 or NSDUH21=1 or NSDUH3=1 or NSDUH4=1 or TRETWHR1=1 or  
TRETWHR2=1 or TRETWHR3=1 or TRETWHR4=1 or TRETWHR5=1 or TRETWHR6=1 or OVERNT6M=1  
or SH1=1 or SH2=1 or CASEM6M=1 [goto TRETHELP]; else [goto TRTNEED1]

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

**QuestionText:** Who provides help arranging or coordinating [fill1: S.C. name]'s 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> if PRESCP6M=1 or NSDUH21=1 or NSDUH3=1 or NSDUH4=1 or TRETWHR1=1 or  
 TRETWHR2=1 or TRETWHR3=1 or TRETWHR4=1 or TRETWHR5=1 or TRETWHR6=1 or  
OVERNT6M=1 or SH1=1 or SH2=1 or CASEM6M=1 [goto TRETHELP]; else [goto TRTNEED1]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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**Question ID:** CMS.115\_00.000 **Instrument Variable Name:** TRETHELP **QuestionnaireFileName:** Sample Child

**QuestionText:** You told us that [S.C. child] has received treatment or counseling for difficulties with emotions, behaviors, concentrations or getting along with others. During the past 6 months, how much has this treatment or counseling helped [S.C. child]? Would you say...

\* Read answer categories below.

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 4-17 who received treatment in the past 6 months

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

---

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

**QuestionText:** Next I'm going to read a list of ways that treatment and counseling get paid for. Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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]

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**2011 NHIS Questionnaire - Sample Child**  
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**Question ID:** CMS.120\_03.000 **Instrument Variable Name:** TRPAYSLF **QuestionnaireFileName:** Sample Child

**QuestionText:** \*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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]

---

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

**QuestionText:** (Book) F14

\*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

Medicaid?

\*Read if necessary: In this State it is also called \*(Refer to flashcard F14 for state Medicaid names).

- 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 or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

[fill2: A state SCHIP/CHIP program?/ [STNAME1]]?

- 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]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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

**QuestionText:** \*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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]

---

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

**QuestionText:** \*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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.

- 7 Refused
  - 9 Don't know
- Verbatim** Verbatim

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

**SkipInstructions:** <allow 20> [goto TRPAYIHS]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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

**QuestionText:** \*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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]

---

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

**QuestionText:** \*Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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 TRETFFREE]; else [goto TRTNEED1]

---

**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 TRTNEED1]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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**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 during the past 6 months 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 TRTNEED1]

---

**Question ID:** CMS.150\_00.000 **Instrument Variable Name:** TRTNEED1 **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 6 MONTHS, did [fill1: S.C. name] need treatment or counseling for these difficulties but didn't get it ?

- 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 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]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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**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]

---

**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 you 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]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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**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]

---

**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]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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**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]

---

**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]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-Oct-10

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**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]

---

**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]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
Document Version Date: 21-Oct-10

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**Question ID:** CFI.005\_00.010    **Instrument Variable Name:** CH1N\_1R    **QuestionnaireFileName:** Sample Child

**QuestionText:** During the past 12 months, several kinds of flu vaccines have been available. I will ask you about {S.C. name's} most recent flu vaccinations.

DURING THE PAST 12 MONTHS, has {SC name} had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.

\*Read if necessary: {fill: SC name}'s most recent flu vaccination could have been the new 2010-2011 flu vaccine available starting this fall, or either of the two types available last season, one called "seasonal" and the other called "H1N1" or "swine" flu vaccine.

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

**UniverseText:**            Sample Child LE 17 years

**SkipInstructions:**      <1> [goto CH1N\_2R] <2,R,D> [goto next section]

---

**Question ID:** CFI.005\_00.020    **Instrument Variable Name:** CH1N\_2R    **QuestionnaireFileName:** Sample Child

**QuestionText:**      How many vaccinations has {S.C. name} received?

- 1      1 vaccination or dose
- 2      2 or more vaccination doses
- 7      Refused
- 9      Don't know

**UniverseText:**            Sample Child LE 17 years who have had a vaccine dose in the past 12 months

**SkipInstructions:**      <1,2> [goto CH1N\_3MR] <R,D> [goto next section]

---

**2011 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
 Document Version Date: 21-Oct-10

**Question ID:** CFI.005\_00.030    **Instrument Variable Name:** CH1N\_3MR    **QuestionnaireFileName:** Sample Child

**QuestionText:** 1 of 2

During what month and year did {S.C. name} receive {fill: his/her} most recent flu vaccine?

- 01      January
- 02      February
- 03      March
- 04      April
- 05      May
- 06      June
- 07      July
- 08      August
- 09      September
- 10      October
- 11      November
- 12      December
- 97      Refused
- 99      Don't know

**UniverseText:**            Sample Child LE 17 who have had one or more vaccine doses in the past 12 months

**SkipInstructions:**        <1-12,D> [ goto CH1N\_4YR] <R> [goto CH1N\_5R]

**Question ID:** CFI.005\_00.040    **Instrument Variable Name:** CH1N\_4YR    **QuestionnaireFileName:** Sample Child

**QuestionText:** 2 of 2

\*Enter year of most recent flu vaccine.

- Year**      Year
- 9997      Refused
- 9999      Don't know

**UniverseText:**            Sample Child LE 17 years who have had one or more vaccine doses in the past 12 months and gave month/don't know month of vaccine dose

**SkipInstructions:**        <valid year,R,D> [goto CH1N\_5R]  
 [If CH1N\_3MR and CH1N\_4YR = a future date] goto ERR1\_ CH1N\_4YR]  
 [If CH1N\_3MR and CH1N\_4YR = a date prior to birth] goto ERR2\_ CH1N\_4YR]  
 [If CH1N\_3MR and CH1N\_4YR = a date prior to 12 months ago] goto ERR3\_ CH1N\_4YR]

**Question ID:** CFI.005\_00.050    **Instrument Variable Name:** CH1N\_5R    **QuestionnaireFileName:** Sample Child

**QuestionText:**        Was this a shot, or was it a vaccine sprayed in the nose?

\*Read if necessary: The flu nasal spray is called FluMist™.

- 1      Flu shot
- 2      Flu nasal spray (spray, mist or drop in nose)
- 7      Refused
- 9      Don't know

**UniverseText:**            Sample Child LE 17 years who have had one or more vaccine doses in the past 12 months

**SkipInstructions:**        <1-2,R,D> if CH1N\_2R=1 [goto next section]; else if CH1N\_2R=2 [goto CH1N\_6MR]

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**2011 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
Document Version Date: 21-Oct-10

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**Question ID:** CFI.005\_00.060 **Instrument Variable Name:** CH1N\_6MR **QuestionnaireFileName:** Sample Child

**QuestionText:** 1 of 2

During what month and year did {S.C. name} receive {fill: his/her} next most recent flu vaccine?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 97 Refused
- 99 Don't know

**UniverseText:** Sample Child LE 17 years who have had more than one vaccine dose in the past 12 months

**SkipInstructions:** <1-12,D> [ goto CH1N\_7YR] <R> [goto CH1N\_8R]

---

**Question ID:** CFI.005\_00.070 **Instrument Variable Name:** CH1N\_7YR **QuestionnaireFileName:** Sample Child

**QuestionText:** 2 of 2

\*Enter year of next most recent flu vaccine.

- Year Year
- 9997 Refused
- 9999 Don't know

**UniverseText:** Sample Child LE 17 years who have had more than one vaccine dose in the past 12 months and gave month/don't know month of vaccine dose

**SkipInstructions:** <valid year,R,D> [goto CH1N\_8R]  
[If CH1N\_6MR and CH1N\_7YR = a future date] goto ERR1\_ CH1N\_7YR]  
[If CH1N\_6MR and CH1N\_7YR = a date prior to birth] goto ERR2\_ CH1N\_7YR]  
[If CH1N\_6MR and CH1N\_7YR = a date prior to 12 months ago] goto ERR3\_ CH1N\_7YR]

---

**Question ID:** CFI.005\_00.080 **Instrument Variable Name:** CH1N\_8R **QuestionnaireFileName:** Sample Child

**QuestionText:** Was this a shot, or was it a vaccine sprayed in the nose?

\*Read if necessary: The flu nasal spray is called FluMist™.

- 1 Flu shot
- 2 Flu nasal spray (spray, mist or drop in nose)
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Child LE 17 years who have had more than one vaccine dose in the past 12 months

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

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**2011 NHIS Questionnaire - Sample Child**  
**Child Disability**

Document Version Date: 25-Oct-10

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**Question ID:** CDB.020\_00.000 **Instrument Variable Name:** P2DCHEAR **QuestionnaireFileName:** Sample Child

**QuestionText:** With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.

Is {S.C. name} deaf or does {S.C. name} have serious difficulty hearing?

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

**UniverseText:** Sample children 1-17 years and random number generator=1

**SkipInstructions:** <1,2,D,R> goto P2DCSEE

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**Question ID:** CDB.040\_00.000 **Instrument Variable Name:** P2DCSEE **QuestionnaireFileName:** Sample Child

**QuestionText:** Is {S.C. name} blind or does {S.C. name} have serious difficulty seeing even when wearing glasses?

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

**UniverseText:** Sample children 1-17 years and random number generator=1

**SkipInstructions:** <1,2,D,R> goto P2DCCON

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**Question ID:** CDB.060\_00.000 **Instrument Variable Name:** P2DCCON **QuestionnaireFileName:** Sample Child

**QuestionText:** Because of a physical, mental, or emotional condition, does {S.C. name} have serious difficulty concentrating, remembering, or making decisions?

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

**UniverseText:** Sample children 5-17 years and random number generator=1

**SkipInstructions:** <1,2,D,R> goto P2DCWALK

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**2011 NHIS Questionnaire - Sample Child**  
**Child Disability**

Document Version Date: 25-Oct-10

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**Question ID:** CDB.080\_00.000 **Instrument Variable Name:** P2DCWALK **QuestionnaireFileName:** Sample Child

**QuestionText:** Does {S.C. name} have serious difficulty walking or climbing stairs?

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

**UniverseText:** Sample children 5-17 years and random number generator=1

**SkipInstructions:** <1,2,D,R> goto P2DCDRES

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**Question ID:** CDB.100\_00.000 **Instrument Variable Name:** P2DCDRES **QuestionnaireFileName:** Sample Child

**QuestionText:** Does {S.C. name} have difficulty dressing or bathing?

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

**UniverseText:** Sample children 5-17 years and random number generator=1

**SkipInstructions:** <1,2,D,R> goto P2DCERR

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**Question ID:** CDB.120\_00.000 **Instrument Variable Name:** P2DCERR **QuestionnaireFileName:** Sample Child

**QuestionText:** Because of a physical, mental, or emotional condition, does {S.C. name} have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

**UniverseText:** Sample children 15-17 years and random number generator=1

**SkipInstructions:** <1,2,D,R> goto end of section

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